

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT FRANCIS HOSPITAL (14-0080) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	588161	32991		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	588161	32991		100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 355 RIDGE AVENUE
 1.01 CITY: EVANSTON STATE: IL P.O.BOX: ZIP CODE: 60202 COUNTY: COOK 1 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0080	07/01/1966	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2007	TO: 06/30/2008				17
18	TYPE OF CONTROL		1 2				18
19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1 N			N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		YES			YES	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 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. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	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. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES							38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO							38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO							38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO							38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO							38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	4-8082						40
40.01	NAME:	FI/CONTRACTOR'S NAME:			FI/CONTRACTOR'S NUMBER:				40.01
40.02	STREET:				P.O.BOX:				40.02
40.03	CITY:				STATE:	ZIP CODE:			40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES							41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO							42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO							42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO							42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO							43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO							44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO							45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?								45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?								45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?								45.03
46	IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.								46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC			
		1	2	3	4	5			
47	HOSPITAL	N	N	N	N	N		47	
48	SUBPROVIDER I	N	N	N	N	N		48	
49	SKILLED NURSING FACILITY	N	N					49	
50	HOME HEALTH AGENCY	N	N					50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					NO		52	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					NO		52.01	
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							53	
53.01	MDH PERIOD:		BEGINNING:		ENDING:			53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:							54	
	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:								
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					NO		54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					NO		55	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE 0 / /	Y/N 1	LIMIT 2 0.00	Y/N 3 NO	FEES 4
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					YES		57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					NO		58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4591	2068	10321	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
7.02	SURGICAL HEART UNIT					7.02
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		4591	2068	10321	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	53443763		53443763	2009414.00	26.60		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B						PAYROLL RECORDS	3
4	PHYSICIAN - PART A	51501		51501	2080.00	24.76	PAYROLL RECORDS	4
4.01	TEACHING PHYSICIAN SALARIES	159076		159076	3351.00	47.47	PAYROLL RECORDS	4.01
5	PHYSICIAN - PART B	597481		597481	14264.00	41.89	PAYROLL RECORDS	5
5.01	NON-PHYSICIAN - PART B						PAYROLL RECORDS	5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	3721924		3721924	170406.00	21.84	PAYROLL RECORDS	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF						PAYROLL RECORDS	8
8.01	EXCLUDED AREA SALARIES	711987		711987	28479.00	25.00	PAYROLL RECORDS	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	283229		283229	4445.00	63.72	INVOICES	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	11223641		11223641	362746.00	30.94	HOME OFFICE COST REPORT	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	12264757		12264757			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	188808		188808			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	13734		13734			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	30797		30797			CMS 339	18.01
19	PHYSICIAN PART B	122061		122061			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	914087		914087			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	2702895	-171857	2531038	81208.00	31.17		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	1524459		1524459	21799.00	69.93		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1727555		1727555	87637.00	19.71		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1323041		1323041	107033.00	12.36		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1281660	-776942	504718	32563.00	15.50		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		776942	776942	50127.00	15.50		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	902582		902582	25438.00	35.48		30
31	CENTRAL SERVICES AND SUPPLY	243971		243971	17844.00	13.67		31
32	PHARMACY	1617467		1617467	46102.00	35.08		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1015396		1015396	48831.00	20.79		33
34	SOCIAL SERVICE		171857	171857	5824.00	29.51		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	48965282		48965282	1821393.00	26.88	1
2	EXCLUDED AREA SALARIES	711987		711987	28479.00	25.00	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	48253295		48253295	1792914.00	26.91	3
4	SUBTOTAL OTHER WAGES & REL COSTS	11506870		11506870	367191.00	31.34	4
5	SUBTOTAL WAGE-RELATED COSTS	12278491		12278491		25.45%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	72038656		72038656	2160105.00	33.35	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	12339026		12339026	524406.00	23.53	13

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (4/2005)

VERSION: 2008.05
 11/26/2008 11:58

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES		SERVICES		TOTAL
		PRIOR TO JANUARY 1 RATE	DAYS	ON OR AFTER JANUARY 1 RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	1541274 17
17.01	GROSS MEDICAID REVENUES	12843811 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14385085 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.279814 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	84123757 28
29	TOTAL GROSS MEDICAID COST	23539005 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	32625753 30
31	UNCOMPENSATED CARE COST	9129142 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	23539005 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300								3
4	0400		10139113	10139113	-45279	10093834	-1950903	8142931	4
5	0500				67069	67069	4501605	4568674	5
6.01	0611		9903979	9903979	29874	9933853	-227009	9706844	6.01
6.02	0621								6.02
6.03	0631						171137	171137	6.03
6.04	0641						1349014	1349014	6.04
6.05	0651						2089104	2089104	6.05
6.06	0660	2702895	44022320	46725215	-221410	46503805	-3562957	42940848	6.06
7	0700								7
8	0800	1727555	5376598	7104153	631720	7735873	-6359	7729514	8
9	0900		928978	928978	-630888	298090	4133972	4432062	9
10	1000	1323041	463004	1786045		1786045		1786045	10
11	1100	1281660	1012116	2293776	-1178613	1115163		1115163	11
12	1200				1178613	1178613	-686854	491759	12
13	1300								13
14	1400	902582	363831	1266413		1266413	-8387	1258026	14
15	1500	243971	695061	939032	-634705	304327	460780	765107	15
16	1600	1617467	4443028	6060495	-4416040	1644455	-16454	1628001	16
17	1700	1015396	358009	1373405		1373405	-8148	1365257	17
18	1800		25	25	191536	191561		191561	18
20	2000								20
21	2100								21
22	2200	3721924		3721924		3721924		3721924	22
23	2300	450198	4344865	4795063		4795063		4795063	23
24	2400	198826	93986	292812		292812		44362	24
24.01	2401						598788	598788	24.01
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	12759349	2132594	14891943	-1575185	13316758	-137774	13178984	25
26	2600	2785830	586913	3372743		3372743	-84213	3288530	26
27	2700	1623688	317397	1941085		1941085	-83333	1857752	27
27.02	2702	1060632	258156	1318788		1318788	-83333	1235455	27.02
33	3300	686862	262824	949686		949686	-133855	815831	33
ANCILLARY SERVICE COST CENTERS									
37	3700	3920630	7327315	11247945		11247945	-546254	10701691	37
37.01	3701								37.01
37.02	3340	376406	319337	695743		695743		695743	37.02
38	3800	1541095	156418	1697513		1697513		1697513	38
39	3900				1575185	1575185	-7059	1568126	39
40	4000	138603	1258603	1397206		1397206	-884667	512539	40
41	4100	2406369	822239	3228608		3228608	-7425	3221183	41
41.01	3430	201956	67721	269677		269677		269677	41.01
42	4200	280872	54710	335582		335582		335582	42
43	4300	175462	287793	463255		463255	-4460	458795	43
44	4400	2468039	2262791	4730830		4730830	-55991	4674839	44
46	4600	482310	1018198	1500508		1500508		1500508	46
46.30	4650								46.30
49	4900	995110	267766	1262876		1262876		1262876	49
50	5000	842381	235830	1078211		1078211	-366	1077845	50
53	5300	631672	77547	709219		709219	-13575	695644	53
53.01	5301	738324	2802288	3540612		3540612	-80447	3460165	53.01
53.02	5302	111059	18044	129103		129103	-3720	125383	53.02
54	5400	89708	15011	104719		104719		104719	54
55	5500				634705	634705		634705	55
56	5600				4416040	4416040		4416040	56
56.02	5602		384686	384686		384686		384686	56.02
OUTPATIENT SERVICE COST CENTERS									
60.01	6001	674829	379152	1053981		1053981	-6300	1047681	60.01
61	6100	2753901	2822164	5576065		5576065	-1521367	4054698	61
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
90	9000		129442	129442	-129442				90

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
95	SUBTOTALS	52930602	106409852	159340454	-106820	159233634	2934740	162168374	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		87883	87883		87883	-8397	79486	96
96.01	9601 POB RX								96.01
96.02	9602 MOBILE MEDICAL CARE								96.02
96.03	9603 ARTHRITIS CENTER								96.03
98	9800 PHYSICIANS' PRIVATE OFFICES	512782	365314	878096	73012	951108	-113798	837310	98
98.02	9802 OUTREACH TRANSPORTATION								98.02
98.03	9803 SAINT FRANCIS HEALTH CENTER								98.03
98.04	9804 WOMENS HEALTH CENTER								98.04
98.05	9805 OTHER NRCC	379	1358301	1358680	33808	1392488	-157658	1234830	98.05
98.06	9806 ASBURY STREET SNF								98.06
101	TOTAL	53443763	108221350	161665113		161665113	2654887	164320000	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
			COST CENTER	LINE #	SALARY	OTHER	
2			2	3	4	5	
1	ALLOCATED LAUNDRY	A	LAUNDRY & LINEN SERVICE	9		832	1
2							2
3	SOCIAL SERVICES	B	SOCIAL SERVICE	18	171857	19679	3
4							4
5	CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		634705	5
6							6
7	CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56		4416040	7
8							8
9	LABOR & DELIVERY	E	DELIVERY ROOM & LABOR ROOM	39	1303061	272124	9
10							10
11	CAFETERIA	F	CAFETERIA	12	776942	401671	11
12							12
13	ALLOCATED UTILITIES	G	OPERATION OF PLANT	8		631720	13
14							14
15							15
16	OFFSITE FACILITIES BLDG DEPREC	H	PHYSICIANS' PRIVATE OFFICES	98		73844	16
17		H	OTHER NRCC	98.05		33808	17
18		H					18
19							19
20	WORKERS COMP INSURANCE	I	EMPLOYEE BENEFITS	5		29874	20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				2251860	6514297	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 ALLOCATED LAUNDRY	A	PHYSICIANS' PRIVATE OFFICES	98		832	1
2						2
3 SOCIAL SERVICES	B	OTHER ADMINISTRATIVE & GENERA	6.06	171857	19679	3
4						4
5 CHARGEABLE SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		634705	5
6						6
7 CHARGEABLE DRUGS	D	PHARMACY	16		4416040	7
8						8
9 LABOR & DELIVERY	E	ADULTS & PEDIATRICS	25	1303061	272124	9
10						10
11 CAFETERIA	F	DIETARY	11	776942	401671	11
12						12
13 ALLOCATED UTILITIES	G	LAUNDRY & LINEN SERVICE	9		631720	13
14						14
15						15
16 OFFSITE FACILITIES BLDG DEPREC	H					16
17	H					17
18	H	NEW CAP REL COSTS-BLDG & FIXT	3		107652	9 18
19						19
20 WORKERS COMP INSURANCE	I	OTHER ADMINISTRATIVE & GENERA	6.06		29874	20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2251860	6514297	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	8716880					8716880		1
2 LAND IMPROVEMENTS	1854533	34075		34075		1888608		2
3 BUILDINGS AND FIXTURES	99726232	2201550		2201550		101927782		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	107235596	4695134		4695134	4500	111926230		6
7 SUBTOTAL	217533241	6930759		6930759	4500	224459500		7
8 RECONCILING ITEMS								8
9 TOTAL	217533241	6930759		6930759	4500	224459500		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	99726231		99726231	.481858	62373			62373 3
4 NEW CAP REL COSTS-MVBLE EQUIP	107235596		107235596	.518142	67069			67069 4
5 TOTAL	206961827		206961827	1.000000	129442			129442 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	8080558			62373			8142931 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	4501605			67069			4568674 4	
5 TOTAL	12582163			129442			12711605 5	

