



ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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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. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 12/01/2014	TIME: 09:30
		2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
		3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
		4. <input checked="" type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> 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. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.	
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN		
	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 WERE 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 07/01/2013 AND ENDING 06/30/2014, 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 XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		1,204,706	278,205	-132,975		1
2	SUBPROVIDER - IPF		133,844	26			2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		126,044	-48			7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY		2,936	2,029			9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		1,467,530	280,212	-132,975		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.



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HOSPITAL AND HOSPITAL 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:										
							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	ST. JOHN'S HOSPITAL	14-0053	44100	1	07/01/1966	N	P	O	3
4	Subprovider - IPF	ST. JOHN'S HOSPITAL PSYCH UNIT	14-S053	44100	4	07/03/1984	N	P	O	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	ST. JOHN'S HOSPITAL TCU	14-5225	44100		06/01/1977	N	P	O	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	ST. JOHN'S HOME HEALTH AGENCY	14-7222	44100		01/01/1983	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	ST. JOHN'S HOSPITAL HOSPICE PROGRAM	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 / 2013	To: 06 / 30 / 2014							20
21	Type of control (see instructions)	1								21
Inpatient PPS Information										
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or '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.							Y	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	N	22.01
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							1	N	23
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	6			
24	If this provider is an IPPS 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.	22,889	3,653	25	79		1,097		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 days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.								25	
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.				1					26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1					27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				Beginning:			Ending:	36	
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				Beginning:			Ending:	38	
									1	2
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)							N	N	39



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		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
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			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
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			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)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline 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 FTEs 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.					
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	
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.					
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



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider 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)				49.86		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	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65	FAMILY MEDICINE	1350			4.28		65
65.01	INTERNAL MEDICINE	1400			13.61		65.01
65.02	PEDIATRICS	2000			13.87		65.02
Section 5504 of the ACA Current Year FTE Residents in Nonprovider 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)			5.88	51.45	0.102564	66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67	FAMILY MEDICINE	1350			3.95		67
67.01	INTERNAL MEDICINE	1400			19.38		67.01
67.02	PEDIATRICS	2000			16.74		67.02
Inpatient Psychiatric Facility PPS				1	2	3	
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 5th or subsequent academic years of the new teaching program in existence, enter 5.			Y	N		71
Inpatient Rehabilitation Facility PPS				1	2	3	
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 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
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.						86



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XIX		
Title V and XIX Services		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? (see instructions)			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 25 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.	Physical	Occupational Speech Respiratory	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'	N		115	
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116	
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y		117	
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118	
118.01	List amounts of malpractice premiums and paid losses:	Premiums 1,212,271	Paid Losses 400,424	Self Insurance 5,689,779	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120	
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121	
Transplant Center Information					
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125	
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			126	
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			127	
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			128	
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			129	
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			130	
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			131	
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			132	
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			133	
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134	



COMPU-MAX

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WORKSHEET S-2
PART I

All Providers						
		1	2			
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 (see instructions)	Y	148005		140	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141	Name: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES Contractor's Number: 00131			141	
142	Street: 4936 LAVERNA ROAD	P.O. Box:			142	
143	City: SPRINGFIELD	State: IL	ZIP Code: 62794		143	
144	Are provider based physicians' costs included in Worksheet A?	Y			144	
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y			145	
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146	
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147	
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148	
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)						
		Title XVIII		Title V	Title XIX	
		Part A	Part B	2	3	
155	Hospital	N	N	N	N	
156	Subprovider - IPF	N	N	N	N	
157	Subprovider - IRF	N	N			
158	Subprovider - Other					
159	SNF	N	N	N	N	
160	HHA	N	N	N	N	
161	CMHC		N			
161.10	CORF					
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.				166	
	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 is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				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. (see instructions)	0.75			169	
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013		170	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION		1	2		
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			1
		Y/N	DATE	V/I	
		1	2	3	
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	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	
		1	2	3	
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		
		1	2		
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
BAD DEBTS			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			Y		
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
		1	2	3	4
PS&R REPORT DATA					
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	
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	10/20/2014	Y	10/20/2014
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	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	



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HOSPITAL AND HOSPITAL 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 COSTS			
22	HAVE ASSETS BEEN RELIEVED 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
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
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.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: SPENCER	LAST NAME: YOUNG	TITLE: FINANCIAL ANALYST
42	EMPLOYER: HSHS		
43	PHONE NUMBER: 217-492-2216	E-MAIL ADDRESS: SPENCER.YOUNG@HSHS.ORG	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	262	95,061			27,174	13,138	59,173	1
2	HMO AND OTHER (see instructions)						4,161	1,956		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		262	95,061			27,174	13,138	59,173	7
8	INTENSIVE CARE UNIT	31	52	18,980			7,371	1,845	13,591	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	HIGH RISK NEONATAL	35	43	15,695				7,872	12,121	12
13	NURSERY	43						1,531	2,769	13
14	TOTAL (see instructions)		357	129,736			34,545	24,386	87,654	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	21	8,041			3,561	937	6,767	16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44	37	13,505			6,958		10,401	19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					18,592		36,517	22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		415							27
28	OBSERVATION BED DAYS							755	2,126	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								716	30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							464	925	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					7,586	3,750	16,797	1
2	HMO AND OTHER (see instructions)					785			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	HIGH RISK NEONATAL								12
13	NURSERY								13
14	TOTAL (see instructions)	94.06	2,301.37			7,586	3,750	16,797	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	3.18	36.82	0.11		265	139	642	16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY		44.67						19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY		61.38						22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)		7.97	1.02					24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	97.24	2,452.21	1.13					27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32



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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	142,703,472	-824,390	141,879,082	5,327,190.00	26.63	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21	6,902,679		6,902,679	274,400.00	25.16	7
7.01							7.01
8							8
9	44	2,382,402	54,773	2,437,175	94,994.00	25.66	9
10		11,493,452	-113,010	11,380,442	369,165.00	30.83	10
OTHER WAGES & RELATED COSTS							
11		2,538,609		2,538,609	50,958.00	49.82	11
12							12
13		3,374,440		3,374,440	25,811.00	130.74	13
14		16,104,925		16,104,925	274,521.00	58.67	14
15							15
16							16
WAGE-RELATED COSTS							
17		41,183,747		41,183,747			17
18							18
19		4,448,922		4,448,922			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25		1,838,536		1,838,536			25
OVERHEAD COSTS - DIRECT SALARIES							
26		922,448	-194	922,254	28,702.00	32.13	26
27		16,834,634	-166,208	16,668,426	582,919.00	28.59	27
28		1,538,053		1,538,053	9,775.00	157.35	28
29		3,368,674	-2,012	3,366,662	102,919.00	32.71	29
30		1,592,850	-5,007	1,587,843	76,300.00	20.81	30
31		1,138,114	-3,283	1,134,831	93,163.00	12.18	31
32		2,476,072	-25,520	2,450,552	229,856.00	10.66	32
33							33
34		2,151,290	-1,571,752	579,538	48,591.00	11.93	34
35							35
36			1,566,754	1,566,754	132,217.00	11.85	36
37							37
38		4,952,485	-745,910	4,206,575	98,072.00	42.89	38
39		716,616	-1,937	714,679	36,646.00	19.50	39
40		4,765,682	-126,606	4,639,076	125,162.00	37.06	40
41		2,425,061	-11,398	2,413,663	111,021.00	21.74	41
42							42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		137,338,846	-824,390	136,514,456	5,062,565.00	26.97	1
2	EXCLUDED AREA SALARIES (see instructions)		13,875,854	-58,237	13,817,617	464,159.00	29.77	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		123,462,992	-766,153	122,696,839	4,598,406.00	26.68	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		22,017,974		22,017,974	351,290.00	62.68	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		41,183,747		41,183,747		33.57%	5
6	TOTAL (sum of lines 3 through 5)		186,664,713	-766,153	185,898,560	4,949,696.00	37.56	6
7	TOTAL OVERHEAD COST (see instructions)		42,881,979	-1,093,073	41,788,906	1,675,343.00	24.94	7



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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

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)	7,957,713	3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		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)	18,253,636	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	976,093	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	305,947	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	1,521,191	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	2,330,461	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	7,006,580	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY	1,756,803	18
19	UNEMPLOYMENT INSURANCE	519,685	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	160,567	22
23	TUITION REIMBURSEMENT	395,071	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	41,183,747	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	WAGE INDEX FISCAL YEAR ENDING DATE		1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)		2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH		3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)		4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)		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		9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5		10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIB-UTION(S)
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)		12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD		13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)		14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2		15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)		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)		19



COMPU-MAX

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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 LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	2,538,609		1
2	HOSPITAL	2,538,609		2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18



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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 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		1,444	15	290	1,749	1
2	UNDUPLICATED CENSUS COUNT (see instructions)		1,397.00	256.00	608.00	2,212.00	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)			
		STAFF	CONTRACT	TOTAL	
		1	2	3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5	OTHER ADMINISTRATIVE PERSONNEL		15.59		15.59
6	DIRECT NURSING SERVICE		27.33		27.33
7	NURSING SUPERVISOR		0.98		0.98
8	PHYSICAL THERAPY SERVICE		8.00		8.00
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE		2.67		2.67
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		1.84		1.84
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

HOME HEALTH AGENCY - CBSA CODES

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

PPS ACTIVITY

		FULL EPISODES				TOTAL (columns 1 through 4)	
		WITHOUT OUTLIERS	WITH OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES		
		1	2	3	4		
21	SKILLED NURSING VISITS	9,840	1,476	516	189	12,021	21
22	SKILLED NURSING VISIT CHARGES	1,758,431	283,286	73,679	33,490	2,148,886	22
23	PHYSICAL THERAPY VISITS	3,312	43	39	65	3,459	23
24	PHYSICAL THERAPY VISIT CHARGES	680,821	9,030	6,510	13,650	710,011	24
25	OCCUPATIONAL THERAPY VISITS	1,311	34	21	42	1,408	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	274,680	7,140	3,780	8,820	294,420	26
27	SPEECH PATHOLOGY VISITS	119	3	2	4	128	27
28	SPEECH PATHOLOGY VISIT CHARGES	24,570	630	420	840	26,460	28
29	MEDICAL SOCIAL SERVICE VISITS	115	4	2	2	123	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	29,640	1,040	520	520	31,720	30
31	HOME HEALTH AIDE VISITS	1,270	169	3	11	1,453	31
32	HOME HEALTH AIDE VISIT CHARGES	119,225	16,055	285	1,045	136,610	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	15,967	1,729	583	313	18,592	33
34	OTHER CHARGES						34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,887,367	317,181	85,194	58,365	3,348,107	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	1,004		153	20	1,177	36
37	TOTAL NUMBER OF OUTLIER EPISODES		38			38	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	121,607	21,511	5,784	2,504	151,406	38



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

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

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL				4
5	RVX				5
6	RVL				6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	43		43	12
13	RUB	276		276	13
14	RUA	21		21	14
15	RVC	242		242	15
16	RVB	949		949	16
17	RVA	168		168	17
18	RHC	272		272	18
19	RHB	1,015		1,015	19
20	RHA	96		96	20
21	RMC	43		43	21
22	RMB	313		313	22
23	RMA	70		70	23
24	RLB				24
25	RLA	6		6	25
26	ES3				26
27	ES2	10		10	27
28	ES1	424		424	28
29	HE2				29
30	HE1	13		13	30
31	HD2	201		201	31
32	HD1	95		95	32
33	HC2	338		338	33
34	HC1	239		239	34
35	HB2	56		56	35
36	HB1	110		110	36
37	LE2				37
38	LE1				38
39	LD2	22		22	39
40	LD1	14		14	40
41	LC2	60		60	41
42	LC1	92		92	42
43	LB2				43
44	LB1	19		19	44
45	CE2	30		30	45
46	CE1	9		9	46
47	CD2	297		297	47
48	CD1	147		147	48
49	CC2	292		292	49
50	CC1	591		591	50
51	CB2	14		14	51
52	CB1	105		105	52
53	CA2	1		1	53
54	CA1	138		138	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
71	PD2				71
72	PD1	7		7	72
73	PC2				73
74	PC1	53		53	74
75	PB2				75
76	PB1	48		48	76
77	PA2				77
78	PA1	2		2	78
199	AAA	17		17	199
200	TOTAL	6,958		6,958	200

SNF SERVICES

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

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

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?	
		1	2	3	
202	STAFFING				202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (SPECIFY)				206
207	TOTAL SNF REVENUE (Worksheet G-2, Part I, line 7, column 3)	7,070,433			207



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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1503

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		UNDUPLICATED DAYS					TOTAL (sum of cols. 1, 2, & 5)	
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER		
		1	2	3	4	5		
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	8,554	56			685	9,295	2
3	INPATIENT RESPITE CARE	99	4			5	108	3
4	GENERAL INPATIENT CARE	488	21			52	561	4
5	TOTAL HOSPICE DAYS	9,141	81			742	9,964	5

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)	
		1	2	3	4	5	6	
		6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	189	5			
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS C							7
8	AVERAGE LENGTH OF STAY (line 5/line 6)	48.37	16.20			25.59	44.68	8
9	UNDUPLICATED CENSUS COUNT	189	5			29	223	9

NOTE: Parts I & II, columns 1 and 2 also include the days reported in column 3 and 4.



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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.243650	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		71,620,694	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		257,061,765	6
7	MEDICAID COST (line 1 times line 6)		62,633,099	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 AND INDIGENT CARE COST COMPUTATION

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		386,554	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 (col. 1 + col. 2)
		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	12,799,837	4,305,260	17,105,097
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	3,118,680	1,048,977	4,167,657
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	185,387	296,481	481,868
23	COST OF CHARITY CARE (line 21 minus line 22)	2,933,293	752,496	3,685,789

24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM?		N	24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (see instructions)			25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)		29,650,849	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)		1,887,819	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)		27,763,030	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)		6,764,462	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)		10,450,251	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)		10,450,251	31



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS										
1	00100	CAP REL COSTS-BLDG & FIXT		10,090,738	10,090,738	116,713	10,207,451		10,207,451	1
1.01	00101	CAP REL COSTS - CON				187,715	187,715		187,715	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP		16,390,120	16,390,120	128,559	16,518,679	-1,098,820	15,419,859	2
3	00300	OTHER CAP REL COSTS		432,987	432,987	-432,987			-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	922,448	47,084,311	48,006,759	-1,241,364	46,765,395	-8,491,199	38,274,196	4
5.01	00540	COMMUNICATIONS	314,363	198,238	512,601	79,307	591,908	-116,106	475,802	5.01
5.02	00550	INFORMATION SYSTEMS		3	3		3	2,284,614	2,284,617	5.02
5.03	00560	PURCHASING/RECEIVENG/STORES	583,248	216,847	800,095		800,095	-47,847	752,248	5.03
5.04	00570	ADMITTING	1,355,439	165,435	1,520,874	111,233	1,632,107		1,632,107	5.04
5.05	00580	PATIENT ACCOUNTING	1,887,610	1,245,565	3,133,175	78,426	3,211,601	-293,684	2,917,917	5.05
5.06	00590	OTHER ADMIN & GENERAL	12,693,974	87,725,356	100,419,330	-109,622	100,309,708	-41,964,659	58,345,049	5.06
6	00600	MAINTENANCE & REPAIRS	3,368,674	7,602,306	10,970,980	-2,012	10,968,968	-57,363	10,911,605	6
7	00700	OPERATION OF PLANT	1,592,850	9,661,371	11,254,221	-40,181	11,214,040	-452,514	10,761,526	7
8	00800	LAUNDRY & LINEN SERVICE	1,138,114	1,823,021	2,961,135	-3,283	2,957,852	-2,155,497	802,355	8
9	00900	HOUSEKEEPING	2,476,072	1,519,182	3,995,254	-25,520	3,969,734	-32,479	3,937,255	9
10	01000	DIETARY	2,151,290	229,726	2,381,016	-876,887	1,504,129	-66,516	1,437,613	10
11	01100	CAFETERIA				871,889	871,889		871,889	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	4,952,485	1,562,889	6,515,374	-771,164	5,744,210	-796,418	4,947,792	13
14	01400	CENTRAL SERVICES & SUPPLY	716,616	1,859,636	2,576,252	34,747	2,610,999	-49,496	2,561,503	14
15	01500	PHARMACY	4,765,682	13,718,711	18,484,393	-12,911,921	5,572,472	-73,328	5,499,144	15
16	01600	MEDICAL RECORDS & LIBRARY	2,425,061	1,967,491	4,392,552	-11,398	4,381,154	-20	4,381,134	16
17	01700	SOCIAL SERVICE								17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL	1,538,440	529,268	2,067,708	-71,712	1,995,996	-2,072,048	-76,052	20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,902,679	1,200	6,903,879	1,838,536	8,742,415	-699,000	8,043,415	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				449,820	449,820		449,820	22
23	02300	PARAMED ED (CLINICAL LAB SCIENCE)	120,377	18,284	138,661		138,661	-29,801	108,860	23
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)								23.01
23.02	02302	PARAMED ED (ENDT)								23.02
23.03	02303	PARAMED ED (PHARMACY)	179,153	19,659	198,812	58,564	257,376		257,376	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	81,651	11,148	92,799		92,799	-11,129	81,670	23.04
INPATIENT ROUTINE SERV COST CENTERS										
30	03000	ADULTS & PEDIATRICS	16,987,468	2,215,982	19,203,450	1,627,506	20,830,956	-72,668	20,758,288	30
31	03100	INTENSIVE CARE UNIT	7,947,054	1,395,693	9,342,747	-307,781	9,034,966	-34,205	9,000,761	31
35	02060	HIGH RISK NEONATAL	5,352,701	1,351,207	6,703,908	-43,049	6,660,859	-343,529	6,317,330	35
40	04000	SUBPROVIDER - IPF	1,804,312	380,295	2,184,607	14,615	2,199,222	-213,651	1,985,571	40
43	04300	NURSERY				1,154,823	1,154,823		1,154,823	43
44	04400	SKILLED NURSING FACILITY	2,382,402	216,059	2,598,461	20,591	2,619,052	-6,678	2,612,374	44
ANCILLARY SERVICE COST CENTERS										
50	05000	OPERATING ROOM	8,824,948	27,987,764	36,812,712	-25,462,014	11,350,698	-53,297	11,297,401	50
50.01	05001	GASTRODIAGNOSTIC UNIT	938,213	991,385	1,929,598	-321,713	1,607,885		1,607,885	50.01
50.02	05002	PAIN MANAGEMENT CENTER	126,949	220,010	346,959	-2,611	344,348		344,348	50.02
51	05100	RECOVERY ROOM	1,737,523	155,747	1,893,270	-4,019	1,889,251		1,889,251	51
52	05200	DELIVERY ROOM & LABOR ROOM	4,756,080	2,088,682	6,844,762	-4,049,358	2,795,404	-1,147,816	1,647,588	52
53	05300	ANESTHESIOLOGY	912,317	5,125,030	6,037,347	-162,139	5,875,208	-3,471,937	2,403,271	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,781,597	1,835,469	5,617,066	-951,511	4,665,555	-37,993	4,627,562	54
55	05500	RADIOLOGY-THERAPEUTIC	615,269	271,313	886,582		886,582	-220,208	666,374	55
56	05600	RADIOISOTOPE	699,486	860,747	1,560,233	308,019	1,868,252	-7,354	1,860,898	56
57	05700	CT SCAN	492,003	288,215	780,218	102,308	882,526	-100	882,426	57
58	05800	MRI	313,741	80,924	394,665	70,645	465,310	-3,058	462,252	58
59	05900	CARDIAC CATHETERIZATION	4,830,457	23,067,625	27,898,082	-24,266,444	3,631,638	-358,343	3,273,295	59
60	06000	LABORATORY	4,356,506	7,914,055	12,270,561	-16,429	12,254,132	-31,780	12,222,352	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	3,534,284	909,970	4,444,254	-660,876	3,783,378	-106,240	3,677,138	65
66	06600	PHYSICAL THERAPY	6,432,918	1,548,049	7,980,967	-116,937	7,864,030	-580,287	7,283,743	66
69	06900	ELECTROCARDIOLOGY	2,126,279	3,236,638	5,362,917	-5,436	5,357,481	-3,184,789	2,172,692	69
70	07000	ELECTROENCEPHALOGRAPHY	727,232	556,713	1,283,945	-7,803	1,276,142	-128,504	1,147,638	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				22,980,852	22,980,852		22,980,852	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				29,306,063	29,306,063		29,306,063	72
73	07300	DRUGS CHARGED TO PATIENTS				12,768,229	12,768,229		12,768,229	73
74	07400	RENAL DIALYSIS		813,343	813,343	-8,784	804,559	-37,000	767,559	74
76	03950	OTHER ANCILLARY	788,429	146,768	935,197	1,459,389	2,394,586	-77,655	2,316,931	76
76.97	07697	CARDIAC REHABILITATION	505,838	22,174	528,012		528,012	-42,403	485,609	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		823,847	823,847	-37,723	786,124	-1,929	784,195	76.98
76.99	07699	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS										
91	09100	EMERGENCY	3,793,721	3,883,480	7,677,201	-565,044	7,112,157	-2,368,684	4,743,473	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
OTHER REIMBURSABLE COST CENTERS										
101	10100	HOME HEALTH AGENCY	4,183,777	750,423	4,934,200	-237,706	4,696,494	-2,500	4,693,994	101
SPECIAL PURPOSE COST CENTERS										



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
113	11300	INTEREST EXPENSE		2,469,418	2,469,418		2,469,418	-2,469,418		113
116	11600	HOSPICE	555,731	709,726	1,265,457	-68,639	1,196,818		1,196,818	116
117	06950	HOME INFUSION	832,856	2,316,349	3,149,205	-637	3,148,568	-6,370	3,142,198	117
118		SUBTOTALS (sum of lines 1-117)	140,506,317	298,706,592	439,212,909	-26,155	439,186,754	-71,231,706	367,955,048	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,044	324,110	362,154		362,154		362,154	190
192	19200	PHYSICIANS' PRIVATE OFFICES	1,038,650	20,189,764	21,228,414	26,155	21,254,569	-18,499,983	2,754,586	192
193	19300	NONPAID WORKERS								193
194	07950	NON REIMBURSABLE-OTHER	582,396	422,027	1,004,423		1,004,423		1,004,423	194
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	538,065	-507,728	30,337		30,337		30,337	194.01
200		TOTAL (sum of lines 118-199)	142,703,472	319,134,765	461,838,237		461,838,237	-89,731,689	372,106,548	200



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
1	COLLEGE OF NURSING DEPREC COSTS	1		3			
			2				
		A	CAP REL COSTS - CON	1.01		185,340	1
500	TOTAL RECLASSIFICATIONS					185,340	500
	CODE LETTER - A						
1	NONPAID WORKERS	B	EMPLOYEE BENEFITS DEPARTMENT	4		15,839	1
500	TOTAL RECLASSIFICATIONS					15,839	500
	CODE LETTER - B						
1	MEDICAL CARE ADMIN COSTS	C	I&R SERVICES-OTHER PRGM COSTS	22	132,391		1
500	TOTAL RECLASSIFICATIONS				132,391		500
	CODE LETTER - C						
1	CAFETERIA COSTS	D	CAFETERIA	11	1,566,754		1
2			DIETARY	10		694,865	2
500	TOTAL RECLASSIFICATIONS				1,566,754	694,865	500
	CODE LETTER - D						
1	NURSERY AND LABOR/DELIVERY COSTS	E	ADULTS & PEDIATRICS	30	1,531,566	1,277,674	1
2			NURSERY	43	626,028	522,249	2
500	TOTAL RECLASSIFICATIONS				2,157,594	1,799,923	500
	CODE LETTER - E						
1	HOME HEALTH SUPPLY COSTS	F	CENTRAL SERVICES & SUPPLY	14		36,684	1
2			MEDICAL SUPPLIES CHARGED TO P	71		170,063	2
500	TOTAL RECLASSIFICATIONS					206,747	500
	CODE LETTER - F						
1	HOME HEALTH HOSPICE SALARY COSTS	G	SKILLED NURSING FACILITY	44	52,800		1
500	TOTAL RECLASSIFICATIONS				52,800		500
	CODE LETTER - G						
1	SNF MEDICAID ASSESSMENT FEE	H	OTHER ADMIN & GENERAL	5.06		34,182	1
500	TOTAL RECLASSIFICATIONS					34,182	500
	CODE LETTER - H						
1	INTERNS & RESIDENTS H&W COSTS	I	I&R SERVICES-SALARY & FRINGES	21		1,838,536	1
500	TOTAL RECLASSIFICATIONS					1,838,536	500
	CODE LETTER - I						
1	DRUGS CHARGED TO PATIENTS	J	DRUGS CHARGED TO PATIENTS	73		12,785,315	1
500	TOTAL RECLASSIFICATIONS					12,785,315	500
	CODE LETTER - J						
1	WORKERS COMPENSATION COSTS	K	EMPLOYEE BENEFITS DEPARTMENT	4		50,495	1
500	TOTAL RECLASSIFICATIONS					50,495	500
	CODE LETTER - K						
1	MEDICAL & IMPLANTABLE SUPPLY COSTS	L	MEDICAL SUPPLIES CHARGED TO P	71		24,214,613	1
2			IMPL. DEV. CHARGED TO PATIENT	72		29,306,063	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
500	TOTAL RECLASSIFICATIONS					53,520,676	500
	CODE LETTER - L						
1	RN-BSN PROGRAM/EDUCATION	M	NURSING ADMINISTRATION	13	64,290		1
500	TOTAL RECLASSIFICATIONS				64,290		500
	CODE LETTER - M						



