

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 APPLICABLE BOX
 XX ELECTRONICALLY FILED COST REPORT DATE: 02/25/2010
 MANUALLY SUBMITTED COST REPORT TIME: 07:39

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 MEDICAL CENTER (14-0067) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, 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.

ECR Encryption: 02/25/2010 07:39
 fss7hNV.jYafEkdiUXq6zokIrDb640
 Ukpa30LAa9gOz:bHNsaON7.jsFFyc4
 zVa41LrpSm0Q2OKO

(SIGNED)

Ken Harbaugh
 Ken Harbaugh
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Vice President-Chief Financial Officer
 TITLE

February 25, 2010
 DATE

PI Encryption: 02/25/2010 07:39
 jF:G1lbyFA48sscYfJFLPFK9E1WD00
 n93.d0e3jOCWxeqTONQsqrEomaFUJi
 CFvmfpeWxw0ZY9mv

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	
2	SUBPROVIDER I	274923	2232		1
3	SWING BED - SNF	-42358	12		2
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY				6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL	232565	2244		9
					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 HOSPITAL HEALTH CARE COMPLEX COST REPORT
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(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	274923	2232		2
3	SWING BED - SNF	-42358	12		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	232565	2244		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 07:28

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

WORKSHEET S
PARTS I & II

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		TITLE XIX
1	PART A	PART B	4
	2	3	

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.

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.08
 02/25/2010 07:28

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 530 NE GLEN OAK AVENUE
 1.01 CITY: PEORIA

STATE: IL

P.O.BOX:
 ZIP CODE: 61637

COUNTY: PEORIA

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P, T, O OR N)				
				V	XVIII	XIX		
				4	5	6		
2	HOSPITAL	SAINTE FRANCIS MEDICAL CENTER	14-0067	07/01/1966	O	P	O	2
3	SUBPROVIDER I	SAINTE FRANCIS REHABILITATION UNIT	14-T067	10/01/1983	O	P	O	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: 10/01/2008		TO: 09/30/2009			17
			1		2			
18	TYPE OF CONTROL							18
			1					
TYPE OF HOSPITAL/SUBPROVIDER								
19	HOSPITAL			1				19
20	SUBPROVIDER I			5				20

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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 37900	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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO		21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO		21.07
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	YES		23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		07/22/1985	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.		07/01/1999	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	NO	NO	25.05

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)

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)	YES	YES	25.06
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:	26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:	26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.		NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO		35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		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?				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?	YES		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	149006	40
40.01	NAME: OSF HEALTHCARE SYSTEMS	FI/CONTRACTOR'S NAME: WPS	FI/CONTRACTOR'S NUMBER: 52280	40.01
40.02	STREET: 800 NE GLEN OAK AVE		P.O.BOX:	40.02
40.03	CITY: PEORIA		STATE: IL ZIP CODE: 61603	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	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	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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: 3349068 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
			DATE	Y/N	LIMIT	Y/N	FEES
			0	1	2	3	4
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.		/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?	YES					57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.	YES					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)	YES			NO		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
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01

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PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.08
02/25/2010 07:28

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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:

1

STATE: ZIP CODE

2

3

CBSA

4

FTE/
CAMPUS

5

SETTLEMENT DATA

63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy) NO 63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	9842	6774	29670	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	PREMATURE INTENSIVE CARE				10	
11	NURSERY				11	
12	TOTAL HOSPITAL	9842	6774	29670	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I	244		575	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
SALARIES		1	2	3	4	5	6	
1	TOTAL SALARIES	314452454		314452454	10878793.00	28.91		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	2334782		2334782	13561.00	172.17	W/P A-49	4
4.01	TEACHING PHYSICIAN SALARIES	8250861		8250861	57355.00	143.86	W/P A-49 SERIES /9	4.01
5	PHYSICIAN - PART B	8578506		8578506	45657.00	187.89	A-8-2 & A-49 SERIES /2	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	8646912		8646912	349760.00	24.72	B-11 / 2	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL	553206		553206	25274.00	21.89	W/P A-49/12	7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	63293313	1074073	64367386	950059.00	67.75	EXCL PER INSTR - A-49/6	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	3581269		3581269	47048.00	76.12	W/P A-49/11	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	4231184		4231184	18576.00	227.78	W/P A-49 SERIES	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	6444996		6444996	61702.00	104.45	W/P A-49 SERIES	10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	25870330		25870330	410717.00	62.99	W/P A-49 SERIES /5	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	67970617		67970617			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	8438818		8438818			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	171315		171315			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	640492		640492			CMS 339	18.01
19	PHYSICIAN PART B	613942		613942			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	1748644		1748644			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1825980		1825980	84188.00	21.69		21
22	ADMINISTRATIVE & GENERAL	26363727		26363727	1013403.00	26.02		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	4821938	-10541	4811397	176165.00	27.31		23
24	OPERATION OF PLANT	1576007		1576007	75447.00	20.89		24
25	LAUNDRY & LINEN SERVICE	322507		322507	23712.00	13.60		25
26	HOUSEKEEPING	5183717	-55120	5128597	412896.00	12.42		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3484622	-515838	2968784	203337.00	14.60		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		439752	439752	29367.00	14.97		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	9293431	475147	9768578	410571.00	23.79		30
31	CENTRAL SERVICES AND SUPPLY	2946792		2946792	201601.00	14.62		31
32	PHARMACY	8118426		8118426	213599.00	38.01		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	3641960		3641960	217029.00	16.78		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE	136398		136398	11290.00	12.08		35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1	NET SALARIES	288422969		288422969	10400747.00	27.73	1
2	EXCLUDED AREA SALARIES	63293313	1074073	64367386	950059.00	67.75	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	225129656	-1074073	224055583	9450688.00	23.71	3
4	SUBTOTAL OTHER WAGES & REL COSTS	40127779		40127779	538043.00	74.58	4
5	SUBTOTAL WAGE-RELATED COSTS	68141932		68141932		30.41%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	333399367	-1074073	332325294	9988731.00	33.27	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	67715505	333400	68048905	3072605.00	22.15	13

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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

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NHCMQ DEMONSTRATION STATISTICAL DATA
STATISTICAL DATA

WORKSHEET S-7
(CONTINUED)

GROUP	M3FI 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
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	201561926 17
17.01	GROSS MEDICAID REVENUES	358115662 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	559677588 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.243028 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	358115662 28
29	TOTAL GROSS MEDICAID COST	87032133 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	87032133 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		19296746	19296746	-5649320	13647426	-555184	13092242	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		14015797	14015797	1082546	15098343	-7175	15091168	4
5	0500 EMPLOYEE BENEFITS	1825980	76194162	78020142	5190706	83210848	-483343	82727505	5
6.01	0630 PURCH, RCING, STORING	1106759	1000427	2107186		2107186	177206	2284392	6.01
6.02	0640 ADMITTING	2385961	367280	2753241		2753241		2753241	6.02
6.03	0650 OUTPATIENT OFFICES	1371670	288927	1660597		1660597		1660597	6.03
6.04	0651 BUSINESS OFFICE	2181898	3165338	5347236		5347236		5347236	6.04
6.05	0660 OTHER ADMIN + GENERAL	19317439	98584932	117902371	6846911	124749282	5312252	130061534	6.05
7	0700 MAINTENANCE & REPAIRS	4821938	9383646	14205584	-102953	14102631	129586	14232217	7
8	0800 OPERATION OF PLANT	1576007	7793743	9369750	817260	10187010	-8174	10178836	8
9	0900 LAUNDRY & LINEN SERVICE	322507	658043	980550		980550		980550	9
10	1000 HOUSEKEEPING	5183717	2502402	7686119	-118605	7567514		7567514	10
11	1100 DIETARY	3484622	1820930	5305552	-2179389	3126163	-156894	2969269	11
12	1200 CAFETERIA				1952235	1952235	-492130	1460105	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	9293431	2048705	11342136	589808	11931944	-402191	11529753	14
15	1500 CENTRAL SERVICES & SUPPLY	2946792	8801695	11748487	-5020295	6728192		6728192	15
16	1600 PHARMACY	8118426	18918445	27036871	-19451514	7585357		7585357	16
17	1700 MEDICAL RECORDS & LIBRARY	3641960	1746120	5388080		5388080	-248185	5139895	17
18	1800 SOCIAL SERVICE								18
19	1950 PARKING	136398	807117	943515		943515	-93355	850160	19
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL	3864329	382443	4246772	-319731	3927041	-3825241	101800	21
22	2200 I&R SERVICES-SALARY & FRINGES A	8646912		8646912		8646912		8646912	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	6506866	9054954	15561820	1887407	17449227	-400	17448827	23
24	2400 PARAMED ED PRGM-(SPECIFY)				119293	119293		119293	24
24.01	2401 PARAMEDICAL EDUC X-RAY				251754	251754		251754	24.01
24.02	2402 PARAMEDICAL EDUC DIETARY				226516	226516		226516	24.02
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	48233151	7211183	55444334	-30047	55414287	-718990	54695297	25
26	2600 INTENSIVE CARE UNIT	13602042	3076580	16678622		16678622	-502743	16175879	26
30	2120 PREMATURE INTENSIVE CARE	7622030	1131041	8753071		8753071	-154262	8598809	30
31	3100 SUBPROVIDER I	2380587	778249	3158836		3158836		3158836	31
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	14483440	40203860	54687300		54687300	-248625	54438675	37
38	3800 RECOVERY ROOM	1690738	61808	1752546		1752546		1752546	38
39	3900 DELIVERY ROOM & LABOR ROOM	3602635	771986	4374621		4374621	14369	4388990	39
40	4000 ANESTHESIOLOGY	398518	1817726	2216244		2216244	-483068	1733176	40
41	4100 RADIOLOGY-DIAGNOSTIC	20263781	22744599	43008380	-253208	42755172	-2992918	39762254	41
44	4400 LABORATORY	10005038	12562503	22567541	-301280	22266261	-57967	22208294	44
45	4500 PBP CLINICAL LAB SERVICES-PRGM				129569	129569		129569	45
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	606	5632641	5633247		5633247		5633247	47