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	10139113						10139113 3	
4 NEW CAP REL COSTS-MVBLE EQUIP							4	
5 TOTAL	10139113						10139113 5	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-33738	OTHER ADMINISTRATIVE & GENERAL	6.06	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-4655	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3570269			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-1512082			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-666841	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-8148	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-20013	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY UTILIZATION REVIEW-SNF	71 89	27 28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION					29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	33
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	34
34 PHYSICIANS' ASSISTANT					35
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				37
37 SFH CORP LAUNDRY DIRECT	A	4133972	LAUNDRY & LINEN SERVICE	9	38
38 PBP-PRIMARY CARE PRACTICES	A	-113798	PHYSICIANS' PRIVATE OFFICES	98	39
39 PBP-NRCC COST CENTER	A	-49677	OTHER NRCC	98.05	40
40					41
41 MD STAFF APPLICATION FEES	B	-2100	OTHER ADMINISTRATIVE & GENERAL	6.06	42
42 REFERENCE LAB REVENUE	B	-54906	LABORATORY	44	43
43 FIXED ASSETS TO PROPERTY RECORDS	A	-4026014	NEW CAP REL COSTS-BLDG & FIXT	3	44
44 FIXED ASSETS TO PROPERTY RECORDS	A	4028108	NEW CAP REL COSTS-MVBLE EQUIP	4	45
45 INCOME/SALES TAX	A	-8397	GIFT, FLOWER, COFFEE SHOP & CAN	96	45.01
45.01 INCOME/SALES TAX	A	-1704	OPERATION OF PLANT	8	45.02
45.02 INCOME/SALES TAX	A	-27437	OTHER ADMINISTRATIVE & GENERAL	6.06	45.03
45.03 INCOME/SALES TAX	A	-107981	OTHER NRCC	98.05	45.04
45.04 CHARITY CARE TO NURSING HOMES	A	-132000	OTHER ADMINISTRATIVE & GENERAL	6.06	45.05
45.05 MISC REVENUE	B	-1502	EMPLOYEE BENEFITS	5	45.06
45.06 MISC REVENUE	B	-98221	OTHER ADMINISTRATIVE & GENERAL	6.06	45.07
45.07 MISC REVENUE	B	-8387	NURSING ADMINISTRATION	14	45.08
45.08 MISC REVENUE	B	-16454	PHARMACY	16	45.09
45.09 MISC REVENUE	B	-248450	PARAMEDICAL EDUCATION PROGRAM	24	45.10
45.10 MISC REVENUE	B	-3919	ADULTS & PEDIATRICS	25	45.11
45.11 MISC REVENUE	B	-7059	DELIVERY ROOM & LABOR ROOM	39	45.12
45.12 MISC REVENUE	B	-7425	RADIOLOGY-DIAGNOSTIC	41	45.13
45.13 MISC REVENUE	B	-4460	RADIOISOTOPE	43	45.14
45.14 MISC REVENUE	B	-1085	LABORATORY	44	45.15
45.15 MISC REVENUE	B	-366	PHYSICAL THERAPY	50	45.16
45.16 MISC REVENUE	B	-3720	CARDIAC REHAB	53.02	45.17
45.17 MISC REVENUE	B	-300	OPD	60.01	45.18
45.18 MISC REVENUE	B	-630	EMERGENCY	61	45.19
45.19 IDHFS ASSESSMENT	A	5138438	OTHER ADMINISTRATIVE & GENERAL	6.06	45.20
45.20 AUDIT ADJUST-SRI CONSULTING	A	286238	OTHER ADMINISTRATIVE & GENERAL	6.06	45.21
45.21 AUDIT ADJUST-NARFR EXPENSES	A	67465	OTHER ADMINISTRATIVE & GENERAL	6.06	

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45.22 AUDIT ADJUST-PREMIER REBATE	A	-137675	CENTRAL SERVICES & SUPPLY	15	45.22
45.23 AUDIT ADJUST-HEALTH INSURANCE	A	52283	EMPLOYEE BENEFITS	5	45.23
45.24 AUDIT ADJUST-PENSION	A	-277790	EMPLOYEE BENEFITS	5	45.24
45.25 FY90 ACQUISITIONS LIVES	A	20715	NEW CAP REL COSTS-BLDG & FIXT	3	9 45.25
45.26 FY91 ACQUISITIONS-USEFUL LIVES	A	-1954	NEW CAP REL COSTS-BLDG & FIXT	3	9 45.26
45.27 AUDIT ADJUST-AP DETAIL ACCRL	A	86825	OTHER ADMINISTRATIVE & GENERAL	6.06	45.27
46					46
47					47
48					48
49					49
50 TOTAL		2654887			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.06	OTHER ADMINISTRATIVE & GENERAL	10984713	19833140	-8848427	1
2	6.03	PURCHASING	171137		171137	2
3	3	NEW CAP REL COSTS-BLDG & FIXT	2056350		2056350	9 3
4	4	NEW CAP REL COSTS-MVBLE EQUIP	473497		473497	9 4
4.01	24.01	RADIOLOGY SCHOOL	598788		598788	4.01
4.02	6.05	PATIENT FINANCIAL SVC	2089104		2089104	4.02
4.03	6.04	ADMITTING	1349014		1349014	4.03
4.04	15	CENTRAL SERVICES & SUPPLY	598455		598455	4.04
5		TOTALS	18321058	19833140	-1512082	5

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

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

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

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B			RESURRECTION HEALTH		SOLE CORPORATE MEMBER

- (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 PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	50800	133855	133855				
2	26	INTENSIVE CARE UNIT	50680	84213	84213				
3	27	CORONARY CARE UNIT	50710	83333	83333				
4	27.02	SURGICAL HEART UNIT	50730	83333	83333				
5	33	NURSERY	50820	133855	133855				
6	37	OPERATING ROOM	61960	546254	546254				
7	40	ANESTHESIOLOGY	60060	884667	884667				
8	53.01	HEART CENTER	60370	80447	80447				
9	53	ELECTROCARDIOLOGY	60380	13575	13575				
10	60.01	OPD	60740	6000	6000				
11	61	EMERGENCY	60180	1520737	1520737				
101		TOTAL		3570269	3570269				

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	PURCHASING	ADMITTING	PATIENT	SUBTOTAL
	FOR COST	REL COSTS	REL COSTS	BENEFITS			FIN SVC	
	ALLOCATION	BLDG&FIXT	MOV EQUIP		6.03	6.04	6.05	5A
	0	3	4	5				
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	8142931	8142931						3
4 NEW CAP REL COSTS-MVBLE EQUIP	4568674		4568674					4
5 EMPLOYEE BENEFITS	9706844	35326	4003	9746173				5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING	171137		1626		172763			6.03
6.04 ADMITTING	1349014	25585	1955			1376554		6.04
6.05 PATIENT FINANCIAL SVC	2089104	131918	38913				2259935	6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	42940848	792700	106958	461568	965			6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	7729514	121070	237941	315042	84			8
9 LAUNDRY & LINEN SERVICE	4432062	266784	57588					9
10 HOUSEKEEPING	1786045		12678	241274	2607			10
11 DIETARY	1115163	146320	16354	92042	808			11
12 CAFETERIA	491759	225250	25175	141685	1243			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1258026	57107	104219	164598	208			14
15 CENTRAL SERVICES & SUPPLY	765107	349141	46758	44491	1554			15
16 PHARMACY	1628001	61956	88850	294966	1497			16
17 MEDICAL RECORDS & LIBRARY	1365257	98557	4389	185171	195			17
18 SOCIAL SERVICE	191561	40635		31340	9			18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	3721924			678741				22
23 I&R SERVICES-OTHER PRGM COSTS A	4795063	375918	2262	82099	333			23
24 PARAMEDICAL EDUCATION PROGRAM	44362	23160	2038	36259	230			24
24.01 RADIOLOGY SCHOOL	598788	27278	400					24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	13178984	1597589	280132	2089211	6370	190052	311696	25
26 INTENSIVE CARE UNIT	3288530	179305	22543	508032	2094	28299	46439	26
27 CORONARY CARE UNIT	1857752	91931	125590	296101	1028	19980	32787	27
27.02 SURGICAL HEART UNIT	1235455	82420	66427	193420	960	8790	14425	27.02
33 NURSERY	815831	22659	13615	125258	517	10704	17565	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	10701691	405182	731231	714978	74416	133495	219067	37
37.01 AMBULATORY PRE/POST OP								37.01
37.02 OP GI LAB	695743	52257	50030	68643	2478	15828	25975	37.02
38 RECOVERY ROOM	1697513	261642	17621	281039	205	18752	30772	38
39 DELIVERY ROOM & LABOR ROOM	1568126	131772	133243	237630	1401	16727	27449	39
40 ANESTHESIOLOGY	512539	16576	202711	25276	4129	20025	32862	40
41 RADIOLOGY-DIAGNOSTIC	3221183	398158	693325	438833	5163	142743	234242	41
41.01 MRI	269677	104410	191951	36829	573	20073	32940	41.01
42 RADIOLOGY-THERAPEUTIC	335582	149268	29047	51221	122	7042	11556	42
43 RADIOISOTOPE	458795	64694	102197	31998	81	9281	15230	43
44 LABORATORY	4674839	343685	91112	450079	13613	161305	264703	44
46 WHOLE BLOOD & PACKED RED BLOOD	1500508	86057	1581	87955	1054	13692	22469	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1262876	70652	84227	181471	1649	38773	63627	49
50 PHYSICAL THERAPY	1077845	94293	23569	153619	144	11601	19038	50
53 ELECTROCARDIOLOGY	695644	83089	47470	115194	256	44019	72236	53
53.01 HEART CENTER	3460165	160722	586203	134643	30300	82665	135654	53.01
53.02 CARDIAC REHAB	125383	46822	7580	20253	30	390	640	53.02
54 ELECTROENCEPHALOGRAPHY	104719	15426	11281	16359	72	4239	6957	54
55 MEDICAL SUPPLIES CHARGED TO PAT	634705				4976	23513	38585	55
56 DRUGS CHARGED TO PATIENTS	4416040					160169	262838	56
56.02 INPT RENAL DIALYSIS	384686	9302	6315		290	3818	6266	56.02
OUTPATIENT SERVICE COST CENTERS								
60.01 OPD	1047681	15301	37771	123064	1272	19249	31587	60.01
61 EMERGENCY	4054698	203761	207800	502210	8503	171330	281154	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	162168374	7465678	4516679	9652592	171429	1376554	2258759	161343035
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	79486	39736	4811		896			124929