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
1	LEGAL FEES	1		3			
		N	OTHER ADMIN & GENERAL	5.06		277,519	1
500	TOTAL RECLASSIFICATIONS					277,519	500
	CODE LETTER - N						
1	UTILITIES/TELEPHONE FOR PDC	O	OPERATION OF PLANT	7		202,481	1
2			COMMUNICATIONS	5.01		79,307	2
500	TOTAL RECLASSIFICATIONS					281,788	500
	CODE LETTER - O						
1	PHARMACY CONTINUING EDUCATION/SERVI	P	PARAMED ED (PHARMACY)	23.03	58,564		1
500	TOTAL RECLASSIFICATIONS				58,564		500
	CODE LETTER - P						
1	NURSING BONUSES	Q	EMPLOYEE BENEFITS DEPARTMENT	4	32		1
2			ADULTS & PEDIATRICS	30	7,023		2
3			INTENSIVE CARE UNIT	31	5,174		3
4			HIGH RISK NEONATAL	35	4,000		4
5			SUBPROVIDER - IPF	40	1		5
6			OPERATING ROOM	50	3,012		6
7			GASTRODIAGNOSTIC UNIT	50.01	466		7
8			RECOVERY ROOM	51	991		8
9			CARDIAC CATHETERIZATION	59	1,302		9
10			RESPIRATORY THERAPY	65	23		10
11			OTHER ANCILLARY	76	1,500		11
500	TOTAL RECLASSIFICATIONS				23,524		500
	CODE LETTER - Q						
1	NEW GRAD RN ONSITE TRAINING	R	ADULTS & PEDIATRICS	30	396,712		1
2			INTENSIVE CARE UNIT	31	174,051		2
3			HIGH RISK NEONATAL	35	18,026		3
4			SUBPROVIDER - IPF	40	22,941		4
5			NURSERY	43	6,546		5
6			SKILLED NURSING FACILITY	44	32,151		6
7			GASTRODIAGNOSTIC UNIT	50.01	15,155		7
8			DELIVERY ROOM & LABOR ROOM	52	28,594		8
9			CARDIAC CATHETERIZATION	59	8,608		9
10			EMERGENCY	91	76,726		10
500	TOTAL RECLASSIFICATIONS				779,510		500
	CODE LETTER - R						
1	ACADEMIC SUPPORT	S	I&R SERVICES-OTHER PRGM COSTS	22		317,429	1
2							2
3							3
4							4
500	TOTAL RECLASSIFICATIONS					317,429	500
	CODE LETTER - S						
1	OUTPATIENT ROUTINE SERVICES	T	OTHER ANCILLARY	76	1,240,262	220,320	1
2							2
3							3
500	TOTAL RECLASSIFICATIONS				1,240,262	220,320	500
	CODE LETTER - T						
1	RADIOLOGY ADMINISTRATION	U	RADIOISOTOPE	56	118,138	189,881	1
2			CT SCAN	57	83,095	63,580	2
3			MRI	58	52,988	17,852	3
500	TOTAL RECLASSIFICATIONS				254,221	271,313	500
	CODE LETTER - U						
1	SHORT-TERM DISABILITY	V	EMPLOYEE BENEFITS DEPARTMENT	4		808,551	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



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY		OTHER
		1	2	3	4	5	
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
500	TOTAL RECLASSIFICATIONS					808,551	500
	CODE LETTER - V						
1	MACARTHUR LEASE EXPENSE	W	ADMITTING	5.04		118,828	1
2			PATIENT ACCOUNTING	5.05		78,426	2
3			PHYSICIANS' PRIVATE OFFICES	192		40,401	3
500	TOTAL RECLASSIFICATIONS					237,655	500
	CODE LETTER - W						
	GRAND TOTAL (INCREASES)				6,329,910	73,546,493	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	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		185,340	11	
500	TOTAL RECLASSIFICATIONS					185,340	500	
	CODE LETTER - A							
1	NONPAID WORKERS	B	HOSPICE	116	15,839			
500	TOTAL RECLASSIFICATIONS				15,839		500	
	CODE LETTER - B							
1	MEDICAL CARE ADMIN COSTS	C	OTHER ADMIN & GENERAL	5.06	132,391			
500	TOTAL RECLASSIFICATIONS				132,391		500	
	CODE LETTER - C							
1	CAFETERIA COSTS	D	DIETARY	10	1,566,754			
2			CAFETERIA	11		694,865		
500	TOTAL RECLASSIFICATIONS				1,566,754	694,865	500	
	CODE LETTER - D							
1	NURSERY AND LABOR/DELIVERY COSTS	E	DELIVERY ROOM & LABOR ROOM	52	2,157,594	1,799,923		
2								
500	TOTAL RECLASSIFICATIONS				2,157,594	1,799,923	500	
	CODE LETTER - E							
1	HOME HEALTH SUPPLY COSTS	F	HOME HEALTH AGENCY	101		206,747		
2								
500	TOTAL RECLASSIFICATIONS					206,747	500	
	CODE LETTER - F							
1	HOME HEALTH HOSPICE SALARY COSTS	G	HOSPICE	116	52,800			
500	TOTAL RECLASSIFICATIONS				52,800		500	
	CODE LETTER - G							
1	SNF MEDICAID ASSESSMENT FEE	H	SKILLED NURSING FACILITY	44		34,182		
500	TOTAL RECLASSIFICATIONS					34,182	500	
	CODE LETTER - H							
1	INTERNS & RESIDENTS H&W COSTS	I	EMPLOYEE BENEFITS DEPARTMENT	4		1,838,536		
500	TOTAL RECLASSIFICATIONS					1,838,536	500	
	CODE LETTER - I							
1	DRUGS CHARGED TO PATIENTS	J	PHARMACY	15		12,785,315		
500	TOTAL RECLASSIFICATIONS					12,785,315	500	
	CODE LETTER - J							
1	WORKERS COMPENSATION COSTS	K	OTHER ADMIN & GENERAL	5.06		50,495		
500	TOTAL RECLASSIFICATIONS					50,495	500	
	CODE LETTER - K							
1	MEDICAL & IMPLANTABLE SUPPLY COSTS	L	ADULTS & PEDIATRICS	30		76,822		
2			INTENSIVE CARE UNIT	31		349,375		
3			HIGH RISK NEONATAL	35		26,995		
4			OPERATING ROOM	50		25,350,699		
5			GASTRODIAGNOSTIC UNIT	50.01		320,758		
6			PAIN MANAGEMENT CENTER	50.02		2,611		
7			DELIVERY ROOM & LABOR ROOM	52		54,608		
8			ANESTHESIOLOGY	53		146,748		
9			RADIOLOGY-DIAGNOSTIC	54		414,562		
10			CT SCAN	57		44,367		
11			MRI	58		195		
12			CARDIAC CATHETERIZATION	59		23,979,337		
13			RESPIRATORY THERAPY	65		654,633		
14			PHYSICAL THERAPY	66		39,869		
15			ELECTROCARDIOLOGY	69		3,228		
16			ELECTROENCEPHALOGRAPHY	70		186		
17			MEDICAL SUPPLIES CHARGED TO P	71		1,403,824		
18			DRUGS CHARGED TO PATIENTS	73		17,086		
19			RENAL DIALYSIS	74		8,784		
20			OTHER ANCILLARY	76		566		
21			HYPERBARIC OXYGEN THERAPY	76.98		37,723		
22			EMERGENCY	91		587,700		
500	TOTAL RECLASSIFICATIONS					53,520,676	500	
	CODE LETTER - L							
1	RN-BSN PROGRAM/EDUCATION	M	NURSING SCHOOL	20	64,290			
500	TOTAL RECLASSIFICATIONS				64,290		500	
	CODE LETTER - M							



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	LEGAL FEES	N	EMPLOYEE BENEFITS DEPARTMENT	4		277,519	1	
500	TOTAL RECLASSIFICATIONS					277,519	500	
	CODE LETTER - N							
1	UTILITIES/TELEPHONE FOR PDC	O	CARDIAC CATHETERIZATION	59		281,788	1	
2							2	
500	TOTAL RECLASSIFICATIONS					281,788	500	
	CODE LETTER - O							
1	PHARMACY CONTINUING EDUCATION/SERVI	P	PHARMACY	15	58,564		1	
500	TOTAL RECLASSIFICATIONS				58,564		500	
	CODE LETTER - P							
1	NURSING BONUSES	Q	NURSING ADMINISTRATION	13	23,524		1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
500	TOTAL RECLASSIFICATIONS				23,524		500	
	CODE LETTER - Q							
1	NEW GRAD RN ONSITE TRAINING	R	NURSING ADMINISTRATION	13	779,510		1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
500	TOTAL RECLASSIFICATIONS				779,510		500	
	CODE LETTER - R							
1	ACADEMIC SUPPORT	S	OTHER ADMIN & GENERAL	5.06		212,215	1	
2			NURSING ADMINISTRATION	13		25,254	2	
3			OPERATING ROOM	50		63,678	3	
4			EMERGENCY	91		16,282	4	
500	TOTAL RECLASSIFICATIONS					317,429	500	
	CODE LETTER - S							
1	OUTPATIENT ROUTINE SERVICES	T	ADULTS & PEDIATRICS	30	1,170,168	211,294	1	
2			INTENSIVE CARE UNIT	31	70,073	9,022	2	
3			SUBPROVIDER - IPF	40	21	4	3	
500	TOTAL RECLASSIFICATIONS				1,240,262	220,320	500	
	CODE LETTER - T							
1	RADIOLOGY ADMINISTRATION	U	RADIOLOGY-DIAGNOSTIC	54	254,221	271,313	1	
2							2	
3							3	
500	TOTAL RECLASSIFICATIONS				254,221	271,313	500	
	CODE LETTER - U							
1	SHORT-TERM DISABILITY	V	EMPLOYEE BENEFITS DEPARTMENT	4	226		1	
2			ADMITTING	5.04	7,595		2	
3			OTHER ADMIN & GENERAL	5.06	26,222		3	
4			MAINTENANCE & REPAIRS	6	2,012		4	
5			OPERATION OF PLANT	7	5,007		5	
6			LAUNDRY & LINEN SERVICE	8	3,283		6	
7			HOUSEKEEPING	9	25,520		7	
8			DIETARY	10	4,998		8	
9			NURSING ADMINISTRATION	13	7,166		9	
10			CENTRAL SERVICES & SUPPLY	14	1,937		10	
11			PHARMACY	15	68,042		11	
12			MEDICAL RECORDS & LIBRARY	16	11,398		12	
13			NURSING SCHOOL	20	7,422		13	
14			ADULTS & PEDIATRICS	30	127,185		14	
15			INTENSIVE CARE UNIT	31	58,536		15	



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				WKST A-7 REF. 10	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9		
16			HIGH RISK NEONATAL	35	38,080		16	
17			SUBPROVIDER - IPF	40	8,302		17	
18			SKILLED NURSING FACILITY	44	30,178		18	
19			OPERATING ROOM	50	50,649		19	
20			GASTRODIAGNOSTIC UNIT	50.01	16,576		20	
21			RECOVERY ROOM	51	5,010		21	
22			DELIVERY ROOM & LABOR ROOM	52	65,827		22	
23			ANESTHESIOLOGY	53	15,391		23	
24			RADIOLOGY-DIAGNOSTIC	54	11,415		24	
25			CARDIAC CATHETERIZATION	59	15,229		25	
26			LABORATORY	60	16,429		26	
27			RESPIRATORY THERAPY	65	6,266		27	
28			PHYSICAL THERAPY	66	77,068		28	
29			ELECTROCARDIOLOGY	69	2,208		29	
30			ELECTROENCEPHALOGRAPHY	70	7,617		30	
31			OTHER ANCILLARY	76	2,127		31	
32			EMERGENCY	91	37,788		32	
33			HOME HEALTH AGENCY	101	30,959		33	
34			HOME INFUSION	117	637		34	
35			PHYSICIANS' PRIVATE OFFICES	192	14,246		35	
500	TOTAL RECLASSIFICATIONS				808,551		500	
	CODE LETTER - V							
1	MACARTHUR LEASE EXPENSE	W	OPERATION OF PLANT	7		237,655	1	
2							2	
3							3	
500	TOTAL RECLASSIFICATIONS					237,655	500	
	CODE LETTER - W							
	GRAND TOTAL (DECREASES)				7,154,300	72,722,103		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIRE- MENTS	ENDING BALANCE	FULLY DEPREC- IATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	18,370,002	4,193,176		4,193,176		22,563,178		1
2	LAND IMPROVEMENTS	4,454,987	1,494,374		1,494,374		5,949,361	1,444,854	2
3	BUILDINGS AND FIXTURES	439,471,451	53,099,806		53,099,806	177,499	492,393,758	28,120,226	3
4	BUILDING IMPROVEMENTS	3,967,207	782,905		782,905		4,750,112	725,272	4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	241,083,687	15,600,190		15,600,190	14,556,791	242,127,086	112,336,171	6
7	HIT DESIGNATED ASSETS	38,936,534	1,629,578		1,629,578		40,566,112		7
8	SUBTOTAL (sum of lines 1-7)	746,283,868	76,800,029		76,800,029	14,734,290	808,349,607	142,626,523	8
9	RECONCILING ITEMS	146,297,326	-85,395,287		-85,395,287		60,902,039		9
10	TOTAL (line 7 minus line 9)	599,986,542	162,195,316		162,195,316	14,734,290	747,447,568	142,626,523	10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of (cols. 9 through 14)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	10,090,738							10,090,738	1
1.01	CAP REL COSTS - CON									1.01
2	CAP REL COSTS-MVBLE EQUIP	16,390,120							16,390,120	2
3	TOTAL (sum of lines 1-2)	26,480,858							26,480,858	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All line numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITAL- IZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL (sum of (cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI	563,907,171		563,907,171	0.697603	302,053			302,053	1
1.01	CAP REL COSTS - CON	4,433,490		4,433,490	0.005485	2,375			2,375	1.01
2	CAP REL COSTS-MVBLE EQU	240,008,946		240,008,946	0.296912	128,559			128,559	2
3	TOTAL (sum of lines 1-2)	808,349,607		808,349,607	1.000000	432,987			432,987	3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of (cols. 9 through 14)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	10,090,738		-185,340	302,053				10,207,451	1
1.01	CAP REL COSTS - CON			185,340	2,375				187,715	1.01
2	CAP REL COSTS-MVBLE EQUIP	15,291,300			128,559				15,419,859	2
3	TOTAL (sum of lines 1-2)	25,382,038			432,987				25,815,025	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (chapter 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)	B	-39,637	PURCHASING/RECEIVENG/STORES	5.03	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	-46,875	COMMUNICATIONS	5.01	7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)	B	-22,342	OPERATION OF PLANT	7	9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-29,139,316			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	2,001,909			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS					14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-64,113	PHARMACY	15	17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-20	MEDICAL RECORDS & LIBRARY	16	18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-2,065,187	NURSING SCHOOL	20	19
20	VENDING MACHINES	B	-64,960	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 OVERPAYMENTS					22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33	TRADE,QUANTITY & TIME DISCOUNTS	B	-1,300	LAUNDRY & LINEN SERVICE	8	33
34	TUITUIN, FEES, BOOKS, ETC.	B	-29,435	PARAMED ED (CLINICAL LAB SCIENCE)	23	34
34.01	TUITION, FEES, BOOKS, ETC.	B	-11,129	PARAMED ED (PASTORAL CARE)	23.04	34.01
34.02	TUITION, FEES, BOOKS, ETC.	B	-21,329	NURSING ADMINISTRATION	13	34.02
35	RENTAL OF HOSPITAL SPACE	B	-22,858	OTHER ADMIN & GENERAL	5.06	35
35.01	RENTAL OF HOSPITAL SPACE	B	-206,448	OPERATION OF PLANT	7	35.01
35.02	RENTAL OF HOSPITAL SPACE	B	-8,671	PHYSICAL THERAPY	66	35.02
35.03	RENTAL OF HOSPITAL SPACE	B	-42,810	ELECTROCARDIOLOGY	69	35.03
36	INTERCOMPANY REVENUE	B	-292,538	PATIENT ACCOUNTING	5.05	36
36.01	INTERCOMPANY REVENUE	B	-2,538,750	OTHER ADMIN & GENERAL	5.06	36.01
36.02	INTERCOMPANY REVENUE	B	-121,460	OPERATION OF PLANT	7	36.02
36.03	INTERCOMPANY REVENUE	B	-2,154,197	LAUNDRY & LINEN SERVICE	8	36.03
36.04	INTERCOMPANY REVENUE	B	-27,440	NURSING ADMINISTRATION	13	36.04
36.05	INTERCOMPANY REVENUE	B	-49,496	CENTRAL SERVICES & SUPPLY	14	36.05
36.06	INTERCOMPANY REVENUE	B	-9,265	PHARMACY	15	36.06
36.07	INTERCOMPANY REVENUE	B	-2,273	OPERATING ROOM	50	36.07
36.08	INTERCOMPANY REVENUE	B	-9,576	RADIOLOGY-DIAGNOSTIC	54	36.08
36.09	INTERCOMPANY REVENUE	B	-7,354	RADIOISOTOPE	56	36.09
36.10	INTERCOMPANY REVENUE	B	-373,093	CARDIAC CATHETERIZATION	59	36.10
36.11	INTERCOMPANY REVENUE	B	-31,802	LABORATORY	60	36.11
36.12	INTERCOMPANY REVENUE	B	-140,076	ELECTROCARDIOLOGY	69	36.12
36.13	INTERCOMPANY REVENUE	B	-21,780	ELECTROENCEPHALOGRAPHY	70	36.13
36.14	INTERCOMPANY REVENUE	B	-751,938	PHYSICIANS' PRIVATE OFFICES	12	36.14
37	MISCELLANEOUS OTHER OPERATING REVE	B	-30	EMPLOYEE BENEFITS DEPARTMENT	4	37
37.01	MISCELLANEOUS OTHER OPERATING REVE	B	-62,439	COMMUNICATIONS	5.01	37.01
37.02	MISCELLANEOUS OTHER OPERATING REVE	B	-491	PURCHASING/RECEIVENG/STORES	5.03	37.02
37.03	MISCELLANEOUS OTHER OPERATING REVE	B	-1,146	PATIENT ACCOUNTING	5.05	37.03
37.04	MISCELLANEOUS OTHER OPERATING REVE	B	-684,016	OTHER ADMIN & GENERAL	5.06	37.04
37.05	MISCELLANEOUS OTHER OPERATING REVE	B	-33,626	MAINTENANCE & REPAIRS	6	37.05
37.06	MISCELLANEOUS OTHER OPERATING REVE	B	-63,999	OPERATION OF PLANT	7	37.06
37.07	MISCELLANEOUS OTHER OPERATING REVE	B	-32,479	HOUSEKEEPING	9	37.07



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
37.08	MISCELLANEOUS OTHER OPERATING REVE	B	-523	DIETARY	10	37.08
37.09	MISCELLANEOUS OTHER OPERATING REVE	B	-285,907	NURSING ADMINISTRATION	13	37.09
37.10	MISCELLANEOUS OTHER OPERATING REVE	B	50	PHARMACY	15	37.10
37.11	MISCELLANEOUS OTHER OPERATING REVE	B	-4,658	NURSING SCHOOL	20	37.11
37.12	MISCELLANEOUS OTHER OPERATING REVE	B	-699,000	I&R SERVICES-SALARY & FRINGES APPRVD	21	37.12
37.13	MISCELLANEOUS OTHER OPERATING REVE	B	-5,045	ADULTS & PEDIATRICS	30	37.13
37.14	MISCELLANEOUS OTHER OPERATING REVE	B	1,671	SUBPROVIDER - IPF	40	37.14
37.15	MISCELLANEOUS OTHER OPERATING REVE	B	-3,413	OPERATING ROOM	50	37.15
37.16	MISCELLANEOUS OTHER OPERATING REVE	B	-83	ANESTHESIOLOGY	53	37.16
37.17	MISCELLANEOUS OTHER OPERATING REVE	B	-4,586	RADIOLOGY-DIAGNOSTIC	54	37.17
37.18	MISCELLANEOUS OTHER OPERATING REVE	B	-24,731	RADIOLOGY-THERAPEUTIC	55	37.18
37.19	MISCELLANEOUS OTHER OPERATING REVE	B	-3,058	MRI	58	37.19
37.20	MISCELLANEOUS OTHER OPERATING REVE	B	-1,500	CARDIAC CATHETERIZATION	59	37.20
37.21	MISCELLANEOUS OTHER OPERATING REVE	B	22	LABORATORY	60	37.21
37.22	MISCELLANEOUS OTHER OPERATING REVE	B	-5,415	RESPIRATORY THERAPY	65	37.22
37.23	MISCELLANEOUS OTHER OPERATING REVE	B	-86,492	PHYSICAL THERAPY	66	37.23
37.24	MISCELLANEOUS OTHER OPERATING REVE	B	-180,122	ELECTROCARDIOLOGY	69	37.24
37.25	MISCELLANEOUS OTHER OPERATING REVE	B	-12,490	ELECTROENCEPHALOGRAPHY	70	37.25
37.26	MISCELLANEOUS OTHER OPERATING REVE	B	-40,821	OTHER ANCILLARY	76	37.26
37.27	MISCELLANEOUS OTHER OPERATING REVE	B	-42,403	CARDIAC REHABILITATION	76.97	37.27
37.28	MISCELLANEOUS OTHER OPERATING REVE	B	-116,692	EMERGENCY	91	37.28
37.29	MISCELLANEOUS OTHER OPERATING REVE	B	-1,733	HOME HEALTH AGENCY	101	37.29
37.30	MISCELLANEOUS OTHER OPERATING REVE	B	-6,370	HOME INFUSION	117	37.30
37.31	MISCELLANEOUS OTHER OPERATING REVE	B	-725	PHYSICIANS' PRIVATE OFFICES	192	37.31
38	EMPLOYEE HEALTH INSURANCE	B	-8,093,326	EMPLOYEE BENEFITS DEPARTMENT	4	38
39	ADVERTISING/SPONSORSHIP	A	-2,388,641	OTHER ADMIN & GENERAL	5.06	39
39.01	ADVERTISING/SPONSORSHIP	A	-31,514	NURSING ADMINISTRATION	13	39.01
39.02	ADVERTISING/SPONSORSHIP	A	-366	PARAMED ED (CLINICAL LAB SCIENCE)	23	39.02
39.03	ADVERTISING/SPONSORSHIP	A	-523	RADIOLOGY-THERAPEUTIC	55	39.03
39.04	ADVERTISING/SPONSORSHIP	A	-3,100	CARDIAC CATHETERIZATION	59	39.04
39.05	ADVERTISING/SPONSORSHIP	A	-383,086	PHYSICAL THERAPY	66	39.05
39.06	ADVERTISING/SPONSORSHIP	A	-65	OTHER ANCILLARY	76	39.06
40	LOBBYING COSTS	A	-51,626	OTHER ADMIN & GENERAL	5.06	40
40.01	LOBBYING COSTS	A	-767	HOME HEALTH AGENCY	101	40.01
41	NONALLOWABLE EXPENSE	A	-5,976	OTHER ADMIN & GENERAL	5.06	41
41.01	NONALLOWABLE EXPENSE	A	-1,135	SUBPROVIDER - IPF	40	41.01
41.02	NONALLOWABLE EXPENSE	A	-226	SKILLED NURSING FACILITY	44	41.02
41.03	NONALLOWABLE EXPENSE	A	-261	PHYSICAL THERAPY	66	41.03
41.04	NONALLOWABLE EXPENSE	A	-21,869	OTHER ANCILLARY	76	41.04
42	INTANGIBLE AMORTIZATION/GAIN-LOSS	A	-1,098,820	CAP REL COSTS-MVBLE EQUIP	2	42
43	RESEARCH GRANT	A	-1,464,870	OTHER ADMIN & GENERAL	5.06	43
44	NONALLOWABLE FOOD/DRINK	A	-2,203	OTHER ADMIN & GENERAL	5.06	44
44.01	NONALLOWABLE FOOD/DRINK	A	-763	DIETARY	10	44.01
44.02	NONALLOWABLE FOOD/DRINK	A	-222	NURSING ADMINISTRATION	13	44.02
44.03	NONALLOWABLE FOOD/DRINK	A	-220	OPERATING ROOM	50	44.03
44.04	NONALLOWABLE FOOD/DRINK	A	-8	PHYSICIANS' PRIVATE OFFICES	192	44.04
45	MEDICAL GROUP PURCHASED SERVICE	A	-17,427,478	PHYSICIANS' PRIVATE OFFICES	192	45
46	PROPERTY TAX	A	-7,719	PURCHASING/RECEIVENG/STORES	5.03	46
46.01	PROPERTY TAX	A	-41,720	OTHER ADMIN & GENERAL	5.06	46.01
46.02	PROPERTY TAX	A	-38,265	OPERATION OF PLANT	7	46.02
46.03	PROPERTY TAX	A	79,176	CARDIAC CATHETERIZATION	59	46.03
46.04	PROPERTY TAX	A	-35,549	PHYSICAL THERAPY	66	46.04
46.05	PROPERTY TAX	A	-319,834	PHYSICIANS' PRIVATE OFFICES	192	46.05
47	MEDICAID ASSESSMENT	A	-17,203,486	OTHER ADMIN & GENERAL	5.06	47
48	NONALLOWABLE INTEREST	A	-2,469,418	INTEREST EXPENSE	113	48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-89,731,689			50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.