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
49	4900 RESPIRATORY THERAPY	3996174	2154704	6150878		6150878	-35304	6115574	49
50	5000 PHYSICAL THERAPY	7839496	761533	8601029		8601029	-928088	7672941	50
52	5200 SPEECH PATHOLOGY	549000	164755	713755		713755		713755	52
53	5300 ELECTROCARDIOLOGY	2050762	1058273	3109035		3109035	-246202	2862833	53
54	5400 ELECTROENCEPHALOGRAPHY	542081	55309	597390		597390		597390	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				5020295	5020295		5020295	55
56	5600 DRUGS CHARGED TO PATIENTS				19451514	19451514		19451514	56
57	5700 RENAL DIALYSIS	29812	1623638	1653450		1653450		1653450	57
59	3950 DIGESTIVE DISEASES	1897631	1218524	3116155		3116155	-43025	3073130	59
59.01	3951 ENTEROSTOMAL	208524	4672	213196		213196		213196	59.01
59.02	3952 NON-INVASIVE LABORATORY								59.02
59.03	3953 REHABILITATION SERVICES								59.03
59.04	3954 CARDIAC CATHETER LAB	2331445	11405800	13737245		13737245	-45669	13691576	59.04
59.05	3955 KRASSE HEALTH CENTER								59.05
59.06	3956 SPEECH PATH & AUDIOLOGY								59.06
59.07	3957 SPECIAL CLINICS	177996	276476	454472		454472	-270530	183942	59.07
59.08	3958 SISTERS CLINIC	1708150	259808	1967958		1967958	-127333	1840625	59.08
59.09	3959 DIABETIC SERVICE	499598	135139	634737		634737	-88639	546098	59.09
59.10	3960 CARDIO-PULMONARY REHAB	577841	26765	604606		604606	-109830	494776	59.10
59.11	3961 CENTER FOR SENIOR HEALTH	231035	24819	255854		255854	-190121	65733	59.11
59.12	3962 PAIN CLINIC								59.12
59.13	3963 WOUND CARE	292957	335389	628346		628346		628346	59.13
59.14	3964 PSYCHOLOGY	165979	26471	192450		192450	-17155	175295	59.14
59.15	3965 NEURO DIAGNOSTIC CENTER	720530	36642	757172		757172	-351486	405686	59.15
59.16	3966 EATING DISORDERS CLINIC	221597	211026	432623		432623		432623	59.16
59.18	3968 UROLOGICAL	72713	13878	86591		86591		86591	59.18
59.19	3969 LITHOTRIPSY		181714	181714		181714		181714	59.19
59.20	3970 WOMEN'S CENTER								59.20
59.21	3971 SLEEP DISORDERS	2808317	413251	3221568		3221568	-1194967	2026601	59.21
59.22	3972 PAIN PROGRAM	863781	549041	1412822		1412822	-200365	1212457	59.22
59.23	3973 COMP EPILEPSY	836554	38191	874745		874745	-518285	356460	59.23
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	19085913	3279550	22365463	-3058090	19307373	-5972448	13334925	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
62.01	6201 OBSERVATION BEDS-DISTINCT	679993	391729	1071722		1071722		1071722	62.01
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	6500 AMBULANCE SERVICES	1561726	6524199	8085925		8085925	-57516	8028409	65
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									
83	8300 KIDNEY ACQUISITION	420683	2802162	3222845	-247920	2974925	-35301	2939624	83

