

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 (14-0118) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 07/29/2008, 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	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	335937	8152		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	335937	8152		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: 12935 SOUTH GREGORY STREET P.O.BOX: 1
 1.01 CITY: BLUE ISLAND STATE: IL ZIP CODE: 60406 COUNTY: COOK 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	14-0118	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: 01/01/2008	TO: 07/29/2008	1	2		17
18	TYPE OF CONTROL			1			18

TYPE OF HOSPITAL/SUBPROVIDER

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)		NO			NO	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
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)					
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 (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
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	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
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?	YES	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 NHCMQ 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	47			
48	SUBPROVIDER I	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: 8180208	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 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		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? NO 60
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)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
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.)

MULTICAMPUS
61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
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.

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)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE XX 15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3439	1	7549	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
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 OTHER SPECIAL CARE (SPECIFY)					10
11 NURSERY					11
12 TOTAL HOSPITAL		3439	1	7549	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	36208302		36208299	1331570.00	27.19		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	110989		110989	4452.00	24.93		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2878118		2878118	46366.00	62.07		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	3309665		3309665	81165.00	40.78		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	10668697		10668697			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	32803		32803			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						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	292423		292423	11431.00	25.58		21
22	ADMINISTRATIVE & GENERAL	5352733		5352733	182325.00	29.36		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	3051		3051				23
24	OPERATION OF PLANT	872791		872791	39104.00	22.32		24
25	LAUNDRY & LINEN SERVICE	296538		296538	21977.00	13.49		25
26	HOUSEKEEPING	1006532		1006532	73064.00	13.78		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	825009	-354772	470237	32802.00	14.34		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		354772	354772	24747.00	14.34		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	385966		385966	13058.00	29.56		30
31	CENTRAL SERVICES AND SUPPLY	349496		349496	21971.00	15.91		31
32	PHARMACY	1242899		1242899	37755.00	32.92		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	514693		514693	28616.00	17.99		33
34	SOCIAL SERVICE							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	36208302	-3	36208299	1331570.00	27.19		1
2	EXCLUDED AREA SALARIES	110989		110989	4452.00	24.93		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	36097313	-3	36097310	1327118.00	27.20		3
4	SUBTOTAL OTHER WAGES & REL COSTS	6187783		6187783	127531.00	48.52		4
5	SUBTOTAL WAGE-RELATED COSTS	10668697		10668697		29.56%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	52953793	-3	52953790	1454649.00	36.40		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	11142131		11142131	486850.00	22.89		13

PROVIDER NO. 14-0118 SAINT FRANCIS HOSPITAL
 PERIOD FROM 01/01/2008 TO 07/29/2008

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

VERSION: 2008.05
 12/29/2008 07:22

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	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	13275841 17
17.01	GROSS MEDICAID REVENUES	78681781 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	91957622 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.305710 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	78681781 28
29	TOTAL GROSS MEDICAID COST	24053807 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	4750221 30
31	UNCOMPENSATED CARE COST	1452190 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	24053807 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 OLD CAP REL COSTS-BLDG & FIXT				960943	960943	450253	1411196	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT								3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1372054	1372054	1533342	2905396	4
5	0500 EMPLOYEE BENEFITS	292423	11450156	11742579	-9991	11732588	-8650	11723938	5
6.01	0650 PATEINT ACCOUNTING	557817	586602	1144419	-42	1144377		1144377	6.01
6.06	0660 ADMINISTRATIVE & GENERAL	4794916	13565471	18360387	-1104754	17255633	-1759468	15496165	6.06
7	0700 MAINTENANCE & REPAIRS	3051	1135628	1138679	-882	1137797		1137797	7
8	0800 OPERATION OF PLANT	872791	2889732	3762523	-160996	3601527		3601527	8
9	0900 LAUNDRY & LINEN SERVICE	296538	-247823	48715	-4357	44358		44358	9
10	1000 HOUSEKEEPING	1006532	258651	1265183	-4215	1260968		1260968	10
11	1100 DIETARY	825009	695477	1520486	-659361	861125	-347581	513544	11
12	1200 CAFETERIA				646573	646573		646573	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	385966	113583	499549	-19287	480262		480262	14
15	1500 CENTRAL SERVICES & SUPPLY	349496	252637	602133	-83242	518891	-23960	494938	15
16	1600 PHARMACY	1242899	4221757	5464656	-3898806	1565850	-12533	1553317	16
17	1700 MEDICAL RECORDS & LIBRARY	514693	601307	1116000	-1231	1114769	-2549	1112220	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25	2500 ADULTS & PEDIATRICS	8284629	2126796	10411425	-500542	9910883		9910883	25
26	2600 INTENSIVE CARE UNIT	1422173	452837	1875010	-212668	1662342		1662342	26
27	2700 CORONARY CARE UNIT	2146757	480909	2627666	-132644	2495022		2495022	27
33	3300 NURSERY	632175	113900	746075	-27342	718733		718733	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	2428723	3343545	5772268	-2682792	3089476	-11300	3078176	37
38	3800 RECOVERY ROOM	324771	30254	355025	-17738	337287		337287	38
39	3900 DELIVERY ROOM & LABOR ROOM	921154	499093	1420247	-95444	1324803		1324803	39
40	4000 ANESTHESIOLOGY	22370	1182756	1205126	-137150	1067976	-908564	159412	40
41	4100 RADIOLOGY-DIAGNOSTIC	2026602	1485809	3512411	-667399	2845012	-380441	2464571	41
43	4300 RADIOISOTOPE	187653	254973	442626	-11336	431290		431290	43
44	4400 LABORATORY	1669808	2230794	3900602	-75864	3824738	-29210	3795528	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
48	4800 INTRAVENOUS THERAPY	114412	85581	199993	-84949	115044		115044	48
49	4900 RESPIRATORY THERAPY	929324	276936	1206260	-186802	1019458		1019458	49
50	5000 PHYSICAL THERAPY	550550	179528	730078	-44263	685815		685815	50
53	5300 ELECTROCARDIOLOGY	634310	2855024	3489334	-2775178	714156	-28757	685399	53
53.01	3140 CARDIAC REHABILITATION	210767	28827	239594	-8789	230805	-106702	124103	53.01
53.02	3121 CARDIAC CATH LAB	490994	1569154	2060148	-1450913	609235		609235	53.02
54	5400 ELECTROENCEPHALOGRAPHY	19651	11365	31016	-7444	23572		23572	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				3877647	3877647		3877647	55
55.01	3950 IMPLANTABLE SUPPLIES				4642340	4642340		4642340	55.01
56	5600 DRUGS CHARGED TO PATIENTS				3890191	3890191		3890191	56
57	5700 RENAL DIALYSIS		775462	775462	-5591	769871		769871	57
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	1938359	1044318	2982677	-298455	2684222		2684222	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	36097313	54551039	90648352	19282	90667634	847077	91514711	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	1474		1474		1474		1474	96
98	9800 PHYSICIANS' PRIVATE OFFICES	15982	2708	18690	-329	18361		18361	98
98.01	9801 OTHER N.R.C.C.	17870	3879	21749	-1501	20248		20248	98.01
98.02	9802 CHF CLINIC	75663	121935	197598	-15195	182403		182403	98.02
99	9900 NONPAID WORKERS		141594	141594	-2257	139337	-1042	138295	99
101	TOTAL	36208302	54821155	91029457		91029457	846035	91875492	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
1		2	3	4	5
1 CAPITAL COSTS	A	NEW CAP REL COSTS-BLDG & FIXT	3		1 1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1372054 2
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10	A				10
11	A				11
12	A				12
13	A				13
14	A				14
15	A				15
16	A				16
17	A				17
18	A				18
19	A				19
20	A				20
21	A				21
22	A				22
23	A				23
24	A				24
25	A				25
26	A				26
27	A				27
28	A				28
29	A				29
30	A				30
31	A				31
32	A				32
33	A				33
34	A				34
35	A				35
36 SUBTOTAL					1372055 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 CAPITAL COSTS	A	EMPLOYEE BENEFITS	5		9991	9 1
2	A	PATEINT ACCOUNTING	6.01		42	9 2
3	A	ADMINISTRATIVE & GENERAL	6.06		143811	3
4	A	MAINTENANCE & REPAIRS	7		882	4
5	A	OPERATION OF PLANT	8		160996	5
6	A	LAUNDRY & LINEN SERVICE	9		4357	6
7	A	HOUSEKEEPING	10		4215	7
8	A	DIETARY	11		12788	8
9	A	NURSING ADMINISTRATION	14		19287	9
10	A	CENTRAL SERVICES & SUPPLY	15		12644	10
11	A	PHARMACY	16		1646	11
12	A	MEDICAL RECORDS & LIBRARY	17		1231	12
13	A	ADULTS & PEDIATRICS	25	3	71419	13
14	A	INTENSIVE CARE UNIT	26		81840	14
15	A	CORONARY CARE UNIT	27		19286	15
16	A	NURSERY	33		3839	16
17	A	OPERATING ROOM	37		127281	17
18	A	RECOVERY ROOM	38		6143	18
19	A	DELIVERY ROOM & LABOR ROOM	39		12672	19
20	A	ANESTHESIOLOGY	40		18699	20
21	A	RADIOLOGY-DIAGNOSTIC	41		325597	21
22	A	RADIOISOTOPE	43		3313	22
23	A	LABORATORY	44		32231	23
24	A	INTRAVENOUS THERAPY	48		717	24
25	A	RESPIRATORY THERAPY	49		21444	25
26	A	PHYSICAL THERAPY	50		3603	26
27	A	ELECTROCARDIOLOGY	53		96607	27
28	A	CARDIAC REHABILITATION	53.01		6260	28
29	A	CARDIAC CATH LAB	53.02		109914	29
30	A	ELECTROENCEPHALOGRAPHY	54		3197	30
31	A	EMERGENCY	61		48174	31
32	A	PHYSICIANS' PRIVATE OFFICES	98		6	32
33	A	CHF CLINIC	98.02		5663	33
34	A	NONPAID WORKERS	99		2257	34
35						35
36 SUBTOTAL				3	1372052	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		OTHER	
		COST CENTER	LINE #		
1		2	3	4	5
1 CHARGEABLE SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		3877647 1
2	B				2
3	B				3
4	B				4
5	B				5
6	B				6
7	B				7
8	B				8
9	B				9
10	B				10
11	B				11
12	B				12
13	B				13
14	B				14
15	B				15
16	B				16
17	B				17
18	B				18
19	B				19
20	B				20
21	B				21
22	B				22
23	B				23
24	B				24
25	B				25
26	B				26
27					27
28 IMPLANTABLE SUPPLIES	C	IMPLANTABLE SUPPLIES	55.01		4642340 28
29	C				29
30	C				30
31	C				31
32	C				32
33	C				33
34	C				34
35	C				35
36 SUBTOTAL					9892042 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE	SALARY	OTHER	WKST A-7
			LINE #			REF.
	1	6	7	8	9	10
1 CHARGEABLE SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		70448	1
2	B	PHARMACY	16		6969	2
3	B	ADULTS & PEDIATRICS	25		428603	3
4	B	INTENSIVE CARE UNIT	26		130812	4
5	B	CORONARY CARE UNIT	27		113316	5
6	B	NURSERY	33		23503	6
7	B	OPERATING ROOM	37		1062226	7
8	B	RECOVERY ROOM	38		11595	8
9	B	DELIVERY ROOM & LABOR ROOM	39		82772	9
10	B	ANESTHESIOLOGY	40		118451	10
11	B	RADIOLOGY-DIAGNOSTIC	41		319406	11
12	B	RADIOISOTOPE	43		8023	12
13	B	LABORATORY	44		43633	13
14	B	INTRAVENOUS THERAPY	48		84232	14
15	B	RESPIRATORY THERAPY	49		165358	15
16	B	PHYSICAL THERAPY	50		40660	16
17	B	ELECTROCARDIOLOGY	53		87612	17
18	B	CARDIAC REHABILITATION	53.01		2529	18
19	B	CARDIAC CATH LAB	53.02		806312	19
20	B	ELECTROENCEPHALOGRAPHY	54		4247	20
21	B	RENAL DIALYSIS	57		5591	21
22	B	EMERGENCY	61		250259	22
23	B					23
24	B	PHYSICIANS' PRIVATE OFFICES	98		323	24
25	B	OTHER N.R.C.C.	98.01		1235	25
26	B	CHF CLINIC	98.02		9532	26
27						27
28 IMPLANTBALE SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		150	28
29	C	ADULTS & PEDIATRICS	25		517	29
30	C	INTENSIVE CARE UNIT	26		16	30
31	C	CORONARY CARE UNIT	27		42	31
32	C	OPERATING ROOM	37		1493285	32
33	C	RADIOLOGY-DIAGNOSTIC	41		22396	33
34	C	ELECTROCARDIOLOGY	53		2590959	34
35	C	CARDIAC CATH LAB	53.02		534687	35
36 SUBTOTAL				3	9891751	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
			2	3	4	5
1		C				1
2		C				2
3						3
4						4
5	CHARGEABLE DRUGS	CC	DRUGS CHARGED TO PATIENTS	56		3890191
6						6
7						7
8	CAFETERIA COSTS	D	CAFETERIA	12	354772	291801
9						9
10						10
11	INTEREST EXPENSE	E	OLD CAP REL COSTS-BLDG & FIXT	1		960943
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
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				354772	15034977