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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 CLAIMED HOME OFFICE COSTS:

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
	1	2	3	4	5	6	7	
1	4	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	20,686,817	20,967,319	-280,502		1
2	5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES ISC	33,551,666	31,267,052	2,284,614		2
3	20	NURSING SCHOOL	CONTRACTED SERVICES-HSHS	223,247	225,450	-2,203		3
3.01	4	EMPLOYEE BENEFITS DEPARTMENT	RELATED SERVICES - SEB	4,280	4,280			3.01
3.02	4	EMPLOYEE BENEFITS DEPARTMENT	RELATED SERVICES - SFL	471	471			3.02
3.03	5.06	OTHER ADMIN & GENERAL	RELATED SERVICES - SMD	3,500	3,500			3.03
3.04	5.06	OTHER ADMIN & GENERAL	RELATED SERVICES - SFL	2,584	2,584			3.04
3.05	6	MAINTENANCE & REPAIRS	RELATED SERVICES - SFL	3,036	3,036			3.05
3.06	13	NURSING ADMINISTRATION	RELATED SERVICES - SFL	1,152	1,152			3.06
3.07	15	PHARMACY	RELATED SERVICES - SEB	3,737	3,737			3.07
3.08	15	PHARMACY	RELATED SERVICES - SFL	738	738			3.08
3.09	15	PHARMACY	RELATED SERVICES - SJH	106	106			3.09
3.10	15	PHARMACY	RELATED SERVICES - SMD	143	143			3.10
3.11	30	ADULTS & PEDIATRICS	RELATED SERVICES - SFL	2,058	2,058			3.11
3.12	30	ADULTS & PEDIATRICS	RELATED SERVICES - SMD	2,776	2,776			3.12
3.13	31	INTENSIVE CARE UNIT	RELATED SERVICES - SAE	5,623	5,623			3.13
3.14	50	OPERATING ROOM	RELATED SERVICES - SMD	461	461			3.14
3.15	59	CARDIAC CATHETERIZATION	RELATED SERVICES - SAE	91	91			3.15
3.16	60	LABORATORY	RELATED SERVICES - SFL	149	149			3.16
3.17	60	LABORATORY	RELATED SERVICES - SMD	80,203	80,203			3.17
3.18	60	LABORATORY	RELATED SERVICES - SVGB	270	270			3.18
3.19	65	RESPIRATORY THERAPY	RELATED SERVICES - SFL	180	180			3.19
3.20	91	EMERGENCY	RELATED SERVICES - SAE	4,146	4,146			3.20
3.21	101	HOME HEALTH AGENCY	RELATED SERVICES - SMD	6,201	6,201			3.21
3.22	192	PHYSICIANS' PRIVATE OFFICES	RELATED SERVICES - SFL	9,078	9,078			3.22
4								4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12		54,592,713	52,590,804	2,001,909		5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors 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	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	B			HOSPITAL SISTERS HEALTH SYSTEM		CORPORATE OFFICE	6
7							7
8							8
9							9
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:



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERATION	PROFESSIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	4	EMPLOYEE BENEFITS DE AGGREGATE	117,341	117,341		171,400			1	
2	5.01	COMMUNICATIONS AGGREGATE	10,500	3,712	6,788	171,400	45	3,708	185	2
3	5.02	INFORMATION SYSTEMS AGGREGATE				171,400				3
4	5.06	OTHER ADMIN & GENERA AGGREGATE	18,564,851	17,169,072	1,395,779	171,400	12,188	1,004,338	50,217	4
5	6	MAINTENANCE & REPAIR AGGREGATE	23,737	23,737		171,400				5
6	10	DIETARY AGGREGATE	270	270		171,400				6
7	13	NURSING ADMINISTRATI AGGREGATE	562,429	341,940	220,489	171,400	1,607	132,423	6,621	7
8	30	ADULTS & PEDIATRICS AGGREGATE	141,374	2,991	138,383	171,400	895	73,751	3,688	8
9	31	INTENSIVE CARE UNIT AGGREGATE	67,331	5,222	62,109	171,400	402	33,126	1,656	9
10	35	HIGH RISK NEONATAL AGGREGATE	423,543	78,049	345,494	171,400	971	80,014	4,001	10
11	40	SUBPROVIDER - IPF AGGREGATE	245,770	102,361	143,409	142,500	461	31,583	1,579	11
12	44	SKILLED NURSING FACI AGGREGATE	14,775		14,775	171,400	101	8,323	416	12
13	50.02	PAIN MANAGEMENT CENT AGGREGATE	7,440		7,440	204,100	144	14,130	707	13
14	52	DELIVERY ROOM & LABO AGGREGATE	1,188,233	1,147,816	40,417	204,100	580	56,912	2,846	14
15	53	ANESTHESIOLOGY AGGREGATE	3,471,854	3,471,854		200,300				15
16	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	23,831	23,831		231,100				16
17	55	RADIOLOGY-THERAPEUTI AGGREGATE	194,954	194,954		231,100				17
18	57	CT SCAN AGGREGATE	100	100		231,100				18
19	59	CARDIAC CATHETERIZAT AGGREGATE	59,826	59,826		231,100				19
20	60	LABORATORY AGGREGATE	165,000		165,000	219,500	4,186	441,744	22,087	20
21	65	RESPIRATORY THERAPY AGGREGATE	100,825	100,825		171,400				21
22	66	PHYSICAL THERAPY AGGREGATE	95,893	42,134	53,759	171,400	360	29,665	1,483	22
23	69	ELECTROCARDIOLOGY AGGREGATE	3,025,319	2,305,862	719,457	171,400	2,470	203,538	10,177	23
24	70	ELECTROENCEPHALOGRAP AGGREGATE	109,973	80,276	29,697	171,400	191	15,739	787	24
25	74	RENAL DIALYSIS AGGREGATE	37,000	37,000		171,400				25
26	76	OTHER ANCILLARY AGGREGATE	14,900	14,900		171,400				26
27	76.98	HYPERBARIC OXYGEN TH AGGREGATE	7,944		7,944	171,400	73	6,015	301	27
28	91	EMERGENCY AGGREGATE	2,279,927	2,224,805	55,122	171,400	339	27,935	1,397	28
29	50	OPERATING ROOM AGGREGATE	147,270	47,391	99,879	204,100	1,036	101,658	5,083	29
30	50.01	GASTRODIAGNOSTIC UNI AGGREGATE	11,745		11,745	204,100	213	20,901	1,045	30
200		TOTAL	31,113,955	27,596,269	3,517,686		26,262	2,285,503	114,276	200



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	4	EMPLOYEE BENEFITS DE AGGREGATE							117,341	1
2	5.01	COMMUNICATIONS AGGREGATE					3,708	3,080	6,792	2
3	5.02	INFORMATION SYSTEMS AGGREGATE								3
4	5.06	OTHER ADMIN & GENERA AGGREGATE					1,004,338	391,441	17,560,513	4
5	6	MAINTENANCE & REPAIR AGGREGATE							23,737	5
6	10	DIETARY AGGREGATE							270	6
7	13	NURSING ADMINISTRATI AGGREGATE					132,423	88,066	430,006	7
8	30	ADULTS & PEDIATRICS AGGREGATE					73,751	64,632	67,623	8
9	31	INTENSIVE CARE UNIT AGGREGATE					33,126	28,983	34,205	9
10	35	HIGH RISK NEONATAL AGGREGATE					80,014	265,480	343,529	10
11	40	SUBPROVIDER - IPF AGGREGATE					31,583	111,826	214,187	11
12	44	SKILLED NURSING FACI AGGREGATE					8,323	6,452	6,452	12
13	50.02	PAIN MANAGEMENT CENT AGGREGATE					14,130			13
14	52	DELIVERY ROOM & LABO AGGREGATE					56,912		1,147,816	14
15	53	ANESTHESIOLOGY AGGREGATE							3,471,854	15
16	54	RADIOLOGY-DIAGNOSTIC AGGREGATE							23,831	16
17	55	RADIOLOGY-THERAPEUTI AGGREGATE							194,954	17
18	57	CT SCAN AGGREGATE							100	18
19	59	CARDIAC CATHETERIZAT AGGREGATE							59,826	19
20	60	LABORATORY AGGREGATE					441,744			20
21	65	RESPIRATORY THERAPY AGGREGATE							100,825	21
22	66	PHYSICAL THERAPY AGGREGATE					29,665	24,094	66,228	22
23	69	ELECTROCARDIOLOGY AGGREGATE					203,538	515,919	2,821,781	23
24	70	ELECTROENCEPHALOGRAP AGGREGATE					15,739	13,958	94,234	24
25	74	RENAL DIALYSIS AGGREGATE							37,000	25
26	76	OTHER ANCILLARY AGGREGATE							14,900	26
27	76.98	HYPERBARIC OXYGEN TH AGGREGATE					6,015	1,929	1,929	27
28	91	EMERGENCY AGGREGATE					27,935	27,187	2,251,992	28
29	50	OPERATING ROOM AGGREGATE					101,658		47,391	29
30	50.01	GASTRODIAGNOSTIC UNI AGGREGATE					20,901			30
200		TOTAL					2,285,503	1,543,047	29,139,316	200



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A. col.7)	CAP BLDGS & FIXTURES	CAP REL CO CON	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICAT	
		0	1	1.01	2	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	10,207,451	10,207,451					1
1.01	CAP REL COSTS - CON	187,715		187,715				1.01
2	CAP REL COSTS-MVBLE EQUIP	15,419,859			15,419,859			2
4	EMPLOYEE BENEFITS DEPARTMENT	38,274,196	19,023		716	38,293,935		4
5.01	COMMUNICATIONS	475,802	126,712		3,392,991	89,939	4,085,444	5.01
5.02	INFORMATION SYSTEMS	2,284,617	64,637				70,807	5.02
5.03	PURCHASING/RECEIVNG/STORES	752,248	173,656		7,391	166,867	27,290	5.03
5.04	ADMITTING	1,632,107	49,253		8,496	385,617	83,346	5.04
5.05	PATIENT ACCOUNTING	2,917,917	63,572		21,255	540,043	74,495	5.05
5.06	OTHER ADMIN & GENERAL	58,345,049	369,225		204,118	3,586,354	360,676	5.06
6	MAINTENANCE & REPAIRS	10,911,605	76,234		42,386	963,199	50,893	6
7	OPERATION OF PLANT	10,761,526	1,950,007		53,532	454,280	174,806	7
8	LAUNDRY & LINEN SERVICE	802,355	224,041		573,050	324,674	11,064	8
9	HOUSEKEEPING	3,937,255	51,233		1,220	701,100	17,702	9
10	DIETARY	1,437,613	68,424		5,604	165,805	28,766	10
11	CAFETERIA	871,889	183,409		15,020	448,247	20,652	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,947,792	75,596		36,221	1,203,497	65,644	13
14	CENTRAL SERVICES & SUPPLY	2,561,503	80,448		296,224	204,469	21,390	14
15	PHARMACY	5,499,144	40,756		271,557	1,327,235	56,793	15
16	MEDICAL RECORDS & LIBRARY	4,381,134	24,549		30,276	690,547	64,169	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	-76,052		187,715	30,461	419,629	34,666	20
21	I&R SERVICES-SALARY & FRINGES APPRVD	8,043,415						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	449,820	252,798			37,877	3,688	22
23	PARAMED ED (CLINICAL LAB SCIENCE)	108,860	3,020			34,440	2,213	23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)	257,376	6,102			23,360		23.03
23.04	PARAMED ED (PASTORAL CARE)	81,670						23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	20,758,288	1,114,858		697,895	5,042,619	441,071	30
31	INTENSIVE CARE UNIT	9,000,761	68,313		257,061	2,288,125	154,154	31
35	HIGH RISK NEONATAL	6,317,330	151,205		216,548	1,526,809	58,269	35
40	SUBPROVIDER - IPF	1,985,571	146,762		25,355	520,394	48,680	40
43	NURSERY	1,154,823	42,439		24,857	180,979	11,801	43
44	SKILLED NURSING FACILITY	2,612,374	155,592		42,463	697,273	37,616	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	11,297,401	420,012		2,124,442	2,511,180	397,554	50
50.01	GASTRODIAGNOSTIC UNIT	1,607,885	33,937		259,925	268,149	18,439	50.01
50.02	PAIN MANAGEMENT CENTER	344,348			51,069	36,320	17,702	50.02
51	RECOVERY ROOM	1,889,251	14,864		61,788	495,954	69,332	51
52	DELIVERY ROOM & LABOR ROOM	1,647,588	185,302		108,536	732,772	53,106	52
53	ANESTHESIOLOGY	2,403,271	18,528		336,540	256,610	21,390	53
54	RADIOLOGY-DIAGNOSTIC	4,627,562	143,494		1,647,316	1,005,913	121,700	54
55	RADIOLOGY-THERAPEUTIC	666,374	64,791		444,575	176,028	25,078	55
56	RADIOISOTOPE	1,860,898	28,373		548,307	233,921	17,702	56
57	CT SCAN	882,426	7,376		473,413	164,535	10,326	57
58	MRI	462,252	16,535		449,538	104,921	9,589	58
59	CARDIAC CATHETERIZATION	3,273,295	268,151		1,280,254	1,380,467	132,764	59
60	LABORATORY	12,222,352	140,313		251,190	1,241,692	130,551	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,677,138	49,240		222,506	1,009,369	25,815	65
66	PHYSICAL THERAPY	7,283,743	147,133		74,141	1,818,402	147,516	66
69	ELECTROCARDIOLOGY	2,172,692	255,713		330,416	607,695	106,949	69
70	ELECTROENCEPHALOGRAPHY	1,147,638	9,140		118,717	205,881	17,702	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,980,852						71
72	IMPL. DEV. CHARGED TO PATIENTS	29,306,063						72
73	DRUGS CHARGED TO PATIENTS	12,768,229						73
74	RENAL DIALYSIS	767,559			1,472		5,901	74
76	OTHER ANCILLARY	2,316,931	4,165		8,915	580,227	42,780	76
76.97	CARDIAC REHABILITATION	485,609	62,093		23,016	144,720	7,376	76.97
76.98	HYPERBARIC OXYGEN THERAPY	784,195			5,606		14,014	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	4,743,473	124,917		116,463	1,096,520	161,530	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	4,693,994	43,733		1,451	1,197,299	100,311	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	1,196,818	1,603		1,680	139,357	7,376	116
117	HOME INFUSION	3,142,198	11,510		33,320	238,097	8,113	117



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP REL CO CON	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICAT	
		0	1	1.01	2	4	5.01	
118	SUBTOTALS (sum of lines 1-117)	367,955,048	7,632,787	187,715	15,229,293	37,669,407	3,591,267	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	362,154	14,697		951	10,884	5,901	190
192	PHYSICIANS' PRIVATE OFFICES	2,754,586	1,542,259		185,599	293,081	415,994	192
193	NONPAID WORKERS							193
194	NON REIMBURSABLE-OTHER	1,004,423	1,016,489		4,016	166,623	44,992	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	30,337	1,219			153,940	27,290	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	372,106,548	10,207,451	187,715	15,419,859	38,293,935	4,085,444	202



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	SUBTOTAL (cols.0-4) 4A	OTHER ADMIN + GENERAL 5.06	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS - CON							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	INFORMATION SYSTEMS	2,420,061						5.02
5.03	PURCHASING/RECEIVENG/STORES	29,187	1,156,639					5.03
5.04	ADMITTING	61,778	1,170	2,221,767				5.04
5.05	PATIENT ACCOUNTING	57,400	123		3,674,805			5.05
5.06	OTHER ADMIN & GENERAL	191,659				63,057,081	63,057,081	5.06
6	MAINTENANCE & REPAIRS	25,295	250			12,069,862	2,462,686	6
7	OPERATION OF PLANT	9,242	81			13,403,474	2,734,791	7
8	LAUNDRY & LINEN SERVICE	5,837	9			1,941,030	396,040	8
9	HOUSEKEEPING	7,783	1,653			4,717,946	962,631	9
10	DIETARY	9,729				1,715,941	350,114	10
11	CAFETERIA	25,782	1			1,565,000	319,316	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	22,863	109			6,351,722	1,295,980	13
14	CENTRAL SERVICES & SUPPLY		24,149			3,188,183	650,504	14
15	PHARMACY	48,644	2,687			7,246,816	1,478,611	15
16	MEDICAL RECORDS & LIBRARY	82,696	80			5,273,451	1,075,974	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	31,132	600			628,151	128,165	20
21	I&R SERVICES-SALARY & FRINGES APPRVD					8,043,415	1,641,146	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					744,183	151,840	22
23	PARAMED ED (CLINICAL LAB SCIENCE)		1			148,534	30,306	23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)					286,838	58,525	23.03
23.04	PARAMED ED (PASTORAL CARE)					81,670	16,664	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	387,210	23,936	127,643	211,086	28,804,606	5,877,177	30
31	INTENSIVE CARE UNIT	110,423	13,574	63,584	105,150	12,061,145	2,460,908	31
35	HIGH RISK NEONATAL	50,104	5,947	40,870	67,588	8,434,670	1,720,976	35
40	SUBPROVIDER - IPF	34,538	380	10,686	17,671	2,790,037	569,268	40
43	NURSERY	13,620	1,083	4,218	6,976	1,440,796	293,974	43
44	SKILLED NURSING FACILITY	35,997	2,066	11,257	18,615	3,613,253	737,234	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	172,688		243,399	402,514	17,569,190	3,584,747	50
50.01	GASTRODIAGNOSTIC UNIT	486	2,352	37,410	61,865	2,290,448	467,334	50.01
50.02	PAIN MANAGEMENT CENTER		640	3,717	6,147	459,943	93,845	50.02
51	RECOVERY ROOM		2,128	22,545	37,283	2,593,145	529,095	51
52	DELIVERY ROOM & LABOR ROOM	59,833	4,729	18,257	30,193	2,840,316	579,527	52
53	ANESTHESIOLOGY		19,419	39,950	66,066	3,161,774	645,116	53
54	RADIOLOGY-DIAGNOSTIC	90,479	4,058	105,424	174,342	7,920,288	1,616,024	54
55	RADIOLOGY-THERAPEUTIC	19,458	18	12,735	21,060	1,430,117	291,795	55
56	RADIOISOTOPE		404	42,044	69,530	2,801,179	571,541	56
57	CT SCAN	13,134	2,993	126,848	209,771	1,890,822	385,796	57
58	MRI	7,297	716	26,826	44,363	1,122,037	228,936	58
59	CARDIAC CATHETERIZATION	81,723		265,833	440,234	7,122,721	1,453,292	59
60	LABORATORY	98,748	5,028	156,451	258,726	14,505,051	2,959,553	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	34,538		73,449	121,464	5,213,519	1,063,746	65
66	PHYSICAL THERAPY	71,994	259	71,098	117,577	9,731,863	1,985,650	66
69	ELECTROCARDIOLOGY	50,590	835	105,902	175,132	3,805,924	776,546	69
70	ELECTROENCEPHALOGRAPHY	10,215	109	12,811	21,186	1,543,399	314,909	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		440,139	120,833	199,825	23,741,649	4,844,151	71
72	IMPL. DEV. CHARGED TO PATIENTS		587,197	139,228	230,244	30,262,732	6,174,551	72
73	DRUGS CHARGED TO PATIENTS			213,950	353,815	13,335,994	2,721,023	73
74	RENAL DIALYSIS	7,297	110	5,807	9,603	797,749	162,770	74
76	OTHER ANCILLARY	9,242	574	12,142	20,079	2,995,055	611,099	76
76.97	CARDIAC REHABILITATION	9,729	57	3,390	5,606	741,596	151,312	76.97
76.98	HYPERBARIC OXYGEN THERAPY	10,215	463	4,491	7,426	826,410	168,617	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	100,694	4,883	98,969	163,668	6,611,117	1,348,906	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	107,018	345			6,144,151	1,253,628	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	15,080	29			1,361,943	277,885	116
117	HOME INFUSION	19,458	1,102			3,453,798	704,699	117



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	SUBTOTAL (cols.0-4) 4A	OTHER ADMIN + GENERAL 5.06	
118	SUBTOTALS (sum of lines 1-117)	2,230,835	1,156,486	2,221,767	3,674,805	363,881,734	61,378,923	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		2			394,589	80,510	190
192	PHYSICIANS' PRIVATE OFFICES	153,716	102			5,345,337	1,090,641	192
193	NONPAID WORKERS							193
194	NON REIMBURSABLE-OTHER	27,727	40			2,264,310	462,001	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	7,783	9			220,578	45,006	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,420,061	1,156,639	2,221,767	3,674,805	372,106,548	63,057,081	202



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MAIN- TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	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/RECEIVNG/STORES							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	MAINTENANCE & REPAIRS	14,532,548						6
7	OPERATION OF PLANT	2,856,788	18,995,053					7
8	LAUNDRY & LINEN SERVICE	45,089	571,831	2,953,990				8
9	HOUSEKEEPING	580,674	130,764	359	6,392,374			9
10	DIETARY	188,576	174,642	892	31,753	2,461,918		10
11	CAFETERIA	505,941	468,123	2,391	85,190		2,945,961	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	678,574	192,948		21,559		86,125	13
14	CENTRAL SERVICES & SUPPLY	788,681	205,331	5,027	102,654		28,365	14
15	PHARMACY	125,053	104,024	4,815	21,559		96,862	15
16	MEDICAL RECORDS & LIBRARY	21,174	62,658		37,310		85,931	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	80,462	324,281	332	63,924		35,078	20
21	I&R SERVICES-SALARY & FRINGES APPRVD						212,366	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		645,229	8,444			2,044	22
23	PARAMED ED (CLINICAL LAB SCIENCE)	4,733	7,708			10,779	2,865	23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)		15,574				4,041	23.03
23.04	PARAMED ED (PASTORAL CARE)						708	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,685,724	2,845,507	517,068	2,107,813	1,584,890	430,012	30
31	INTENSIVE CARE UNIT	628,254	174,358	101,651	374,351	180,789	215,859	31
35	HIGH RISK NEONATAL	327,828	385,927	46,777	121,664		129,750	35
40	SUBPROVIDER - IPF	155,693	374,587	23,571	460,502	225,329	59,402	40
43	NURSERY	59,786	108,320	12,632	67,266		16,565	43
44	SKILLED NURSING FACILITY	193,558	397,126	61,638	472,117	218,655	73,761	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,385,796	1,072,017	224,666	603,891		246,799	50
50.01	GASTRODIAGNOSTIC UNIT	110,854	86,618	17,865	32,338		26,208	50.01
50.02	PAIN MANAGEMENT CENTER	10,463		2,431			2,737	50.02
51	RECOVERY ROOM	92,420	37,939	57,422	30,792		41,517	51
52	DELIVERY ROOM & LABOR ROOM	260,818	472,956	55,158	293,631	142,974	207,327	52
53	ANESTHESIOLOGY	357,970	47,289	9,487	30,792		45,091	53
54	RADIOLOGY-DIAGNOSTIC	275,266	366,247	37,872	177,357		93,031	54
55	RADIOLOGY-THERAPEUTIC	46,583	165,370	2,649	25,946		10,866	55
56	RADIOISOTOPE	43,843	72,419	2,980	25,946		14,279	56
57	CT SCAN	22,420	18,827		10,779		15,937	57
58	MRI	54,555	42,203				8,419	58
59	CARDIAC CATHETERIZATION	457,614	684,415	59,279	287,030	11,991	87,606	59
60	LABORATORY	272,775	358,129	471	196,283		152,529	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	473,806	125,678	695	36,725		101,192	65
66	PHYSICAL THERAPY	162,918	375,534	16,080	133,362		108,549	66
69	ELECTROCARDIOLOGY	181,601	652,668	28,872	18,425		58,178	69
70	ELECTROENCEPHALOGRAPHY	40,356	23,329	5,360	19,177		8,629	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	11,459		1,383				74
76	OTHER ANCILLARY	19,929	10,630	5,060	49,593		49,984	76
76.97	CARDIAC REHABILITATION	164,661	158,484		6,392		15,519	76.97
76.98	HYPERBARIC OXYGEN THERAPY	23,167		9,678				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	488,753	318,832	125,747	385,840	50,096	119,415	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	76,227	111,621		23,480			101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	4,235	4,091		2,590			116
117	HOME INFUSION	61,032	29,378	431				117