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS	PURCHASING	ADMITTING	PATIENT FIN SVC	SUBTOTAL
	0	3	4	5	6.03	6.04	6.05	5A
96.01 POB RX								96.01
96.02 MOBILE MEDICAL CARE								96.02
96.03 ARTHRITIS CENTER								96.03
98 PHYSICIANS' PRIVATE OFFICES	837310		5959	93512	222			937003 98
98.02 OUTREACH TRANSPORTATION								98.02
98.03 SAINT FRANCIS HEALTH CENTER								98.03
98.04 WOMENS HEALTH CENTER								98.04
98.05 OTHER NRCC	1234830	637517	41225	69	216		1176	1915033 98.05
98.06 ASBURY STREET SNF								98.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	164320000	8142931	4568674	9746173	172763	1376554	2259935	164320000 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMN & GEN 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 PATIENT FINANCIAL SVC									6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	44303039								6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	3102124	11505775							8
9 LAUNDRY & LINEN SERVICE	1755790	436243	6948467						9
10 HOUSEKEEPING	754007			2796611					10
11 DIETARY	505975	239262		67029	2182953				11
12 CAFETERIA	326730	368327		103172		1683341			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	584776	93381		8583		23794	2294692		14
15 CENTRAL SERVICES & SUPPLY	445571	570914	6588	6890		49929		2286943	15
16 PHARMACY	766065	101310		10743		43298		72924	16
17 MEDICAL RECORDS & LIBRARY	610398	161160		17224		45833			17
18 SOCIAL SERVICE	97285	66447		4262		5461			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	1624461					159733			22
23 I&R SERVICES-OTHER PRGM COSTS A	1940080	614699	14715	61775		13067		53	23
24 PARAMEDICAL EDUCATION PROGRAM	39147	37872		4613		6241	854	516	24
24.01 RADIOLOGY SCHOOL	231254	44605		8817		76844			24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	6516790	2612366	586890	1254235	1822556	410740	900451	343099	25
26 INTENSIVE CARE UNIT	1504335	293199	94539	103639	178326	73918	268255	88911	26
27 CORONARY CARE UNIT	895227	150325	64906	120980	126614	42908	153777	48448	27
27.02 SURGICAL HEART UNIT	591324	134773	54481	42623	55457	28475	93120	41937	27.02
33 NURSERY	371410	37051	22798	8525		16188	70054	6915	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4791459	662551	59272	213291		106294	196493	458778	37
37.01 AMBULATORY PRE/POST OP									37.01
37.02 OP GI LAB	336270	85451	6361	4379		10922	35027	42250	37.02
38 RECOVERY ROOM	851807	427835	46118	49104		42713	140962	6551	38
39 DELIVERY ROOM & LABOR ROOM	781229	215473	35626	58446		38032	106789	68624	39
40 ANESTHESIOLOGY	300524	27105		5664		7021		149455	40
41 RADIOLOGY-DIAGNOSTIC	1895034	651066	71364	119695		78599	11960	94227	41
41.01 MRI	242323	170731	6256	14363		5461		1238	41.01
42 RADIOLOGY-THERAPEUTIC	215518	244082	5195	47178		7606		403	42
43 RADIOISOTOPE	251855	105788	5079	17224		4876		3266	43
44 LABORATORY	2214595	561993	1986	30479		96152		69953	44
46 WHOLE BLOOD & PACKED RED BLOOD	632453	140720		48229		14823	8543	6096	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	628747	115529		18334		34911		15429	49
50 PHYSICAL THERAPY	509453	154187	7703	8758		24574		472	50
53 ELECTROCARDIOLOGY	390516	135867	7457	17575		19308	8543	7499	53
53.01 HEART CENTER	1694483	262812	14699	82969		22429	37590	162773	53.01
53.02 CARDIAC REHAB	74233	76564	258	4379		2926	11960	706	53.02
54 ELECTROENCEPHALOGRAPHY	58713	25225	1802	4379		3706		136	54
55 MEDICAL SUPPLIES CHARGED TO PAT	259055							292208	55
56 DRUGS CHARGED TO PATIENTS	1786286								56
56.02 INPT RENAL DIALYSIS	151597	15210		6072				11033	56.02
OUTPATIENT SERVICE COST CENTERS									
60.01 OPD	470995	25020	11792	6131		21844	17086	3524	60.01
61 EMERGENCY	2004229	333190	176470	166931		96737	233228	273179	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	43204123	10398333	1302355	2746690	2182953	1635363	2294692	2270603	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	46116	64977		4262					96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMN & GEN 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
96.01 POB RX									96.01
96.02 MOBILE MEDICAL CARE									96.02
96.03 ARTHRITIS CENTER									96.03
98 PHYSICIANS' PRIVATE OFFICES	345885		1101					6533	98
98.02 OUTREACH TRANSPORTATION									98.02
98.03 SAINT FRANCIS HEALTH CENTER									98.03
98.04 WOMENS HEALTH CENTER									98.04
98.05 OTHER NRCC	706915	1042465	5645011	45659		47978		9807	98.05
98.06 ASBURY STREET SNF									98.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	44303039	11505775	6948467	2796611	2182953	1683341	2294692	2286943	103

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 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED ED	RADIOLOGY SCHOOL	SUBTOTAL
	16	17	18	22	23	24	24.01	25
96.01 POB RX								96.01
96.02 MOBILE MEDICAL CARE								96.02
96.03 ARTHRITIS CENTER								96.03
98 PHYSICIANS' PRIVATE OFFICES	1209			265833	339555			1897119 98
98.02 OUTREACH TRANSPORTATION								98.02
98.03 SAINT FRANCIS HEALTH CENTER								98.03
98.04 WOMENS HEALTH CENTER								98.04
98.05 OTHER NRCC	62062			311810	398282		307373	10492395 98.05
98.06 ASBURY STREET SNF								98.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3069610	2488184	437000	6184859	7900064	196410	987986	164320000 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 PATIENT FINANCIAL SVC			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMEDICAL EDUCATION PROGRAM			24
24.01 RADIOLOGY SCHOOL			24.01
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	-6005076	32655034	25
26 INTENSIVE CARE UNIT	-864390	6760256	26
27 CORONARY CARE UNIT	-288130	4084155	27
27.02 SURGICAL HEART UNIT		2676697	27.02
33 NURSERY		1559718	33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	-1045456	19725057	37
37.01 AMBULATORY PRE/POST OP			37.01
37.02 OP GI LAB	-264119	1462252	37.02
38 RECOVERY ROOM		3908715	38
39 DELIVERY ROOM & LABOR ROOM	-470770	3452804	39
40 ANESTHESIOLOGY	-227906	1345081	40
41 RADIOLOGY-DIAGNOSTIC	-1020658	9010956	41
41.01 MRI	-21649	1135447	41.01
42 RADIOLOGY-THERAPEUTIC		1117380	42
43 RADIOISOTOPE	-57862	1088244	43
44 LABORATORY	-236960	9284922	44
46 WHOLE BLOOD & PACKED RED BLOOD		2590668	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	-279077	2615923	49
50 PHYSICAL THERAPY		2107969	50
53 ELECTROCARDIOLOGY		1729822	53
53.01 HEART CENTER	-180278	7028611	53.01
53.02 CARDIAC REHAB		372874	53.02
54 ELECTROENCEPHALOGRAPHY		261171	54
55 MEDICAL SUPPLIES CHARGED TO PAT		1298284	55
56 DRUGS CHARGED TO PATIENTS		9901247	56
56.02 INPT RENAL DIALYSIS		602205	56.02
OUTPATIENT SERVICE COST CENTERS			
60.01 OPD	-106278	1875161	60.01
61 EMERGENCY	-1700834	9270106	61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
95 SUBTOTALS	-12769443	138920759	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		240284	96

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PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
96.01 POB RX			96.01
96.02 MOBILE MEDICAL CARE			96.02
96.03 ARTHRITIS CENTER			96.03
98 PHYSICIANS' PRIVATE OFFICES	-605388	1291731	98
98.02 OUTREACH TRANSPORTATION			98.02
98.03 SAINT FRANCIS HEALTH CENTER			98.03
98.04 WOMENS HEALTH CENTER			98.04
98.05 OTHER NRCC	-710092	9782303	98.05
98.06 ASBURY STREET SNF			98.06
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-14084923	150235077	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	PURCHASING 6.03	ADMITTING 6.04	PATIENT FIN SVC 6.05	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	1719	35326	4003	41048	41048				5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING			1626	1626		1626			6.03
6.04 ADMITTING		25585	1955	27540			27540		6.04
6.05 PATIENT FINANCIAL SVC		131918	38913	170831				170831	6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	13344	792700	106958	913002	1944	9			6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	3367	121070	237941	362378	1327	1			8
9 LAUNDRY & LINEN SERVICE		266784	57588	324372					9
10 HOUSEKEEPING			12678	12678	1016	24			10
11 DIETARY	5311	146320	16354	167985	388	8			11
12 CAFETERIA	8176	225250	25175	258601	597	12			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	4407	57107	104219	165733	693	2			14
15 CENTRAL SERVICES & SUPPLY	1939	349141	46758	397838	187	15			15
16 PHARMACY	3240	61956	88850	154046	1242	14			16
17 MEDICAL RECORDS & LIBRARY	2673	98557	4389	105619	780	2			17
18 SOCIAL SERVICE		40635		40635	132				18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A					2858				22
23 I&R SERVICES-OTHER PRGM COSTS A	2673	375918	2262	380853	346	3			23
24 PARAMEDICAL EDUCATION PROGRAM	18823	23160	2038	44021	153	2			24
24.01 RADIOLOGY SCHOOL		27278	400	27678					24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10410	1597589	280132	1888131	8801	60	3640	23497	25
26 INTENSIVE CARE UNIT	1827	179305	22543	203675	2140	20	570	3512	26
27 CORONARY CARE UNIT	675	91931	125590	218196	1247	10	402	2479	27
27.02 SURGICAL HEART UNIT	1926	82420	66427	150773	815	9	177	1091	27.02
33 NURSERY		22659	13615	36274	528	5	216	1328	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	22211	405182	731231	1158624	3011	703	2689	16567	37
37.01 AMBULATORY PRE/POST OP									37.01
37.02 OP GI LAB		52257	50030	102287	289	23	319	1964	37.02
38 RECOVERY ROOM	1440	261642	17621	280703	1184	2	378	2327	38
39 DELIVERY ROOM & LABOR ROOM	856	131772	133243	265871	1001	13	337	2076	39
40 ANESTHESIOLOGY	174	16576	202711	219461	106	39	403	2485	40
41 RADIOLOGY-DIAGNOSTIC	2709	398158	693325	1094192	1848	48	2875	17714	41
41.01 MRI	1134	104410	191951	297495	155	5	404	2491	41.01
42 RADIOLOGY-THERAPEUTIC	695	149268	29047	179010	216	1	142	874	42
43 RADIOISOTOPE		64694	102197	166891	135	1	187	1152	43
44 LABORATORY	80086	343685	91112	514883	1895	128	3249	20018	44
46 WHOLE BLOOD & PACKED RED BLOOD	32	86057	1581	87670	370	10	276	1699	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	15426	70652	84227	170305	764	15	781	4812	49
50 PHYSICAL THERAPY	1639	94293	23569	119501	647	1	234	1440	50
53 ELECTROCARDIOLOGY	3161	83089	47470	133720	485	2	887	5463	53
53.01 HEART CENTER	1953	160722	586203	748878	567	284	1665	10259	53.01
53.02 CARDIAC REHAB		46822	7580	54402	85		8	48	53.02
54 ELECTROENCEPHALOGRAPHY		15426	11281	26707	69	1	85	526	54
55 MEDICAL SUPPLIES CHARGED TO PAT	147580			147580		47	474	2918	55
56 DRUGS CHARGED TO PATIENTS							3226	19877	56
56.02 INPT RENAL DIALYSIS		9302	6315	15617		3	77	474	56.02
OUTPATIENT SERVICE COST CENTERS									
60.01 OPD	151527	15301	37771	204599	518	12	388	2389	60.01
61 EMERGENCY	2863	203761	207800	414424	2115	80	3451	21262	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	513996	7465678	4516679	12496353	40654	1614	27540	170742	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		39736	4811	44547		8			96