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
		1	6	7	8	9	
1		C	EMERGENCY	61		22	1
2		C	OTHER N.R.C.C.	98.01		266	2
3							3
4							4
5	CHARGEABLE DRUGS	CC	PHARMACY	16		3890191	5
6							6
7							7
8	CAFETERIA COSTS	D	DIETARY	11	354772	291801	8
9							9
10							10
11	INTEREST EXPENSE	E	ADMINISTRATIVE & GENERAL	6.06		960943	11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
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				354775	15034974	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	2517088					2517088	1
2 LAND IMPROVEMENTS	1610695					1610695	2
3 BUILDINGS AND FIXTURES	34136296					34136296	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	6424356				2180796	4243560	6
7 SUBTOTAL	44688435				2180796	42507639	7
8 RECONCILING ITEMS							8
9 TOTAL	44688435				2180796	42507639	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	235353					235353	1
2 LAND IMPROVEMENTS	138358					138358	2
3 BUILDINGS AND FIXTURES	72683875	388098		388098	37846	73034127	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	58140899	2303629		2303629		60444528	6
7 SUBTOTAL	131198485	2691727		2691727	37846	133852366	7
8 RECONCILING ITEMS							8
9 TOTAL	131198485	2691727		2691727	37846	133852366	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
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				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	450253		960943				1411196
2 OLD CAP REL COSTS-MVBLE EQUIP							
3 NEW CAP REL COSTS-BLDG & FIXT	2483198						2483198
4 NEW CAP REL COSTS-MVBLE EQUIP	2905396						2905396
5 TOTAL	5838847		960943				6799790

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

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
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 TOTAL							5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO.	WKST A-7 REF
			COST CENTER			
	1	2	3		4	5
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)	B	-107	ADMINISTRATIVE & GENERAL		6.06	9
10 TELEVISION AND RADIO SERVICE						10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-2878071				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1					14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-347581	DIETARY		11	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	-2549	MEDICAL RECORDS & LIBRARY		17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22 VENDING MACHINES						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		RESPIRATORY THERAPY		49	25
	A-8-4					
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY		50	26
	A-8-4					
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY		71	27
	A-8-3					
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF		89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT		1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP		2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT		3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP		4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	33
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					35
	WKST A-8-4					
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					36
	WKST A-8-4					
37						37
38						38
39						39
40 PAT. TELEPHONE COSTS	A	-19837	ADMINISTRATIVE & GENERAL		6.06	40
40.03 SALE OF DRUGS TO NON-PATIENTS	B	-12533	PHARMACY		16	40.03
40.21 PURCHASE DISCOUNTS	B	-23960	CENTRAL SERVICES & SUPPLY		15	40.21
40.30 MARKETING COSTS	A	-98640	ADMINISTRATIVE & GENERAL		6.06	40.30
40.36 NONALLOWABLE EXPENSES	A	-353	ADMINISTRATIVE & GENERAL		6.06	40.36
40.52 LAB INCOME	B	-90	LABORATORY		44	40.52
40.54 IHHA DUES	A	-25054	ADMINISTRATIVE & GENERAL		6.06	40.54
40.60 CARD REHAB REV	B	-106702	CARDIAC REHABILITATION		53.01	40.60
41 REAL ESTATE TAXES	A	-1042	NONPAID WORKERS		99	41
42 IMPAIRMENT LOSS TO HISTORICAL CO	A	450253	OLD CAP REL COSTS-BLDG & FIXT		1	42
42.01 IMPAIRMENT LOSS TO HISTORICAL COS	A	2483197	NEW CAP REL COSTS-BLDG & FIXT		3	42.01
42.02 IMPAIRMENT LOSS TO HISTORICAL COS	A	1533342	NEW CAP REL COSTS-MVBLE EQUIP		4	42.02
43 OTHER INCOME	B	-9	RADIOLOGY-DIAGNOSTIC		41	43
44 OTHER INCOME	B	-250	EMPLOYEE BENEFITS		5	44
44.01 OTHER INCOME	B	-103979	ADMINISTRATIVE & GENERAL		6.06	44.01
45						45
46						46
47						47
48						48
49						49
50 TOTAL		846035				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 ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.06	ADMINISTRATIVE & GENERAL	3493000	938000	2555000	1
2	6.06	ADMINISTRATIVE & GENERAL		2555000	-2555000	2
3		DATA CENTER FEES				3
4						9
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	960943	960943		11
5		TOTALS	4453943	4453943		4.04
						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 -----		TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME		
1	2	3	4	5	6
1	A SISTERS OF ST	100.00	MOTHERHOUSE	HEALTH CARE	1
2	A				2
3	A SOUTHWEST MRI	25.00	SFHC	MRI JOINT VENTURE	3
4	A SFASC	100.00	SFASC	AMBULATORY CARE	4
5					5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER NO. 14-0118 SAINT FRANCIS HOSPITAL
 PERIOD FROM 01/01/2008 TO 07/29/2008

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

VERSION: 2008.05
 12/29/2008 07:22

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
3	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE	380432	380432		200300			
4	40	ANESTHESIOLOGY	ANESTH	908564	908564		200300			
5	37	OPERATING ROOM	AGGREGATE	11300	11300		200300			
6	5	EMPLOYEE BENEFITS	CHIEF OF STAFF	8400	8400		177200			
7	6.06	ADMINISTRATIVE & GENERAL	AGGREGATE	1511498	1151498		177200			
8	44	LABORATORY	AGGREGATE	29120	29120		200300			
9	53	ELECTROCARDIOLOGY	AGGREGATE	28757	28757		177200			
101		TOTAL		2878071	2518071					