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
118	SUBTOTALS (sum of lines 1-117)	14,026,109	12,423,612	1,449,183	6,368,810	2,414,724	2,893,546	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,957	37,512		6,392		1,610	190
192	PHYSICIANS' PRIVATE OFFICES	382,632	3,936,382	10,157			18,287	192
193	NONPAID WORKERS						225	193
194	NON REIMBURSABLE-OTHER	96,405	2,594,435	1,494,650	17,172	47,194	19,044	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	15,445	3,112				13,249	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	14,532,548	18,995,053	2,953,990	6,392,374	2,461,918	2,945,961	202



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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	
	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/RECEIVNG/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	8,626,908						13
14	CENTRAL SERVICES & SUPPLY		4,968,745					14
15	PHARMACY			9,077,740				15
16	MEDICAL RECORDS & LIBRARY				6,556,498			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL			1,975		1,262,368		20
21	I&R SERVICES-SALARY & FRINGES APPRVD						9,896,927	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	PARAMED ED (PASTORAL CARE)							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,070,142		265,303	3,352,031	569,053	119,723	30
31	INTENSIVE CARE UNIT	1,039,178		129,470	177,910	252,647	821,120	31
35	HIGH RISK NEONATAL	624,638		55,036	105,998	3,578		35
40	SUBPROVIDER - IPF	285,970		1,807	133,641	37,626	2,823,660	40
43	NURSERY	79,746		3,960	151,931	9,163	48,849	43
44	SKILLED NURSING FACILITY	355,098		20,789	196,824	124,263		44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,206,963		73,475		46,789	2,668,076	50
50.01	GASTRODIAGNOSTIC UNIT	126,168		25,466		7,211		50.01
50.02	PAIN MANAGEMENT CENTER	13,175		1,333				50.02
51	RECOVERY ROOM	199,869		29,250		21,578		51
52	DELIVERY ROOM & LABOR ROOM	998,104		17,292		40,066	214,033	52
53	ANESTHESIOLOGY	217,073		230,953				53
54	RADIOLOGY-DIAGNOSTIC			7,212			2,823,660	54
55	RADIOLOGY-THERAPEUTIC	52,312		50				55
56	RADIOISOTOPE			10,236				56
57	CT SCAN			4,719				57
58	MRI			1,667				58
59	CARDIAC CATHETERIZATION			90,579		22,662		59
60	LABORATORY			423				60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			1,387				65
66	PHYSICAL THERAPY			351				66
69	ELECTROCARDIOLOGY			4,308				69
70	ELECTROENCEPHALOGRAPHY			114				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,236,223					71
72	IMPL. DEV. CHARGED TO PATIENTS		2,732,522					72
73	DRUGS CHARGED TO PATIENTS			7,971,088				73
74	RENAL DIALYSIS			5,079				74
76	OTHER ANCILLARY	240,633		13,647				76
76.97	CARDIAC REHABILITATION			86		15,126		76.97
76.98	HYPERBARIC OXYGEN THERAPY			89		8,132		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	574,884		106,571	2,438,163	45,162	377,806	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	482,739				59,312		101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	60,216						116
117	HOME INFUSION							117



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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	
118	SUBTOTALS (sum of lines 1-117)	8,626,908	4,968,745	9,073,715	6,556,498	1,262,368	9,896,927	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES			4,025				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)	8,626,908	4,968,745	9,077,740	6,556,498	1,262,368	9,896,927	202



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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SCHOOL OF CLINICAL LAB SCIENC	PHARMACY RESIDENCY	PASTORAL CARE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		22	23	23.03	23.04	24	25	
	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	1,551,740						22
23	PARAMED ED (CLINICAL LAB SCIENCE)		204,925					23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)			364,978				23.03
23.04	PARAMED ED (PASTORAL CARE)				99,042			23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	18,771			47,874	50,295,694	-138,494	30
31	INTENSIVE CARE UNIT	128,744			22,025	18,768,409	-949,864	31
35	HIGH RISK NEONATAL					11,956,842		35
40	SUBPROVIDER - IPF	442,722			1,484	8,385,299	-3,266,382	40
43	NURSERY	7,659			1,127	2,301,774	-56,508	43
44	SKILLED NURSING FACILITY				2,226	6,466,542		44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	418,328			881	29,101,618	-3,086,404	50
50.01	GASTRODIAGNOSTIC UNIT				1,762	3,192,272		50.01
50.02	PAIN MANAGEMENT CENTER					583,927		50.02
51	RECOVERY ROOM				881	3,633,908		51
52	DELIVERY ROOM & LABOR ROOM	33,558			4,924	6,160,684	-247,591	52
53	ANESTHESIOLOGY					4,745,545		53
54	RADIOLOGY-DIAGNOSTIC	442,722				13,759,679	-3,266,382	54
55	RADIOLOGY-THERAPEUTIC					2,025,688		55
56	RADIOISOTOPE					3,542,423		56
57	CT SCAN					2,349,300		57
58	MRI					1,457,817		58
59	CARDIAC CATHETERIZATION				3,524	10,280,713		59
60	LABORATORY		204,925			18,650,139		60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY					7,016,748		65
66	PHYSICAL THERAPY					12,514,307		66
69	ELECTROCARDIOLOGY					5,526,522		69
70	ELECTROENCEPHALOGRAPHY					1,955,273		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					30,822,023		71
72	IMPL. DEV. CHARGED TO PATIENTS					39,169,805		72
73	DRUGS CHARGED TO PATIENTS			364,978		24,393,083		73
74	RENAL DIALYSIS					978,440		74
76	OTHER ANCILLARY					3,995,630		76
76.97	CARDIAC REHABILITATION					1,253,176		76.97
76.98	HYPERBARIC OXYGEN THERAPY					1,036,093		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	59,236			12,334	13,062,862	-437,042	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY					8,151,158		101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE					1,710,960		116
117	HOME INFUSION					4,249,338		117



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PART I

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SCHOOL OF CLINICAL LAB SCIENC	PHARMACY RESIDENCY	PASTORAL CARE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		22	23	23.03	23.04	24	25	
118	SUBTOTALS (sum of lines 1-117)	1,551,740	204,925	364,978	99,042	353,493,691	-11,448,667	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					532,570		190
192	PHYSICIANS' PRIVATE OFFICES					10,787,461		192
193	NONPAID WORKERS					225		193
194	NON REIMBURSABLE-OTHER					6,995,211		194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT					297,390		194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,551,740	204,925	364,978	99,042	372,106,548	-11,448,667	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	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	PARAMED ED (PASTORAL CARE)					23.04
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	50,157,200				30
31	INTENSIVE CARE UNIT	17,818,545				31
35	HIGH RISK NEONATAL	11,956,842				35
40	SUBPROVIDER - IPF	5,118,917				40
43	NURSERY	2,245,266				43
44	SKILLED NURSING FACILITY	6,466,542				44
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	26,015,214				50
50.01	GASTRODIAGNOSTIC UNIT	3,192,272				50.01
50.02	PAIN MANAGEMENT CENTER	583,927				50.02
51	RECOVERY ROOM	3,633,908				51
52	DELIVERY ROOM & LABOR ROOM	5,913,093				52
53	ANESTHESIOLOGY	4,745,545				53
54	RADIOLOGY-DIAGNOSTIC	10,493,297				54
55	RADIOLOGY-THERAPEUTIC	2,025,688				55
56	RADIOISOTOPE	3,542,423				56
57	CT SCAN	2,349,300				57
58	MRI	1,457,817				58
59	CARDIAC CATHETERIZATION	10,280,713				59
60	LABORATORY	18,650,139				60
62.30	BLOOD CLOTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	7,016,748				65
66	PHYSICAL THERAPY	12,514,307				66
69	ELECTROCARDIOLOGY	5,526,522				69
70	ELECTROENCEPHALOGRAPHY	1,955,273				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,822,023				71
72	IMPL. DEV. CHARGED TO PATIENTS	39,169,805				72
73	DRUGS CHARGED TO PATIENTS	24,393,083				73
74	RENAL DIALYSIS	978,440				74
76	OTHER ANCILLARY	3,995,630				76
76.97	CARDIAC REHABILITATION	1,253,176				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,036,093				76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	12,625,820				91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
	OTHER REIMBURSABLE COST CENTERS					
101	HOME HEALTH AGENCY	8,151,158				101
	SPECIAL PURPOSE COST CENTERS					
113	INTEREST EXPENSE					113
116	HOSPICE	1,710,960				116
117	HOME INFUSION	4,249,338				117



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
118	SUBTOTALS (sum of lines 1-117)	342,045,024					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	532,570					190
192	PHYSICIANS' PRIVATE OFFICES	10,787,461					192
193	NONPAID WORKERS	225					193
194	NON REIMBURSABLE-OTHER	6,995,211					194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	297,390					194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	360,657,881					202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP REL CO CON	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
	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		19,023		716	19,739	19,739	4
5.01	COMMUNICATIONS	723,181	126,712		3,392,991	4,242,884	46	5.01
5.02	INFORMATION SYSTEMS	5,157,415	64,637			5,222,052		5.02
5.03	PURCHASING/RECEIVENG/STORES	107,898	173,656		7,391	288,945	86	5.03
5.04	ADMITTING		49,253		8,496	57,749	198	5.04
5.05	PATIENT ACCOUNTING		63,572		21,255	84,827	277	5.05
5.06	OTHER ADMIN & GENERAL	454,851	369,225		204,118	1,028,194	1,843	5.06
6	MAINTENANCE & REPAIRS		76,234		42,386	118,620	495	6
7	OPERATION OF PLANT		1,950,007		53,532	2,003,539	233	7
8	LAUNDRY & LINEN SERVICE	154,827	224,041		573,050	951,918	167	8
9	HOUSEKEEPING		51,233		1,220	52,453	360	9
10	DIETARY		68,424		5,604	74,028	85	10
11	CAFETERIA		183,409		15,020	198,429	230	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		75,596		36,221	111,817	618	13
14	CENTRAL SERVICES & SUPPLY	386,666	80,448		296,224	763,338	105	14
15	PHARMACY	89,670	40,756		271,557	401,983	682	15
16	MEDICAL RECORDS & LIBRARY		24,549		30,276	54,825	355	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL			187,715	30,461	218,176	216	20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		252,798			252,798	19	22
23	PARAMED ED (CLINICAL LAB SCIENCE)		3,020			3,020	18	23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)		6,102			6,102	12	23.03
23.04	PARAMED ED (PASTORAL CARE)							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		1,114,858		697,895	1,812,753	2,655	30
31	INTENSIVE CARE UNIT		68,313		257,061	325,374	1,176	31
35	HIGH RISK NEONATAL		151,205		216,548	367,753	784	35
40	SUBPROVIDER - IPF		146,762		25,355	172,117	267	40
43	NURSERY		42,439		24,857	67,296	93	43
44	SKILLED NURSING FACILITY		155,592		42,463	198,055	358	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	161,779	420,012		2,124,442	2,706,233	1,290	50
50.01	GASTRODIAGNOSTIC UNIT		33,937		259,925	293,862	138	50.01
50.02	PAIN MANAGEMENT CENTER	95,939			51,069	147,008	19	50.02
51	RECOVERY ROOM		14,864		61,788	76,652	255	51
52	DELIVERY ROOM & LABOR ROOM		185,302		108,536	293,838	377	52
53	ANESTHESIOLOGY		18,528		336,540	355,068	132	53
54	RADIOLOGY-DIAGNOSTIC	237,732	143,494		1,647,316	2,028,542	517	54
55	RADIOLOGY-THERAPEUTIC		64,791		444,575	509,366	90	55
56	RADIOISOTOPE		28,373		548,307	576,680	120	56
57	CT SCAN		7,376		473,413	480,789	85	57
58	MRI		16,535		449,538	466,073	54	58
59	CARDIAC CATHETERIZATION	30,000	268,151		1,280,254	1,578,405	709	59
60	LABORATORY	157,767	140,313		251,190	549,270	638	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		49,240		222,506	271,746	519	65
66	PHYSICAL THERAPY	331,326	147,133		74,141	552,600	934	66
69	ELECTROCARDIOLOGY	15,360	255,713		330,416	601,489	312	69
70	ELECTROENCEPHALOGRAPHY	145,526	9,140		118,717	273,383	106	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS				1,472	1,472		74
76	OTHER ANCILLARY		4,165		8,915	13,080	298	76
76.97	CARDIAC REHABILITATION		62,093		23,016	85,109	74	76.97
76.98	HYPERBARIC OXYGEN THERAPY				5,606	5,606		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		124,917		116,463	241,380	563	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	10,250	43,733		1,451	55,434	615	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE		1,603		1,680	3,283	72	116
117	HOME INFUSION		11,510		33,320	44,830	122	117



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP REL CO CON 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
118	SUBTOTALS (sum of lines 1-117)	8,260,187	7,632,787	187,715	15,229,293	31,309,982	19,417	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		14,697		951	15,648	6	190
192	PHYSICIANS' PRIVATE OFFICES	31,399	1,542,259		185,599	1,759,257	151	192
193	NONPAID WORKERS							193
194	NON REIMBURSABLE-OTHER		1,016,489		4,016	1,020,505	86	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	141	1,219			1,360	79	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	8,291,727	10,207,451	187,715	15,419,859	34,106,752	19,739	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	OTHER ADMIN + GENERAL 5.06	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS - CON							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATIONS	4,242,930						5.01
5.02	INFORMATION SYSTEMS	73,537	5,295,589					5.02
5.03	PURCHASING/RECEIVENG/STORES	28,342	63,866	381,239				5.03
5.04	ADMITTING	86,559	135,184	386	280,076			5.04
5.05	PATIENT ACCOUNTING	77,367	125,604	40		288,115		5.05
5.06	OTHER ADMIN & GENERAL	374,579	419,389				1,824,005	5.06
6	MAINTENANCE & REPAIRS	52,855	55,351	82			71,236	6
7	OPERATION OF PLANT	181,544	20,224	27			79,107	7
8	LAUNDRY & LINEN SERVICE	11,490	12,773	3			11,456	8
9	HOUSEKEEPING	18,384	17,031	545			27,845	9
10	DIETARY	29,874	21,289				10,127	10
11	CAFETERIA	21,448	56,415				9,237	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	68,175	50,029	36			37,488	13
14	CENTRAL SERVICES & SUPPLY	22,214		7,960			18,817	14
15	PHARMACY	58,983	106,444	886			42,771	15
16	MEDICAL RECORDS & LIBRARY	66,643	180,955	27			31,124	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	36,002	68,124	198			3,707	20
21	I&R SERVICES-SALARY & FRINGES APPRVD						47,472	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,830					4,392	22
23	PARAMED ED (CLINICAL LAB SCIENCE)	2,298					877	23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)						1,693	23.03
23.04	PARAMED ED (PASTORAL CARE)						482	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	458,078	847,295	7,889	16,065	16,545	170,005	30
31	INTENSIVE CARE UNIT	160,096	241,628	4,474	8,003	8,242	71,185	31
35	HIGH RISK NEONATAL	60,515	109,637	1,960	5,144	5,297	49,781	35
40	SUBPROVIDER - IPF	50,557	75,575	125	1,345	1,385	16,467	40
43	NURSERY	12,256	29,804	357	531	547	8,504	43
44	SKILLED NURSING FACILITY	39,067	78,769	681	1,417	1,459	21,325	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	412,879	377,876		30,634	31,549	103,693	50
50.01	GASTRODIAGNOSTIC UNIT	19,150	1,064	775	4,708	4,849	13,518	50.01
50.02	PAIN MANAGEMENT CENTER	18,384		211	468	482	2,715	50.02
51	RECOVERY ROOM	72,005		701	2,838	2,922	15,305	51
52	DELIVERY ROOM & LABOR ROOM	55,153	130,926	1,559	2,298	2,366	16,764	52
53	ANESTHESIOLOGY	22,214		6,401	5,028	5,178	18,661	53
54	RADIOLOGY-DIAGNOSTIC	126,392	197,986	1,337	13,269	13,665	46,746	54
55	RADIOLOGY-THERAPEUTIC	26,044	42,578	6	1,603	1,651	8,441	55
56	RADIOISOTOPE	18,384		133	5,292	5,450	16,533	56
57	CT SCAN	10,724	28,740	987	15,965	16,442	11,160	57
58	MRI	9,958	15,967	236	3,376	3,477	6,622	58
59	CARDIAC CATHETERIZATION	137,882	178,826		33,901	34,590	42,038	59
60	LABORATORY	135,584	216,081	1,657	19,691	20,279	85,609	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	26,810	75,575		9,244	9,520	30,770	65
66	PHYSICAL THERAPY	153,202	157,537	85	8,949	9,216	57,437	66
69	ELECTROCARDIOLOGY	111,071	110,702	275	13,329	13,727	22,463	69
70	ELECTROENCEPHALOGRAPHY	18,384	22,353	36	1,612	1,661	9,109	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			145,074	15,208	15,662	140,123	71
72	IMPL. DEV. CHARGED TO PATIENTS			193,545	17,523	18,046	178,605	72
73	DRUGS CHARGED TO PATIENTS				26,928	27,732	78,709	73
74	RENAL DIALYSIS	6,128	15,967	36	731	753	4,708	74
76	OTHER ANCILLARY	44,429	20,224	189	1,528	1,574	17,677	76
76.97	CARDIAC REHABILITATION	7,660	21,289	19	427	439	4,377	76.97
76.98	HYPERBARIC OXYGEN THERAPY	14,554	22,353	153	565	582	4,877	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	167,756	220,339	1,610	12,456	12,828	39,019	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	104,177	234,177	114			36,263	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	7,660	32,998	10			8,038	116
117	HOME INFUSION	8,426	42,578	363			20,384	117



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	OTHER ADMIN + GENERAL 5.06	
118	SUBTOTALS (sum of lines 1-117)	3,729,703	4,881,522	381,188	280,076	288,115	1,775,462	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,128		1			2,329	190
192	PHYSICIANS' PRIVATE OFFICES	432,030	336,363	34			31,548	192
193	NONPAID WORKERS							193
194	NON REIMBURSABLE-OTHER	46,727	60,673	13			13,364	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	28,342	17,031	3			1,302	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	4,242,930	5,295,589	381,239	280,076	288,115	1,824,005	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	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/RECEIVNG/STORES							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTING							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	MAINTENANCE & REPAIRS	298,639						6
7	OPERATION OF PLANT	58,706	2,343,380					7
8	LAUNDRY & LINEN SERVICE	927	70,546	1,059,280				8
9	HOUSEKEEPING	11,933	16,132	129	144,812			9
10	DIETARY	3,875	21,545	320	719	161,862		10
11	CAFETERIA	10,397	57,751	857	1,930		356,694	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	13,944	23,804		488		10,428	13
14	CENTRAL SERVICES & SUPPLY	16,207	25,331	1,802	2,326		3,434	14
15	PHARMACY	2,570	12,833	1,727	488		11,728	15
16	MEDICAL RECORDS & LIBRARY	435	7,730		845		10,404	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	1,653	40,006	119	1,448		4,247	20
21	I&R SERVICES-SALARY & FRINGES APPRVD						25,713	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		79,601	3,028			248	22
23	PARAMED ED (CLINICAL LAB SCIENCE)	97	951		244		347	23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)		1,921				489	23.03
23.04	PARAMED ED (PASTORAL CARE)						86	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	34,641	351,044	185,417	47,751	104,200	52,066	30
31	INTENSIVE CARE UNIT	12,910	21,510	36,451	8,480	11,886	26,136	31
35	HIGH RISK NEONATAL	6,737	47,611	16,774	2,756		15,710	35
40	SUBPROVIDER - IPF	3,199	46,212	8,452	10,432	14,815	7,192	40
43	NURSERY	1,229	13,363	4,530	1,524		2,006	43
44	SKILLED NURSING FACILITY	3,978	48,993	22,103	10,695	14,376	8,931	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	28,478	132,252	80,564	13,680		29,882	50
50.01	GASTRODIAGNOSTIC UNIT	2,278	10,686	6,406	733		3,173	50.01
50.02	PAIN MANAGEMENT CENTER	215		872			331	50.02
51	RECOVERY ROOM	1,899	4,680	20,591	698		5,027	51
52	DELIVERY ROOM & LABOR ROOM	5,360	58,348	19,779	6,652	9,400	25,103	52
53	ANESTHESIOLOGY	7,356	5,834	3,402	698		5,460	53
54	RADIOLOGY-DIAGNOSTIC	5,657	45,183	13,581	4,018		11,264	54
55	RADIOLOGY-THERAPEUTIC	957	20,401	950	588		1,316	55
56	RADIOISOTOPE	901	8,934	1,068	588		1,729	56
57	CT SCAN	461	2,323		244		1,930	57
58	MRI	1,121	5,207				1,019	58
59	CARDIAC CATHETERIZATION	9,404	84,435	21,257	6,502	788	10,607	59
60	LABORATORY	5,605	44,182	169	4,447		18,468	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	9,737	15,505	249	832		12,252	65
66	PHYSICAL THERAPY	3,348	46,329	5,766	3,021		13,143	66
69	ELECTROCARDIOLOGY	3,732	80,518	10,353	417		7,044	69
70	ELECTROENCEPHALOGRAPHY	829	2,878	1,922	434		1,045	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	235		496				74
76	OTHER ANCILLARY	410	1,311	1,815	1,123		6,052	76
76.97	CARDIAC REHABILITATION	3,384	19,552		145		1,879	76.97
76.98	HYPERBARIC OXYGEN THERAPY	476		3,471				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	10,044	39,334	45,092	8,741	3,294	14,459	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	1,566	13,770		532			101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	87	505		59			116
117	HOME INFUSION	1,254	3,624	154				117



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
118	SUBTOTALS (sum of lines 1-117)	288,232	1,532,675	519,666	144,278	158,759	350,348	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	246	4,628		145		195	190
192	PHYSICIANS' PRIVATE OFFICES	7,863	485,623	3,642			2,214	192
193	NONPAID WORKERS						27	193
194	NON REIMBURSABLE-OTHER	1,981	320,070	535,972	389	3,103	2,306	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	317	384				1,604	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	298,639	2,343,380	1,059,280	144,812	161,862	356,694	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	
	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/RECEIVNG/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	316,827						13
14	CENTRAL SERVICES & SUPPLY		861,534					14
15	PHARMACY			641,095				15
16	MEDICAL RECORDS & LIBRARY				353,343			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL			140		352,783		20
21	I&R SERVICES-SALARY & FRINGES APPRVD						73,185	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	PARAMED ED (PASTORAL CARE)							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	76,028		18,736	180,648			30
31	INTENSIVE CARE UNIT	38,164		9,143	9,588			31
35	HIGH RISK NEONATAL	22,940		3,887	5,712			35
40	SUBPROVIDER - IPF	10,502		128	7,202			40
43	NURSERY	2,929		280	8,188			43
44	SKILLED NURSING FACILITY	13,041		1,468	10,607			44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	44,326		5,189				50
50.01	GASTRODIAGNOSTIC UNIT	4,634		1,798				50.01
50.02	PAIN MANAGEMENT CENTER	484		94				50.02
51	RECOVERY ROOM	7,340		2,066				51
52	DELIVERY ROOM & LABOR ROOM	36,656		1,221				52
53	ANESTHESIOLOGY	7,972		16,310				53
54	RADIOLOGY-DIAGNOSTIC			509				54
55	RADIOLOGY-THERAPEUTIC	1,921		4				55
56	RADIOISOTOPE			723				56
57	CT SCAN			333				57
58	MRI			118				58
59	CARDIAC CATHETERIZATION			6,397				59
60	LABORATORY			30				60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			98				65
66	PHYSICAL THERAPY			25				66
69	ELECTROCARDIOLOGY			304				69
70	ELECTROENCEPHALOGRAPHY			8				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		387,747					71
72	IMPL. DEV. CHARGED TO PATIENTS		473,787					72
73	DRUGS CHARGED TO PATIENTS			562,941				73
74	RENAL DIALYSIS			359				74
76	OTHER ANCILLARY	8,837		964				76
76.97	CARDIAC REHABILITATION			6				76.97
76.98	HYPERBARIC OXYGEN THERAPY			6				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	21,113		7,526	131,398			91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	17,729						101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	2,211						116
117	HOME INFUSION							117