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WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	PURCHASING 6.03	ADMITTING 6.04	PATIENT FIN SVC 6.05
96.01 POB RX								96.01
96.02 MOBILE MEDICAL CARE								96.02
96.03 ARTHRITIS CENTER								96.03
98 PHYSICIANS' PRIVATE OFFICES			5959	5959	394	2		98
98.02 OUTREACH TRANSPORTATION								98.02
98.03 SAINT FRANCIS HEALTH CENTER								98.03
98.04 WOMENS HEALTH CENTER								98.04
98.05 OTHER NRCC		637517	41225	678742		2		89 98.05
98.06 ASBURY STREET SNF								98.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	513996	8142931	4568674	13225601	41048	1626	27540	170831 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMN & GEN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	6.06	OF PLANT 8	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI-STRATION 14	SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 PATIENT FINANCIAL SVC									6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	914955								6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	64069	427775							8
9 LAUNDRY & LINEN SERVICE	36263	16219	376854						9
10 HOUSEKEEPING	15573			29291					10
11 DIETARY	10450	8896		702	188429				11
12 CAFETERIA	6748	13694		1081		280733			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	12078	3472		90		3968	186036		14
15 CENTRAL SERVICES & SUPPLY	9203	21226	357	72		8327		437225	15
16 PHARMACY	15822	3767		113		7221		13942	16
17 MEDICAL RECORDS & LIBRARY	12607	5992		180		7644			17
18 SOCIAL SERVICE	2009	2470		45		911			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	33551					26639			22
23 I&R SERVICES-OTHER PRGM COSTS A	40069	22854	798	647		2179		10	23
24 PARAMEDICAL EDUCATION PROGRAM	809	1408		48		1041	69	99	24
24.01 RADIOLOGY SCHOOL	4776	1658		92		12815			24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	134539	97123	31830	13139	157320	68499	73002	65595	25
26 INTENSIVE CARE UNIT	31070	10901	5127	1085	15393	12327	21748	16998	26
27 CORONARY CARE UNIT	18489	5589	3520	1267	10929	7156	12467	9262	27
27.02 SURGICAL HEART UNIT	12213	5011	2955	446	4787	4749	7549	8018	27.02
33 NURSERY	7671	1378	1236	89		2700	5679	1322	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	98960	24633	3215	2234		17727	15930	87710	37
37.01 AMBULATORY PRE/POST OP									37.01
37.02 OP GI LAB	6945	3177	345	46		1821	2840	8078	37.02
38 RECOVERY ROOM	17593	15907	2501	514		7123	11428	1252	38
39 DELIVERY ROOM & LABOR ROOM	16135	8011	1932	612		6343	8658	13120	39
40 ANESTHESIOLOGY	6207	1008		59		1171		28573	40
41 RADIOLOGY-DIAGNOSTIC	39139	24206	3870	1254		13108	970	18015	41
41.01 MRI	5005	6348	339	150		911		237	41.01
42 RADIOLOGY-THERAPEUTIC	4451	9075	282	494		1269		77	42
43 RADIOISOTOPE	5202	3933	275	180		813		624	43
44 LABORATORY	45739	20894	108	319		16035		13374	44
46 WHOLE BLOOD & PACKED RED BLOOD	13062	5232		505		2472	693	1166	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	12986	4295		192		5822		2950	49
50 PHYSICAL THERAPY	10522	5733	418	92		4098		90	50
53 ELECTROCARDIOLOGY	8065	5051	404	184		3220	693	1434	53
53.01 HEART CENTER	34997	9771	797	869		3741	3047	31119	53.01
53.02 CARDIAC REHAB	1533	2847	14	46		488	970	135	53.02
54 ELECTROENCEPHALOGRAPHY	1213	938	98	46		618		26	54
55 MEDICAL SUPPLIES CHARGED TO PAT	5350							55865	55
56 DRUGS CHARGED TO PATIENTS	36893								56
56.02 INPT RENAL DIALYSIS	3131	566		64				2109	56.02
OUTPATIENT SERVICE COST CENTERS									
60.01 OPD	9728	930	640	64		3643	1385	674	60.01
61 EMERGENCY	41394	12388	9571	1748		16133	18908	52227	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	892259	386601	70632	28768	188429	272732	186036	434101	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	952	2416		45					96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMN & GEN 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
96.01 POB RX									96.01
96.02 MOBILE MEDICAL CARE									96.02
96.03 ARTHRITIS CENTER									96.03
98 PHYSICIANS' PRIVATE OFFICES	7144		60					1249	98
98.02 OUTREACH TRANSPORTATION									98.02
98.03 SAINT FRANCIS HEALTH CENTER									98.03
98.04 WOMENS HEALTH CENTER									98.04
98.05 OTHER NRCC	14600	38758	306162	478		8001		1875	98.05
98.06 ASBURY STREET SNF									98.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	914955	427775	376854	29291	188429	280733	186036	437225	103

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED ED	RADIOLOGY SCHOOL	SUBTOTAL
	16	17	18	22	23	24	24.01	25
96.01 POB RX								96.01
96.02 MOBILE MEDICAL CARE								96.02
96.03 ARTHRITIS CENTER								96.03
98 PHYSICIANS' PRIVATE OFFICES	77							14885 98
98.02 OUTREACH TRANSPORTATION								98.02
98.03 SAINT FRANCIS HEALTH CENTER								98.03
98.04 WOMENS HEALTH CENTER								98.04
98.05 OTHER NRCC	3966							1052673 98.05
98.06 ASBURY STREET SNF								98.06
101 CROSS FOOT ADJUSTMENTS				63048	447759	47721	47019	605547 101
102 NEGATIVE COST CENTER								102
103 TOTAL	196167	132824	46202	63048	447759	47721	47019	13225601 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 PATIENT FINANCIAL SVC			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMEDICAL EDUCATION PROGRAM			24
24.01 RADIOLOGY SCHOOL			24.01
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	2612995		25
26 INTENSIVE CARE UNIT	330167		26
27 CORONARY CARE UNIT	294903		27
27.02 SURGICAL HEART UNIT	201157		27.02
33 NURSERY	59529		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1445737		37
37.01 AMBULATORY PRE/POST OP			37.01
37.02 OP GI LAB	129774		37.02
38 RECOVERY ROOM	342841		38
39 DELIVERY ROOM & LABOR ROOM	325833		39
40 ANESTHESIOLOGY	261742		40
41 RADIOLOGY-DIAGNOSTIC	1231930		41
41.01 MRI	315605		41.01
42 RADIOLOGY-THERAPEUTIC	196616		42
43 RADIOISOTOPE	180349		43
44 LABORATORY	653241		44
46 WHOLE BLOOD & PACKED RED BLOOD	114573		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	208515		49
50 PHYSICAL THERAPY	143995		50
53 ELECTROCARDIOLOGY	164166		53
53.01 HEART CENTER	854591		53.01
53.02 CARDIAC REHAB	60616		53.02
54 ELECTROENCEPHALOGRAPHY	30763		54
55 MEDICAL SUPPLIES CHARGED TO PAT	214653		55
56 DRUGS CHARGED TO PATIENTS	266130		56
56.02 INPT RENAL DIALYSIS	22451		56.02
OUTPATIENT SERVICE COST CENTERS			
60.01 OPD	227321		60.01
61 EMERGENCY	614335		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
95 SUBTOTALS	11504528		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	47968		96