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	PATIENT	SUBTOTAL	ADMIN &	
	FOR COST	REL COSTS	REL COSTS	REL COSTS	BENEFITS	ACCOUNTING		GENERAL	
	ALLOCATION	BLDG&FIXT	BLDG&FIXT	MOV					
	0	1	3	4	5	6.01	5A	6.06	
GENERAL SERVICE COST CENTERS									
1	1411196	1411196							1
2									2
3	2483198		2483198						3
4	2905396			2905396					4
5	11723938	12066	21232	21157	11778393				5
6.01	1144377	15009	26411	89	182933	1368819			6.01
6.06	15496165	149935	263831	304529	1572464		17786924	17786924	6.06
7	1137797	6262	11019	1868	1001		1157947	277995	7
8	3601527	157722	277534	340919	286227		4663929	1119697	8
9	44358	46737	82240	9226	97248		279809	67175	9
10	1260968	24388	42914	8926	330086		1667282	400274	10
11	513544	64909	114216	27079	154211		1873959	209817	11
12	646573				116345		762918	183158	12
13									13
14	480262	5945	10461	40841	126575		664084	159431	14
15	494931	47284	83203	26774	114615		766807	184092	15
16	1553317	10641	18724	3486	407601		1993769	478656	16
17	1112220	18392	32364	2607	168790		1334373	320351	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	9910883	283694	499201	151234	2716891	149853	13711756	3291902	25
26	1662342	19273	33913	173302	466393	20665	2375888	570394	26
27	2495022	44595	78471	40839	704016	17429	3380372	811546	27
33	718733	11593	20399	8129	207318	10676	976848	234518	33
ANCILLARY SERVICE COST CENTERS									
37	3078176	120579	212176	269526	796485	185784	4662726	1119409	37
38	337287	10991	19341	13008	106507	22161	509295	122270	38
39	1324803	28925	50898	26834	302087	18716	1752263	420676	39
40	159412	2646	4656	39596	7336	21874	235520	56543	40
41	2464571	72420	127433	689473	664612	167229	4185738	1004895	41
43	431290	7634	13433	7015	61540	20592	541504	130002	43
44	3795528	43144	75917	68251	547604	226239	4756683	1141965	44
46.30									46.30
48	115044	2175	3828	1518	37521	2256	162342	38974	48
49	1019458	12468	21939	45409	304766	26695	1430735	343485	49
50	685815	26666	46922	7630	180550	10124	957707	229922	50
53	685399	48344	85068	204572	208018	12457	1243858	298620	53
53.01	124103			13256	69120	965	207444	49802	53.01
53.02	609235	27480	48354	232750	161019	74451	1153289	276877	53.02
54	23572	9822	17283	6770	6444	1106	64997	15604	54
55	3877647					39746	3917393	940472	55
55.01	4642340					99082	4741422	1138302	55.01
56	3890191					133885	4024076	966084	56
57	769871					7608	777479	186654	57
OUTPATIENT SERVICE COST CENTERS									
61	2684222	71703	126172	102012	635673	99226	3719008	892845	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	91514711	1403442	2469553	2888625	11741996	1368819	91440144	17682407	95
NONREIMBURSABLE COST CENTERS									
96	1474	1702	2995		483		6654	1597	96
98	18361				5241		23602	5666	98
98.01	20248	6052	10650	11992	5860		54802	13157	98.01
98.02	182403				24813		207216	49748	98.02
99	138295			4779			143074	34349	99
101									101
102									102
103	91875492	1411196	2483198	2905396	11778393	1368819	91875492	17786924	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS 7	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 PATEINT ACCOUNTING									6.01
6.06 ADMINISTRATIVE & GENERAL									6.06
7 MAINTENANCE & REPAIRS	1435942								7
8 OPERATION OF PLANT	184441	5968067							8
9 LAUNDRY & LINEN SERVICE	54654	260631	662269						9
10 HOUSEKEEPING	28520	136002	12055	2244133					10
11 DIETARY	75905	361969	3997	145799	1671446				11
12 CAFETERIA						946076			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	6952	33151		13353		13078	890049		14
15 CENTRAL SERVICES & SUPPLY	55295	263685	42318	106210		22005	31793	1472205	15
16 PHARMACY	12443	59339		23901		37813			16
17 MEDICAL RECORDS & LIBRARY	21508	102566		41313		28660			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 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	331754	1582053	262696	637237	1480031	286192	413491		25
26 INTENSIVE CARE UNIT	22537	107475	26405	43290	110195	45182	65279		26
27 CORONARY CARE UNIT	52149	248686	50399	100169	81220	64178	8797		27
33 NURSERY	13557	64648	10154	26040		15839			33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	141006	672420	63035	270846		80379	116133		37
38 RECOVERY ROOM	12853	61294	9017	24689		10671	15417		38
39 DELIVERY ROOM & LABOR ROOM	33826	161305	19678	64972		28402	41035		39
40 ANESTHESIOLOGY	3094	14756		5944		1384	2000		40
41 RADIOLOGY-DIAGNOSTIC	84688	403854	24246	162670		66907			41
43 RADIOISOTOPE	8927	42570	9090	17147		5294			43
44 LABORATORY	50453	240594	125	96910		66937	96711		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY	2544	12130		4886		3017	4359		48
49 RESPIRATORY THERAPY	14580	69528		28005		32029			49
50 PHYSICAL THERAPY	31183	148704	7316	59897		19558			50
53 ELECTROCARDIOLOGY	56534	269593	5114	108590		20784			53
53.01 CARDIAC REHABILITATION			11375			6003			53.01
53.02 CARDIAC CATH LAB	32135	153242	7200	61725		15549			53.02
54 ELECTROENCEPHALOGRAPHY	11486	54772	5036	22062		5980			54
55 MEDICAL SUPPLIES CHARGED TO PAT								1472205	55
55.01 IMPLANTABLE SUPPLIES									55.01
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS									57
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	83850	399859	91831	161060		65776	95034		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	1426874	5924826	661087	2226715	1671446	941617	890049	1472205	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1990	9490	321	3823		1065			96
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 OTHER N.R.C.C.	7078	33751	861	13595		282			98.01
98.02 CHF CLINIC									98.02
99 NONPAID WORKERS						3112			99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1435942	5968067	662269	2244133	1671446	946076	890049	1472205	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 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 PATEINT ACCOUNTING						6.01
6.06 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	2605921					16
17 MEDICAL RECORDS & LIBRARY		1848771				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 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	396	157	21997665		21997665	25
26 INTENSIVE CARE UNIT	117	21	3366783		3366783	26
27 CORONARY CARE UNIT	115	47	4797678		4797678	27
33 NURSERY	36		1341640		1341640	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1128	965	7128047		7128047	37
38 RECOVERY ROOM		1	765507		765507	38
39 DELIVERY ROOM & LABOR ROOM	283	188	2522628		2522628	39
40 ANESTHESIOLOGY	8	3300	322549		322549	40
41 RADIOLOGY-DIAGNOSTIC			5932998		5932998	41
43 RADIOISOTOPE			754534		754534	43
44 LABORATORY	226		6450604		6450604	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY			228252		228252	48
49 RESPIRATORY THERAPY	987		1919349		1919349	49
50 PHYSICAL THERAPY		5	1454292		1454292	50
53 ELECTROCARDIOLOGY	1531	19921	2024545		2024545	53
53.01 CARDIAC REHABILITATION			274624		274624	53.01
53.02 CARDIAC CATH LAB			1700017		1700017	53.02
54 ELECTROENCEPHALOGRAPHY			179937		179937	54
55 MEDICAL SUPPLIES CHARGED TO PAT			6330070		6330070	55
55.01 IMPLANTABLE SUPPLIES			5879724		5879724	55.01
56 DRUGS CHARGED TO PATIENTS	2600543	1824154	9414857		9414857	56
57 RENAL DIALYSIS			964133		964133	57
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	551	12	5509826		5509826	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	2605921	1848771	91260259		91260259	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			24940		24940	96
98 PHYSICIANS' PRIVATE OFFICES			29268		29268	98
98.01 OTHER N.R.C.C.			123526		123526	98.01
98.02 CHF CLINIC			256964		256964	98.02
99 NONPAID WORKERS			180535		180535	99
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	2605921	1848771	91875492		91875492	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP- REL COSTS BLDG&FIXT 1	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	PATIENT ACCOUNTING 6.01	ADMIN & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
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		12066	12066	12066					5
6.01 PATIENT ACCOUNTING		15009	15009	187	15196				6.01
6.06 ADMINISTRATIVE & GENERAL		149935	149935	1611		151546			6.06
7 MAINTENANCE & REPAIRS		6262	6262	1		2368	8631		7
8 OPERATION OF PLANT		157722	157722	293		9538	1109	168662	8
9 LAUNDRY & LINEN SERVICE		46737	46737	100		572	329	7366	9
10 HOUSEKEEPING		24388	24388	338		3410	171	3844	10
11 DIETARY		64909	64909	158		1787	456	10230	11
12 CAFETERIA				119		1560			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		5945	5945	130		1358	42	937	14
15 CENTRAL SERVICES & SUPPLY		47284	47284	117		1568	332	7452	15
16 PHARMACY		10641	10641	418		4077	75	1677	16
17 MEDICAL RECORDS & LIBRARY		18392	18392	173		2729	129	2899	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 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		283694	283694	2784	1667	28075	1995	44709	25
26 INTENSIVE CARE UNIT		19273	19273	478	230	4859	135	3037	26
27 CORONARY CARE UNIT		44595	44595	721	194	6913	313	7028	27
33 NURSERY		11593	11593	212	119	1998	81	1827	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		120579	120579	816	2067	9535	848	19003	37
38 RECOVERY ROOM		10991	10991	109	246	1042	77	1732	38
39 DELIVERY ROOM & LABOR ROOM		28925	28925	310	208	3583	203	4559	39
40 ANESTHESIOLOGY		2646	2646	8	243	482	19	417	40
41 RADIOLOGY-DIAGNOSTIC		72420	72420	681	1860	8560	509	11413	41
43 RADIOISOTOPE		7634	7634	63	229	1107	54	1203	43
44 LABORATORY		43144	43144	561	2486	9727	303	6799	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY		2175	2175	38	25	332	15	343	48
49 RESPIRATORY THERAPY		12468	12468	312	297	2926	88	1965	49
50 PHYSICAL THERAPY		26666	26666	185	113	1959	187	4202	50
53 ELECTROCARDIOLOGY		48344	48344	213	139	2544	340	7619	53
53.01 CARDIAC REHABILITATION				71	11	424			53.01
53.02 CARDIAC CATH LAB		27480	27480	165	828	2358	193	4331	53.02
54 ELECTROENCEPHALOGRAPHY		9822	9822	7	12	133	69	1548	54
55 MEDICAL SUPPLIES CHARGED TO PAT					442	8011			55
55.01 IMPLANTABLE SUPPLIES					1102	9696			55.01
56 DRUGS CHARGED TO PATIENTS					1489	8229			56