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	
118	SUBTOTALS (sum of lines 1-117)	316,827	861,534	640,811	353,343			118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES			284				192
193	NONPAID WORKERS							193
194	NON REIMBURSABLE-OTHER							194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT							194.01
200	CROSS FOOT ADJUSTMENTS					352,783	73,185	200
201	NEGATIVE COST CENTER					21,253		201
202	TOTAL (sum of lines 118-201)	316,827	861,534	641,095	353,343	374,036	73,185	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SCHOOL OF CLINICAL LAB SCIENC	PHARMACY RESIDENCY	PASTORAL CARE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		22	23	23.03	23.04	24	25	
	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	343,916						22
23	PARAMED ED (CLINICAL LAB SCIENCE)		7,852					23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)			10,217				23.03
23.04	PARAMED ED (PASTORAL CARE)				568			23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS					4,381,816		30
31	INTENSIVE CARE UNIT					994,446		31
35	HIGH RISK NEONATAL					722,998		35
40	SUBPROVIDER - IPF					425,972		40
43	NURSERY					153,437		43
44	SKILLED NURSING FACILITY					475,323		44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM					3,998,525		50
50.01	GASTRODIAGNOSTIC UNIT					367,772		50.01
50.02	PAIN MANAGEMENT CENTER					171,283		50.02
51	RECOVERY ROOM					212,979		51
52	DELIVERY ROOM & LABOR ROOM					665,800		52
53	ANESTHESIOLOGY					459,714		53
54	RADIOLOGY-DIAGNOSTIC					2,508,666		54
55	RADIOLOGY-THERAPEUTIC					615,916		55
56	RADIOISOTOPE					636,535		56
57	CT SCAN					570,183		57
58	MRI					513,228		58
59	CARDIAC CATHETERIZATION					2,145,741		59
60	LABORATORY					1,101,710		60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY					462,857		65
66	PHYSICAL THERAPY					1,011,592		66
69	ELECTROCARDIOLOGY					975,736		69
70	ELECTROENCEPHALOGRAPHY					333,760		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					703,814		71
72	IMPL. DEV. CHARGED TO PATIENTS					881,506		72
73	DRUGS CHARGED TO PATIENTS					696,310		73
74	RENAL DIALYSIS					30,885		74
76	OTHER ANCILLARY					119,511		76
76.97	CARDIAC REHABILITATION					144,360		76.97
76.98	HYPERBARIC OXYGEN THERAPY					52,643		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY					976,952		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY					464,377		101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE					54,923		116
117	HOME INFUSION					121,735		117



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SCHOOL OF CLINICAL LAB SCIENC	PHARMACY RESIDENCY	PASTORAL CARE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		22	23	23.03	23.04	24	25	
118	SUBTOTALS (sum of lines 1-117)					28,153,005		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					29,326		190
192	PHYSICIANS' PRIVATE OFFICES					3,059,009		192
193	NONPAID WORKERS					27		193
194	NON REIMBURSABLE-OTHER					2,005,189		194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT					50,422		194.01
200	CROSS FOOT ADJUSTMENTS	343,916	7,852	10,217	568	788,521		200
201	NEGATIVE COST CENTER					21,253		201
202	TOTAL (sum of lines 118-201)	343,916	7,852	10,217	568	34,106,752		202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	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	PARAMED ED (PASTORAL CARE)						23.04
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	4,381,816					30
31	INTENSIVE CARE UNIT	994,446					31
35	HIGH RISK NEONATAL	722,998					35
40	SUBPROVIDER - IPF	425,972					40
43	NURSERY	153,437					43
44	SKILLED NURSING FACILITY	475,323					44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,998,525					50
50.01	GASTRODIAGNOSTIC UNIT	367,772					50.01
50.02	PAIN MANAGEMENT CENTER	171,283					50.02
51	RECOVERY ROOM	212,979					51
52	DELIVERY ROOM & LABOR ROOM	665,800					52
53	ANESTHESIOLOGY	459,714					53
54	RADIOLOGY-DIAGNOSTIC	2,508,666					54
55	RADIOLOGY-THERAPEUTIC	615,916					55
56	RADIOISOTOPE	636,535					56
57	CT SCAN	570,183					57
58	MRI	513,228					58
59	CARDIAC CATHETERIZATION	2,145,741					59
60	LABORATORY	1,101,710					60
62.30	BLOOD CLOTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	462,857					65
66	PHYSICAL THERAPY	1,011,592					66
69	ELECTROCARDIOLOGY	975,736					69
70	ELECTROENCEPHALOGRAPHY	333,760					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	703,814					71
72	IMPL. DEV. CHARGED TO PATIENTS	881,506					72
73	DRUGS CHARGED TO PATIENTS	696,310					73
74	RENAL DIALYSIS	30,885					74
76	OTHER ANCILLARY	119,511					76
76.97	CARDIAC REHABILITATION	144,360					76.97
76.98	HYPERBARIC OXYGEN THERAPY	52,643					76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	976,952					91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	464,377					101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE	54,923					116
117	HOME INFUSION	121,735					117



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
118	SUBTOTALS (sum of lines 1-117)	28,153,005					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,326					190
192	PHYSICIANS' PRIVATE OFFICES	3,059,009					192
193	NONPAID WORKERS	27					193
194	NON REIMBURSABLE-OTHER	2,005,189					194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	50,422					194.01
200	CROSS FOOT ADJUSTMENTS	788,521					200
201	NEGATIVE COST CENTER	21,253					201
202	TOTAL (sum of lines 118-201)	34,106,752					202



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL CO CON SQUARE FOOTAGE	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICAT TELEPHONES	INFORMATIO TECHNOLOGY PIECES OF EQUIPMENT	
		1	1.01	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	1,649,477						1
1.01	CAP REL COSTS - CON		20,531					1.01
2	CAP REL COSTS-MVBLE EQUIP			15,291,300				2
4	EMPLOYEE BENEFITS DEPARTMENT	3,074		710	133,848,524			4
5.01	COMMUNICATIONS	20,476		3,364,697	314,363	5,539		5.01
5.02	INFORMATION SYSTEMS	10,445				96	4,975	5.02
5.03	PURCHASING/RECEIVENG/STORES	28,062		7,329	583,248	37	60	5.03
5.04	ADMITTING	7,959		8,425	1,347,844	113	127	5.04
5.05	PATIENT ACCOUNTING	10,273		21,078	1,887,610	101	118	5.05
5.06	OTHER ADMIN & GENERAL	59,665		202,416	12,535,361	489	394	5.06
6	MAINTENANCE & REPAIRS	12,319		42,033	3,366,662	69	52	6
7	OPERATION OF PLANT	315,112		53,086	1,587,843	237	19	7
8	LAUNDRY & LINEN SERVICE	36,204		568,273	1,134,831	15	12	8
9	HOUSEKEEPING	8,279		1,210	2,450,552	24	16	9
10	DIETARY	11,057		5,557	579,538	39	20	10
11	CAFETERIA	29,638		14,895	1,566,754	28	53	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	12,216		35,919	4,206,575	89	47	13
14	CENTRAL SERVICES & SUPPLY	13,000		293,754	714,679	29		14
15	PHARMACY	6,586		269,293	4,639,076	77	100	15
16	MEDICAL RECORDS & LIBRARY	3,967		30,024	2,413,663	87	170	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL		20,531	30,207	1,466,728	47	64	20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,851			132,391	5		22
23	PARAMED ED (CLINICAL LAB SCIENCE)	488			120,377	3		23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)	986			81,651			23.03
23.04	PARAMED ED (PASTORAL CARE)							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	180,156		692,077	17,625,416	598	796	30
31	INTENSIVE CARE UNIT	11,039		254,918	7,997,670	209	227	31
35	HIGH RISK NEONATAL	24,434		214,743	5,336,647	79	103	35
40	SUBPROVIDER - IPF	23,716		25,144	1,818,931	66	71	40
43	NURSERY	6,858		24,650	632,574	16	28	43
44	SKILLED NURSING FACILITY	25,143		42,109	2,437,175	51	74	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	67,872		2,106,731	8,777,311	539	355	50
50.01	GASTRODIAGNOSTIC UNIT	5,484		257,758	937,258	25	1	50.01
50.02	PAIN MANAGEMENT CENTER			50,643	126,949	24		50.02
51	RECOVERY ROOM	2,402		61,273	1,733,504	94		51
52	DELIVERY ROOM & LABOR ROOM	29,944		107,631	2,561,253	72	123	52
53	ANESTHESIOLOGY	2,994		333,734	896,926	29		53
54	RADIOLOGY-DIAGNOSTIC	23,188		1,633,582	3,515,961	165	186	54
55	RADIOLOGY-THERAPEUTIC	10,470		440,869	615,269	34	40	55
56	RADIOISOTOPE	4,585		543,736	817,624	24		56
57	CT SCAN	1,192		469,466	575,098	14	27	57
58	MRI	2,672		445,790	366,729	13	15	58
59	CARDIAC CATHETERIZATION	43,332		1,269,581	4,825,138	180	168	59
60	LABORATORY	22,674		249,096	4,340,077	177	203	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	7,957		220,651	3,528,041	35	71	65
66	PHYSICAL THERAPY	23,776		73,523	6,355,850	200	148	66
69	ELECTROCARDIOLOGY	41,322		327,661	2,124,071	145	104	69
70	ELECTROENCEPHALOGRAPHY	1,477		117,727	719,615	24	21	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS			1,460		8	15	74
76	OTHER ANCILLARY	673		8,841	2,028,064	58	19	76
76.97	CARDIAC REHABILITATION	10,034		22,824	505,838	10	20	76.97
76.98	HYPERBARIC OXYGEN THERAPY			5,559		19	21	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	20,186		115,492	3,832,659	219	207	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	7,067		1,439	4,184,910	136	220	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	259		1,666	487,092	10	31	116
117	HOME INFUSION	1,860		33,042	832,219	11	40	117



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL CO CON SQUARE FOOTAGE	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICAT TELEPHONES	INFORMATIO TECHNOLOGY PIECES OF EQUIPMENT	
		1	1.01	2	4	5.01	5.02	
118	SUBTOTALS (sum of lines 1-117)	1,233,423	20,531	15,102,322	131,665,615	4,869	4,586	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375		943	38,044	8		190
192	PHYSICIANS' PRIVATE OFFICES	249,222		184,052	1,024,404	564	316	192
193	NONPAID WORKERS							193
194	NON REIMBURSABLE-OTHER	164,260		3,983	582,396	61	57	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	197			538,065	37	16	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	10,207,451	187,715	15,419,859	38,293,935	4,085,444	2,420,061	202
203	UNIT COST MULT-WS B PT I	6.188295	9.143003	1.008407	0.286099	737.577902	486.444422	203
204	COST TO BE ALLOC PER B PT II				19,739	4,242,930	5,295,589	204
205	UNIT COST MULT-WS B PT II				0.000147	766.010110	1,064.440000	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PURCHASING RECEIVING STORES	ADMITTING	PATIENT ACCOUNTING	RECON-CILIATION	OTHER ADMIN + GENERAL ACCUM COST	MAIN-TENANCE + REPAIRS HOURS	
		SUPPLIES	REVENUE	REVENUE				
		5.03	5.04	5.05	5A.06	5.06	6	
	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/RECEIVNG/STORES	71,768,954						5.03
5.04	ADMITTING	72,594	1,391,334,675					5.04
5.05	PATIENT ACCOUNTING	7,612		1,391,334,675				5.05
5.06	OTHER ADMIN & GENERAL				-63,057,081	309,049,467		5.06
6	MAINTENANCE & REPAIRS	15,520				12,069,862	58,338	6
7	OPERATION OF PLANT	5,056				13,403,474	11,468	7
8	LAUNDRY & LINEN SERVICE	578				1,941,030	181	8
9	HOUSEKEEPING	102,584				4,717,946	2,331	9
10	DIETARY	31				1,715,941	757	10
11	CAFETERIA	84				1,565,000	2,031	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	6,783				6,351,722	2,724	13
14	CENTRAL SERVICES & SUPPLY	1,498,443				3,188,183	3,166	14
15	PHARMACY	166,742				7,246,816	502	15
16	MEDICAL RECORDS & LIBRARY	4,993				5,273,451	85	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	37,235				628,151	323	20
21	I&R SERVICES-SALARY & FRINGES APPRVD					8,043,415		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					744,183		22
23	PARAMED ED (CLINICAL LAB SCIENCE)	49				148,534	19	23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)					286,838		23.03
23.04	PARAMED ED (PASTORAL CARE)	4				81,670		23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,485,220	79,926,647	79,926,647		28,804,606	6,767	30
31	INTENSIVE CARE UNIT	842,276	39,814,640	39,814,640		12,061,145	2,522	31
35	HIGH RISK NEONATAL	368,995	25,591,756	25,591,756		8,434,670	1,316	35
40	SUBPROVIDER - IPF	23,578	6,691,157	6,691,157		2,790,037	625	40
43	NURSERY	67,209	2,641,486	2,641,486		1,440,796	240	43
44	SKILLED NURSING FACILITY	128,181	7,048,641	7,048,641		3,613,253	777	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		152,409,872	152,409,872		17,569,190	5,563	50
50.01	GASTRODIAGNOSTIC UNIT	145,917	23,424,921	23,424,921		2,290,448	445	50.01
50.02	PAIN MANAGEMENT CENTER	39,689	2,327,524	2,327,524		459,943	42	50.02
51	RECOVERY ROOM	132,028	14,117,134	14,117,134		2,593,145	371	51
52	DELIVERY ROOM & LABOR ROOM	293,461	11,432,317	11,432,317		2,840,316	1,047	52
53	ANESTHESIOLOGY	1,204,951	25,015,656	25,015,656		3,161,774	1,437	53
54	RADIOLOGY-DIAGNOSTIC	251,780	66,013,657	66,013,657		7,920,288	1,105	54
55	RADIOLOGY-THERAPEUTIC	1,095	7,974,297	7,974,297		1,430,117	187	55
56	RADIOISOTOPE	25,095	26,326,983	26,326,983		2,801,179	176	56
57	CT SCAN	185,740	79,428,756	79,428,756		1,890,822	90	57
58	MRI	44,445	16,797,917	16,797,917		1,122,037	219	58
59	CARDIAC CATHETERIZATION		166,580,250	166,580,250		7,122,721	1,837	59
60	LABORATORY	311,968	97,965,353	97,965,353		14,505,051	1,095	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		45,991,622	45,991,622		5,213,519	1,902	65
66	PHYSICAL THERAPY	16,051	44,520,024	44,520,024		9,731,863	654	66
69	ELECTROCARDIOLOGY	51,836	66,312,805	66,312,805		3,805,924	729	69
70	ELECTROENCEPHALOGRAPHY	6,765	8,021,870	8,021,870		1,543,399	162	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,310,704	75,662,803	75,662,803		23,741,649		71
72	IMPL. DEV. CHARGED TO PATIENTS	36,434,972	87,180,702	87,180,702		30,262,732		72
73	DRUGS CHARGED TO PATIENTS		133,970,139	133,970,139		13,335,994		73
74	RENAL DIALYSIS	6,807	3,636,265	3,636,265		797,749	46	74
76	OTHER ANCILLARY	35,608	7,602,977	7,602,977		2,995,055	80	76
76.97	CARDIAC REHABILITATION	3,529	2,122,637	2,122,637		741,596	661	76.97
76.98	HYPERBARIC OXYGEN THERAPY	28,743	2,811,842	2,811,842		826,410	93	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	302,998	61,972,025	61,972,025		6,611,117	1,962	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	21,378				6,144,151	306	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,798				1,361,943	17	116
117	HOME INFUSION	68,362				3,453,798	245	117



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PURCHASING RECEIVING STORES SUPPLIES	ADMITTING REVENUE	PATIENT ACCOUNTING REVENUE	RECON-CILIATION	OTHER ADMIN + GENERAL ACCUM COST	MAIN-TENANCE + REPAIRS HOURS	
		5.03	5.04	5.05	5A.06	5.06	6	
118	SUBTOTALS (sum of lines 1-117)	71,759,487	1,391,334,675	1,391,334,675	-63,057,081	300,824,653	56,305	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	133				394,589	48	190
192	PHYSICIANS' PRIVATE OFFICES	6,314				5,345,337	1,536	192
193	NONPAID WORKERS							193
194	NON REIMBURSABLE-OTHER	2,457				2,264,310	387	194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	563				220,578	62	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,156,639	2,221,767	3,674,805		63,057,081	14,532,548	202
203	UNIT COST MULT-WS B PT I	0.016116	0.001597	0.002641		0.204036	249.109466	203
204	COST TO BE ALLOC PER B PT II	381,239	280,076	288,115		1,824,005	298,639	204
205	UNIT COST MULT-WS B PT II	0.005312	0.000201	0.000207		0.005902	5.119116	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION NUMBER HOUSED	
		7	8	9	10	11	13	
	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	1,202,623						7
8	LAUNDRY & LINEN SERVICE	36,204	7,387,127					8
9	HOUSEKEEPING	8,279	898	153,000				9
10	DIETARY	11,057	2,230	760	288,476			10
11	CAFETERIA	29,638	5,978	2,039		183,001		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	12,216		516		5,350	111,317	13
14	CENTRAL SERVICES & SUPPLY	13,000	12,570	2,457		1,762		14
15	PHARMACY	6,586	12,041	516		6,017		15
16	MEDICAL RECORDS & LIBRARY	3,967		893		5,338		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	20,531	829	1,530		2,179		20
21	I&R SERVICES-SALARY & FRINGES APPRVD					13,192		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,851	21,115			127		22
23	PARAMED ED (CLINICAL LAB SCIENCE)	488		258		178		23
23.01	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	PARAMED ED (ENDT)							23.02
23.03	PARAMED ED (PHARMACY)	986				251		23.03
23.04	PARAMED ED (PASTORAL CARE)					44		23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	180,156	1,293,048	50,450	185,710	26,712	26,712	30
31	INTENSIVE CARE UNIT	11,039	254,202	8,960	21,184	13,409	13,409	31
35	HIGH RISK NEONATAL	24,434	116,976	2,912		8,060	8,060	35
40	SUBPROVIDER - IPF	23,716	58,944	11,022	26,403	3,690	3,690	40
43	NURSERY	6,858	31,590	1,610		1,029	1,029	43
44	SKILLED NURSING FACILITY	25,143	154,141	11,300	25,621	4,582	4,582	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	67,872	561,830	14,454		15,331	15,574	50
50.01	GASTRODIAGNOSTIC UNIT	5,484	44,676	774		1,628	1,628	50.01
50.02	PAIN MANAGEMENT CENTER		6,080			170	170	50.02
51	RECOVERY ROOM	2,402	143,597	737		2,579	2,579	51
52	DELIVERY ROOM & LABOR ROOM	29,944	137,936	7,028	16,753	12,879	12,879	52
53	ANESTHESIOLOGY	2,994	23,725	737		2,801	2,801	53
54	RADIOLOGY-DIAGNOSTIC	23,188	94,707	4,245		5,779		54
55	RADIOLOGY-THERAPEUTIC	10,470	6,624	621		675	675	55
56	RADIOISOTOPE	4,585	7,451	621		887		56
57	CT SCAN	1,192		258		990		57
58	MRI	2,672				523		58
59	CARDIAC CATHETERIZATION	43,332	148,241	6,870	1,405	5,442		59
60	LABORATORY	22,674	1,177	4,698		9,475		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	7,957	1,739	879		6,286		65
66	PHYSICAL THERAPY	23,776	40,212	3,192		6,743		66
69	ELECTROCARDIOLOGY	41,322	72,202	441		3,614		69
70	ELECTROENCEPHALOGRAPHY	1,477	13,403	459		536		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS		3,458					74
76	OTHER ANCILLARY	673	12,654	1,187		3,105	3,105	76
76.97	CARDIAC REHABILITATION	10,034		153		964		76.97
76.98	HYPERBARIC OXYGEN THERAPY		24,203					76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	20,186	314,459	9,235	5,870	7,418	7,418	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	7,067		562			6,229	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	259		62			777	116
117	HOME INFUSION	1,860	1,077					117



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION NUMBER HOUSED	
		7	8	9	10	11	13	
118	SUBTOTALS (sum of lines 1-117)	786,569	3,624,013	152,436	282,946	179,745	111,317	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375		153		100		190
192	PHYSICIANS' PRIVATE OFFICES	249,222	25,399			1,136		192
193	NONPAID WORKERS					14		193
194	NON REIMBURSABLE-OTHER	164,260	3,737,715	411	5,530	1,183		194
194.01	NON REIMBURSABLE-FUND DEVELOPMENT	197				823		194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	18,995,053	2,953,990	6,392,374	2,461,918	2,945,961	8,626,908	202
203	UNIT COST MULT-WS B PT I	15,794,686	0,399,883	41,780,222	8,534,221	16,098,060	77,498,567	203
204	COST TO BE ALLOC PER B PT II	2,343,380	1,059,280	144,812	161,862	356,694	316,827	204
205	UNIT COST MULT-WS B PT II	1,948,557	0,143,395	0,946,484	0,561,093	1,949,137	2,846,169	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY DISCHARGES	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		14	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	66,252,477						14
15	PHARMACY		12,936,739					15
16	MEDICAL RECORDS & LIBRARY			31,546				16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL		2,815		23,284			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)							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	PARAMED ED (PASTORAL CARE)							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		378,085	16,128	10,496	424	424	30
31	INTENSIVE CARE UNIT		184,508	856	4,660	2,908	2,908	31
35	HIGH RISK NEONATAL		78,432	510	66			35
40	SUBPROVIDER - IPF		2,575	643	694	10,000	10,000	40
43	NURSERY		5,644	731	169	173	173	43
44	SKILLED NURSING FACILITY		29,627	947	2,292			44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		104,709		863	9,449	9,449	50
50.01	GASTRODIAGNOSTIC UNIT		36,292		133			50.01
50.02	PAIN MANAGEMENT CENTER		1,900					50.02
51	RECOVERY ROOM		41,685		398			51
52	DELIVERY ROOM & LABOR ROOM		24,643		739	758	758	52
53	ANESTHESIOLOGY		329,132					53
54	RADIOLOGY-DIAGNOSTIC		10,278			10,000	10,000	54
55	RADIOLOGY-THERAPEUTIC		71					55
56	RADIOISOTOPE		14,588					56
57	CT SCAN		6,725					57
58	MRI		2,376					58
59	CARDIAC CATHETERIZATION		129,085		418			59
60	LABORATORY		603					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		1,977					65
66	PHYSICAL THERAPY		500					66
69	ELECTROCARDIOLOGY		6,140					69
70	ELECTROENCEPHALOGRAPHY		163					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,817,506						71
72	IMPL. DEV. CHARGED TO PATIENTS	36,434,971						72
73	DRUGS CHARGED TO PATIENTS		11,359,638					73
74	RENAL DIALYSIS		7,238					74
76	OTHER ANCILLARY		19,449					76
76.97	CARDIAC REHABILITATION		123		279			76.97
76.98	HYPERBARIC OXYGEN THERAPY		127		150			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		151,875	11,731	833	1,338	1,338	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY				1,094			101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE							116
117	HOME INFUSION							117



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY DISCHARGES	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		14	15	16	20	21	22	
118	SUBTOTALS (sum of lines 1-117)	66,252,477	12,931,003	31,546	23,284	35,050	35,050	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES		5,736					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	4,968,745	9,077,740	6,556,498	1,262,368	9,896,927	1,551,740	202
203	UNIT COST MULT-WS B PT I	0.074997	0.701702	207.839282	54.216114	282.365963	44.272183	203
204	COST TO BE ALLOC PER B PT II	861,534	641,095	353,343	352,783	73,185	343,916	204
205	UNIT COST MULT-WS B PT II	0.013004	0.049556	11.200881	15.151306	2.088017	9.812154	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	SCHOOL OF CLINICAL LAB SCIENC ASSIGNED TIME	PHARMACY RESIDENCY ASSIGNED TIME	PASTORAL CARE HOURS
	23	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)	100					23
23.01	PARAMED ED (RESPIRATORY THERAPY)						23.01
23.02	PARAMED ED (ENDT)						23.02
23.03	PARAMED ED (PHARMACY)		100				23.03
23.04	PARAMED ED (PASTORAL CARE)			102,527			23.04
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS			49,559			30
31	INTENSIVE CARE UNIT			22,800			31
35	HIGH RISK NEONATAL						35
40	SUBPROVIDER - IPF			1,536			40
43	NURSERY			1,167			43
44	SKILLED NURSING FACILITY			2,304			44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			912			50
50.01	GASTRODIAGNOSTIC UNIT			1,824			50.01
50.02	PAIN MANAGEMENT CENTER						50.02
51	RECOVERY ROOM			912			51
52	DELIVERY ROOM & LABOR ROOM			5,097			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			3,648			59
60	LABORATORY	100					60
62.30	BLOOD CLOTING 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		100				73
74	RENAL DIALYSIS						74
76	OTHER ANCILLARY						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY			12,768			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS							



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SCHOOL OF CLINICAL LAB SCIENC ASSIGNED TIME	PHARMACY RESIDENCY ASSIGNED TIME	PASTORAL CARE HOURS			
		23	23.03	23.04			
116	HOSPICE						116
117	HOME INFUSION						117
118	SUBTOTALS (sum of lines 1-117)	100	100	102.527			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	204.925	364.978	99.042			202
203	UNIT COST MULT-WS B PT I	2,049.250000	3,649.780000	0.966009			203
204	COST TO BE ALLOC PER B PT II	7.852	10,217	568			204
205	UNIT COST MULT-WS B PT II	78.520000	102.170000	0.005540			205