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
96.01 POB RX			96.01
96.02 MOBILE MEDICAL CARE			96.02
96.03 ARTHRITIS CENTER			96.03
98 PHYSICIANS' PRIVATE OFFICES		14885	98
98.02 OUTREACH TRANSPORTATION			98.02
98.03 SAINT FRANCIS HEALTH CENTER			98.03
98.04 WOMENS HEALTH CENTER			98.04
98.05 OTHER NRCC		1052673	98.05
98.06 ASBURY STREET SNF			98.06
101 CROSS FOOT ADJUSTMENTS		605547	101
102 NEGATIVE COST CENTER			102
103 TOTAL		13225601	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS	NEW CAP-REL COSTS	EMPLOYEE BENEFITS	PURCHASING	ADMITTING	PATIENT FIN SVC	RECON-CILIATION	
	BLDG&FIXT SQUARE FEET	MOV EQUIP DOLLAR VALUE	GROSS SALARIES	SUPPLIES EXPENSE	GROSS CHARGES	GROSS CHARGES	6A.06	
	3	4	5	6.03	6.04	6.05		
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	357160	3982263	52930602	15033602	495154829	495154829	-44303039	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1901	4242		78594				96
96.01 POB RX								96.01
96.02 MOBILE MEDICAL CARE								96.02
96.03 ARTHRITIS CENTER								96.03
98 PHYSICIANS' PRIVATE OFFICES		5254	512782	19473				98
98.02 OUTREACH TRANSPORTATION								98.02
98.03 SAINT FRANCIS HEALTH CENTER								98.03
98.04 WOMENS HEALTH CENTER								98.04
98.05 OTHER NRCC	30499	36347	379	18985		257872		98.05
98.06 ASBURY STREET SNF								98.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	8142931	4568674	9746173	172763	1376554	2259935		103
104 UNIT COST MULT-WS B PT I		1.134199		.011403		.004562		104
104 UNIT COST MULT-WS B PT I	20.902893		.182363		.002780			104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			41048	1626	27540	170831		107
108 UNIT COST MULT-WS B PT III				.000107		.000345		108
108 UNIT COST MULT-WS B PT III			.000768		.000056			108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMN & GEN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	ACCUM	OF	AND LINEN	KEEPING	(MEALS	FTES	ADMINI-	SERVICES	
	COST	PLANT	SERVICE	(HOURS OF	SERVED)	SERVED)	STRATION	& SUPPLY	
	6.06	(SQUARE	(POUNDS OF	SERVICE)	(MEALS	FTES	(DIRECT	(COSTED	
		FEET)	LAUNDRY)	(HOURS OF	SERVED)	SERVED)	NRSG FTES)	REQUIS)	
		8	9	10	11	12	14	15	
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	117039996	304220	1821436	47042	218582	8385	2686	3315977	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	124929	1901		73					96
96.01 POB RX									96.01
96.02 MOBILE MEDICAL CARE									96.02
96.03 ARTHRITIS CENTER									96.03
98 PHYSICIANS' PRIVATE OFFICES	937003		1540					9541	98
98.02 OUTREACH TRANSPORTATION									98.02
98.03 SAINT FRANCIS HEALTH CENTER									98.03
98.04 WOMENS HEALTH CENTER									98.04
98.05 OTHER NRCC	1915033	30499	7894958	782		246		14322	98.05
98.06 ASBURY STREET SNF									98.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	44303039	11505775	6948467	2796611	2182953	1683341	2294692	2286943	103
104 UNIT COST MULT-WS B PT I	.369140		.715015		9.986884		854.315711		104
104 UNIT COST MULT-WS B PT I		34.180307		58.388020		195.034295		.684746	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	914955	427775	376854	29291	188429	280733	186036	437225	107
108 UNIT COST MULT-WS B PT III	.007624		.038779		.862052		69.261355		108
108 UNIT COST MULT-WS B PT III		1.270795		.611541		32.526127		.130912	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED ED	RADIOLOGY SCHOOL	
	(COSTED REQUIS) 16	GROSS CHARGES 17	(TIME SPENT) 18	(ASSIGNED TIME) 22	(ASSIGNED TIME) 23	(ASSIGNED TIME) 24	(ASSIGNED TIME) 24.01	
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	4370401	465154829	10000	32441	32441	1000	64480	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
96.01 POB RX								96.01
96.02 MOBILE MEDICAL CARE								96.02
96.03 ARTHRITIS CENTER								96.03
98 PHYSICIANS' PRIVATE OFFICES	1757			1538	1538			98
98.02 OUTREACH TRANSPORTATION								98.02
98.03 SAINT FRANCIS HEALTH CENTER								98.03
98.04 WOMENS HEALTH CENTER								98.04
98.05 OTHER NRCC	90222			1804	1804		29120	98.05
98.06 ASBURY STREET SNF								98.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3069610	2488184	437000	6184859	7900064	196410	987986	103
104 UNIT COST MULT-WS B PT I	.687886		43.700000		220.777017		10.555406	104
104 UNIT COST MULT-WS B PT I		.005349		172.843501		196.410000		104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	196167	132824	46202	63048	447759	47721	47019	107
108 UNIT COST MULT-WS B PT III	.043960		4.620200		12.513177		.502340	108
108 UNIT COST MULT-WS B PT III		.000286		1.761954		47.721000		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	32655034		32655034		32655034	25
26 INTENSIVE CARE UNIT	6760256		6760256		6760256	26
27 CORONARY CARE UNIT	4084155		4084155		4084155	27
27.02 SURGICAL HEART UNIT	2676697		2676697		2676697	27.02
33 NURSERY	1559718		1559718		1559718	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	19725057		19725057		19725057	37
37.01 AMBULATORY PRE/POST OP						37.01
37.02 OP GI LAB	1462252		1462252		1462252	37.02
38 RECOVERY ROOM	3908715		3908715		3908715	38
39 DELIVERY ROOM & LABOR ROOM	3452804		3452804		3452804	39
40 ANESTHESIOLOGY	1345081		1345081		1345081	40
41 RADIOLOGY-DIAGNOSTIC	9010956		9010956		9010956	41
41.01 MRI	1135447		1135447		1135447	41.01
42 RADIOLOGY-THERAPEUTIC	1117380		1117380		1117380	42
43 RADIOISOTOPE	1088244		1088244		1088244	43
44 LABORATORY	9284922		9284922		9284922	44
46 WHOLE BLOOD & PACKED RED BL	2590668		2590668		2590668	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2615923		2615923		2615923	49
50 PHYSICAL THERAPY	2107969		2107969		2107969	50
53 ELECTROCARDIOLOGY	1729822		1729822		1729822	53
53.01 HEART CENTER	7028611		7028611		7028611	53.01
53.02 CARDIAC REHAB	372874		372874		372874	53.02
54 ELECTROENCEPHALOGRAPHY	261171		261171		261171	54
55 MEDICAL SUPPLIES CHARGED TO	1298284		1298284		1298284	55
56 DRUGS CHARGED TO PATIENTS	9901247		9901247		9901247	56
56.02 INPT RENAL DIALYSIS	602205		602205		602205	56.02
OUTPATIENT SERVICE COST CENTERS						
60.01 OPD	1875161		1875161		1875161	60.01
61 EMERGENCY	9270106		9270106		9270106	61
62 OBSERVATION BEDS (NON-DISTI	1763530		1763530		1763530	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	140684289		140684289		140684289	101
102 LESS OBSERVATION BEDS	1763530		1763530		1763530	102
103 TOTAL	138920759		138920759		138920759	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	65389140		65389140			25
26 INTENSIVE CARE UNIT	10156357		10156357			26
27 CORONARY CARE UNIT	7167225		7167225			27
27.02 SURGICAL HEART UNIT	3150488		3150488			27.02
33 NURSERY	3850350		3850350			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	31091148	16928765	48019913	.410768	.410768	.410768 37
37.01 AMBULATORY PRE/POST OP						37.01
37.02 OP GI LAB	1980124	3713578	5693702	.256819	.256819	.256819 37.02
38 RECOVERY ROOM	2702818	4042557	6745375	.579466	.579466	.579466 38
39 DELIVERY ROOM & LABOR ROOM	5514174	502786	6016960	.573845	.573845	.573845 39
40 ANESTHESIOLOGY	4130419	3072974	7203393	.186729	.186729	.186729 40
41 RADIOLOGY-DIAGNOSTIC	22152471	29274726	51427197	.175218	.175218	.175218 41
41.01 MRI	2935829	4286714	7222543	.157209	.157209	.157209 41.01
42 RADIOLOGY-THERAPEUTIC	439454	2093736	2533190	.441096	.441096	.441096 42
43 RADIOISOTOPE	1642279	1696251	3338530	.325965	.325965	.325965 43
44 LABORATORY	35297272	23950436	59247708	.156714	.156714	.156714 44
46 WHOLE BLOOD & PACKED RED BL	3698563	1227207	4925770	.525942	.525942	.525942 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	13576110	371060	13947170	.187559	.187559	.187559 49
50 PHYSICAL THERAPY	2407042	1792158	4199200	.501993	.501993	.501993 50
53 ELECTROCARDIOLOGY	9885823	5948738	15834561	.109243	.109243	.109243 53
53.01 HEART CENTER	21651362	8084180	29735542	.236371	.236371	.236371 53.01
53.02 CARDIAC REHAB	633	139583	140216	2.659283	2.659283	2.659283 53.02
54 ELECTROENCEPHALOGRAPHY	298188	1226795	1524983	.171262	.171262	.171262 54
55 MEDICAL SUPPLIES CHARGED TO	8002000	456204	8458204	.153494	.153494	.153494 55
56 DRUGS CHARGED TO PATIENTS	49213093	8401615	57614708	.171853	.171853	.171853 56
56.02 INPT RENAL DIALYSIS	1355981	17456	1373437	.438466	.438466	.438466 56.02
OUTPATIENT SERVICE COST CENTERS						
60.01 OPD	47660	6862771	6910431	.271352	.271352	.271352 60.01
61 EMERGENCY	27439256	34189942	61629198	.150417	.150417	.150417 61
62 OBSERVATION BEDS (NON-DISTI	55182	2964822	3020004	.583950	.583950	.583950 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	335230441	161245054	496475495			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	335230441	161245054	496475495			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				2612995		2612995	25
26 INTENSIVE CARE UNIT				330167		330167	26
27 CORONARY CARE UNIT				294903		294903	27
27.02 SURGICAL HEART UNIT				201157		201157	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				59529		59529	33
101 TOTAL				3498751		3498751	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	40885	20703			63.91	1323129	25
26 INTENSIVE CARE UNIT	3886	2234			84.96	189801	26
27 CORONARY CARE UNIT	2748	1607			107.32	172463	27
27.02 SURGICAL HEART UNIT	1207	710			166.66	118329	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	2777				21.44		33
101 TOTAL	51503	25254				1803722	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1445737	48019913	14925264			.030107	449355 37
37.01 AMBULATORY PRE/POST OP								37.01
37.02 OP GI LAB		129774	5693702	1186959			.022793	27054 37.02
38 RECOVERY ROOM		342841	6745375	1245697			.050826	63314 38
39 DELIVERY ROOM & LABOR ROOM		325833	6016960	19770			.054152	1071 39
40 ANESTHESIOLOGY		261742	7203393	1857804			.036336	67505 40
41 RADIOLOGY-DIAGNOSTIC		1231930	51427197	12003426			.023955	287542 41
41.01 MRI		315605	7222543	1451955			.043697	63446 41.01
42 RADIOLOGY-THERAPEUTIC		196616	2533190	271849			.077616	21100 42
43 RADIOISOTOPE		180349	3338530	731360			.054020	39508 43
44 LABORATORY		653241	59247708	19381677			.011026	213702 44
46 WHOLE BLOOD & PACKED RED BLOO		114573	4925770	2072612			.023260	48209 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		208515	13947170	8257935			.014950	123456 49
50 PHYSICAL THERAPY		143995	4199200	1563660			.034291	53619 50
53 ELECTROCARDIOLOGY		164166	15834561	5881806			.010368	60983 53
53.01 HEART CENTER		854591	29735542	12256897			.028740	352263 53.01
53.02 CARDIAC REHAB		60616	140216	633			.432304	274 53.02
54 ELECTROENCEPHALOGRAPHY		30763	1524983	153687			.020173	3100 54
55 MEDICAL SUPPLIES CHARGED TO P		214653	8458204	4161779			.025378	105618 55
56 DRUGS CHARGED TO PATIENTS		266130	57614708	26043967			.004619	120297 56
56.02 INPT RENAL DIALYSIS		22451	1373437	901082			.016347	14730 56.02
OUTPATIENT SERVICE COST CENTERS								
60.01 OPD		227321	6910431	1291			.032895	42 60.01
61 EMERGENCY		614335	61629198	13783555			.009968	137394 61
62 OBSERVATION BEDS (NON-DISTINC		141114	3020004	29563			.046726	1381 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8146891	406761935	128184228				2254963 101

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/26/2008 11:58

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
		ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT	
		COST	COST	COSTS	COSTS	AMOUNT	COSTS
		1	2	2.01	2.02	3	4
	INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
27	CORONARY CARE UNIT						27
27.02	SURGICAL HEART UNIT						27.02
28	BURN INTENSIVE CARE UNIT						28
29	SURGICAL INTENSIVE CARE UNIT						29
30	OTHER SPECIAL CARE (SPECIFY)						30
31	SUBPROVIDER I						31
33	NURSERY						33
34	SKILLED NURSING FACILITY						34
35	NURSING FACILITY						35
101	TOTAL						101

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL	PER	INPATIENT	INPATIENT
		PATIENT	DIEM	PROGRAM	PROGRAM
		DAYS		DAYS	PASS THRU
		5	6	7	8
	INPAT ROUTINE SERV COST CTRS				
25	ADULTS & PEDIATRICS	40885		20703	25
26	INTENSIVE CARE UNIT	3886		2234	26
27	CORONARY CARE UNIT	2748		1607	27
27.02	SURGICAL HEART UNIT	1207		710	27.02
28	BURN INTENSIVE CARE UNIT				28
29	SURGICAL INTENSIVE CARE UNIT				29
30	OTHER SPECIAL CARE (SPECIFY)				30
31	SUBPROVIDER I				31
33	NURSERY	2777			33
34	SKILLED NURSING FACILITY				34
35	NURSING FACILITY				35
101	TOTAL	51503		25254	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		48019913			14925264		37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB		5693702			1186959		37.02
38 RECOVERY ROOM		6745375			1245697		38
39 DELIVERY ROOM & LABOR ROOM		6016960			19770		39
40 ANESTHESIOLOGY		7203393			1857804		40
41 RADIOLOGY-DIAGNOSTIC	680613	51427197	.013234	.013234	12003426	158853	41
41.01 MRI		7222543			1451955		41.01
42 RADIOLOGY-THERAPEUTIC		2533190			271849		42
43 RADIOISOTOPE		3338530			731360		43
44 LABORATORY		59247708			19381677		44
46 WHOLE BLOOD & PACKED RED BLOO		4925770			2072612		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		13947170			8257935		49
50 PHYSICAL THERAPY		4199200			1563660		50
53 ELECTROCARDIOLOGY		15834561			5881806		53
53.01 HEART CENTER		29735542			12256897		53.01
53.02 CARDIAC REHAB		140216			633		53.02
54 ELECTROENCEPHALOGRAPHY		1524983			153687		54
55 MEDICAL SUPPLIES CHARGED TO P		8458204			4161779		55
56 DRUGS CHARGED TO PATIENTS		57614708			26043967		56
56.02 INPT RENAL DIALYSIS		1373437			901082		56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD		6910431			1291		60.01
61 EMERGENCY	196410	61629198	.003187	.003187	13783555	43928	61
62 OBSERVATION BEDS (NON-DISTINC		3020004			29563		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	877023	406761935			128184228	202781	101