57 RENAL DIALYSIS					85	1590			57
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		71703	71703	651	1104	7605	504	11300	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		1403442	1403442	12030	15196	150655	8576	167440	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1702	1702			14	12	268	96
98 PHYSICIANS' PRIVATE OFFICES				5		48			98
98.01 OTHER N.R.C.C.		6052	6052	6		112	43	954	98.01
98.02 CHF CLINIC				25		424			98.02
99 NONPAID WORKERS						293			99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		1411196	1411196	12066	15196	151546	8631	168662	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	16	17
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.06								6.06
7								7
8								8
9	55104							9
10	1003	33154						10
11	333	2154	80027					11
12				1679				12
13								13
14		197		23	8632			14
15	3521	1569		39	308	62190		15
16		353		67			17308	16
17		610		51				24983
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	21859	9415	70862	506	4011		3	2 25
26	2197	640	5276	80	633		1	26
27	4193	1480	3889	114	85		1	1 27
33	845	385		28				33
ANCILLARY SERVICE COST CENTERS								
37	5245	4001		143	1126		7	13 37
38	750	365		19	150			38
39	1637	960		50	398		2	3 39
40		88		2	19			45 40
41	2017	2403		119				41
43	756	253		9				43
44	10	1432		119	938		2	44
46.30								46.30
48		72		5	42			48
49		414		57			7	49
50	609	885		35				50
53	425	1604		37			10	269 53
53.01	946			11				53.01
53.02	599	912		28				53.02
54	419	326		11				54
55						62190		55
55.01								55.01
56							17271	24650 56
57								57
OUTPATIENT SERVICE COST CENTERS								
61	7641	2379		117	922		4	61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	55005	32897	80027	1670	8632	62190	17308	24983 95
NONREIMBURSABLE COST CENTERS								
96	27	56		2				96
98								98
98.01	72	201		1				98.01
98.02								98.02
99				6				99
101								101
102								102
103	55104	33154	80027	1679	8632	62190	17308	24983 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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 PATEINT ACCOUNTING				6.01
6.06 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 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	469582		469582	25
26 INTENSIVE CARE UNIT	36839		36839	26
27 CORONARY CARE UNIT	69527		69527	27
33 NURSERY	17088		17088	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	163383		163383	37
38 RECOVERY ROOM	15481		15481	38
39 DELIVERY ROOM & LABOR ROOM	40838		40838	39
40 ANESTHESIOLOGY	3969		3969	40
41 RADIOLOGY-DIAGNOSTIC	99982		99982	41
43 RADIOISOTOPE	11308		11308	43
44 LABORATORY	65521		65521	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	3047		3047	48
49 RESPIRATORY THERAPY	18534		18534	49
50 PHYSICAL THERAPY	34841		34841	50
53 ELECTROCARDIOLOGY	61544		61544	53
53.01 CARDIAC REHABILITATION	1463		1463	53.01
53.02 CARDIAC CATH LAB	36894		36894	53.02
54 ELECTROENCEPHALOGRAPHY	12347		12347	54
55 MEDICAL SUPPLIES CHARGED TO PAT	70643		70643	55
55.01 IMPLANTABLE SUPPLIES	10798		10798	55.01
56 DRUGS CHARGED TO PATIENTS	51639		51639	56
57 RENAL DIALYSIS	1675		1675	57
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	103930		103930	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	1400873		1400873	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	2081		2081	96
98 PHYSICIANS' PRIVATE OFFICES	53		53	98
98.01 OTHER N.R.C.C.	7441		7441	98.01
98.02 CHF CLINIC	449		449	98.02
99 NONPAID WORKERS	299		299	99
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	1411196		1411196	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	PATIENT ACCOUNTING 6.01	ADMIN & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	
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	3139	21232	21157	45528	45528				5
6.01 PATIENT ACCOUNTING		26411	89	26500	707	27207			6.01
6.06 ADMINISTRATIVE & GENERAL		263831	304529	568360	6080		574440		6.06
7 MAINTENANCE & REPAIRS	7368	11019	1868	20255	4		8978	29237	7
8 OPERATION OF PLANT		277534	340919	618453	1107		36159	3755	8
9 LAUNDRY & LINEN SERVICE	29077	82240	9226	120543	376		2169	1113	9
10 HOUSEKEEPING	16057	42914	8926	67897	1276		12926	581	10
11 DIETARY	45791	114216	27079	187086	596		6776	1545	11
12 CAFETERIA					450		5915		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	111715	10461	40841	163017	489		5149	142	14
15 CENTRAL SERVICES & SUPPLY	295708	83203	26774	405685	443		5945	1126	15
16 PHARMACY	5272	18724	3486	27482	1576		15458	253	16
17 MEDICAL RECORDS & LIBRARY	24789	32364	2607	59760	653		10345	438	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 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	183164	499201	151234	833599	10492	2974	106338	6754	25
26 INTENSIVE CARE UNIT	22339	33913	173302	229554	1803	410	18420	459	26
27 CORONARY CARE UNIT	59120	78471	40839	178430	2722	346	26208	1062	27
33 NURSERY	7079	20399	8129	35607	802	212	7574	276	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	212838	212176	269526	694540	3080	3687	36150	2871	37
38 RECOVERY ROOM	15812	19341	13008	48161	412	440	3949	262	38
39 DELIVERY ROOM & LABOR ROOM	23317	50898	26834	101049	1168	371	13585	689	39
40 ANESTHESIOLOGY	36794	4656	39596	81046	28	434	1826	63	40
41 RADIOLOGY-DIAGNOSTIC	594077	127433	689473	1410983	2570	3319	32452	1724	41
43 RADIOISOTOPE	110482	13433	7015	130930	238	409	4198	182	43
44 LABORATORY	102260	75917	68251	246428	2117	4530	36879	1027	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY		3828	1518	5346	145	45	1259	52	48
49 RESPIRATORY THERAPY	47046	21939	45409	114394	1178	530	11092	297	49
50 PHYSICAL THERAPY	28668	46922	7630	83220	698	201	7425	635	50
53 ELECTROCARDIOLOGY	240899	85068	204572	530539	804	247	9644	1151	53
53.01 CARDIAC REHABILITATION	24798		13256	38054	267	19	1608		53.01
53.02 CARDIAC CATH LAB		48354	232750	281104	623	1478	8941	654	53.02
54 ELECTROENCEPHALOGRAPHY	29704	17283	6770	53757	25	22	504	234	54
55 MEDICAL SUPPLIES CHARGED TO PAT						789	30372		55
55.01 IMPLANTABLE SUPPLIES						1967	36760		55.01
56 DRUGS CHARGED TO PATIENTS						2657	31199		56
57 RENAL DIALYSIS						151	6028		57
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	22668	126172	102012	250852	2458	1969	28833	1707	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	2299981	2469553	2888625	7658159	45387	27207	571064	29052	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2995		2995	2		52	41	96
98 PHYSICIANS' PRIVATE OFFICES	6946			6946	20		183		98
98.01 OTHER N.R.C.C.		10650	11992	22642	23		425	144	98.01
98.02 CHF CLINIC					96		1607		98.02
99 NONPAID WORKERS			4779	4779			1109		99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2306927	2483198	2905396	7695521	45528	27207	574440	29237	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	AND LINEN	KEEPING			ADMINI-	SERVICES	
	8	9	10	11	12	STRATION	& SUPPLY	16
						14	15	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.06								6.06
7								7
8	659474							8
9	28800	153001						9
10	15028	2785	100493					10
11	39998	923	6529	243453				11
12					6365			12
13								13
14	3663		598		88	173146		14
15	29137	9776	4756		148	6185	463201	15
16	6557		1070		254			16
17	11334		1850		193			17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	174817	60691	28535	215573	1925	80439		8 25
26	11876	6100	1939	16050	304	12699		2 26
27	27480	11644	4486	11830	432	1711		2 27
33	7144	2346	1166		107			1 33
ANCILLARY SERVICE COST CENTERS								
37	74303	14563	12129		541	22592		23 37
38	6773	2083	1106		72	2999		38
39	17824	4546	2909		191	7983		6 39
40	1631		266		9	389		40
41	44626	5602	7284		450			41
43	4704	2100	768		36			43
44	26586	29	4340		450	18814		5 44
46.30								46.30
48	1340		219		20	848		48
49	7683		1254		215			20 49
50	16432	1690	2682		132			50
53	29790	1181	4863		140			31 53
53.01		2628			40			53.01
53.02	16933	1663	2764		105			53.02
54	6052	1163	988		40			54
55							463201	55
55.01								55.01
56								52541 56
57								57
OUTPATIENT SERVICE COST CENTERS								
61	44185	21215	7212		443	18487		11 61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	654696	152728	99713	243453	6335	173146	463201	52650 95
NONREIMBURSABLE COST CENTERS								
96	1049	74	171		7			96
98								98
98.01	3729	199	609		2			98.01
98.02								98.02
99					21			99
101								101
102								102
103	659474	153001	100493	243453	6365	173146	463201	52650 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17	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 PATEINT ACCOUNTING				6.01
6.06 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	84573			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 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	7	1522152		1522152
26 INTENSIVE CARE UNIT	1	299617		299617
27 CORONARY CARE UNIT	2	266355		266355
33 NURSERY		55235		55235
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	44	864523		864523
38 RECOVERY ROOM		66257		66257
39 DELIVERY ROOM & LABOR ROOM	9	150330		150330
40 ANESTHESIOLOGY	151	85843		85843
41 RADIOLOGY-DIAGNOSTIC		1509010		1509010
43 RADIOISOTOPE		143565		143565
44 LABORATORY		341205		341205
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY		9274		9274
49 RESPIRATORY THERAPY		136663		136663
50 PHYSICAL THERAPY		113115		113115
53 ELECTROCARDIOLOGY	911	579301		579301
53.01 CARDIAC REHABILITATION		42616		42616
53.02 CARDIAC CATH LAB		314265		314265
54 ELECTROENCEPHALOGRAPHY		62785		62785
55 MEDICAL SUPPLIES CHARGED TO PAT		494362		494362
55.01 IMPLANTABLE SUPPLIES		38727		38727
56 DRUGS CHARGED TO PATIENTS	83447	169844		169844
57 RENAL DIALYSIS		6179		6179
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	1	377373		377373
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	84573	7648596		7648596
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		4391		4391
98 PHYSICIANS' PRIVATE OFFICES		7149		7149
98.01 OTHER N.R.C.C.		27773		27773
98.02 CHF CLINIC		1703		1703
99 NONPAID WORKERS		5909		5909
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	84573	7695521		7695521