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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	50,157,200		50,157,200	64,632	50,221,832	30
31	INTENSIVE CARE UNIT	17,818,545		17,818,545	28,983	17,847,528	31
35	HIGH RISK NEONATAL	11,956,842		11,956,842	265,480	12,222,322	35
40	SUBPROVIDER - IPF	5,118,917		5,118,917	111,826	5,230,743	40
43	NURSERY	2,245,266		2,245,266		2,245,266	43
44	SKILLED NURSING FACILITY	6,466,542		6,466,542	6,452	6,472,994	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	26,015,214		26,015,214		26,015,214	50
50.01	GASTRODIAGNOSTIC UNIT	3,192,272		3,192,272		3,192,272	50.01
50.02	PAIN MANAGEMENT CENTER	583,927		583,927		583,927	50.02
51	RECOVERY ROOM	3,633,908		3,633,908		3,633,908	51
52	DELIVERY ROOM & LABOR ROOM	5,913,093		5,913,093		5,913,093	52
53	ANESTHESIOLOGY	4,745,545		4,745,545		4,745,545	53
54	RADIOLOGY-DIAGNOSTIC	10,493,297		10,493,297		10,493,297	54
55	RADIOLOGY-THERAPEUTIC	2,025,688		2,025,688		2,025,688	55
56	RADIOISOTOPE	3,542,423		3,542,423		3,542,423	56
57	CT SCAN	2,349,300		2,349,300		2,349,300	57
58	MRI	1,457,817		1,457,817		1,457,817	58
59	CARDIAC CATHETERIZATION	10,280,713		10,280,713		10,280,713	59
60	LABORATORY	18,650,139		18,650,139		18,650,139	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	7,016,748		7,016,748		7,016,748	65
66	PHYSICAL THERAPY	12,514,307		12,514,307	24,094	12,538,401	66
69	ELECTROCARDIOLOGY	5,526,522		5,526,522	515,919	6,042,441	69
70	ELECTROENCEPHALOGRAPHY	1,955,273		1,955,273	13,958	1,969,231	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,822,023		30,822,023		30,822,023	71
72	IMPL. DEV. CHARGED TO PATIENTS	39,169,805		39,169,805		39,169,805	72
73	DRUGS CHARGED TO PATIENTS	24,393,083		24,393,083		24,393,083	73
74	RENAL DIALYSIS	978,440		978,440		978,440	74
76	OTHER ANCILLARY	3,995,630		3,995,630		3,995,630	76
76.97	CARDIAC REHABILITATION	1,253,176		1,253,176		1,253,176	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,036,093		1,036,093	1,929	1,038,022	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	12,625,820		12,625,820	27,187	12,653,007	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,741,811		1,741,811		1,741,811	92
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	8,151,158		8,151,158		8,151,158	101
113	INTEREST EXPENSE						113
116	HOSPICE	1,710,960		1,710,960		1,710,960	116
117	HOME INFUSION	4,249,338		4,249,338		4,249,338	117
200	SUBTOTAL (SEE INSTRUCTIONS)	343,786,835		343,786,835	1,060,460	344,847,295	200
201	LESS OBSERVATION BEDS	1,741,811		1,741,811		1,741,811	201
202	TOTAL (SEE INSTRUCTIONS)	342,045,024		342,045,024		343,105,484	202



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	77,042,563		77,042,563				30
31	INTENSIVE CARE UNIT	39,498,116		39,498,116				31
35	HIGH RISK NEONATAL	25,591,756		25,591,756				35
40	SUBPROVIDER - IPF	6,691,157		6,691,157				40
43	NURSERY	2,641,486		2,641,486				43
44	SKILLED NURSING FACILITY	7,048,641		7,048,641				44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	86,706,331	65,703,541	152,409,872	0.170692	0.170692	0.170692	50
50.01	GASTRODIAGNOSTIC UNIT	4,453,522	18,971,399	23,424,921	0.136277	0.136277	0.136277	50.01
50.02	PAIN MANAGEMENT CENTER		2,327,524	2,327,524	0.250879	0.250879	0.250879	50.02
51	RECOVERY ROOM	5,911,687	8,193,237	14,104,924	0.257634	0.257634	0.257634	51
52	DELIVERY ROOM & LABOR ROOM	9,621,190	1,811,127	11,432,317	0.517226	0.517226	0.517226	52
53	ANESTHESIOLOGY	10,211,529	14,804,127	25,015,656	0.189703	0.189703	0.189703	53
54	RADIOLOGY-DIAGNOSTIC	20,799,917	45,213,740	66,013,657	0.158956	0.158956	0.158956	54
55	RADIOLOGY-THERAPEUTIC	406,696	7,567,601	7,974,297	0.254027	0.254027	0.254027	55
56	RADIOISOTOPE	3,431,783	22,895,200	26,326,983	0.134555	0.134555	0.134555	56
57	CT SCAN	33,006,903	46,421,853	79,428,756	0.029577	0.029577	0.029577	57
58	MRI	7,811,801	8,986,166	16,797,967	0.086785	0.086785	0.086785	58
59	CARDIAC CATHETERIZATION	64,632,486	101,947,764	166,580,250	0.061716	0.061716	0.061716	59
60	LABORATORY	59,640,514	38,324,839	97,965,353	0.190375	0.190375	0.190375	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	43,792,409	2,199,213	45,991,622	0.152566	0.152566	0.152566	65
66	PHYSICAL THERAPY	17,836,250	26,683,774	44,520,024	0.281094	0.281094	0.281635	66
69	ELECTROCARDIOLOGY	27,853,870	38,458,935	66,312,805	0.083340	0.083340	0.091120	69
70	ELECTROENCEPHALOGRAPHY	2,123,772	5,898,098	8,021,870	0.243743	0.243743	0.245483	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,089,952	28,572,851	75,662,803	0.407360	0.407360	0.407360	71
72	IMPL. DEV. CHARGED TO PATIENTS	52,853,894	34,326,808	87,180,702	0.449294	0.449294	0.449294	72
73	DRUGS CHARGED TO PATIENTS	101,667,162	32,302,977	133,970,139	0.182079	0.182079	0.182079	73
74	RENAL DIALYSIS	3,337,685	298,580	3,636,265	0.269078	0.269078	0.269078	74
76	OTHER ANCILLARY	547,041	7,055,936	7,602,977	0.525535	0.525535	0.525535	76
76.97	CARDIAC REHABILITATION	887,871	1,234,766	2,122,637	0.590386	0.590386	0.590386	76.97
76.98	HYPERBARIC OXYGEN THERAPY	18,495	2,793,347	2,811,842	0.368475	0.368475	0.369161	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	17,041,672	44,206,628	61,248,300	0.206142	0.206142	0.206585	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	352,112	3,584,431	3,936,543	0.442472	0.442472	0.442472	92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY		5,784,113	5,784,113				101
113	INTEREST EXPENSE							113
116	HOSPICE		2,687,170	2,687,170				116
117	HOME INFUSION		4,028,970	4,028,970				117
200	SUBTOTAL (SEE INSTRUCTIONS)	780,550,263	623,284,715	1,403,834,978				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	780,550,263	623,284,715	1,403,834,978				202



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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	4,381,816		4,381,816	61,299	71.48	27,174	1,942,398	30
31	INTENSIVE CARE UNIT	994,446		994,446	13,591	73.17	7,371	539,336	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	HIGH RISK NEONATAL	722,998		722,998	12,121	59.65			35
40	SUBPROVIDER - IPF	425,972		425,972	6,767	62.95	3,561	224,165	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	153,437		153,437	2,769	55.41			43
44	SKILLED NURSING FACILITY	475,323		475,323	10,401	45.70	6,958	317,981	44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	7,153,992		7,153,992	106,948		45,064	3,023,880	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0053

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,998,525	152,409,872	0.026235	40,310,778	1,057,553	50
50.01	GASTRODIAGNOSTIC UNIT	367,772	23,424,921	0.015700	2,519,669	39,559	50.01
50.02	PAIN MANAGEMENT CENTER	171,283	2,327,524	0.073590			50.02
51	RECOVERY ROOM	212,979	14,104,924	0.015100	2,383,014	35,984	51
52	DELIVERY ROOM & LABOR ROOM	665,800	11,432,317	0.058238	156,361	9,106	52
53	ANESTHESIOLOGY	459,714	25,015,656	0.018377	3,826,881	70,327	53
54	RADIOLOGY-DIAGNOSTIC	2,508,666	66,013,657	0.038002	10,191,145	387,284	54
55	RADIOLOGY-THERAPEUTIC	615,916	7,974,297	0.077238	136,078	10,510	55
56	RADIOISOTOPE	636,535	26,326,983	0.024178	1,954,712	47,261	56
57	CT SCAN	570,183	79,428,756	0.007179	15,117,070	108,525	57
58	MRI	513,228	16,797,967	0.030553	3,415,055	104,340	58
59	CARDIAC CATHETERIZATION	2,145,741	166,580,250	0.012881	37,167,756	478,758	59
60	LABORATORY	1,101,710	97,965,353	0.011246	25,691,560	288,927	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	462,857	45,991,622	0.010064	17,966,230	180,812	65
66	PHYSICAL THERAPY	1,011,592	44,520,024	0.022722	7,877,704	178,997	66
69	ELECTROCARDIOLOGY	975,736	66,312,805	0.014714	15,492,046	227,950	69
70	ELECTROENCEPHALOGRAPHY	333,760	8,021,870	0.041606	723,113	30,086	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	703,814	75,662,803	0.009302	22,823,011	212,300	71
72	IMPL. DEV. CHARGED TO PATIENTS	881,506	87,180,702	0.010111	30,056,208	303,898	72
73	DRUGS CHARGED TO PATIENTS	696,310	133,970,139	0.005198	40,003,763	207,940	73
74	RENAL DIALYSIS	30,885	3,636,265	0.008494	1,683,098	14,296	74
76	OTHER ANCILLARY	119,511	7,602,977	0.015719	144,073	2,265	76
76.97	CARDIAC REHABILITATION	144,360	2,122,637	0.068010	536,390	36,480	76.97
76.98	HYPERBARIC OXYGEN THERAPY	52,643	2,811,842	0.018722	18,393	344	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	976,952	61,248,300	0.015951	6,690,783	106,725	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	151,971	3,936,543	0.038605	206,561	7,974	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	20,509,949	1,232,821,006		287,091,452	4,148,201	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUST-MENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)	569,053	47,874			616,927	30
31	INTENSIVE CARE UNIT	252,647	22,025			274,672	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	HIGH RISK NEONATAL	3,578				3,578	35
40	SUBPROVIDER - IPF	37,626	1,484			39,110	40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY	9,163	1,127			10,290	43
44	SKILLED NURSING FACILITY	124,263	2,226			126,489	44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)	996,330	74,736			1,071,066	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	61,299	10.06	27,174	273,370	30
31	INTENSIVE CARE UNIT	13,591	20.21	7,371	148,968	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	HIGH RISK NEONATAL	12,121	0.30			35
40	SUBPROVIDER - IPF	6,767	5.78	3,561	20,583	40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	2,769	3.72			43
44	SKILLED NURSING FACILITY	10,401	12.16	6,958	84,609	44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	106,948		45,064	527,530	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0053

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1 NON PHYSICIAN ANESTH- ETIST COST	2 NURSING SCHOOL	3 ALLIED HEALTH	4 ALL OTHER MEDICAL EDUCATION COST	5 TOTAL COST (sum of col. 1 through col. 4)	6 TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		46,789	881		47,670	47,670	50
50.01	GASTRODIAGNOSTIC UNIT		7,211	1,762		8,973	8,973	50.01
50.02	PAIN MANAGEMENT CENTER							50.02
51	RECOVERY ROOM		21,578	881		22,459	22,459	51
52	DELIVERY ROOM & LABOR ROOM		40,066	4,924		44,990	44,990	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		22,662	3,524		26,186	26,186	59
60	LABORATORY			204,925		204,925	204,925	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			364,978		364,978	364,978	73
74	RENAL DIALYSIS							74
76	OTHER ANCILLARY							76
76.97	CARDIAC REHABILITATION		15,126			15,126	15,126	76.97
76.98	HYPERBARIC OXYGEN THERAPY		8,132			8,132	8,132	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		45,162	12,334		57,496	57,496	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		19,736	1,660		21,396	21,396	92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)		226,462	595,869		822,331	822,331	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0053

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	152,409,872	0.000313	0.000313	40,310,778	12,617	21,884,665	6,850	50
50.01	GASTRODIAGNOSTIC UNIT	23,424,921	0.000383	0.000383	2,519,669	965	5,718,796	2,190	50.01
50.02	PAIN MANAGEMENT CENTER	2,327,524					788,998		50.02
51	RECOVERY ROOM	14,104,924	0.001592	0.001592	2,383,014	3,794	1,711,898	2,725	51
52	DELIVERY ROOM & LABOR ROOM	11,432,317	0.003935	0.003935	156,361	615	52,790	208	52
53	ANESTHESIOLOGY	25,015,656			3,826,881		3,014,374		53
54	RADIOLOGY-DIAGNOSTIC	66,013,657			10,191,145		10,448,514		54
55	RADIOLOGY-THERAPEUTIC	7,974,297			136,078		2,965,509		55
56	RADIOISOTOPE	26,326,983			1,954,712		11,681,768		56
57	CT SCAN	79,428,756			15,117,070		11,987,940		57
58	MRI	16,797,967			3,415,055		2,000,494		58
59	CARDIAC CATHETERIZATION	166,580,250	0.000157	0.000157	37,167,756	5,835	52,943,151	8,312	59
60	LABORATORY	97,965,353	0.002092	0.002092	25,691,560	53,747	4,385,637	9,175	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	45,991,622			17,966,230		586,120		65
66	PHYSICAL THERAPY	44,520,024			7,877,704		493,591		66
69	ELECTROCARDIOLOGY	66,312,805			15,492,046		14,470,338		69
70	ELECTROENCEPHALOGRAPHY	8,021,870			723,113		1,657,366		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,662,803			22,823,011		10,956,044		71
72	IMPL. DEV. CHARGED TO PATIENTS	87,180,702			30,056,208		18,240,015		72
73	DRUGS CHARGED TO PATIENTS	133,970,139	0.002724	0.002724	40,003,763	108,970	9,325,885	25,404	73
74	RENAL DIALYSIS	3,636,265			1,683,098		143,708		74
76	OTHER ANCILLARY	7,602,977			144,073		2,108,426		76
76.97	CARDIAC REHABILITATION	2,122,637	0.007126	0.007126	536,390	3,822	487,072	3,471	76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,811,842	0.002892	0.002892	18,393	53	1,365,074	3,948	76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	61,248,300	0.000939	0.000939	6,690,783	6,283	7,732,433	7,261	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,936,543	0.005435	0.005435	206,561	1,123	604,809	3,287	92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,232,821,006			287,091,452	197,824	197,755,415	72,831	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0053

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.170692	21,884,665			3,735,537			50
50.01	GASTRODIAGNOSTIC UNIT	0.136277	5,718,796			779,340			50.01
50.02	PAIN MANAGEMENT CENTER	0.250879	788,998			197,943			50.02
51	RECOVERY ROOM	0.257634	1,711,898			441,043			51
52	DELIVERY ROOM & LABOR ROOM	0.517226	52,790			27,304			52
53	ANESTHESIOLOGY	0.189703	3,014,374			571,836			53
54	RADIOLOGY-DIAGNOSTIC	0.158956	10,448,514			1,660,854			54
55	RADIOLOGY-THERAPEUTIC	0.254027	2,965,509			753,319			55
56	RADIOISOTOPE	0.134555	11,681,768			1,571,840			56
57	CT SCAN	0.029577	11,987,940			354,567			57
58	MRI	0.086785	2,000,494			173,613			58
59	CARDIAC CATHETERIZATION	0.061716	52,943,151			3,267,440			59
60	LABORATORY	0.190375	4,385,637			834,916			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.152566	586,120	3,713		89,422	566		65
66	PHYSICAL THERAPY	0.281094	493,591			138,745			66
69	ELECTROCARDIOLOGY	0.083340	14,470,338			1,205,958			69
70	ELECTROENCEPHALOGRAPHY	0.243743	1,657,366			403,971			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407360	10,956,044	14,464		4,463,054	5,892		71
72	IMPL. DEV. CHARGED TO PATIENTS	0.449294	18,240,015			8,195,129			72
73	DRUGS CHARGED TO PATIENTS	0.182079	9,325,885	104	323,252	1,698,048	19	58,857	73
74	RENAL DIALYSIS	0.269078	143,708			38,669			74
76	OTHER ANCILLARY	0.525535	2,108,426			1,108,052			76
76.97	CARDIAC REHABILITATION	0.590386	487,072			287,560			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.368475	1,365,074			502,996			76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	0.206142	7,732,433			1,593,979			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.442472	604,809			267,611			92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		197,755,415	18,281	323,252	34,362,746	6,477	58,857	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		197,755,415	18,281	323,252	34,362,746	6,477	58,857	202

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S053

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,998,525	152,409,872	0.026235			50
50.01	GASTRODIAGNOSTIC UNIT	367,772	23,424,921	0.015700	20,752	326	50.01
50.02	PAIN MANAGEMENT CENTER	171,283	2,327,524	0.073590			50.02
51	RECOVERY ROOM	212,979	14,104,924	0.015100	1,015	15	51
52	DELIVERY ROOM & LABOR ROOM	665,800	11,432,317	0.058238			52
53	ANESTHESIOLOGY	459,714	25,015,656	0.018377	39,170	720	53
54	RADIOLOGY-DIAGNOSTIC	2,508,666	66,013,657	0.038002	104,566	3,974	54
55	RADIOLOGY-THERAPEUTIC	615,916	7,974,297	0.077238			55
56	RADIOISOTOPE	636,535	26,326,983	0.024178	4,641	112	56
57	CT SCAN	570,183	79,428,756	0.007179	176,844	1,270	57
58	MRI	513,228	16,797,967	0.030553	108,468	3,314	58
59	CARDIAC CATHETERIZATION	2,145,741	166,580,250	0.012881	24,650	318	59
60	LABORATORY	1,101,710	97,965,353	0.011246	586,943	6,601	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	462,857	45,991,622	0.010064	69,471	699	65
66	PHYSICAL THERAPY	1,011,592	44,520,024	0.022722	79,354	1,803	66
69	ELECTROCARDIOLOGY	975,736	66,312,805	0.014714	117,479	1,729	69
70	ELECTROENCEPHALOGRAPHY	333,760	8,021,870	0.041606	23,665	985	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	703,814	75,662,803	0.009302	155,060	1,442	71
72	IMPL. DEV. CHARGED TO PATIENTS	881,506	87,180,702	0.010111	6,117	62	72
73	DRUGS CHARGED TO PATIENTS	696,310	133,970,139	0.005198	967,305	5,028	73
74	RENAL DIALYSIS	30,885	3,636,265	0.008494	6,480	55	74
76	OTHER ANCILLARY	119,511	7,602,977	0.015719	100,640	1,582	76
76.97	CARDIAC REHABILITATION	144,360	2,122,637	0.068010			76.97
76.98	HYPERBARIC OXYGEN THERAPY	52,643	2,811,842	0.018722			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	976,952	61,248,300	0.015951	153,933	2,455	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		3,936,543				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	20,357,978	1,232,821,006		2,746,553	32,490	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S053

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		46,789	881		47,670	47,670	50
50.01	GASTRODIAGNOSTIC UNIT		7,211	1,762		8,973	8,973	50.01
50.02	PAIN MANAGEMENT CENTER							50.02
51	RECOVERY ROOM		21,578	881		22,459	22,459	51
52	DELIVERY ROOM & LABOR ROOM		40,066	4,924		44,990	44,990	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		22,662	3,524		26,186	26,186	59
60	LABORATORY			204,925		204,925	204,925	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			364,978		364,978	364,978	73
74	RENAL DIALYSIS							74
76	OTHER ANCILLARY							76
76.97	CARDIAC REHABILITATION		15,126			15,126	15,126	76.97
76.98	HYPERBARIC OXYGEN THERAPY		8,132			8,132	8,132	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		45,162	12,334		57,496	57,496	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)		206,726	594,209		800,935	800,935	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S053

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	152,409,872	0.000313	0.000313					50
50.01	GASTRODIAGNOSTIC UNIT	23,424,921	0.000383	0.000383	20,752	8			50.01
50.02	PAIN MANAGEMENT CENTER	2,327,524							50.02
51	RECOVERY ROOM	14,104,924	0.001592	0.001592	1,015	2			51
52	DELIVERY ROOM & LABOR ROOM	11,432,317	0.003935	0.003935					52
53	ANESTHESIOLOGY	25,015,656			39,170				53
54	RADIOLOGY-DIAGNOSTIC	66,013,657			104,566		700		54
55	RADIOLOGY-THERAPEUTIC	7,974,297							55
56	RADIOISOTOPE	26,326,983			4,641				56
57	CT SCAN	79,428,756			176,844		3,486		57
58	MRI	16,797,967			108,468				58
59	CARDIAC CATHETERIZATION	166,580,250	0.000157	0.000157	24,650	4			59
60	LABORATORY	97,965,353	0.002092	0.002092	586,943	1,228	4,846	10	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	45,991,622			69,471		266		65
66	PHYSICAL THERAPY	44,520,024			79,354				66
69	ELECTROCARDIOLOGY	66,312,805			117,479		1,480		69
70	ELECTROENCEPHALOGRAPHY	8,021,870			23,665				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,662,803			155,060		221		71
72	IMPL. DEV. CHARGED TO PATIENTS	87,180,702			6,117				72
73	DRUGS CHARGED TO PATIENTS	133,970,139	0.002724	0.002724	967,305	2,635	1,409	4	73
74	RENAL DIALYSIS	3,636,265			6,480				74
76	OTHER ANCILLARY	7,602,977			100,640				76
76.97	CARDIAC REHABILITATION	2,122,637	0.007126	0.007126					76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,811,842	0.002892	0.002892					76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	61,248,300	0.000939	0.000939	153,933	145	13,993	13	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,936,543					8,010		92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,232,821,006			2,746,553	4,022	34,411	27	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S053

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.170692						50
50.01	GASTRODIAGNOSTIC UNIT	0.136277						50.01
50.02	PAIN MANAGEMENT CENTER	0.250879						50.02
51	RECOVERY ROOM	0.257634						51
52	DELIVERY ROOM & LABOR ROOM	0.517226						52
53	ANESTHESIOLOGY	0.189703						53
54	RADIOLOGY-DIAGNOSTIC	0.158956	700			111		54
55	RADIOLOGY-THERAPEUTIC	0.254027						55
56	RADIOISOTOPE	0.134555						56
57	CT SCAN	0.029577	3,486			103		57
58	MRI	0.086785						58
59	CARDIAC CATHETERIZATION	0.061716						59
60	LABORATORY	0.190375	4,846			923		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.152566	266			41		65
66	PHYSICAL THERAPY	0.281094						66
69	ELECTROCARDIOLOGY	0.083340	1,480			123		69
70	ELECTROENCEPHALOGRAPHY	0.243743						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407360	221			90		71
72	IMPL. DEV. CHARGED TO PATIENTS	0.449294						72
73	DRUGS CHARGED TO PATIENTS	0.182079	1,409			257		73
74	RENAL DIALYSIS	0.269078						74
76	OTHER ANCILLARY	0.525535						76
76.97	CARDIAC REHABILITATION	0.590386						76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.368475						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	0.206142	13,993			2,885		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.442472	8,010			3,544		92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)		34,411			8,077		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		34,411			8,077		202

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-5225

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		46,789	881		47,670	47,670	50
50.01	GASTRODIAGNOSTIC UNIT		7,211	1,762		8,973	8,973	50.01
50.02	PAIN MANAGEMENT CENTER							50.02
51	RECOVERY ROOM		21,578	881		22,459	22,459	51
52	DELIVERY ROOM & LABOR ROOM		40,066	4,924		44,990	44,990	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		22,662	3,524		26,186	26,186	59
60	LABORATORY			204,925		204,925	204,925	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			364,978		364,978	364,978	73
74	RENAL DIALYSIS							74
76	OTHER ANCILLARY							76
76.97	CARDIAC REHABILITATION		15,126			15,126	15,126	76.97
76.98	HYPERBARIC OXYGEN THERAPY		8,132			8,132	8,132	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		45,162	12,334		57,496	57,496	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)		206,726	594,209		800,935	800,935	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-5225

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	152,409,872	0.000313	0.000313	12,092	4		50
50.01	GASTRODIAGNOSTIC UNIT	23,424,921	0.000383	0.000383				50.01
50.02	PAIN MANAGEMENT CENTER	2,327,524						50.02
51	RECOVERY ROOM	14,104,924	0.001592	0.001592				51
52	DELIVERY ROOM & LABOR ROOM	11,432,317	0.003935	0.003935				52
53	ANESTHESIOLOGY	25,015,656			5,954			53
54	RADIOLOGY-DIAGNOSTIC	66,013,657			109,799			54
55	RADIOLOGY-THERAPEUTIC	7,974,297			743			55
56	RADIOISOTOPE	26,326,983			11,057			56
57	CT SCAN	79,428,756			7,241			57
58	MRI	16,797,967			11,472			58
59	CARDIAC CATHETERIZATION	166,580,250	0.000157	0.000157	54,645	9		59
60	LABORATORY	97,965,353	0.002092	0.002092	643,619	1,346		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	45,991,622			699,130			65
66	PHYSICAL THERAPY	44,520,024			3,038,356			66
69	ELECTROCARDIOLOGY	66,312,805			73,041			69
70	ELECTROENCEPHALOGRAPHY	8,021,870			899			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,662,803			808,537			71
72	IMPL. DEV. CHARGED TO PATIENTS	87,180,702						72
73	DRUGS CHARGED TO PATIENTS	133,970,139	0.002724	0.002724	3,259,375	8,879		73
74	RENAL DIALYSIS	3,636,265			3,777			74
76	OTHER ANCILLARY	7,602,977			25,111			76
76.97	CARDIAC REHABILITATION	2,122,637	0.007126	0.007126				76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,811,842	0.002892	0.002892				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	61,248,300	0.000939	0.000939	4			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,936,543						92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	1,232,821,006			8,764,852	10,238		200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5225