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05
 11/26/2008 11:58

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY PRE/POST OP					37.01
37.02 OP GI LAB					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			102785		41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 HEART CENTER					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.02 INPT RENAL DIALYSIS					56.02
OUTPATIENT SERVICE COST CENTERS					
60.01 OPD					60.01
61 EMERGENCY			14679		61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			117464		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0080) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
37 ANCILLARY SERVICE COST CENTERS						
37.01 OPERATING ROOM	.410768	.410768	.410768			37
37.01 AMBULATORY PRE/POST OP						37.01
37.02 OP GI LAB	.256819	.256819	.256819			37.02
38 RECOVERY ROOM	.579466	.579466	.579466			38
39 DELIVERY ROOM & LABOR ROOM	.573845	.573845	.573845			39
40 ANESTHESIOLOGY	.186729	.186729	.186729			40
41 RADIOLOGY-DIAGNOSTIC	.175218	.175218	.175218			41
41.01 MRI	.157209	.157209	.157209			41.01
42 RADIOLOGY-THERAPEUTIC	.441096	.441096	.441096			42
43 RADIOISOTOPE	.325965	.325965	.325965			43
44 LABORATORY	.156714	.156714	.156714			44
46 WHOLE BLOOD & PACKED RED BLOOD	.525942	.525942	.525942			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.187559	.187559	.187559			49
50 PHYSICAL THERAPY	.501993	.501993	.501993			50
53 ELECTROCARDIOLOGY	.109243	.109243	.109243			53
53.01 HEART CENTER	.236371	.236371	.236371			53.01
53.02 CARDIAC REHAB	2.659283	2.659283	2.659283			53.02
54 ELECTROENCEPHALOGRAPHY	.171262	.171262	.171262			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.153494	.153494	.153494			55
56 DRUGS CHARGED TO PATIENTS	.171853	.171853	.171853			56
56.02 INPT RENAL DIALYSIS	.438466	.438466	.438466			56.02
OUTPATIENT SERVICE COST CENTERS						
60.01 OPD	.271352	.271352	.271352			60.01
61 EMERGENCY	.150417	.150417	.150417			61
62 OBSERVATION BEDS (NON-DISTINCT	.583950	.583950	.583950			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.171853	1
2 PROGRAM VACCINE CHARGES		2	9509	2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS			1634	3
3.01 PROGRAM COSTS				3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0080) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								37
37.01 OPERATING ROOM		4632350						37.01
37.02 AMBULATORY PRE/POST OP								37.02
38 OP GI LAB		1320060						38
39 RECOVERY ROOM		1099596						39
40 DELIVERY ROOM & LABOR ROOM		1605						40
41 ANESTHESIOLOGY		859189						41
41.01 RADIOLOGY-DIAGNOSTIC		7766708						41.01
42 MRI		1454944						42
43 RADIOLOGY-THERAPEUTIC		841570						43
44 RADIOISOTOPE		603938						44
45 LABORATORY		1149963						45
46 WHOLE BLOOD & PACKED RED BLOOD		518821						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		130586						49
50 PHYSICAL THERAPY		31400						50
53 ELECTROCARDIOLOGY		2812342						53
53.01 HEART CENTER		5178877						53.01
53.02 CARDIAC REHAB		88053						53.02
54 ELECTROENCEPHALOGRAPHY		404498						54
55 MEDICAL SUPPLIES CHARGED TO PA		104846	9216					55
56 DRUGS CHARGED TO PATIENTS		3263816	741					56
56.02 INPT RENAL DIALYSIS								56.02
OUTPATIENT SERVICE COST CENTERS								
60.01 OPD		567974						60.01
61 EMERGENCY		4605900						61
62 OBSERVATION BEDS (NON-DISTINCT)		995423						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		38432459	9957					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		38432459	9957					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0080) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1902821					37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB		339016					37.02
38 RECOVERY ROOM		637178					38
39 DELIVERY ROOM & LABOR ROOM		921					39
40 ANESTHESIOLOGY		160436					40
41 RADIOLOGY-DIAGNOSTIC		1360867					41
41.01 MRI		228730					41.01
42 RADIOLOGY-THERAPEUTIC		371213					42
43 RADIOISOTOPE		196863					43
44 LABORATORY		180215					44
46 WHOLE BLOOD & PACKED RED BLOOD		272870					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		24493					49
50 PHYSICAL THERAPY		15763					50
53 ELECTROCARDIOLOGY		307229					53
53.01 HEART CENTER		1224136					53.01
53.02 CARDIAC REHAB		234158					53.02
54 ELECTROENCEPHALOGRAPHY		69275					54
55 MEDICAL SUPPLIES CHARGED TO PAT		16093	1415				55
56 DRUGS CHARGED TO PATIENTS		560897	127				56
56.02 INPT RENAL DIALYSIS							56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD		154121					60.01
61 EMERGENCY		692806					61
62 OBSERVATION BEDS (NON-DISTINCT)		581277					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		9531378	1542				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		9531378	1542				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				2612995		2612995	25
26 INTENSIVE CARE UNIT				330167		330167	26
27 CORONARY CARE UNIT				294903		294903	27
27.02 SURGICAL HEART UNIT				201157		201157	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				59529		59529	33
101 TOTAL				3498751		3498751	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	40885	6339			63.91	405125	25
26 INTENSIVE CARE UNIT	3886	810			84.96	68818	26
27 CORONARY CARE UNIT	2748	574			107.32	61602	27
27.02 SURGICAL HEART UNIT	1207	120			166.66	19999	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	2777	1890			21.44	40522	33
101 TOTAL	51503	9733				596066	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1445737	48019913				.030107	37
37.01 AMBULATORY PRE/POST OP								37.01
37.02 OP GI LAB		129774	5693702				.022793	37.02
38 RECOVERY ROOM		342841	6745375				.050826	38
39 DELIVERY ROOM & LABOR ROOM		325833	6016960				.054152	39
40 ANESTHESIOLOGY		261742	7203393				.036336	40
41 RADIOLOGY-DIAGNOSTIC		1231930	51427197				.023955	41
41.01 MRI		315605	7222543				.043697	41.01
42 RADIOLOGY-THERAPEUTIC		196616	2533190				.077616	42
43 RADIOISOTOPE		180349	3338530				.054020	43
44 LABORATORY		653241	59247708				.011026	44
46 WHOLE BLOOD & PACKED RED BLOO		114573	4925770				.023260	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		208515	13947170				.014950	49
50 PHYSICAL THERAPY		143995	4199200				.034291	50
53 ELECTROCARDIOLOGY		164166	15834561				.010368	53
53.01 HEART CENTER		854591	29735542				.028740	53.01
53.02 CARDIAC REHAB		60616	140216				.432304	53.02
54 ELECTROENCEPHALOGRAPHY		30763	1524983				.020173	54
55 MEDICAL SUPPLIES CHARGED TO P		214653	8458204				.025378	55
56 DRUGS CHARGED TO PATIENTS		266130	57614708				.004619	56
56.02 INPT RENAL DIALYSIS		22451	1373437				.016347	56.02
OUTPATIENT SERVICE COST CENTERS								
60.01 OPD		227321	6910431				.032895	60.01
61 EMERGENCY		614335	61629198				.009968	61
62 OBSERVATION BEDS (NON-DISTINC		141114	3020004				.046726	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8146891	406761935					101

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/26/2008 11:58

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
		ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT	
		COST	COST	COSTS	COSTS	AMOUNT	COSTS
		1	2	2.01	2.02	3	4
	INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
27	CORONARY CARE UNIT						27
27.02	SURGICAL HEART UNIT						27.02
28	BURN INTENSIVE CARE UNIT						28
29	SURGICAL INTENSIVE CARE UNIT						29
30	OTHER SPECIAL CARE (SPECIFY)						30
31	SUBPROVIDER I						31
33	NURSERY						33
34	SKILLED NURSING FACILITY						34
35	NURSING FACILITY						35
101	TOTAL						101

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER	INPATIENT	INPATIENT
	PATIENT		PROGRAM	PROGRAM
	DAYS	DIEM	DAYS	PASS THRU
	5	6	7	COSTS
				8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	40885		6339	25
26 INTENSIVE CARE UNIT	3886		810	26
27 CORONARY CARE UNIT	2748		574	27
27.02 SURGICAL HEART UNIT	1207		120	27.02
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I				31
33 NURSERY	2777		1890	33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	51503		9733	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		48019913					37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB		5693702					37.02
38 RECOVERY ROOM		6745375					38
39 DELIVERY ROOM & LABOR ROOM		6016960					39
40 ANESTHESIOLOGY		7203393					40
41 RADIOLOGY-DIAGNOSTIC	680613	51427197	.013234	.013234			41
41.01 MRI		7222543					41.01
42 RADIOLOGY-THERAPEUTIC		2533190					42
43 RADIOISOTOPE		3338530					43
44 LABORATORY		59247708					44
46 WHOLE BLOOD & PACKED RED BLOO		4925770					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		13947170					49
50 PHYSICAL THERAPY		4199200					50
53 ELECTROCARDIOLOGY		15834561					53
53.01 HEART CENTER		29735542					53.01
53.02 CARDIAC REHAB		140216					53.02
54 ELECTROENCEPHALOGRAPHY		1524983					54
55 MEDICAL SUPPLIES CHARGED TO P		8458204					55
56 DRUGS CHARGED TO PATIENTS		57614708					56
56.02 INPT RENAL DIALYSIS		1373437					56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD		6910431					60.01
61 EMERGENCY	196410	61629198	.003187	.003187			61
62 OBSERVATION BEDS (NON-DISTINC		3020004					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	877023	406761935					101

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0080)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY PRE/POST OP					37.01
37.02 OP GI LAB					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 HEART CENTER					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.02 INPT RENAL DIALYSIS					56.02
OUTPATIENT SERVICE COST CENTERS					
60.01 OPD					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0080)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	40885						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	40885						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12709						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28176						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							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	20703						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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (14-0080)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	32655034						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	32655034						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	68409144						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22172114						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46237030						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.477349						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1744.60						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1641.01						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	103.59						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	49.45						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	628460						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	32026574						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	798.70					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16535486					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16535486					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	6760256	3886	1739.64	2234	3886356	43
44 CORONARY CARE UNIT	4084155	2748	1486.23	1607	2388372	44
44.02 SURGICAL HEART UNIT	2676697	1207	2217.64	710	1574524	44.02
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	27835036					48
49 TOTAL PROGRAM INPATIENT COSTS	52219774					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1803722					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2457744					51
52 TOTAL PROGRAM EXCLUDABLE COST	4261466					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	47958308					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL (PPS) (14-0080)
 SUB I SUB II SUB III SUB IV
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2208	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	798.70	84
85 OBSERVATION BED COST	1763530	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		32655034		1763530		86
87 NEW CAPITAL-RELATED COST	2612995	32655034	.080018	1763530	141114	87
88 NON PHYSICIAN ANESTHETIST		32655034		1763530		88
89 NURSING SCHOOL		32655034		1763530		89
89.01 ALLIED HEALTH		32655034		1763530		89.01
89.02 ALL OTHER		32655034		1763530		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	40885						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	40885						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12709						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28176						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							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6339						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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	2777						15
16 TITLE V OR XIX NURSERY DAYS	1890						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	32655034						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	32655034						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	68409144						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22172114						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46237030						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.477349						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1744.60						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1641.01						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	103.59						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	49.45						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	628460						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	32026574						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	783.33					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4965529					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4965529					41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	1559718	2777	561.66	1890	1061537	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	6760256	3886	1739.64	810	1409108	43
44 CORONARY CARE UNIT	4084155	2748	1486.23	574	853096	44
44.02 SURGICAL HEART UNIT	2676697	1207	2217.64	120	266117	44.02
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	8555387					49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	596066					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	596066					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/26/2008 11:58