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	PATIENT ACCOUNTING GROSS REVENUE	RECON- CILIATION 6A.06	ADMIN & GENERAL ACCUM COST 6.06	
	1	3	4	5	6.01		6.06	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	551444							1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		551444						3
4 NEW CAP REL COSTS-MVBLE EQUIP			1372046					4
5 EMPLOYEE BENEFITS	4715	4715	9991	35915876				5
6.01 PATEINT ACCOUNTING	5865	5865	42	557817	298519113			6.01
6.06 ADMINISTRATIVE & GENERAL	58589	58589	143811	4794916		-17786924	74088568	6.06
7 MAINTENANCE & REPAIRS	2447	2447	882	3051			1157947	7
8 OPERATION OF PLANT	61632	61632	160996	872791			4663929	8
9 LAUNDRY & LINEN SERVICE	18263	18263	4357	296538			279809	9
10 HOUSEKEEPING	9530	9530	4215	1006532			1667282	10
11 DIETARY	25364	25364	12788	470237			873959	11
12 CAFETERIA				354772			762918	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2323	2323	19287	385966			664084	14
15 CENTRAL SERVICES & SUPPLY	18477	18477	12644	349496			766807	15
16 PHARMACY	4158	4158	1646	1242899			1993769	16
17 MEDICAL RECORDS & LIBRARY	7187	7187	1231	514693			1334373	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	110858	110858	71419	8284626	32683423		13711756	25
26 INTENSIVE CARE UNIT	7531	7531	81840	1422173	4507185		2375888	26
27 CORONARY CARE UNIT	17426	17426	19286	2146757	3801380		3380372	27
33 NURSERY	4530	4530	3839	632175	2328515		976848	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	47118	47118	127281	2428723	40520061		4662726	37
38 RECOVERY ROOM	4295	4295	6143	324771	4833276		509295	38
39 DELIVERY ROOM & LABOR ROOM	11303	11303	12672	921154	4082021		1752263	39
40 ANESTHESIOLOGY	1034	1034	18699	22370	4770688		235520	40
41 RADIOLOGY-DIAGNOSTIC	28299	28299	325597	2026602	36472990		4185738	41
43 RADIOISOTOPE	2983	2983	3313	187653	4491209		541504	43
44 LABORATORY	16859	16859	32231	1669808	49319180		4756683	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY	850	850	717	114412	491937		162342	48
49 RESPIRATORY THERAPY	4872	4872	21444	929324	5822335		1430735	49
50 PHYSICAL THERAPY	10420	10420	3603	550550	2208133		957707	50
53 ELECTROCARDIOLOGY	18891	18891	96607	634310	2716815		1243858	53
53.01 CARDIAC REHABILITATION			6260	210767	210400		207444	53.01
53.02 CARDIAC CATH LAB	10738	10738	109914	490994	16237962		1153289	53.02
54 ELECTROENCEPHALOGRAPHY	3838	3838	3197	19651	241303		64997	54
55 MEDICAL SUPPLIES CHARGED TO P					8668616		3917393	55
55.01 IMPLANTABLE SUPPLIES					21610048		4741422	55.01
56 DRUGS CHARGED TO PATIENTS					29200726		4024076	56
57 RENAL DIALYSIS					1659423		777479	57
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	28019	28019	48174	1938359	21641487		3719008	61
62 OBSERVATION BEDS (NON-DISTINC								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 THERA								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	548414	548414	1364126	35804887	298519113	-17786924	73653220	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	665	665		1474			6654	96
98 PHYSICIANS' PRIVATE OFFICES				15982			23602	98
98.01 OTHER N.R.C.C.	2365	2365	5663	17870			54802	98.01
98.02 CHF CLINIC				75663			207216	98.02
99 NONPAID WORKERS			2257				143074	99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	PATIENT	RECON-	ADMIN &
	REL COSTS	REL COSTS	REL COSTS	BENEFITS	ACCOUNTING		GENERAL
	BLDG&FIXT	BLDG&FIXT	MOV EQUIP	GROSS	GROSS	CILIATION	ACCUM
	(SQUARE	SQUARE	DOLLAR	SALARIES	REVENUE		COST
	FEEET)	FEEET	VALUE				
	1	3	4	5	6.01	6A.06	6.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1411196	2483198	2905396	11778393	1368819		17786924 103
104 UNIT COST MULT-WS B PT I		4.503083		.327944			104
104 UNIT COST MULT-WS B PT I	2.559092		2.117565		.004585		.240076 104
105 COST TO BE ALLOC PER B PT II				12066	15196		151546 105
106 UNIT COST MULT-WS B PT II				.000336			106
106 UNIT COST MULT-WS B PT II					.000051		.002045 106
107 COST TO BE ALLOC PER B PT III				45528	27207		574440 107
108 UNIT COST MULT-WS B PT III				.001268			108
108 UNIT COST MULT-WS B PT III					.000091		.007753 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	7	8	9	10	11	12	14	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 PATEINT ACCOUNTING									6.01
6.06 ADMINISTRATIVE & GENERAL									6.06
7 MAINTENANCE & REPAIRS	479828								7
8 OPERATION OF PLANT	61632	418196							8
9 LAUNDRY & LINEN SERVICE	18263	18263	856022						9
10 HOUSEKEEPING	9530		15582	390403					10
11 DIETARY	25364	25364	5166	25364	33400				11
12 CAFETERIA						944613			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2323	2323		2323		13058	615078		14
15 CENTRAL SERVICES & SUPPLY	18477	18477	54698	18477		21971	21971	100	15
16 PHARMACY	4158	4158		4158		37755			16
17 MEDICAL RECORDS & LIBRARY	7187	7187		7187		28616			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	110858	110858	339549	110858	29575	285748	285748		25
26 INTENSIVE CARE UNIT	7531	7531	34130	7531	2202	45112	45112		26
27 CORONARY CARE UNIT	17426	17426	65144	17426	1623	64079	6079		27
33 NURSERY	4530	4530	13125	4530		15815			33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	47118	47118	81477	47118		80255	80255		37
38 RECOVERY ROOM	4295	4295	11655	4295		10654	10654		38
39 DELIVERY ROOM & LABOR ROOM	11303	11303	25435	11303		28358	28358		39
40 ANESTHESIOLOGY	1034	1034		1034		1382	1382		40
41 RADIOLOGY-DIAGNOSTIC	28299	28299	31340	28299		66804			41
43 RADIOISOTOPE	2983	2983	11749	2983		5286			43
44 LABORATORY	16859	16859	162	16859		66833	66833		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
48 INTRAVENOUS THERAPY	850	850		850		3012	3012		48
49 RESPIRATORY THERAPY	4872	4872		4872		31979			49
50 PHYSICAL THERAPY	10420	10420	9457	10420		19528			50
53 ELECTROCARDIOLOGY	18891	18891	6610	18891		20752			53
53.01 CARDIAC REHABILITATION			14703			5994			53.01
53.02 CARDIAC CATH LAB	10738	10738	9306	10738		15525			53.02
54 ELECTROENCEPHALOGRAPHY	3838	3838	6509	3838		5971			54
55 MEDICAL SUPPLIES CHARGED TO P								100	55
55.01 IMPLANTABLE SUPPLIES									55.01
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS									57
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	28019	28019	118697	28019		65674	65674		61
62 OBSERVATION BEDS (NON-DISTINC									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 THERA									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	476798	415166	854494	387373	33400	940161	615078	100	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	665	665	415	665		1063			96
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 OTHER N.R.C.C.	2365	2365	1113	2365		282			98.01
98.02 CHF CLINIC									98.02
99 NONPAID WORKERS						3107			99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	7	8	9	10	11	12	14	15	
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1435942	5968067	662269	2244133	1671446	946076	890049	1472205	103
104 UNIT COST MULT-WS B PT I	2.992618		.773659		50.043293		1.447051		104
104 UNIT COST MULT-WS B PT I		14.270981		5.748247		1.001549		14722.050000	104
105 COST TO BE ALLOC PER B PT II	8631	168662	55104	33154	80027	1679	8632	62190	105
106 UNIT COST MULT-WS B PT II	.017988		.064372		2.396018		.014034		106
106 UNIT COST MULT-WS B PT II		.403308		.084923		.001777		621.900000	106
107 COST TO BE ALLOC PER B PT III	29237	659474	153001	100493	243453	6365	173146	463201	107
108 UNIT COST MULT-WS B PT III	.060932		.178735		7.289012		.281503		108
108 UNIT COST MULT-WS B PT III		1.576950		.257408		.006738		4632.010000	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	I&R SALARY & FRINGES ASSIGNED TIME 22	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.06				6.06
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17	3864989	5824680		17
18				18
20				20
21				21
22			100	22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	588	494		25
26	173	65		26
27	170	148		27
33	53			33
ANCILLARY SERVICE COST CENTERS				
37	1673	3039		37
38		4		38
39	419	591		39
40	12	10397		40
41				41
43				43
44	335			44
46.30				46.30
48				48
49	1464			49
50		16		50
53	2270	62761		53
53.01				53.01
53.02				53.02
54				54
55				55
55.01				55.01
56	3857015	5747127		56
57				57
OUTPATIENT SERVICE COST CENTERS				
61	817	38	100	61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40
71				71
SPECIAL PURPOSE COST CENTERS				
85.01				85.01
85.02				85.02
95	3864989	5824680	100	95
NONREIMBURSABLE COST CENTERS				
96				96
98				98
98.01				98.01
98.02				98.02
99				99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	I&R	
	(COSTED REQUIS) 16	RECORDS & LIBRARY (TIME SPENT) 17	SALARY & FRINGES ASSIGNED TIME 22	
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	2605921	1848771		103
104 UNIT COST MULT-WS B PT I	.674238			104
104 UNIT COST MULT-WS B PT I		.317403		104
105 COST TO BE ALLOC PER B PT II	17308	24983		105
106 UNIT COST MULT-WS B PT II	.004478			106
106 UNIT COST MULT-WS B PT II		.004289		106
107 COST TO BE ALLOC PER B PT III	52650	84573		107
108 UNIT COST MULT-WS B PT III	.013622			108
108 UNIT COST MULT-WS B PT III		.014520		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	21997665		21997665		21997665	25
26 INTENSIVE CARE UNIT	3366783		3366783		3366783	26
27 CORONARY CARE UNIT	4797678		4797678		4797678	27
33 NURSERY	1341640		1341640		1341640	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	7128047		7128047		7128047	37
38 RECOVERY ROOM	765507		765507		765507	38
39 DELIVERY ROOM & LABOR ROOM	2522628		2522628		2522628	39
40 ANESTHESIOLOGY	322549		322549		322549	40
41 RADIOLOGY-DIAGNOSTIC	5932998		5932998		5932998	41
43 RADIOISOTOPE	754534		754534		754534	43
44 LABORATORY	6450604		6450604		6450604	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	228252		228252		228252	48
49 RESPIRATORY THERAPY	1919349		1919349		1919349	49
50 PHYSICAL THERAPY	1454292		1454292		1454292	50
53 ELECTROCARDIOLOGY	2024545		2024545		2024545	53
53.01 CARDIAC REHABILITATION	274624		274624		274624	53.01
53.02 CARDIAC CATH LAB	1700017		1700017		1700017	53.02
54 ELECTROENCEPHALOGRAPHY	179937		179937		179937	54
55 MEDICAL SUPPLIES CHARGED TO	6330070		6330070		6330070	55
55.01 IMPLANTABLE SUPPLIES	5879724		5879724		5879724	55.01
56 DRUGS CHARGED TO PATIENTS	9414857		9414857		9414857	56
57 RENAL DIALYSIS	964133		964133		964133	57
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	5509826		5509826		5509826	61
62 OBSERVATION BEDS (NON-DISTI	2580242		2580242		2580242	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	93840501		93840501		93840501	101
102 LESS OBSERVATION BEDS	2580242		2580242		2580242	102
103 TOTAL	91260259		91260259		91260259	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	31008175		31008175			25
26 INTENSIVE CARE UNIT	4507185		4507185			26
27 CORONARY CARE UNIT	3801380		3801380			27
33 NURSERY	2328515		2328515			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	21261323	19258738	40520061	.175914	.175914	.175914 37
38 RECOVERY ROOM	2625614	2207662	4833276	.158383	.158383	.158383 38
39 DELIVERY ROOM & LABOR ROOM	3585619	496402	4082021	.617985	.617985	.617985 39
40 ANESTHESIOLOGY	2586633	2184055	4770688	.067611	.067611	.067611 40
41 RADIOLOGY-DIAGNOSTIC	18435486	18037504	36472990	.162668	.162668	.162668 41
43 RADIOISOTOPE	2757392	1733817	4491209	.168002	.168002	.168002 43
44 LABORATORY	35178446	14140734	49319180	.130793	.130793	.130793 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	13501	478436	491937	.463986	.463986	.463986 48
49 RESPIRATORY THERAPY	5316711	505624	5822335	.329653	.329653	.329653 49
50 PHYSICAL THERAPY	1598603	609530	2208133	.658607	.658607	.658607 50
53 ELECTROCARDIOLOGY	1850851	865964	2716815	.745191	.745191	.745191 53
53.01 CARDIAC REHABILITATION	700	209700	210400	1.305247	1.305247	1.305247 53.01
53.02 CARDIAC CATH LAB	11335248	4902714	16237962	.104694	.104694	.104694 53.02
54 ELECTROENCEPHALOGRAPHY	128856	112447	241303	.745689	.745689	.745689 54
55 MEDICAL SUPPLIES CHARGED TO	5978672	2689944	8668616	.730228	.730228	.730228 55
55.01 IMPLANTABLE SUPPLIES	16106753	5503295	21610048	.272083	.272083	.272083 55.01
56 DRUGS CHARGED TO PATIENTS	25307130	3893596	29200726	.322419	.322419	.322419 56
57 RENAL DIALYSIS	1656420	3003	1659423	.581005	.581005	.581005 57
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	8061821	13579666	21641487	.254596	.254596	.254596 61
62 OBSERVATION BEDS (NON-DISTI	81366	1593882	1675248	1.540215	1.540215	1.540215 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	205512400	93006713	298519113			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	205512400	93006713	298519113			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 SWING-BED ADJUSTMENT			
	1	2	3	4		5	6
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	469582		469582	1522152		1522152	25
26 INTENSIVE CARE UNIT	36839		36839	299617		299617	26
27 CORONARY CARE UNIT	69527		69527	266355		266355	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	17088		17088	55235		55235	33
101 TOTAL	593036		593036	2143359		2143359	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	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	33505	16150	14.02	226423	45.43	733695	25
26 INTENSIVE CARE UNIT	2202	1199	16.73	20059	136.07	163148	26
27 CORONARY CARE UNIT	1623	962	42.84	41212	164.11	157874	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	1994		8.57		27.70		33
101 TOTAL	39324	18311		287694		1054717	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0118) [] 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 RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES	CAPITAL COSTS	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	163383	864523	40520061	11485156	.004032	46308	.021336	245047	37
38 RECOVERY ROOM	15481	66257	4833276	1004495	.003203	3217	.013709	13771	38
39 DELIVERY ROOM & LABOR ROOM	40838	150330	4082021	12795	.010004	128	.036827	471	39
40 ANESTHESIOLOGY	3969	85843	4770688	1015587	.000832	845	.017994	18274	40
41 RADIOLOGY-DIAGNOSTIC	99982	1509010	36472990	10880590	.002741	29824	.041373	450163	41
43 RADIOISOTOPE	11308	143565	4491209	1462788	.002518	3683	.031966	46759	43
44 LABORATORY	65521	341205	49319180	19527706	.001329	25952	.006918	135093	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
48 INTRAVENOUS THERAPY	3047	9274	491937	11307	.006194	70	.018852	213	48
49 RESPIRATORY THERAPY	18534	136663	5822335	3184146	.003183	10135	.023472	74738	49
50 PHYSICAL THERAPY	34841	113115	2208133	927122	.015778	14628	.051227	47494	50
53 ELECTROCARDIOLOGY	61544	579301	2716815	1055205	.022653	23904	.213228	224999	53
53.01 CARDIAC REHABILITATION	1463	42616	210400	700	.006953	5	.202548	142	53.01
53.02 CARDIAC CATH LAB	36894	314265	16237962		.002272		.019354		53.02
54 ELECTROENCEPHALOGRAPHY	12347	62785	241303	81371	.051168	4164	.260192	21172	54
55 MEDICAL SUPPLIES CHARGED TO P	70643	494362	8668616	3304876	.008149	26931	.057029	188474	55
55.01 IMPLANTABLE SUPPLIES	10798	38727	21610048	10217447	.000500	5109	.001792	18310	55.01
56 DRUGS CHARGED TO PATIENTS	51639	169844	29200726	13495182	.001768	23859	.005816	78488	56
57 RENAL DIALYSIS	1675	6179	1659423	1093519	.001009	1103	.003724	4072	57
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	103930	377373	21641487	4207587	.004802	20205	.017437	73368	61
62 OBSERVATION BEDS (NON-DISTINC	55080	178542	1675248	45688	.032879	1502	.106576	4869	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	862917	5683779	256873858	83013267		241572		1645917	101