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [XX] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.170692							50
50.01	GASTRODIAGNOSTIC UNIT	0.136277							50.01
50.02	PAIN MANAGEMENT CENTER	0.250879							50.02
51	RECOVERY ROOM	0.257634							51
52	DELIVERY ROOM & LABOR ROOM	0.517226							52
53	ANESTHESIOLOGY	0.189703							53
54	RADIOLOGY-DIAGNOSTIC	0.158956							54
55	RADIOLOGY-THERAPEUTIC	0.254027							55
56	RADIOISOTOPE	0.134555							56
57	CT SCAN	0.029577							57
58	MRI	0.086785							58
59	CARDIAC CATHETERIZATION	0.061716							59
60	LABORATORY	0.190375							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.152566							65
66	PHYSICAL THERAPY	0.281094							66
69	ELECTROCARDIOLOGY	0.083340							69
70	ELECTROENCEPHALOGRAPHY	0.243743							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407360							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.449294							72
73	DRUGS CHARGED TO PATIENTS	0.182079				623		113	73
74	RENAL DIALYSIS	0.269078							74
76	OTHER ANCILLARY	0.525535							76
76.97	CARDIAC REHABILITATION	0.590386							76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.368475							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	0.206142							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.442472							92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)				623			113	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)				623			113	202

(A) Worksheet A line numbers



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0053

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	61,299	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	61,299	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	59,173	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	27,174	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)	50,221,832	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	50,221,832	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	50,221,832	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0053

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					819.29	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					22,263,386	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)					22,263,386	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	17,847,528	13,591	1,313.19	7,371	9,679,523	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	HIGH RISK NEONATAL	12,222,322	12,121	1,008.36			47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					57,450,387	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					89,393,296	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					2,904,072	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					4,346,025	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					7,250,097	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					82,143,199	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 (line 56 minus line 53)						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 (line 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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0053

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					2.126	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					819.29	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					1,741,811	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	4,381,816	50,221,832	0.087249	1,741,811	151,971	90
91	NURSING SCHOOL COST	569,053	50,221,832	0.011331	1,741,811	19,736	91
92	ALLIED HEALTH COST	47,874	50,221,832	0.000953	1,741,811	1,660	92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S053

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	6,767	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	6,767	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	6,767	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	3,561	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	5,230,743	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,230,743	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	5,230,743	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S053

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	772.98	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,752,582	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)	2,752,582	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	533,604	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	3,286,186	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	244,748	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	36,512	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	281,260	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	3,004,926	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 (line 56 minus line 53)		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 (line 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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5225

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	10,401	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	10,401	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	10,401	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	6,958	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)	6,472,994	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	6,472,994	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	6,472,994	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5225

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST (line 37)	6,472,994	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 ÷ line 2)	622.34	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	4,330,242	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)	4,330,242	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (from Worksheet B, Part II, column 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)	4,330,242	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)	2,053,511	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	6,383,753	86



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0053

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		34,978,408		30
31	INTENSIVE CARE UNIT		21,495,902		31
35	HIGH RISK NEONATAL				35
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.170692	40,310,778	6,880,727	50
50.01	GASTRODIAGNOSTIC UNIT	0.136277	2,519,669	343,373	50.01
50.02	PAIN MANAGEMENT CENTER	0.250879			50.02
51	RECOVERY ROOM	0.257634	2,383,014	613,945	51
52	DELIVERY ROOM & LABOR ROOM	0.517226	156,361	80,874	52
53	ANESTHESIOLOGY	0.189703	3,826,881	725,971	53
54	RADIOLOGY-DIAGNOSTIC	0.158956	10,191,145	1,619,944	54
55	RADIOLOGY-THERAPEUTIC	0.254027	136,078	34,567	55
56	RADIOISOTOPE	0.134555	1,954,712	263,016	56
57	CT SCAN	0.029577	15,117,070	447,118	57
58	MRI	0.086785	3,415,055	296,376	58
59	CARDIAC CATHETERIZATION	0.061716	37,167,756	2,293,845	59
60	LABORATORY	0.190375	25,691,560	4,891,031	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.152566	17,966,230	2,741,036	65
66	PHYSICAL THERAPY	0.281635	7,877,704	2,218,637	66
69	ELECTROCARDIOLOGY	0.091120	15,492,046	1,411,635	69
70	ELECTROENCEPHALOGRAPHY	0.245483	723,113	177,512	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407360	22,823,011	9,297,182	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.449294	30,056,208	13,504,074	72
73	DRUGS CHARGED TO PATIENTS	0.182079	40,003,763	7,283,845	73
74	RENAL DIALYSIS	0.269078	1,683,098	452,885	74
76	OTHER ANCILLARY	0.525535	144,073	75,715	76
76.97	CARDIAC REHABILITATION	0.590386	536,390	316,677	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.369161	18,393	6,790	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY	0.206585	6,690,783	1,382,215	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.442472	206,561	91,397	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		287,091,452	57,450,387	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		287,091,452		202

(A) Worksheet A line numbers



COMPU-MAX

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S053

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
35	HIGH RISK NEONATAL				35
40	SUBPROVIDER - IPF		3,513,643		40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.170692			50
50.01	GASTRODIAGNOSTIC UNIT	0.136277	20,752	2,828	50.01
50.02	PAIN MANAGEMENT CENTER	0.250879			50.02
51	RECOVERY ROOM	0.257634	1,015	261	51
52	DELIVERY ROOM & LABOR ROOM	0.517226			52
53	ANESTHESIOLOGY	0.189703	39,170	7,431	53
54	RADIOLOGY-DIAGNOSTIC	0.158956	104,566	16,621	54
55	RADIOLOGY-THERAPEUTIC	0.254027			55
56	RADIOISOTOPE	0.134555	4,641	624	56
57	CT SCAN	0.029577	176,844	5,231	57
58	MRI	0.086785	108,468	9,413	58
59	CARDIAC CATHETERIZATION	0.061716	24,650	1,521	59
60	LABORATORY	0.190375	586,943	111,739	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.152566	69,471	10,599	65
66	PHYSICAL THERAPY	0.281635	79,354	22,349	66
69	ELECTROCARDIOLOGY	0.091120	117,479	10,705	69
70	ELECTROENCEPHALOGRAPHY	0.245483	23,665	5,809	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407360	155,060	63,165	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.449294	6,117	2,748	72
73	DRUGS CHARGED TO PATIENTS	0.182079	967,305	176,126	73
74	RENAL DIALYSIS	0.269078	6,480	1,744	74
76	OTHER ANCILLARY	0.525535	100,640	52,890	76
76.97	CARDIAC REHABILITATION	0.590386			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.369161			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY	0.206585	153,933	31,800	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.442472			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		2,746,553	533,604	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		2,746,553		202

(A) Worksheet A line numbers



COMPU-MAX

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5225

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	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	0.170692	12,092	2,064	50
50.01	GASTRODIAGNOSTIC UNIT	0.136277			50.01
50.02	PAIN MANAGEMENT CENTER	0.250879			50.02
51	RECOVERY ROOM	0.257634			51
52	DELIVERY ROOM & LABOR ROOM	0.517226			52
53	ANESTHESIOLOGY	0.189703	5,954	1,129	53
54	RADIOLOGY-DIAGNOSTIC	0.158956	109,799	17,453	54
55	RADIOLOGY-THERAPEUTIC	0.254027	743	189	55
56	RADIOISOTOPE	0.134555	11,057	1,488	56
57	CT SCAN	0.029577	7,241	214	57
58	MRI	0.086785	11,472	996	58
59	CARDIAC CATHETERIZATION	0.061716	54,645	3,372	59
60	LABORATORY	0.190375	643,619	122,529	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.152566	699,130	106,663	65
66	PHYSICAL THERAPY	0.281094	3,038,356	854,064	66
69	ELECTROCARDIOLOGY	0.083340	73,041	6,087	69
70	ELECTROENCEPHALOGRAPHY	0.243743	899	219	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407360	808,537	329,366	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.449294			72
73	DRUGS CHARGED TO PATIENTS	0.182079	3,259,375	593,464	73
74	RENAL DIALYSIS	0.269078	3,777	1,016	74
76	OTHER ANCILLARY	0.525535	25,111	13,197	76
76.97	CARDIAC REHABILITATION	0.590386			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.368475			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY	0.206142	4	1	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.442472			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		8,764,852	2,053,511	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		8,764,852		202

(A) Worksheet A line numbers



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK

APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)	17,815,413			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	47,697,821			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	3,196,342			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	7,622,778			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	349.62			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)(iv) 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	97.24			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				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	59.19			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.169298			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.172282			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.169298			21
22	IME PAYMENT ADJUSTMENT (see instructions)	6,456,520			22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON				
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)				23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)	38.05			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)	6,456,520			29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0371			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.3107			31
32	SUM OF LINES 30 AND 31	0.3478			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.1791			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	5,326,410			34
		PRIOR TO	ON OR AFTER		
		OCTOBER 1	OCTOBER 1		
	UNCOMPENSATED CARE ADJUSTMENT				
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)		9,046,380,143		35
35.01	FACTOR 3 (see instructions)		0.000696354		35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		6,299,483		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		4,711,667		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	4,711,667			36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART 1 EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
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 41.01 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 41.01)				46
47	SUBTOTAL (see instructions)	85,204,173			47
48	HOSPITAL SPECIFIC PAYMENTS (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (see instructions)	85,204,173			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	6,320,418			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)	1,597,764			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	94,138			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	422,338			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	197,824			58
59	TOTAL (sum of amounts on lines 49 through 58)	93,836,655			59
60	PRIMARY PAYER PAYMENTS	78,268			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	93,758,387			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,764,976			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	168,320			63
64	ALLOWABLE BAD DEBTS (see instructions)	1,285,127			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	835,333			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	1,025,751			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	88,660,424			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)	14,800			68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	45,624			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-56,609			70.94
71	AMOUNT DUE PROVIDER (see instructions)	88,634,639			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,772,693			71.01
72	INTERIM PAYMENTS	85,657,240			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	1,204,706			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	553,162			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



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0053

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	65,334			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	34,289,915			2
3	PPS PAYMENTS	35,027,102			3
4	OUTLIER PAYMENT (see instructions)	125,559			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0,843			5
6	LINE 2 TIMES LINE 5	28,906,398			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	72,831			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	65,334			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	341,533			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)	341,533			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)	341,533			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	276,199			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)	65,334			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	35,225,492			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	3,597			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	6,735,205			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	28,552,024			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	552,433			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	29,104,457			30
31	PRIMARY PAYER PAYMENTS	10,447			31
32	SUBTOTAL (line 30 minus line 31)	29,094,010			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)	1,441,385			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	936,900			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	1,221,494			36
37	SUBTOTAL (see instructions)	30,030,910			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-380			38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	30,031,290			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	600,626			40.01
41	INTERIM PAYMENTS	29,152,459			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	278,205			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



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S053

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	8,050			2
3	PPS PAYMENTS	9,120			3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0,843			5
6	LINE 2 TIMES LINE 5	6,786			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	27			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 instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	9,147			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	1,867			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	7,280			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)	7,280			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	7,280			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)	7,280			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	7,280			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	146			40.01
41	INTERIM PAYMENTS	7,108			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	26			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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5225

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	113			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)	113			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	623			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)	623			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)	623			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	510			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)	113			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 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)	113			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)	113			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	113			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)	113			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	113			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	2			40.01
41	INTERIM PAYMENTS	159			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-48			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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5225

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,243,326		159	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					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. (1)					
	PROGRAM TO PROVIDER	.01				3.01
		.02				3.02
		.03				3.03
		.04				3.04
		.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	PROVIDER TO PROGRAM	.52				3.52
		.53				3.53
		.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. E or Wkst. E-3, line and column as appropriate)		2,243,326		159	4
TO BE COMPLETED BY CONTRACTOR						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					
	PROGRAM TO PROVIDER	.01				5.01
		.02				5.02
		.03				5.03
		.04				5.04
		.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	PROVIDER TO 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	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)					
		.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL 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	16,797	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	34,545	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	4,161	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	84,885	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,403,834,978	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	17,105,097	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)	1,775,867	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	35,517	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,740,350	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,873,325	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-132,975	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S053

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IPF
 BOX:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	2,836,775	1
2	NET IPF PPS OUTLIER PAYMENT	41,749	2
3	NET IPF PPS ECT PAYMENT	39,192	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004	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)	2.52	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)	18,539726	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$	0.029859	10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)	84,703	11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	3,002,419	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	3,002,419	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	3,002,419	18
19	DEDUCTIBLES	167,968	19
20	SUBTOTAL (line 18 minus line 19)	2,834,451	20
21	COINSURANCE	108,216	21
22	SUBTOTAL (line 20 minus line 21)	2,726,235	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	125,873	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	81,817	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	99,017	25
26	SUBTOTAL (sum of lines 22 and 24)	2,808,052	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)	24,605	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	2,832,657	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	56,653	31.01
32	INTERIM PAYMENTS	2,642,160	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	133,844	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



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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 (see instructions)		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,541,328	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	84,609	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	10,238	3
4	SUBTOTAL (sum of lines 1-3)	2,636,175	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	DO NOT USE THIS LINE		5
6	DEDUCTIBLES		6
7	COINSURANCE	252,220	7
8	ALLOWABLE BAD DEBTS (see instructions)	38,645	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	37,609	9
10	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	33,769	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (sum of lines 4 and 5 minus 6 & 7 plus 10 and 11) (see instructions)	2,417,724	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		14
15	SUBTOTAL (line 12 minus 13 ± line 14)	2,417,724	15
15.01	SEQUESTRATION ADJUSTMENT (see instructions)	48,354	15.01
16	INTERIM PAYMENTS	2,243,326	16
17	TENTATIVE SETTLEMENT (for contractor use only)		17
18	BALANCE DUE PROVIDER/PROGRAM (line 15 minus 15.01, 16 and 17)	126,044	18
19	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19



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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					
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
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)			102.23	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			59.97	7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	49.71	49.61	99.32	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	29.16	29.10	58.26	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	29.16	29.10		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	28.28	29.96		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	27.00	31.16		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	28.15	30.07		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.29		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	28.15	30.36		17
18	PER RESIDENT AMOUNT	80,811.41	80,811.41		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	2,274,841	2,453,434	4,728,275	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)			42.26	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)			4,728,275	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	INPATIENT DAYS	38,106	4,161		26
27	TOTAL INPATIENT DAYS (see instructions)	91,652	91,652		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.415768	0.045400		28
29	PROGRAM DIRECT GME AMOUNT	1,965,865	214,664		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		30,332		30
31	NET PROGRAM DIRECT GME AMOUNT			2,150,197	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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			3,636,265	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (see instructions)			99,645,899	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			78,268	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			99,567,631	41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)			34,436,270	42
43	PRIMARY PAYER PAYMENTS (see instructions)			10,447	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			34,425,823	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			133,993,454	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.743078	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			0.256922	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (line 31)			2,150,197	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)			1,597,764	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)			552,433	50



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BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	8,099,243				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	113,958,509				4
5	OTHER RECEIVABLES	2,191,121				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-22,088,517				6
7	INVENTORY	9,807,986				7
8	PREPAID EXPENSES	4,037,384				8
9	OTHER CURRENT ASSETS	72,727,141				9
10	DUE FROM OTHER FUNDS	24,692				10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	188,757,559				11
FIXED ASSETS						
12	LAND	22,961,448				12
13	LAND IMPROVEMENTS	5,551,091				13
14	ACCUMULATED DEPRECIATION	-3,796,527				14
15	BUILDINGS	502,623,117				15
16	ACCUMULATED DEPRECIATION	-201,311,568				16
17	LEASEHOLD IMPROVEMENTS	4,750,182				17
18	ACCUMULATED AMORTIZATION	-1,932,570				18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	236,322,240				23
24	ACCUMULATED DEPRECIATION	-180,190,911				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)	384,976,502				30
OTHER ASSETS						
31	INVESTMENTS	244,266,000				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	11,351,808				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	255,617,808				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	829,351,869				36
LIABILITIES AND FUND BALANCES						
	(Omit Cents)	1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	19,131,024				37
38	SALARIES, WAGES & FEES PAYABLE					38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	72,751,833				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	38,765,000				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	130,647,857				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE	204,683,579				46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	54,574,614				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	259,258,193				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	389,906,050				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	439,445,819				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					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)	439,445,819				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	829,351,869				60



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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		430,459,000			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		25,170,819			2
3	TOTAL (sum of line 1 and line 2)		455,629,819			3
4	ADDITIONS (credit adjustments)					4
5	NET ASSEST RELEASED FOR PPE	553,000				5
6	PENSION FUND CHANGE	14,434,000				6
7	TEMP INVESTMENT INCOME	2,900,000				7
8	TEMP CONTRIBUTIONS	2,716,000				8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		20,603,000			10
11	SUBTOTAL (line 3 plus line 10)		476,232,819			11
12	DEDUCTIONS (debit adjustments)					12
13	CHANGE IN TEMP RESTRICTED ASSETS					13
14	TRANSFER TO AFFILIATES	35,004,000				14
15	NET ASSET RELEASED FROM RESTRICTION	1,783,000				15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		36,787,000			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		439,445,819			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5	NET ASSEST RELEASED FOR PPE					5
6	PENSION FUND CHANGE					6
7	TEMP INVESTMENT INCOME					7
8	TEMP CONTRIBUTIONS					8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13	CHANGE IN TEMP RESTRICTED ASSETS					13
14	TRANSFER TO AFFILIATES					14
15	NET ASSET RELEASED FROM RESTRICTION					15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	81,242,870		81,242,870	1
2	SUBPROVIDER IPF	6,691,118		6,691,118	2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	7,070,433		7,070,433	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	95,004,421		95,004,421	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	39,617,121		39,617,121	11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	HIGH RISK NEONATAL	25,764,976		25,764,976	15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	65,382,097		65,382,097	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	160,386,518		160,386,518	17
18	ANCILLARY SERVICES	614,012,350	586,429,242	1,200,441,592	18
19	OUTPATIENT SERVICES	17,189,419	44,858,654	62,048,073	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		5,784,113	5,784,113	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	HOSPICE		2,687,170	2,687,170	27
27.01	OBSERVATION BEDS	353,418	3,638,506	3,991,924	27.01
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	791,941,705	643,397,685	1,435,339,390	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		461,838,237	29
30	ADD (SPECIFY)			30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		461,838,237	43



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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	1,435,339,390	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,007,810,156	2
3	NET PATIENT REVENUES (line 1 minus line 2)	427,529,234	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	461,838,237	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-34,309,003	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	37,539,892	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	39,637	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	22,351	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	2,296,531	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	67,960	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		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.)	2,066,407	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	2,879,999	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SALE FROM SCRAP)	1,300	24
24.01	OTHER (GRANTS)	1,929,973	24.01
24.02	OTHER (GIFT SHOP)	439,833	24.02
24.03	OTHER (MISCELLANEOUS OPERATING REVENUE)	10,966,112	24.03
24.04	OTHER (NET ASSETS RELEASED FROM RESTRICTED)	1,229,827	24.04
24.05	OTHER (IDPH-CAPITAL GRANT)		24.05
25	TOTAL OTHER INCOME (sum of lines 6-24)	59,479,822	25
26	TOTAL (line 5 plus line 25)	25,170,819	26
27.01	OTHER EXPENSES (0)		27.01
27.02	OTHER EXPENSES (0)		27.02
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	25,170,819	29



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7222

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	953,405		236		470,306	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	2,098,165		176,527			6
7	PHYSICAL THERAPY	725,177		54,141			7
8	OCCUPATIONAL THERAPY	254,238		20,041			8
9	SPEECH PATHOLOGY	56,776		5,475			9
10	MEDICAL SOCIAL SERVICES	41,442		3,099			10
11	HOME HEALTH AIDE	55,707		19,465			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)	4,184,910		278,984		470,306	24



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7222

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	1,423,947	-237,706	1,186,241	-2,500	1,183,741	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	2,274,692		2,274,692		2,274,692	6
7	PHYSICAL THERAPY	779,318		779,318		779,318	7
8	OCCUPATIONAL THERAPY	274,279		274,279		274,279	8
9	SPEECH PATHOLOGY	62,251		62,251		62,251	9
10	MEDICAL SOCIAL SERVICES	44,541		44,541		44,541	10
11	HOME HEALTH AIDE	75,172		75,172		75,172	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)	4,934,200	-237,706	4,696,494	-2,500	4,693,994	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7222

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL	1,183,741				5
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	2,274,692				6
7	PHYSICAL THERAPY	779,318				7
8	OCCUPATIONAL THERAPY	274,279				8
9	SPEECH PATHOLOGY	62,251				9
10	MEDICAL SOCIAL SERVICES	44,541				10
11	HOME HEALTH AIDE	75,172				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)	4,693,994				24



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7222

WORKSHEET H-1
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL		1,183,741	1,183,741		5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		2,274,692	767,080	3,041,772	6
7	PHYSICAL THERAPY		779,318	262,805	1,042,123	7
8	OCCUPATIONAL THERAPY		274,279	92,493	366,772	8
9	SPEECH PATHOLOGY		62,251	20,993	83,244	9
10	MEDICAL SOCIAL SERVICES		44,541	15,020	59,561	10
11	HOME HEALTH AIDE		75,172	25,350	100,522	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)		4,693,994		4,693,994	24



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7222

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED-BLDGS & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION (see instructions)							4
5	ADMINISTRATIVE AND GENERAL					-1,183,741	3,510,253	5
HHA REIMBURSABLE SERVICES								
6	SKILLED NURSING CARE						2,274,692	6
7	PHYSICAL THERAPY						779,318	7
8	OCCUPATIONAL THERAPY						274,279	8
9	SPEECH PATHOLOGY						62,251	9
10	MEDICAL SOCIAL SERVICES						44,541	10
11	HOME HEALTH AIDE						75,172	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)					-1,183,741	3,510,253	24
25	COST TO BE ALLOC (per Worksheet H-1, Part I)						1,183,741	25
26	UNIT COST MULTIPLIER						0.337224	26



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7222

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL CO CON	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICAT	
		0	1	1.01	2	4	5.01	
1	ADMINISTRATIVE AND GENERAL		43,733		1,451	272,768	100,311	1
2	SKILLED NURSING CARE	3,041,772				600,283		2
3	PHYSICAL THERAPY	1,042,123				207,472		3
4	OCCUPATIONAL THERAPY	366,772				72,737		4
5	SPEECH PATHOLOGY	83,244				16,244		5
6	MEDICAL SOCIAL SERVICES	59,561				11,857		6
7	HOME HEALTH AIDE	100,522				15,938		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	TOTALS (sum of lines 1-19)(2)	4,693,994	43,733		1,451	1,197,299	100,311	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7222

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	INFORMATIO TECHNOLOGY	PURCHASING RECEIVING STORES	ADMITTING	PATIENT ACCOUNTING	SUBTOTAL (cols.0-4)	OTHER ADMIN + GENERAL	
		5.02	5.03	5.04	5.05	4A	5.06	
1	ADMINISTRATIVE AND GENERAL	107,018	345			525,626	107,247	1
2	SKILLED NURSING CARE					3,642,055	743,110	2
3	PHYSICAL THERAPY					1,249,595	254,962	3
4	OCCUPATIONAL THERAPY					439,509	89,676	4
5	SPEECH PATHOLOGY					99,488	20,299	5
6	MEDICAL SOCIAL SERVICES					71,418	14,572	6
7	HOME HEALTH AIDE					116,460	23,762	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	TOTALS (sum of lines 1-19)(2)	107,018	345			6,144,151	1,253,628	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7222

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	MAIN- TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
1	ADMINISTRATIVE AND GENERAL	76,227	111,621		23,480			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
20	TOTALS (sum of lines 1-19)(2)	76,227	111,621		23,480			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7222

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
1	ADMINISTRATIVE AND GENERAL		482,739					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
20	TOTALS (sum of lines 1-19)(2)		482,739					20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7222

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SCHOOL OF CLINICAL LAB SCIENC	SCHOOL OF RESPIRATOR THERAPY	
		19	20	21	22	23	23.01	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE		59,312					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
20	TOTALS (sum of lines 1-19)(2)		59,312					20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7222

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	SCHOOL OF E.N.D.T.	PHARMACY RESIDENCY	PASTORAL CARE	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (sum of col.4A-23)	
		23.02	23.03	23.04	24	25	26	
1	ADMINISTRATIVE AND GENERAL				1,326,940		1,326,940	1
2	SKILLED NURSING CARE				4,444,477		4,444,477	2
3	PHYSICAL THERAPY				1,504,557		1,504,557	3
4	OCCUPATIONAL THERAPY				529,185		529,185	4
5	SPEECH PATHOLOGY				119,787		119,787	5
6	MEDICAL SOCIAL SERVICES				85,990		85,990	6
7	HOME HEALTH AIDE				140,222		140,222	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	TOTALS (sum of lines 1-19)(2)				8,151,158		8,151,158	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7222