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

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

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2208	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	798.70	84
85 OBSERVATION BED COST	1763530	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0080)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		37024895		25
26 INTENSIVE CARE UNIT		5823758		26
27 CORONARY CARE UNIT		4191840		27
27.02 SURGICAL HEART UNIT		1849420		27.02
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.410768	14925264	6130821	37
37.01 AMBULATORY PRE/POST OP				37.01
37.02 OP GI LAB	.256819	1186959	304834	37.02
38 RECOVERY ROOM	.579466	1245697	721839	38
39 DELIVERY ROOM & LABOR ROOM	.573845	19770	11345	39
40 ANESTHESIOLOGY	.186729	1857804	346906	40
41 RADIOLOGY-DIAGNOSTIC	.175218	12003426	2103216	41
41.01 MRI	.157209	1451955	228260	41.01
42 RADIOLOGY-THERAPEUTIC	.441096	271849	119912	42
43 RADIOISOTOPE	.325965	731360	238398	43
44 LABORATORY	.156714	19381677	3037380	44
46 WHOLE BLOOD & PACKED RED BLOOD	.525942	2072612	1090074	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.187559	8257935	1548850	49
50 PHYSICAL THERAPY	.501993	1563660	784946	50
53 ELECTROCARDIOLOGY	.109243	5881806	642546	53
53.01 HEART CENTER	.236371	12256897	2897175	53.01
53.02 CARDIAC REHAB	2.659283	633	1683	53.02
54 ELECTROENCEPHALOGRAPHY	.171262	153687	26321	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.153494	4161779	638808	55
56 DRUGS CHARGED TO PATIENTS	.171853	26043967	4475734	56
56.02 INPT RENAL DIALYSIS	.438466	901082	395094	56.02
OUTPATIENT SERVICE COST CENTERS				
60.01 OPD	.271352	1291	350	60.01
61 EMERGENCY	.150417	13783555	2073281	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.583950	29563	17263	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		128184228	27835036	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		128184228		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0080)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
27.02 SURGICAL HEART UNIT			27.02
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.410768		37
37.01 AMBULATORY PRE/POST OP			37.01
37.02 OP GI LAB	.256819		37.02
38 RECOVERY ROOM	.579466		38
39 DELIVERY ROOM & LABOR ROOM	.573845		39
40 ANESTHESIOLOGY	.186729		40
41 RADIOLOGY-DIAGNOSTIC	.175218		41
41.01 MRI	.157209		41.01
42 RADIOLOGY-THERAPEUTIC	.441096		42
43 RADIOISOTOPE	.325965		43
44 LABORATORY	.156714		44
46 WHOLE BLOOD & PACKED RED BLOOD	.525942		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.187559		49
50 PHYSICAL THERAPY	.501993		50
53 ELECTROCARDIOLOGY	.109243		53
53.01 HEART CENTER	.236371		53.01
53.02 CARDIAC REHAB	2.659283		53.02
54 ELECTROENCEPHALOGRAPHY	.171262		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.153494		55
56 DRUGS CHARGED TO PATIENTS	.171853		56
56.02 INPT RENAL DIALYSIS	.438466		56.02
OUTPATIENT SERVICE COST CENTERS			
60.01 OPD	.271352		60.01
61 EMERGENCY	.150417		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.583950		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0080)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	8119235					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8359503					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	17520157					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	350484					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	198793					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	335530					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	420873					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	265.08					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	100.42					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	12.07					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]	-9.31					3.06
3.07 SUM OF LINES 3.04-3.06	103.18			-9.31		93.87
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	92.68					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	92.68					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	91.65					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	93.94					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					92.76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0080)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.349932				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.351904				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.349932				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1444612				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1492901				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	3114728				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	6052241 0	6052241			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0839				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2284				4.01
4.02	SUM OF 4 AND 4.01	0.3123				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1498				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	5093034				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	45565043				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	45565043				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3834233				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3904576				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	5760				11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	202781				15
16	TOTAL	53512393				16
17	PRIMARY PAYER PAYMENTS	90421				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	53421972				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2896032				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	380160				20
21	REIMBURSABLE BAD DEBTS	930112				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	651078				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	845488				21.02
22	SUBTOTAL	50796858				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0080)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	50796858					26
27						27
28	50208697					28
28.01						28.01
29	588161					29
30	486002					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0080) 1	HOSPITAL (14-0080) 1.01	HOSPITAL (14-0080) 1.02	
1 MEDICAL AND OTHER SERVICES	3176			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9413914			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	7571645			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.840	0.840		1.03
1.04 LINE 1.01 TIMES LINE 1.03	7907688			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	95.75			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	117464			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3176			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	19466			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	19466			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	19466			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	16290			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3176			17
17.01 TOTAL PPS PAYMENTS	7689109			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0080) 1	HOSPITAL (14-0080) 1.01	HOSPITAL (14-0080) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1939		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2128920		18.01
19 SUBTOTAL	5561426		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	713977		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6275403		23
24 PRIMARY PAYER PAYMENTS	2346		24
25 SUBTOTAL	6273057		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	606762		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	424733		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	538584		27.02
28 SUBTOTAL	6697790		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	6697790		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6664799		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	32991		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0080)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 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)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0080)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0080)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0080)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		50208697		6664799	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		50208697		6664799	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	NF I		
	HOSPITAL (14-0080) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	8555387				1
2	MEDICAL AND OTHER SERVICES					2
3	INTERNS AND RESIDENTS					3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
5	COST OF TEACHING PHYSICIANS					5
6	SUBTOTAL	8555387				6
7	INPATIENT PRIMARY PAYER PAYMENTS					7
8	OUTPATIENT PRIMARY PAYER PAYMENTS					8
9	SUBTOTAL	8555387				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES					11
12	INTERNS AND RESIDENTS SERVICE CHARGES					12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
14	TEACHING PHYSICIANS					14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
16	TOTAL REASONABLE CHARGES					16
	CUSTOMARY CHARGES					
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
19	RATIO OF LINE 17 TO LINE 18					19
20	TOTAL CUSTOMARY CHARGES					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	8555387				22
23	COST OF COVERED SERVICES	8555387				23
	PROSPECTIVE PAYMENT AMOUNT					
24	OTHER THAN OUTLIER PAYMENTS					24
25	OUTLIER PAYMENTS					25
26	PROGRAM CAPITAL PAYMENTS					26
27	CAPITAL EXCEPTION PAYMENTS					27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
30	SUBTOTAL	8555387				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED					31
32	LESSER OF LINES 30 OR 31	8555387				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	NF I	
	HOSPITAL (14-0080) (OTHER)	SUB I	SUB II	SUB III	SUB IV
	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
35	EXCESS OF REASONABLE COST	8555387			
36	SUBTOTAL				34
37	COINSURANCE				35
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,				36
38.01	REIMBURSABLE BAD DEBTS				37
38.02	REDUCED REIMBURSABLE BAD DEBTS				38
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE				38.01
	BENEFICIARIES (SEE INSTRUCTIONS)				38.02
39	UTILIZATION REVIEW				39
40	SUBTOTAL				40
41	INPATIENT ROUTINE SERVICE COST				41
42	MEDICARE INPATIENT ROUTINE CHARGES				42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
	ACCORDANCE WITH 42 CFR 413.13(E)				
45	RATIO OF LINE 43 TO LINE 44				45
46	TOTAL CUSTOMARY CHARGES				46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM				49
	UTILIZATION				
50	OTHER ADJUSTMENTS				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING				51
	DEPRECIABLE ASSETS				
52	SUBTOTAL				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER				55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT				59
	SECTION 115.2				

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

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	100.42	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	12.07	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	-6.93	3.03
3.04	FTE ADJUSTMENT CAP 101.34 -6.93	94.41	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	92.68	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	92.68	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	41.28	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	49.50	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	90.78	3.09
3.10	SEE INSTRUCTIONS	90.78	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS	49.50	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	37.69	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	40.16	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	42.45	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	42.45	3.16
3.17	SEE INSTRUCTIONS	88780.55	3.17
3.18	SEE INSTRUCTIONS	3768734	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		52.83	3.19
3.20	SEE INSTRUCTIONS		52.40	3.20
3.21	SEE INSTRUCTIONS		48.84	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		48.84	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		93757.99	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		4579140	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		8347874	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		25254	4
5	TOTAL INPATIENT DAYS		46518	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.542887	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 4531952	0	4531952	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		562	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		46518	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		86601	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/26/2008 11:58

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST	52219774 12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	90421 15
16	TOTAL PART A REASONABLE COST	52129353 16
PART B REASONABLE COST		
17	REASONABLE COST	9534554 17
18	PRIMARY PAYER PAYMENTS	2346 18
19	TOTAL PART B REASONABLE COST	9532208 19
20	TOTAL REASONABLE COST	61661561 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.845411 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.154589 22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	4618553 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3904576 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	713977 25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		7843	4
5	TOTAL INPATIENT DAYS		46518	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.168601	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		46518	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	101.34 2
3	UNADJUSTED DIRECT GME FTE CAP	112.49 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	101.34 4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01 5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8 8
9	LINE 7 TIMES LINE 8	9 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	103.18 13
14	UNADJUSTED IME FTE CAP	112.49 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	103.18 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17 17
18	SEE INSTRUCTIONS	18 18
19	RESIDENT TO BED COUNT	19 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23 23

CALCULATION OF GME AND IME PAYMENTS FOR
REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
PART VI

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

1	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
5	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
13	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
16	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2141444			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	20185886			4
5	OTHER RECEIVABLES	791313			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1249443			7
8	PREPAID EXPENSES	305966			8
9	OTHER CURRENT ASSETS	10137273			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	34811325			11
FIXED ASSETS					
12	LAND	8716880			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1888608			13
13.01	ACCUMULATED DEPRECIATION	-1617292			13.01
14	BUILDINGS	90858831			14
14.01	ACCUMULATED DEPRECIATION	-48072877			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	123004179			18
18.01	ACCUMULATED DEPRECIATION	-94264604			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	80513725			21
OTHER ASSETS					
22	INVESTMENTS	101075741			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	101075741			26
27	TOTAL ASSETS	216400791			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2845254			28
29	SALARIES, WAGES & FEES PAYABLE	23165			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	9192683			35
36	TOTAL CURRENT LIABILITIES	12061102			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	56717000			41
42	TOTAL LONG TERM LIABILITIES	56717000			42
43	TOTAL LIABILITIES	68778102			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	147622689			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	147622689			51
52	TOTAL LIABILITIES AND FUND BALANCES	216400791			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	146414005			1
2 NET INCOME (LOSS)	-845775			2
3 TOTAL	145568230			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFER FROM AFFILIATES	2054459			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	2054459			10
11 SUBTOTAL	147622689			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS TO AFFILIATES				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	147622689			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	68915529		68915529	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	68915529		68915529	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
11.02 INTENSIVE CARE UNIT	10148432		10148432	11.02
12 CORONARY CARE UNIT	7161376		7161376	12
13 SURGICAL HEART UNIT	3150489		3150489	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	20460297		20460297	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	89375826		89375826	18
19 ANCILLARY SERVICES	245575868	163685033	409260901	19
20 OUTPATIENT SERVICES				20
20.50 RHC				20.50
21.60 FQHC				21.60
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
24 CORF				24
25 ASC				25
26 HOSPICE				26
27 PRIVATE DUTY				27
28 TOTAL PATIENT REVENUES	334951694	163685033	498636727	28

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		161665113	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	24998430		28
29 PUBLIC AID ASSESSMENT	5138438		29
30 AUDIT ADJUST: PENSION, HEALTH INSUR	-225507		30
31 AUDIT ADJUST: CONSULTING	286238		31
32 AUDIT ADJUST: SUPPLIES&NARFR	16616		32
33 TOTAL ADDITIONS		30214215	33
34 DEDUCT (SPECIFY)			34
35 CHILD CARE CENTER EXPENSES	-1236868		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-1236868		39
40 TOTAL OPERATING EXPENSES		190642460	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	498636727	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	316242503	2
3	NET PATIENT REVENUES	182394224	3
4	LESS - TOTAL OPERATING EXPENSES	190642460	4
5	NET INCOME FROM SERVICE TO PATIENTS	-8248236	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	316531	6
7	INCOME FROM INVESTMENTS	5063082	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	4655	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	666841	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP 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	8148	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	115545	20
21	RENTAL OF VENDING MACHINES	20013	21
22	RENTAL OF HOSPITAL SPACE	80988	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	DAY CARE	1526014	24
24.01	MD STAFF APLLICATION FEES	2100	24.01
24.02	GRANTS	8211	24.02
24.03	CORPORATE OVERHEAD RECOVERY	97942	24.03
24.04	MISCELLANEOUS	401978	24.04
24.05	REFERENCE LAB	54906	24.05
24.06	ASSETS DISPOSALS	8753	24.06
24.07	WEIGHT MANAGEMENT	4906	24.07
24.08	INTEREST-3RD PARTY PAYMENTS	258716	24.08
25	TOTAL OTHER INCOME	8639329	25
26	TOTAL	391093	26
27	CHILD CARE CENTER EXPENSES	1236868	27
28			28
29			29
30	TOTAL OTHER EXPENSES	1236868	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-845775	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0080)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	2939233			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	30865			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	127.10			4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	92.76			4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	22.87			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	672203			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0839			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2284			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3123			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0653			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	191932			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3834233			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				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				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6.01	COMMUNICATIONS				6.01
6.02	DATA PROCESSING				6.02
6.03	PURCHASING				6.03
6.04	ADMITTING				6.04
6.05	PATIENT FINANCIAL SVC				6.05
6.06	OTHER ADMINISTRATIVE & GENERAL				6.06
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMEDICAL EDUCATION PROGRAM				24
24.01	RADIOLOGY SCHOOL				24.01
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
27	CORONARY CARE UNIT				27
27.02	SURGICAL HEART UNIT				27.02
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
37.01	AMBULATORY PRE/POST OP				37.01
37.02	OP GI LAB				37.02
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	MRI				41.01
42	RADIOLOGY-THERAPEUTIC				42
43	RADIOISOTOPE				43
44	LABORATORY				44
46	WHOLE BLOOD & PACKED RED BLOOD				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
53	ELECTROCARDIOLOGY				53
53.01	HEART CENTER				53.01
53.02	CARDIAC REHAB				53.02
54	ELECTROENCEPHALOGRAPHY				54
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
56.02	INPT RENAL DIALYSIS				56.02
OUTPATIENT SERVICE COST CENTERS					
60.01	OPD				60.01
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT)				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN				96