PROVIDER NO. 14-0118 SAINT FRANCIS HOSPITAL
 PERIOD FROM 01/01/2008 TO 07/29/2008

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

VERSION: 2008.05
 12/29/2008 07:22

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS		PROGRAM	PROGRAM
		COST	COST	AMOUNT		DIEM	DAYS	PASS THRU
		1	2	3	4	6	7	8
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS					33505	16150	25
26	INTENSIVE CARE UNIT					2202	1199	26
27	CORONARY CARE UNIT					1623	962	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY					1994		33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL					39324	18311	101

PROVIDER NO. 14-0118 SAINT FRANCIS HOSPITAL
 PERIOD FROM 01/01/2008 TO 07/29/2008

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

VERSION: 2008.05
 12/29/2008 07:22

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0118)	[]	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			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 IMPLANTABLE SUPPLIES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0118) [] 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	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		40520061			11485156		6772276 37
38 RECOVERY ROOM		4833276			1004495		588261 38
39 DELIVERY ROOM & LABOR ROOM		4082021			12795		1723 39
40 ANESTHESIOLOGY		4770688			1015587		644090 40
41 RADIOLOGY-DIAGNOSTIC		36472990			10880590		4624139 41
43 RADIOISOTOPE		4491209			1462788		544605 43
44 LABORATORY		49319180			19527706		498348 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		491937			11307		357404 48
49 RESPIRATORY THERAPY		5822335			3184146		76502 49
50 PHYSICAL THERAPY		2208133			927122		703 50
53 ELECTROCARDIOLOGY		2716815			1055205		228358 53
53.01 CARDIAC REHABILITATION		210400			700		108300 53.01
53.02 CARDIAC CATH LAB		16237962					1077068 53.02
54 ELECTROENCEPHALOGRAPHY		241303			81371		16744 54
55 MEDICAL SUPPLIES CHARGED TO P		8668616			3304876		976498 55
55.01 IMPLANTABLE SUPPLIES		21610048			10217447		2999740 55.01
56 DRUGS CHARGED TO PATIENTS		29200726			13495182		1033603 56
57 RENAL DIALYSIS		1659423			1093519		57
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		21641487			4207587		1362214 61
62 OBSERVATION BEDS (NON-DISTINC		1675248			45688		270546 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		256873858			83013267		22181122 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0118) [] 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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 IMPLANTABLE SUPPLIES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0118) [] 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 COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.175914	.175914	.175914			37
38 RECOVERY ROOM	.158383	.158383	.158383			38
39 DELIVERY ROOM & LABOR ROOM	.617985	.617985	.617985			39
40 ANESTHESIOLOGY	.067611	.067611	.067611			40
41 RADIOLOGY-DIAGNOSTIC	.162668	.162668	.162668			41
43 RADIOISOTOPE	.168002	.168002	.168002			43
44 LABORATORY	.130793	.130793	.130793			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	.463986	.463986	.463986			48
49 RESPIRATORY THERAPY	.329653	.329653	.329653			49
50 PHYSICAL THERAPY	.658607	.658607	.658607			50
53 ELECTROCARDIOLOGY	.745191	.745191	.745191			53
53.01 CARDIAC REHABILITATION	1.305247	1.305247	1.305247			53.01
53.02 CARDIAC CATH LAB	.104694	.104694	.104694			53.02
54 ELECTROENCEPHALOGRAPHY	.745689	.745689	.745689			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.730228	.730228	.730228			55
55.01 IMPLANTABLE SUPPLIES	.272083	.272083	.272083			55.01
56 DRUGS CHARGED TO PATIENTS	.322419	.322419	.322419			56
57 RENAL DIALYSIS	.581005	.581005	.581005			57
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.254596	.254596	.254596			61
62 OBSERVATION BEDS (NON-DISTINCT	1.540215	1.540215	1.540215			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						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	.322419	1
2 PROGRAM VACCINE CHARGES	306	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	99	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 (14-0118) [] 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
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6772276						37
38 RECOVERY ROOM		588261						38
39 DELIVERY ROOM & LABOR ROOM		1723						39
40 ANESTHESIOLOGY		644090						40
41 RADIOLOGY-DIAGNOSTIC		4624139						41
43 RADIOISOTOPE		544605						43
44 LABORATORY		498348						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY		357404						48
49 RESPIRATORY THERAPY		76502	636					49
50 PHYSICAL THERAPY		703						50
53 ELECTROCARDIOLOGY		228358						53
53.01 CARDIAC REHABILITATION		108300						53.01
53.02 CARDIAC CATH LAB		1077068						53.02
54 ELECTROENCEPHALOGRAPHY		16744						54
55 MEDICAL SUPPLIES CHARGED TO PA		976498	10336					55
55.01 IMPLANTABLE SUPPLIES		2999740						55.01
56 DRUGS CHARGED TO PATIENTS		1033603	22					56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1362214						61
62 OBSERVATION BEDS (NON-DISTINCT		270546						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		22181122	10994					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		22181122	10994					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0118) [] 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) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1191338					37
38 RECOVERY ROOM		93171					38
39 DELIVERY ROOM & LABOR ROOM		1065					39
40 ANESTHESIOLOGY		43548					40
41 RADIOLOGY-DIAGNOSTIC		752199					41
43 RADIOISOTOPE		91495					43
44 LABORATORY		65180					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		165830					48
49 RESPIRATORY THERAPY		25219	210				49
50 PHYSICAL THERAPY		463					50
53 ELECTROCARDIOLOGY		170170					53
53.01 CARDIAC REHABILITATION		141358					53.01
53.02 CARDIAC CATH LAB		112763					53.02
54 ELECTROENCEPHALOGRAPHY		12486					54
55 MEDICAL SUPPLIES CHARGED TO PAT		713066	7548				55
55.01 IMPLANTABLE SUPPLIES		816178					55.01
56 DRUGS CHARGED TO PATIENTS		333253	7				56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		346814					61
62 OBSERVATION BEDS (NON-DISTINCT)		416699					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		5492295	7765				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		5492295	7765				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 SWING-BED ADJUSTMENT			
	1	2	3	4		5	6
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	469582		469582	1522152		1522152	25
26 INTENSIVE CARE UNIT	36839		36839	299617		299617	26
27 CORONARY CARE UNIT	69527		69527	266355		266355	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	17088		17088	55235		55235	33
101 TOTAL	593036		593036	2143359		2143359	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	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	33505	4314	14.02	60482	45.43	195985	25
26 INTENSIVE CARE UNIT	2202	438	16.73	7328	136.07	59599	26
27 CORONARY CARE UNIT	1623	224	42.84	9596	164.11	36761	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	1994	1039	8.57	8904	27.70	28780	33
101 TOTAL	39324	6015		86310		321125	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0118) [] 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	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	163383	864523	40520061		.004032		.021336	37
38 RECOVERY ROOM	15481	66257	4833276		.003203		.013709	38
39 DELIVERY ROOM & LABOR ROOM	40838	150330	4082021		.010004		.036827	39
40 ANESTHESIOLOGY	3969	85843	4770688		.000832		.017994	40
41 RADIOLOGY-DIAGNOSTIC	99982	1509010	36472990		.002741		.041373	41
43 RADIOISOTOPE	11308	143565	4491209		.002518		.031966	43
44 LABORATORY	65521	341205	49319180		.001329		.006918	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY	3047	9274	491937		.006194		.018852	48
49 RESPIRATORY THERAPY	18534	136663	5822335		.003183		.023472	49
50 PHYSICAL THERAPY	34841	113115	2208133		.015778		.051227	50
53 ELECTROCARDIOLOGY	61544	579301	2716815		.022653		.213228	53
53.01 CARDIAC REHABILITATION	1463	42616	210400		.006953		.202548	53.01
53.02 CARDIAC CATH LAB	36894	314265	16237962		.002272		.019354	53.02
54 ELECTROENCEPHALOGRAPHY	12347	62785	241303		.051168		.260192	54
55 MEDICAL SUPPLIES CHARGED TO P	70643	494362	8668616		.008149		.057029	55
55.01 IMPLANTABLE SUPPLIES	10798	38727	21610048		.000500		.001792	55.01
56 DRUGS CHARGED TO PATIENTS	51639	169844	29200726		.001768		.005816	56
57 RENAL DIALYSIS	1675	6179	1659423		.001009		.003724	57
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	103930	377373	21641487		.004802		.017437	61
62 OBSERVATION BEDS (NON-DISTINC	55080	178542	1675248		.032879		.106576	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	862917	5683779	256873858					101