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	ALLOCATED HHA A&G (see Pt.2) 27	TOTAL HHA COSTS 28				
1	ADMINISTRATIVE AND GENERAL						1
2	SKILLED NURSING CARE	864,209	5,308,686				2
3	PHYSICAL THERAPY	292,555	1,797,112				3
4	OCCUPATIONAL THERAPY	102,898	632,083				4
5	SPEECH PATHOLOGY	23,292	143,079				5
6	MEDICAL SOCIAL SERVICES	16,720	102,710				6
7	HOME HEALTH AIDE	27,266	167,488				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	TOTALS (sum of lines 1-19)(2)	1,326,940	8,151,158				20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.	0.194446					21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 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	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICAT TELEPHONES	INFORMATIO TECHNOLOGY PIECES OF EQUIPMENT	
		1	1.01	2	4	5.01	5.02	
1	ADMINISTRATIVE AND GENERAL	7,067		1,439	953,405	136	220	1
2	SKILLED NURSING CARE				2,098,165			2
3	PHYSICAL THERAPY				725,177			3
4	OCCUPATIONAL THERAPY				254,238			4
5	SPEECH PATHOLOGY				56,776			5
6	MEDICAL SOCIAL SERVICES				41,442			6
7	HOME HEALTH AIDE				55,707			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	TOTALS (sum of lines 1-19)	7,067		1,439	4,184,910	136	220	20
21	TOTAL COST TO BE ALLOCATED	43,733		1,451	1,197,299	100,311	107,018	21
22	UNIT COST MULTIPLIER	6.188340		1.008339		737.580882		22
22	UNIT COST MULTIPLIER				0.286099		486.445455	22



COMPU-MAX

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7222

WORKSHEET H-2
PART II

	HHA COST CENTER	PURCHASING RECEIVING STORES SUPPLIES	ADMITTING REVENUE	PATIENT ACCOUNTING REVENUE	RECON- CILIATION	OTHER ADMIN + GENERAL ACCUM COST	MAIN- TENANCE + REPAIRS HOURS	
		5.03	5.04	5.05	4A.06	5.06	6	
1	ADMINISTRATIVE AND GENERAL	21,378				525,626	306	1
2	SKILLED NURSING CARE					3,642,055		2
3	PHYSICAL THERAPY					1,249,595		3
4	OCCUPATIONAL THERAPY					439,509		4
5	SPEECH PATHOLOGY					99,488		5
6	MEDICAL SOCIAL SERVICES					71,418		6
7	HOME HEALTH AIDE					116,460		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	TOTALS (sum of lines 1-19)	21,378				6,144,151	306	20
21	TOTAL COST TO BE ALLOCATED	345				1,253,628	76,227	21
22	UNIT COST MULTIPLIER	0.016138				0.204036		22
22	UNIT COST MULTIPLIER						249.107843	22



COMPU-MAX

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7222

WORKSHEET H-2
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	ADMINISTRATIVE AND GENERAL	7,067		562				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	TOTALS (sum of lines 1-19)	7,067		562				20
21	TOTAL COST TO BE ALLOCATED	111,621		23,480				21
22	UNIT COST MULTIPLIER	15.794679		41.779359				22
22	UNIT COST MULTIPLIER							22



COMPU-MAX

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7222

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING ADMINISTRATION NUMBER HOUSED	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY DISCHARGES	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	ADMINISTRATIVE AND GENERAL	6,229						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	TOTALS (sum of lines 1-19)	6,229						20
21	TOTAL COST TO BE ALLOCATED	482,739						21
22	UNIT COST MULTIPLIER	77.498635						22
22	UNIT COST MULTIPLIER							22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7222

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	SCHOOL OF CLINICAL LAB SCIENC ASSIGNED TIME	SCHOOL OF RESPIRATOR THERAPY ASSIGNED TIME	SCHOOL OF E.N.D.T. ASSIGNED TIME	
		20	21	22	23	23.01	23.02	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE	1,094						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	TOTALS (sum of lines 1-19)	1,094						20
21	TOTAL COST TO BE ALLOCATED	59,312						21
22	UNIT COST MULTIPLIER	54.215722						22
22	UNIT COST MULTIPLIER							22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7222

WORKSHEET H-2
PART II

	HHA COST CENTER	PHARMACY RESIDENCY ASSIGNED TIME	PASTORAL CARE HOURS					
		23.03	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	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 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							
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PER VISIT (col. 3 ÷ col. 4)
			1	2	3	4	5
1	SKILLED NURSING CARE	2	5,308,686		5,308,686	23,821	222.86
2	PHYSICAL THERAPY	3	1,797,112		1,797,112	7,154	251.20
3	OCCUPATIONAL THERAPY	4	632,083		632,083	2,670	236.74
4	SPEECH PATHOLOGY	5	143,079		143,079	391	365.93
5	MEDICAL SOCIAL SERVICES	6	102,710		102,710	279	368.14
6	HOME HEALTH AIDE	7	167,488		167,488	2,202	76.06
7	TOTAL (sum of lines 1-6)		8,151,158		8,151,158	36,517	

LIMITATION COST COMPUTATION				PROGRAM VISITS	
				PART B	
	PATIENT SERVICES	CBSA NO.	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE
		1	2	3	4
8	SKILLED NURSING CARE	16580	63	22	8
8.01	SKILLED NURSING CARE	19500	938	2,377	8.01
8.02	SKILLED NURSING CARE	41180	28	276	8.02
8.03	SKILLED NURSING CARE	44100	2,042	5,172	8.03
8.04	SKILLED NURSING CARE	99914	293	810	8.04
9	PHYSICAL THERAPY	16580	31	2	9
9.01	PHYSICAL THERAPY	19500	239	898	9.01
9.02	PHYSICAL THERAPY	41180		54	9.02
9.03	PHYSICAL THERAPY	44100	452	1,415	9.03
9.04	PHYSICAL THERAPY	99914	80	288	9.04
10	OCCUPATIONAL THERAPY	16580	18	2	10
10.01	OCCUPATIONAL THERAPY	19500	143	479	10.01
10.02	OCCUPATIONAL THERAPY	41180		21	10.02
10.03	OCCUPATIONAL THERAPY	44100	205	406	10.03
10.04	OCCUPATIONAL THERAPY	99914	25	109	10.04
11	SPEECH PATHOLOGY	16580			11
11.01	SPEECH PATHOLOGY	19500	33	12	11.01
11.02	SPEECH PATHOLOGY	41180		5	11.02
11.03	SPEECH PATHOLOGY	44100	8	64	11.03
11.04	SPEECH PATHOLOGY	99914		6	11.04
12	MEDICAL SOCIAL SERVICES	16580	1		12
12.01	MEDICAL SOCIAL SERVICES	19500	7	31	12.01
12.02	MEDICAL SOCIAL SERVICES	41180	1	2	12.02
12.03	MEDICAL SOCIAL SERVICES	44100	18	50	12.03
12.04	MEDICAL SOCIAL SERVICES	99914	5	8	12.04
13	HOME HEALTH AIDE	16580	10	4	13
13.01	HOME HEALTH AIDE	19500	40	341	13.01
13.02	HOME HEALTH AIDE	41180		160	13.02
13.03	HOME HEALTH AIDE	44100	234	626	13.03
13.04	HOME HEALTH AIDE	99914	12	26	13.04
14	TOTAL (sum of lines 8-13)		4,926	13,666	14

SUPPLIES AND DRUGS COSTS COMPUTATIONS							
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)
			1	2	3	4	5
15	COST OF MEDICAL SUPPLIES	8		122,266	122,266	300,142	0.407361
16	COST OF DRUGS	9					

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



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7222

WORKSHEET H-3
PARTS I & II

CHECK APPLICABLE BOX: TITLE V TITLE XVIII TITLE XIX

		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	2	3	4	
1	PHYSICAL THERAPY	66	0.281094			col. 2, line 2	1
2	OCCUPATIONAL THERAPY	67				col. 2, line 3	2
3	SPEECH PATHOLOGY	68				col. 2, line 4	3
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.407360	300,142	122,266	col. 2, line 15	4
5	DRUGS CHARGED TO PATIENTS	73	0.182079			col. 2, line 16	5



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 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		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (sum of cols 9-10)	
		PART B			PART B				
PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE			
	6	7	8	9	10	11	12		
1 SKILLED NURSING CARE	3,364	8,657		749,701	1,929,299		2,679,000	1	
2 PHYSICAL THERAPY	802	2,657		201,462	667,438		868,900	2	
3 OCCUPATIONAL THERAPY	391	1,017		92,565	240,765		333,330	3	
4 SPEECH PATHOLOGY	41	87		15,003	31,836		46,839	4	
5 MEDICAL SOCIAL SERVICES	32	91		11,780	33,501		45,281	5	
6 HOME HEALTH AIDE	296	1,157		22,514	88,001		110,515	6	
7 TOTAL (sum of lines 1-6)	4,926	13,666		1,093,025	2,990,840		4,083,865	7	

SUPPLIES AND DRUGS COSTS COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES			
		PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
	6	7	8	9	10	11		
15 COST OF MEDICAL SUPPLIES							15	
16 COST OF DRUGS							16	



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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7222

WORKSHEET H-4
PARTS I & II

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

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

	DESCRIPTION	PART A 1	PART B		
			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (see instructions)				1
2	TOTAL CHARGES				2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (from your records)				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(b)				4
5	RATIO OF LINE 3 TO LINE 4 (not to exceed 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (see instructions)				6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)				7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 1 exceeds line 6)				8
9	PRIMARY PAYER PAYMENTS				9

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES	PART B SERVICES	
		1	2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	588,636	1,762,498	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	26,735	56,821	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	13,361	42,770	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	8,448	13,825	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	15,242	28,384	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)	652,422	1,904,298	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	652,422	1,904,298	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	652,422	1,904,298	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)	652,422	1,904,298	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	652,422	1,904,298	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	10,114	38,045	31.01
32	INTERIM PAYMENTS (see instructions)	639,372	1,864,224	32
33	TENTATIVE SETTLEMENT (for contractor use only)			33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	2,936	2,029	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115-2			35



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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM HHA CCN: 14-7222
BENEFICIARIES

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		639,372		1,864,224	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					2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT	.01				3.01
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM	.02				3.02
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03			3.03
EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04			3.04
	PROVIDER	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			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)		639,372		1,864,224	4
TO BE COMPLETED BY CONTRACTOR					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT	.01				5.01
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.	.02				5.02
IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03			5.03
	TO	.04			5.04
	PROVIDER	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	PROVIDER	.52			5.52
	TO	.53			5.53
	PROGRAM	.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 DETERMINED NET SETTLEMENT AMOUNT (balance due)	.01				6.01
BASED ON THE COST REPORT (1)	.02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8 NAME OF CONTRACTOR		CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1503

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	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	88,061		40,575		640,816	6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES				12,500		9
10	NURSING CARE	297,902					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	91,655					15
16	SPIRITUAL COUNSELING	55,165	15,839				16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOME MAKER	22,949					19
20	HH AIDE & HOME MAKER - CONT. HOME CARE						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND 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)	555,732	15,839	40,575	12,500	640,816	39



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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1503

WORKSHEET K

	TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
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	769,452		769,452		769,452	6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES	12,500		12,500		12,500	9
10 NURSING CARE	297,902		297,902		297,902	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	91,655	-29,507	62,148		62,148	15
16 SPIRITUAL COUNSELING	71,004	-39,137	31,867		31,867	16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	22,949		22,949		22,949	19
20 HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21 OTHER						21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL AND 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)	1,265,462	-137,288	1,196,818		1,196,818	39



ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1503

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					297,902	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			91,655			15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						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						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)			91,655		297,902	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1503

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL			88,061	88,061	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE				297,902	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				91,655	15
16 SPIRITUAL COUNSELING			55,165	55,165	16
17 DIETARY COUNSELING					17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER		22,949		22,949	19
20 HH AIDE & HOMEMAKER - CONT. HOME C					20
21 OTHER					21
OTHER HOSPICE SERVICE COSTS					
22 DRUGS, BIOLOGICAL AND INFUSION THE					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					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)		22,949	143,226	555,732	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1503

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						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						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						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						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)						39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1503

WORKSHEET K-2

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL					6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE					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					15
16 SPIRITUAL COUNSELING			15,839	15,839	16
17 DIETARY COUNSELING					17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER					19
20 HH AIDE & HOMEMAKER - CONT. HOME C					20
21 OTHER					21
OTHER HOSPICE SERVICE COSTS					
22 DRUGS, BIOLOGICAL AND INFUSION THE					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					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)			15,839	15,839	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1503

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						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						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						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						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)						39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1503

WORKSHEET K-3

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL					6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES			12,500	12,500	9
10 NURSING CARE					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					15
16 SPIRITUAL COUNSELING					16
17 DIETARY COUNSELING					17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER					19
20 HH AIDE & HOMEMAKER - CONT. HOME C					20
21 OTHER					21
OTHER HOSPICE SERVICE COSTS					
22 DRUGS, BIOLOGICAL AND INFUSION THE					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					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)			12,500	12,500	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1503

WORKSHEET K-4
PART I

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	
		0	1	2	3	4
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL	769,452				6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES	12,500				9
10	NURSING CARE	297,902				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	62,148				15
16	SPIRITUAL COUNSELING	31,867				16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER	22,949				19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER					21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE					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					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)	1,196,818				39



COMPU-MAX

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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1503

WORKSHEET K-4
PART I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL		769,452	769,452		6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES		12,500	22,506	35,006	9
10	NURSING CARE		297,902	536,358	834,260	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		62,148	111,894	174,042	15
16	SPIRITUAL COUNSELING		31,867	57,375	89,242	16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER		22,949	41,319	64,268	19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER					21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE					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					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)		1,196,818		1,196,818	39



ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 14-1503

WORKSHEET K-4
PART II

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)	VOLUNTEER SERVICES COORDINATOR (Hours)			
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED COSTS-BLDG AND FIX								1
2	CAPITAL RELATED COSTS-MOVABLE EQUI								2
3	PLANT OPERATION AND MAINTENANCE								3
4	TRANSPORTATION - STAFF								4
5	VOLUNTEER SERVICE COORDINATION								5
6	ADMINISTRATIVE AND GENERAL						-769,452	427,366	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE								7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								
9	PHYSICIAN SERVICES							12,500	9
10	NURSING CARE							297,902	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							62,148	15
16	SPIRITUAL COUNSELING							31,867	16
17	DIETARY COUNSELING								17
18	COUNSELING - OTHER								18
19	HOME HEALTH AIDE AND HOME MAKER							22,949	19
20	HH AIDE & HOME MAKER - CONT. HOME C								20
21	OTHER								21
	OTHER HOSPICE SERVICE COSTS								
22	DRUGS, BIOLOGICAL AND INFUSION THE								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								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)							769,452	39
40	UNIT COST MULTIPLIER							1.800452	40



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1503

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL CO CON	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICAT	
		0	1	1.01	2	4	5.01	
1	ADMINISTRATIVE AND GENERAL		1,603		1,680	25,194	7,376	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES	35,006						4
5	NURSING CARE	834,260				85,230		5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	174,042				17,781		10
11	SPIRITUAL COUNSELING	89,242				4,586		11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	64,268						14
15	HH AIDE & HOMEMAKER - CONT. HOME					6,566		15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)	1,196,818	1,603		1,680	139,357	7,376	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1503

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	SUBTOTAL 4A	OTHER ADMIN + GENERAL 5.06	
1	ADMINISTRATIVE AND GENERAL	15,080	29			50,962	10,398	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES					35,006	7,142	4
5	NURSING CARE					919,490	187,609	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES					191,823	39,139	10
11	SPIRITUAL COUNSELING					93,828	19,144	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER					64,268	13,113	14
15	HH AIDE & HOMEMAKER - CONT. HOME					6,566	1,340	15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)	15,080	29			1,361,943	277,885	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1503

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MAIN- TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	ADMINISTRATIVE AND GENERAL	4,235	4,091		2,590			1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)	4,235	4,091		2,590			34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1503

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	ADMINISTRATIVE AND GENERAL		60,216					1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)		60,216					34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1503

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SCHOOL OF CLINICAL LAB SCIENC	SCHOOL OF RESPIRATOR THERAPY	
		19	20	21	22	23	23.01	
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 HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)							34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



ST. JOHN'S HOSPITAL Provider CCN: 14-0053	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 09:30 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1503

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	SCHOOL OF E.N.D.T.	PHARMACY RESIDENCY	PASTORAL CARE	SUBTOTAL (cols. 4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	
		23.02	23.03	23.04	24	25	26	
1	ADMINISTRATIVE AND GENERAL				132,492		132,492	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES				42,148		42,148	4
5	NURSING CARE				1,107,099		1,107,099	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES				230,962		230,962	10
11	SPIRITUAL COUNSELING				112,972		112,972	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER				77,381		77,381	14
15	HH AIDE & HOMEMAKER - CONT. HOME				7,906		7,906	15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)				1,710,960		1,710,960	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1503

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	ALLOC HOSP A&G (See Part II) 27	TOTAL HOSP COSTS (col 26 ± 27) 28				
1	ADMINISTRATIVE AND GENERAL						1
2	INPATIENT - GENERAL CARE						2
3	INPATIENT - RESPITE CARE						3
4	PHYSICIAN SERVICES	3,538	45,686				4
5	NURSING CARE	92,926	1,200,025				5
6	NURSING CARE-CONTINUOUS HOME CARE						6
7	PHYSICAL THERAPY						7
8	OCCUPATIONAL THERAPY						8
9	SPEECH/LANGUAGE PATHOLOGY						9
10	MEDICAL SOCIAL SERVICES	19,386	250,348				10
11	SPIRITUAL COUNSELING	9,483	122,455				11
12	DIETARY COUNSELING						12
13	COUNSELING - OTHER						13
14	HOME HEALTH AIDE AND HOMEMAKER	6,495	83,876				14
15	HH AIDE & HOMEMAKER - CONT. HOME	664	8,570				15
16	OTHER						16
17	DRUGS, BIOLOGICAL AND INFUSION TH						17
18	ANALGESICS						18
19	SEDATIVES / HYPNOTICS						19
20	OTHER - SPECIFY						20
21	DURABLE MED. EQUIPMENT/OXYGEN						21
22	PATIENT TRANSPORTATION						22
23	IMAGING SERVICES						23
24	LABS AND DIAGNOSTICS						24
25	MEDICAL SUPPLIES						25
26	OUTPATIENT SERVICES (including E/						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) (2)		1,710,960				34
35	UNIT COST MULTIPLIER (see instruc	0.083937					35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1503

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL CO CON SQUARE FOOTAGE	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICAT TELEPHONES	INFORMATIO TECHNOLOGY PIECES OF EQUIPMENT	
		1	1.01	2	4	5.01	5.02	31
1	ADMINISTRATIVE AND GENERAL	259		1,666	88,061	10		1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE				297,902			5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES				62,148			10
11	SPIRITUAL COUNSELING				16,028			11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME				22,949			15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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		1,666	487,088	10	31	34
35	TOTAL COST TO BE ALLOCATED	1,603		1,680	139,357	7,376	15,080	35
36	UNIT COST MULTIPLIER	6.189189		1.008403		737.600000		36
36	UNIT COST MULTIPLIER				0.286102		486.451613	36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1503

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	PURCHASING RECEIVING STORES SUPPLIES	ADMITTING REVENUE	PATIENT ACCOUNTING REVENUE	RECON-CILIATION	OTHER ADMIN + GENERAL ACCUM COST	MAIN-TENANCE + REPAIRS HOURS	
1	ADMINISTRATIVE AND GENERAL	5.03 1,798	5.04 5.04	5.05 5.05	4A.06 4A.06	5.06 50,962	6 17	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES					35,006		4
5	NURSING CARE					919,490		5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES					191,823		10
11	SPIRITUAL COUNSELING					93,828		11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER					64,268		14
15	HH AIDE & HOMEMAKER - CONT. HOME					6,566		15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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)	1,798				1,361,943	17	34
35	TOTAL COST TO BE ALLOCATED	29				277,885	4,235	35
36	UNIT COST MULTIPLIER	0.016129				0.204036		36
36	UNIT COST MULTIPLIER						249.117647	36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1503

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	ADMINISTRATIVE AND GENERAL	259		62				1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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		62				34
35	TOTAL COST TO BE ALLOCATED	4,091		2,590				35
36	UNIT COST MULTIPLIER	15.795367		41.774194				36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1503

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NURSING ADMINISTRATION NUMBER HOUSED	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY DISCHARGES	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	ADMINISTRATIVE AND GENERAL	777						1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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)	777						34
35	TOTAL COST TO BE ALLOCATED	60,216						35
36	UNIT COST MULTIPLIER	77.498069						36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1503

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	SCHOOL OF CLINICAL LAB SCIENC ASSIGNED TIME	SCHOOL OF RESPIRATOR THERAPY ASSIGNED TIME	SCHOOL OF E.N.D.T. ASSIGNED TIME	
		20	21	22	23	23.01	23.02	
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 HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1503

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	PHARMACY RESIDENCY ASSIGNED TIME	PASTORAL CARE HOURS				
		23.03	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 HOME CARE						6
7	PHYSICAL THERAPY						7
8	OCCUPATIONAL THERAPY						8
9	SPEECH/LANGUAGE PATHOLOGY						9
10	MEDICAL SOCIAL SERVICES						10
11	SPIRITUAL COUNSELING						11
12	DIETARY COUNSELING						12
13	COUNSELING - OTHER						13
14	HOME HEALTH AIDE AND HOMEMAKER						14
15	HH AIDE & HOMEMAKER - CONT. HOME						15
16	OTHER						16
17	DRUGS, BIOLOGICAL AND INFUSION TH						17
18	ANALGESICS						18
19	SEDATIVES / HYPNOTICS						19
20	OTHER - SPECIFY						20
21	DURABLE MED. EQUIPMENT/OXYGEN						21
22	PATIENT TRANSPORTATION						22
23	IMAGING SERVICES						23
24	LABS AND DIAGNOSTICS						24
25	MEDICAL SUPPLIES						25
26	OUTPATIENT SERVICES (including E/						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
36	UNIT COST MULTIPLIER						36



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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1503

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HOSPICE CHARGES (Provider Records)	HOSPICE SHARED ANCILLARY COSTS (cols. 1 x 2)	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.281094			1
2	OCCUPATIONAL THERAPY	67				2
3	SPEECH/LANGUAGE PATHOLOGY	68				3
4	DRUGS, BIOLOGICAL AND INFUSION THERAPY	73	0.182079			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.190375			6
7	MEDICAL SUPPLIES	71	0.407360			7
8	OUTPATIENT SERVICES (including E/R Dept.)	93				8
9	RADIATION THERAPY	55	0.254027			9
10	OTHER ANCILLARY	76	0.525535			10
10.97	CARDIAC REHABILITATION	76.97	0.590386			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.368475			10.98
10.99	LITHOTRIPSY	76.99				10.99
11	TOTALS (sum of lines 1-10)					11



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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 14-1503

WORKSHEET K-6

COMPUTATION OF PER DIEM COSTS		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (see instructions)				1,710,960	1
2	TOTAL UNDUPLICATED DAYS (Worksheet S-9, column 6, line 5)				9,964	2
3	AVERAGE COST PER DIEM (line 1 divided by line 2)				171.71	3
4	UNDUPLICATED MEDICARE DAYS (Worksheet S-9, column 1, line 5)	9,141				4
5	AGGREGATE MEDICARE COST (line 3 times line 4)	1,569,601				5
6	UNDUPLICATED MEDICAID DAYS (Worksheet S-9, column 2, line 5)		81			6
7	AGGREGATE MEDICAID COST (line 3 times line 6)		13,909			7
8	UNDUPLICATED SNF DAYS (Worksheet S-9, column 3, line 5)					8
9	AGGREGATE SNF COST (line 3 times line 8)					9
10	UNDUPLICATED NF DAYS (Worksheet S-9, column 4, line 5)					10
11	AGGREGATE NF COST (line 3 times line 10)					11
12	OTHER UNDUPLICATED DAYS (Worksheet S-9, column 5, line 5)			742		12
13	AGGREGATE COST FOR OTHER DAYS (line 3 times line 12)			127,409		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.



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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0053

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] SUB (OTHER) [] COST METHOD
 BOXES: [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	5,188,346	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	370,942	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	234.52	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	59.19	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	7.38	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	382,900	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0371	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.3107	8
9	SUM OF LINES 7 AND 8	0.3478	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0729	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	378,230	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	6,320,418	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 (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (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 (from prior year Worksheet 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



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY 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/RECEIVNG/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	PARAMED ED (PASTORAL CARE)							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 CLOTING 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							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 PART)							92
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY							101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE							116
117	HOME INFUSION							117



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
118	SUBTOTALS (sum of lines 1-117)							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	TOTAL (sum of lines 118-201)							202