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PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
11/26/2008 11:58

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
96.01 POB RX						96.01
96.02 MOBILE MEDICAL CARE						96.02
96.03 ARTHRITIS CENTER						96.03
98 PHYSICIANS' PRIVATE OFFICES						98
98.02 OUTREACH TRANSPORTATION						98.02
98.03 SAINT FRANCIS HEALTH CENTER						98.03
98.04 WOMENS HEALTH CENTER						98.04
98.05 OTHER NRCC						98.05
98.06 ASBURY STREET SNF						98.06
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	50.64		15.50				66.14 25
26 INTENSIVE CARE UNIT	57.49		20.84				78.33 26
27 CORONARY CARE UNIT	58.48		20.89				79.37 27
27.02 SURGICAL HEART UNIT	58.82		9.94				68.76 27.02
33 NURSERY			68.06				68.06 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	31.08	9.65					40.73 37
37.02 OP GI LAB	20.85	23.18					44.03 37.02
38 RECOVERY ROOM	18.47	16.30					34.77 38
39 DELIVERY ROOM & LABOR ROOM	0.33	0.03					0.36 39
40 ANESTHESIOLOGY	25.79	11.93					37.72 40
41 RADIOLOGY-DIAGNOSTIC	23.34	15.10					38.44 41
41.01 MRI	20.10	20.14					40.24 41.01
42 RADIOLOGY-THERAPEUTIC	10.73	33.22					43.95 42
43 RADIOISOTOPE	21.91	18.09					40.00 43
44 LABORATORY	32.71	1.94					34.65 44
46 WHOLE BLOOD & PACKED RED BLOOD	42.08	10.53					52.61 46
49 RESPIRATORY THERAPY	59.21	0.94					60.15 49
50 PHYSICAL THERAPY	37.24	0.75					37.99 50
53 ELECTROCARDIOLOGY	37.15	17.76					54.91 53
53.01 HEART CENTER	41.22	17.42					58.64 53.01
53.02 CARDIAC REHAB	0.45	62.80					63.25 53.02
54 ELECTROENCEPHALOGRAPHY	10.08	26.52					36.60 54
55 MEDICAL SUPPLIES CHARGED TO PAT	49.20	1.24					50.44 55
56 DRUGS CHARGED TO PATIENTS	45.20	5.66					50.86 56
56.02 INPT RENAL DIALYSIS	65.61						65.61 56.02
60.01 OPD	0.02	8.22					8.24 60.01
61 EMERGENCY	22.37	7.47					29.84 61
62 OBSERVATION BEDS (NON-DISTINCT)	0.98	32.96					33.94 62
101 TOTAL CHARGES	25.82	7.74					33.56 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	8142931	4.96	-8142931	-8.23		3
4	NEW CAP REL COSTS-MVBLE EQUIP	4568674	2.78	-4568674	-4.62		4
5	EMPLOYEE BENEFITS	9706844	5.91	-9706844	-9.82		5
6.01	COMMUNICATIONS						6.01
6.02	DATA PROCESSING						6.02
6.03	PURCHASING	171137	.10	-171137	-.17		6.03
6.04	ADMITTING	1349014	.82	-1349014	-1.36		6.04
6.05	PATIENT FINANCIAL SVC	2089104	1.27	-2089104	-2.11		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	42940848	26.13	-42940848	-43.42		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	7729514	4.70	-7729514	-7.82		8
9	LAUNDRY & LINEN SERVICE	4432062	2.70	-4432062	-4.48		9
10	HOUSEKEEPING	1786045	1.09	-1786045	-1.81		10
11	DIETARY	1115163	.68	-1115163	-1.13		11
12	CAFETERIA	491759	.30	-491759	-.50		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1258026	.77	-1258026	-1.27		14
15	CENTRAL SERVICES & SUPPLY	765107	.47	-765107	-.77		15
16	PHARMACY	1628001	.99	-1628001	-1.65		16
17	MEDICAL RECORDS & LIBRARY	1365257	.83	-1365257	-1.38		17
18	SOCIAL SERVICE	191561	.12	-191561	-.19		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	3721924	2.27	-3721924	-3.76		22
23	I&R SERVICES-OTHER PRGM COSTS A	4795063	2.92	-4795063	-4.85		23
24	PARAMEDICAL EDUCATION PROGRAM	44362	.03	-44362	-.04		24
24.01	RADIOLOGY SCHOOL	598788	.36	-598788	-.61		24.01
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	13178984	8.02	25481126	25.77	38660110	23.53
26	INTENSIVE CARE UNIT	3288530	2.00	4336116	4.38	7624646	4.64
27	CORONARY CARE UNIT	1857752	1.13	2514533	2.54	4372285	2.66
27.02	SURGICAL HEART UNIT	1235455	.75	1441242	1.46	2676697	1.63
33	NURSERY	815831	.50	743887	.75	1559718	.95
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	10701691	6.51	10068822	10.18	20770513	12.64
37.01	AMBULATORY PRE/POST OP						37.01
37.02	OP GI LAB	695743	.42	1030628	1.04	1726371	1.05
38	RECOVERY ROOM	1697513	1.03	2211202	2.24	3908715	2.38
39	DELIVERY ROOM & LABOR ROOM	1568126	.95	2355448	2.38	3923574	2.39
40	ANESTHESIOLOGY	512539	.31	1060448	1.07	1572987	.96
41	RADIOLOGY-DIAGNOSTIC	3221183	1.96	6810431	6.89	10031614	6.10
41.01	MRI	269677	.16	887419	.90	1157096	.70
42	RADIOLOGY-THERAPEUTIC	335582	.20	781798	.79	1117380	.68
43	RADIOISOTOPE	458795	.28	687311	.70	1146106	.70

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
44 LABORATORY	4674839	2.84	4847043	4.90	9521882	5.79	44
46 WHOLE BLOOD & PACKED RED BLOOD	1500508	.91	1090160	1.10	2590668	1.58	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	1262876	.77	1632124	1.65	2895000	1.76	49
50 PHYSICAL THERAPY	1077845	.66	1030124	1.04	2107969	1.28	50
53 ELECTROCARDIOLOGY	695644	.42	1034178	1.05	1729822	1.05	53
53.01 HEART CENTER	3460165	2.11	3748724	3.79	7208889	4.39	53.01
53.02 CARDIAC REHAB	125383	.08	247491	.25	372874	.23	53.02
54 ELECTROENCEPHALOGRAPHY	104719	.06	156452	.16	261171	.16	54
55 MEDICAL SUPPLIES CHARGED TO PAT	634705	.39	663579	.67	1298284	.79	55
56 DRUGS CHARGED TO PATIENTS	4416040	2.69	5485207	5.55	9901247	6.03	56
56.02 INPT RENAL DIALYSIS	384686	.23	217519	.22	602205	.37	56.02
60.01 OPD	1047681	.64	933758	.94	1981439	1.21	60.01
61 EMERGENCY	4054698	2.47	6916242	6.99	10970940	6.68	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	79486	.05	160798	.16	240284	.15	96
96.01 POB RX							96.01
96.02 MOBILE MEDICAL CARE							96.02
96.03 ARTHRITIS CENTER							96.03
98 PHYSICIANS' PRIVATE OFFICES	837310	.51	1059809	1.07	1897119	1.15	98
98.02 OUTREACH TRANSPORTATION							98.02
98.03 SAINT FRANCIS HEALTH CENTER							98.03
98.04 WOMENS HEALTH CENTER							98.04
98.05 OTHER NRCC	1234830	.75	9257565	9.36	10492395	6.39	98.05
98.06 ASBURY STREET SNF							98.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	164320000	100.00	0	.00	164320000	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1445737	48019913	.030107	14925264	449355	37
37.01 AMBULATORY PRE/POST OP						37.01
37.02 OP GI LAB	129774	5693702	.022793	1186959	27054	37.02
38 RECOVERY ROOM	342841	6745375	.050826	1245697	63314	38
39 DELIVERY ROOM & LABOR ROOM	325833	6016960	.054152	19770	1071	39
40 ANESTHESIOLOGY	261742	7203393	.036336	1857804	67505	40
41 RADIOLOGY-DIAGNOSTIC	1231930	51427197	.023955	12003426	287542	41
41.01 MRI	315605	7222543	.043697	1451955	63446	41.01
42 RADIOLOGY-THERAPEUTIC	196616	2533190	.077616	271849	21100	42
43 RADIOISOTOPE	180349	3338530	.054020	731360	39508	43
44 LABORATORY	653241	59247708	.011026	19381677	213702	44
46 WHOLE BLOOD & PACKED RED BLOOD	114573	4925770	.023260	2072612	48209	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	208515	13947170	.014950	8257935	123456	49
50 PHYSICAL THERAPY	143995	4199200	.034291	1563660	53619	50
53 ELECTROCARDIOLOGY	164166	15834561	.010368	5881806	60983	53
53.01 HEART CENTER	854591	29735542	.028740	12256897	352263	53.01
53.02 CARDIAC REHAB	60616	140216	.432304	633	274	53.02
54 ELECTROENCEPHALOGRAPHY	30763	1524983	.020173	153687	3100	54
55 MEDICAL SUPPLIES CHARGED TO PAT	214653	8458204	.025378	4161779	105618	55
56 DRUGS CHARGED TO PATIENTS	266130	57614708	.004619	26043967	120297	56
56.02 INPT RENAL DIALYSIS	22451	1373437	.016347	901082	14730	56.02
OUTPATIENT SERVICE COST CENTERS						
60.01 OPD	227321	6910431	.032895	1291	42	60.01
61 EMERGENCY	614335	61629198	.009968	13783555	137394	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	141114	3020004	.046726	29563	1381	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	8146891	406761935		128184228	2254963	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2612995		2612995	40885	63.91	20703	1323129 25
26 INTENSIVE CARE UNIT	330167		330167	3886	84.96	2234	189801 26
27 CORONARY CARE UNIT	294903		294903	2748	107.32	1607	172463 27
27.02 SURGICAL HEART UNIT	201157		201157	1207	166.66	710	118329 27.02
101 TOTAL	3439222		3439222			25254	1803722 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						1803722	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						2254963	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						4058685	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)					4591		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)					25254		
PER DISCHARGE CAPITAL COSTS						884.05	
PER DIEM CAPITAL COSTS						160.71	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	47958308
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	177074141
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.271

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	4058685
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	9398144
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	38401059
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.245