PROVIDER NO. 14-0118 SAINT FRANCIS HOSPITAL
 PERIOD FROM 01/01/2008 TO 07/29/2008

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

VERSION: 2008.05
 12/29/2008 07:22

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	MEDICAL	SWING-BED	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS			PROGRAM
		COST	COST	AMOUNT		DIEM	DAYS	PASS THRU
		1	2	3	4	6	7	8
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS					33505	4314	25
26	INTENSIVE CARE UNIT					2202	438	26
27	CORONARY CARE UNIT					1623	224	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY					1994	1039	33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL					39324	6015	101

PROVIDER NO. 14-0118 SAINT FRANCIS HOSPITAL
 PERIOD FROM 01/01/2008 TO 07/29/2008

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

VERSION: 2008.05
 12/29/2008 07:22

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0118)	[]	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			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 IMPLANTABLE SUPPLIES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0118)	[]	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		40520061					37
38 RECOVERY ROOM		4833276					38
39 DELIVERY ROOM & LABOR ROOM		4082021					39
40 ANESTHESIOLOGY		4770688					40
41 RADIOLOGY-DIAGNOSTIC		36472990					41
43 RADIOISOTOPE		4491209					43
44 LABORATORY		49319180					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		491937					48
49 RESPIRATORY THERAPY		5822335					49
50 PHYSICAL THERAPY		2208133					50
53 ELECTROCARDIOLOGY		2716815					53
53.01 CARDIAC REHABILITATION		210400					53.01
53.02 CARDIAC CATH LAB		16237962					53.02
54 ELECTROENCEPHALOGRAPHY		241303					54
55 MEDICAL SUPPLIES CHARGED TO P		8668616					55
55.01 IMPLANTABLE SUPPLIES		21610048					55.01
56 DRUGS CHARGED TO PATIENTS		29200726					56
57 RENAL DIALYSIS		1659423					57
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		21641487					61
62 OBSERVATION BEDS (NON-DISTINC		1675248					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		256873858					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0118)	[]	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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 IMPLANTABLE SUPPLIES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
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) (14-0118)	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)	33505						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33505						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33505						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)	16150						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 (PPS) (14-0118)	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	21997665						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	21997665						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31008175						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31008175						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.709415						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	925.48						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	21997665						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) (14-0118)	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	656.55					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10603283					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10603283					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3366783	2202	1528.97	1199	1833235	43
44 CORONARY CARE UNIT	4797678	1623	2956.06	962	2843730	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0118)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	20660621					48
49 TOTAL PROGRAM INPATIENT COSTS	35940869					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1342411					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1887489					51
52 TOTAL PROGRAM EXCLUDABLE COST	3229900					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	32710969					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) (14-0118)	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. 14-0118 SAINT FRANCIS HOSPITAL
PERIOD FROM 01/01/2008 TO 07/29/2008

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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 SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0118)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3930	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	656.55	84
85 OBSERVATION BED COST	2580242	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	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	469582	21997665	.021347	2580242	55080	86
87 NEW CAPITAL-RELATED COST	1522152	21997665	.069196	2580242	178542	87
88 NON PHYSICIAN ANESTHETIST		21997665		2580242		88
89 MEDICAL EDUCATION		21997665		2580242		89

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) (14-0118)	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)	33505					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33505					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33505					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)	4314					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	1994					15
16 TITLE V OR XIX NURSERY DAYS	1039					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) (14-0118)	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	21997665						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	21997665						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31008175						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31008175						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.709415						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	925.48						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	21997665						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) (14-0118)	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	656.55					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2832357					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2832357					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)	1341640	1994	672.84	1039	699081	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3366783	2202	1528.97	438	669689	43
44 CORONARY CARE UNIT	4797678	1623	2956.06	224	662157	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0118)	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	4863284					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	407435					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	407435					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) (14-0118)	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. 14-0118 SAINT FRANCIS HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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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

PROVIDER NO. 14-0118 SAINT FRANCIS HOSPITAL
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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) (14-0118)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3930	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	656.55	84
85 OBSERVATION BED COST	2580242	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0118) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		17553020		25
26 INTENSIVE CARE UNIT		2449710		26
27 CORONARY CARE UNIT		2559710		27
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.175914	11485156	2020400	37
38 RECOVERY ROOM	.158383	1004495	159095	38
39 DELIVERY ROOM & LABOR ROOM	.617985	12795	7907	39
40 ANESTHESIOLOGY	.067611	1015587	68665	40
41 RADIOLOGY-DIAGNOSTIC	.162668	10880590	1769924	41
43 RADIOISOTOPE	.168002	1462788	245751	43
44 LABORATORY	.130793	19527706	2554087	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.463986	11307	5246	48
49 RESPIRATORY THERAPY	.329653	3184146	1049663	49
50 PHYSICAL THERAPY	.658607	927122	610609	50
53 ELECTROCARDIOLOGY	.745191	1055205	786329	53
53.01 CARDIAC REHABILITATION	1.305247	700	914	53.01
53.02 CARDIAC CATH LAB	.104694			53.02
54 ELECTROENCEPHALOGRAPHY	.745689	81371	60677	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.730228	3304876	2413313	55
55.01 IMPLANTABLE SUPPLIES	.272083	10217447	2779994	55.01
56 DRUGS CHARGED TO PATIENTS	.322419	13495182	4351103	56
57 RENAL DIALYSIS	.581005	1093519	635340	57
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.254596	4207587	1071235	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	1.540215	45688	70369	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		83013267	20660621	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		83013267		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0118)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	25494487					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1						1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	1					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						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	388255					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	189.78					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						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)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.06
						[FOR CR PERIODS ENDING]
						[ON OR AFTER 7/1/2005]
						[E-3,PT.VI,LN.15][PLUS LN.3.06]
3.07 SUM OF LINES 3.04-3.06	0.00				0.00	3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						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						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						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..						3.16
						RES. IN
						INIT YRS
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0118)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0704					4
4.01	0.1859					4.01
4.02	0.2563					4.02
4.03	0.1038					4.03
4.04	2646328					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	28529070					6
7						7
7.01						7.01
8	28529070					8
9	2481827					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	31010897					16
17						17
18	31010897					18
19	2201056					19
20	247552					20
21	880010					21
21.01	616007					21.01
21.02	544074					21.02
22	29178296					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0118)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	29178296				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	28842359				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	335937				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0118) 1	HOSPITAL (14-0118) 1.01	HOSPITAL (14-0118) 1.02	
1 MEDICAL AND OTHER SERVICES	7864			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	5492295			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	4384670			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.838			1.03
1.04 LINE 1.01 TIMES LINE 1.03	4602543			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	95.27			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	7864			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	11300			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	11300			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	11300			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	3436			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	7864			17
17.01 TOTAL PPS PAYMENTS	4384670			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0118) 1	HOSPITAL (14-0118) 1.01	HOSPITAL (14-0118) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2204		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1093204		18.01
19 SUBTOTAL	3297126		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	3297126		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	3297126		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	275457		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	192820		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	182608		27.02
28 SUBTOTAL	3489946		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	3489946		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3481794		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	8152		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0118)
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
(14-0118)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVALLING 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
(14-0118)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVALLING 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 (14-0118)

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		28644757		3481794
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01	08/08/2008		3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53		NONE	3.53
	.54			3.54
SUBTOTAL	.99	197602		3.99
4 TOTAL INTERIM PAYMENTS		28842359		3481794
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01				5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02		NONE		5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03			NONE	5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52		NONE	5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO				
(BALANCE DUE) BASED ON THE COST PROVIDER .01		335937		8152
REPORT. PROVIDER TO .02				6.01
	PROGRAM			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		29178296		3489946

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				
		HOSPITAL (14-0118) (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	4863284					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	4863284					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	4863284					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	4863284					22
23	COST OF COVERED SERVICES	4863284					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	4863284					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	4863284					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				
		HOSPITAL (14-0118) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	4863284					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38.01	REIMBURSABLE BAD DEBTS						38
38.02	REDUCED REIMBURSABLE BAD DEBTS						38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
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	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)	4.51 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	1.50 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	1.50 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 [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		4.51	3.19
3.20	SEE INSTRUCTIONS		4.77	3.20
3.21	SEE INSTRUCTIONS		3.09	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		3.09	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		18311	4
5	TOTAL INPATIENT DAYS		33400	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.548234	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	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		33400	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		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		1659423	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

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	35940869	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	35940869	16
	PART B REASONABLE COST		
17	REASONABLE COST	5500159	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	5500159	19
20	TOTAL REASONABLE COST	41441028	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.867277	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.132723	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

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	4976	4
5	TOTAL INPATIENT DAYS	33400	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.148982	6
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	33400	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
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12]	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

APPORTIONMENT 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

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	-996558			1
2	TEMPORARY INVESTMENTS	-10958942			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	41641885			4
5	OTHER RECEIVABLES	28343			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-13385524			6
7	INVENTORY	3174638			7
8	PREPAID EXPENSES	337804			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	19841646			11
FIXED ASSETS					
12	LAND	2752440			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1545104			13
13.01	ACCUMULATED DEPRECIATION	-1538401			13.01
14	BUILDINGS	61992426			14
14.01	ACCUMULATED DEPRECIATION	-59956714			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	54625597			18
18.01	ACCUMULATED DEPRECIATION	-47514582			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	11905870			21
OTHER ASSETS					
22	INVESTMENTS	6216330			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	6216330			26
27	TOTAL ASSETS	37963846			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3903061			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1802147			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	20442123			35
36	TOTAL CURRENT LIABILITIES	26147331			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	36193967			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				41
42	TOTAL LONG TERM LIABILITIES	36193967			42
43	TOTAL LIABILITIES	62341298			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	-24377452			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	-24377452			51
52	TOTAL LIABILITIES AND FUND BALANCES	37963846			52

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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	-9623840			1
2 NET INCOME (LOSS)	-14753612			2
3 TOTAL	-24377452			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 UNREALIZED GAINS IN INVEST				5
6 OTHER				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	-24377452			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER OF FUND. DEPR TO CORP				13
14 OTHER				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-24377452			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	31008175		31008175	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	31008175		31008175	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	4507185		4507185	12
13 CORONARY CARE UNIT	3801380		3801380	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	8308565		8308565	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	39316740		39316740	18
19 ANCILLARY SERVICES	166195458	93007533	259202991	19
20 OUTPATIENT SERVICES				20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 TOTAL PATIENT REVENUES	205512198	93007533	298519731	26

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		91029457	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	5237575		28
29 IMPAIRMENT LOSS			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		5237575	33
34 DEDUCT (SPECIFY)			34
35 RECONCILING ITEM			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		96267032	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	298519731	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	207936670	2
3	NET PATIENT REVENUES	90583061	3
4	LESS - TOTAL OPERATING EXPENSES	96267032	4
5	NET INCOME FROM SERVICE TO PATIENTS	-5683971	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	23960	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	347581	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		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	240520	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUES	187762	24
24.01	REALIZED LOSS ON SALE		24.01
24.02	NON-OPERATING		24.02
24.03	CAPITATION REV		24.03
24.04	MRI JOINT VENTURE		24.04
25	TOTAL OTHER INCOME	799823	25
26	TOTAL	-4884148	26
27	NEGATIVE CONTRIBUTIONS	252321	27
27.01	REALIZED LOSS	9617143	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	9869464	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-14753612	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0118)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
2	CAPITAL FEDERAL AMOUNT				2
3	CAPITAL DRG OTHER THAN OUTLIER	2321289			3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3.01
4	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	36813			4
4.01	INDIRECT MEDICAL EDUCATION ADJUSTMENT				4.01
4.02	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]	158.29			4.02
4.03	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				4.03
5	NO. OF INTERNS & RESIDENTS	0.00	0.00		5
5.01	INDIRECT MEDICAL EDUCATION PERCENTAGE				5.01
5.02	INDIRECT MEDICAL EDUCATION ADJUSTMENT				5.02
5.03	DISPROPORTIONATE SHARE ADJUSTMENT				5.03
5.04	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0704			5.04
6	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1859			6
6.01	SUM OF LINES 5 AND 5.01	0.2563			6.01
6.02	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0533			6.02
6.03	DISPROPORTIONATE SHARE ADJUSTMENT	123725			6.03
6.04	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2481827			6.04
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 PATEINT ACCOUNTING					6.01
6.06 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 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
55.01 IMPLANTABLE SUPPLIES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
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
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 OTHER N.R.C.C.					98.01
98.02 CHF CLINIC					98.02
99 NONPAID WORKERS					99

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
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	48.20		12.88				61.08 25
26 INTENSIVE CARE UNIT	54.45		19.89				74.34 26
27 CORONARY CARE UNIT	59.27		13.80				73.07 27
33 NURSERY			52.11				52.11 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	28.34	16.71					45.05 37
38 RECOVERY ROOM	20.78	12.17					32.95 38
39 DELIVERY ROOM & LABOR ROOM	0.31	0.04					0.35 39
40 ANESTHESIOLOGY	21.29	13.50					34.79 40
41 RADIOLOGY-DIAGNOSTIC	29.83	12.68					42.51 41
43 RADIOISOTOPE	32.57	12.13					44.70 43
44 LABORATORY	39.59	1.01					40.60 44
48 INTRAVENOUS THERAPY	2.30	72.65					74.95 48
49 RESPIRATORY THERAPY	54.69	1.31					56.00 49
50 PHYSICAL THERAPY	41.99	0.03					42.02 50
53 ELECTROCARDIOLOGY	38.84	8.41					47.25 53
53.01 CARDIAC REHABILITATION	0.33	51.47					51.80 53.01
53.02 CARDIAC CATH LAB		6.63					6.63 53.02
54 ELECTROENCEPHALOGRAPHY	33.72	6.94					40.66 54
55 MEDICAL SUPPLIES CHARGED TO PAT	38.12	11.26					49.38 55
55.01 IMPLANTABLE SUPPLIES	47.28	13.88					61.16 55.01
56 DRUGS CHARGED TO PATIENTS	46.22	3.54					49.76 56
57 RENAL DIALYSIS	65.90						65.90 57
61 EMERGENCY	19.44	6.29					25.73 61
62 OBSERVATION BEDS (NON-DISTINCT	2.73	16.15					18.88 62
101 TOTAL CHARGES	27.81	7.43					35.24 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	1411196	1.54	-1411196	-3.07		1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	2483198	2.70	-2483198	-5.40		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2905396	3.16	-2905396	-6.31		4
5	EMPLOYEE BENEFITS	11723938	12.76	-11723938	-25.48		5
6.01	PATEINT ACCOUNTING	1144377	1.25	-1144377	-2.49		6.01
6.06	ADMINISTRATIVE & GENERAL	15496165	16.87	-15496165	-33.68		6.06
7	MAINTENANCE & REPAIRS	1137797	1.24	-1137797	-2.47		7
8	OPERATION OF PLANT	3601527	3.92	-3601527	-7.83		8
9	LAUNDRY & LINEN SERVICE	44358	.05	-44358	-.10		9
10	HOUSEKEEPING	1260968	1.37	-1260968	-2.74		10
11	DIETARY	513544	.56	-513544	-1.12		11
12	CAFETERIA	646573	.70	-646573	-1.41		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	480262	.52	-480262	-1.04		14
15	CENTRAL SERVICES & SUPPLY	494931	.54	-494931	-1.08		15
16	PHARMACY	1553317	1.69	-1553317	-3.38		16
17	MEDICAL RECORDS & LIBRARY	1112220	1.21	-1112220	-2.42		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	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	9910883	10.79	12086782	26.27	21997665	23.94
26	INTENSIVE CARE UNIT	1662342	1.81	1704441	3.70	3366783	3.66
27	CORONARY CARE UNIT	2495022	2.72	2302656	5.00	4797678	5.22
33	NURSERY	718733	.78	622907	1.35	1341640	1.46
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	3078176	3.35	4049871	8.80	7128047	7.76
38	RECOVERY ROOM	337287	.37	428220	.93	765507	.83
39	DELIVERY ROOM & LABOR ROOM	1324803	1.44	1197825	2.60	2522628	2.75
40	ANESTHESIOLOGY	159412	.17	163137	.35	322549	.35
41	RADIOLOGY-DIAGNOSTIC	2464571	2.68	3468427	7.54	5932998	6.46
43	RADIOISOTOPE	431290	.47	323244	.70	754534	.82
44	LABORATORY	3795528	4.13	2655076	5.77	6450604	7.02
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
48	INTRAVENOUS THERAPY	115044	.13	113208	.25	228252	.25
49	RESPIRATORY THERAPY	1019458	1.11	899891	1.96	1919349	2.09
50	PHYSICAL THERAPY	685815	.75	768477	1.67	1454292	1.58
53	ELECTROCARDIOLOGY	685399	.75	1339146	2.91	2024545	2.20
53.01	CARDIAC REHABILITATION	124103	.14	150521	.33	274624	.30
53.02	CARDIAC CATH LAB	609235	.66	1090782	2.37	1700017	1.85
54	ELECTROENCEPHALOGRAPHY	23572	.03	156365	.34	179937	.20
55	MEDICAL SUPPLIES CHARGED TO PAT	3877647	4.22	2452423	5.33	6330070	6.89

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55.01 IMPLANTABLE SUPPLIES	4642340	5.05	1237384	2.69	5879724	6.40	55.01
56 DRUGS CHARGED TO PATIENTS	3890191	4.23	5524666	12.01	9414857	10.25	56
57 RENAL DIALYSIS	769871	.84	194262	.42	964133	1.05	57
61 EMERGENCY	2684222	2.92	2825604	6.14	5509826	6.00	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	1474		23466	.05	24940	.03	96
98 PHYSICIANS' PRIVATE OFFICES	18361	.02	10907	.02	29268	.03	98
98.01 OTHER N.R.C.C.	20248	.02	103278	.22	123526	.13	98.01
98.02 CHF CLINIC	182403	.20	74561	.16	256964	.28	98.02
99 NONPAID WORKERS	138295	.15	42240	.09	180535	.20	99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	91875492	100.00	0	.00	91875492	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1027906	40520061	.025368	11485156	291355	37
38 RECOVERY ROOM	81738	4833276	.016912	1004495	16988	38
39 DELIVERY ROOM & LABOR ROOM	191168	4082021	.046831	12795	599	39
40 ANESTHESIOLOGY	89812	4770688	.018826	1015587	19119	40
41 RADIOLOGY-DIAGNOSTIC	1608992	36472990	.044114	10880590	479987	41
43 RADIOISOTOPE	154873	4491209	.034484	1462788	50442	43
44 LABORATORY	406726	49319180	.008247	19527706	161045	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	12321	491937	.025046	11307	283	48
49 RESPIRATORY THERAPY	155197	5822335	.026655	3184146	84873	49
50 PHYSICAL THERAPY	147956	2208133	.067005	927122	62122	50
53 ELECTROCARDIOLOGY	640845	2716815	.235881	1055205	248903	53
53.01 CARDIAC REHABILITATION	44079	210400	.209501	700	147	53.01
53.02 CARDIAC CATH LAB	351159	16237962	.021626			53.02
54 ELECTROENCEPHALOGRAPHY	75132	241303	.311360	81371	25336	54
55 MEDICAL SUPPLIES CHARGED TO PAT	565005	8668616	.065178	3304876	215405	55
55.01 IMPLANTABLE SUPPLIES	49525	21610048	.002292	10217447	23419	55.01
56 DRUGS CHARGED TO PATIENTS	221483	29200726	.007584	13495182	102347	56
57 RENAL DIALYSIS	7854	1659423	.004733	1093519	5175	57
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	481303	21641487	.022239	4207587	93573	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	233622	1675248	.139455	45688	6371	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	6546696	256873858		83013267	1887489	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT					COST
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1991734		1991734	33505	59.45	16150	960118 25
26 INTENSIVE CARE UNIT	336456		336456	2202	152.80	1199	183207 26
27 CORONARY CARE UNIT	335882		335882	1623	206.95	962	199086 27
101 TOTAL	2664072		2664072			18311	1342411 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1342411

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1887489

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 3229900

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

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)	32710969
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	105575707
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.310

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)	3229900
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.031

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	5491832
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	22180419
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.248