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
85.01	8510 PANCREAS ACQUISITION	95235	218745	313980	-37418	276562	-3883	272679	85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
90	9000 OTHER CAPITAL RELATED COSTS		414405	414405	-414405				90
92	9200 AMBULATORY SURGICAL CENTER (D.P	3227851	12167463	15395314	-2769725	12625589	-130986	12494603	92
95	9500 SUBTOTALS	262709552	419598099	682307651	3611914	685919565	-16364565	669555000	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	44345	12667	57012		57012		57012	96
100	7950 SISTERS CONVENT		221	221	236462	236683		236683	100
100.01	7951 BRADLEY UNIV HEALTH SVC	376494	67362	443856		443856		443856	100.01
100.02	7952 COMMUNITY CLINIC	199099	210514	409613		409613	-209078	200535	100.02
100.04	7954 FUND RAISING	703640	2303491	3007131		3007131	-58280	2948851	100.04
100.05	7955 OUTREACH PHYSICIAN OFCES	45487170	13127982	58615152	-3952003	54663149	-82356	54580793	100.05
100.06	7956 PHYSICIAN CONTRACTS	38591	505654	544245		544245		544245	100.06
100.07	7957 MEALS-ON-WHEELS								100.07
100.08	7958 MOBILE LITHOTRIPSY								100.08
100.09	7959 CFH - MEDICAL OFFICE BUILDING								100.09
100.10	7960 OTHER NONREIMBURSABLE	2364715	977974	3342689	103627	3446316	-664039	2782277	100.10
100.11	7961 NURSERY-EDUCATION COST								100.11
100.12	7962 INDUSTRIAL REHAB	2126480	86200	2212680		2212680	-26935	2185745	100.12
100.13	7963 CONTRACTED SERVICES								100.13
100.14	7964 IN-SCHOOL CLINIC								100.14
100.15	7965 LOBBYING								100.15
100.16	7966 REGIONAL ACTIVITIES	402368	29416	431784		431784	-8100	423684	100.16
101	TOTAL	314452454	436919580	751372034		751372034	-17413353	733958681	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 ER TEACHING SALARIES	A	I&R SERVICES-OTHER PRGM COSTS	23	3058090	1
2 CONVENT DISCRETE COSTING	B	SISTERS CONVENT	100	10541	34972 2
3 CONVENT DISCRETE COSTING	B	SISTERS CONVENT	100	55120	63485 3
4 CONVENT DISCRETE COSTING	B	SISTERS CONVENT	100		57440 4
5 CONVENT DISCRETE COSTING	B	SISTERS CONVENT	100		14904 5
6 PATHOLOGIST XVIII CLINICA	C	PBP CLINICAL LAB SERVICES-PRG	45		129569 6
7 PATHOLOGIST TEACHING COST	C	I&R SERVICES-OTHER PRGM COSTS	23		50164 7
8 PARAMED EDUC - LAB TECH	D	PARAMED ED PRGM-(SPECIFY)	24	63715	57832 8
9 PARAMED EDUC - X-RAY TECH	E	PARAMEDICAL EDUC X-RAY	24.01	122911	130297 9
10 PARAMED EDUC - DIETICIANS	F	PARAMEDICAL EDUC DIETARY	24.02	76086	151068 10
11 COST OF MEDICAL SUPP SOLD	G	MEDICAL SUPPLIES CHARGED TO P	55		5020295 11
12 COST OF DRUGS CHARGED PTS	H	DRUGS CHARGED TO PATIENTS	56		19451514 12
13 CON - REALLOCATE RENTAL	I	NURSING SCHOOL	21		3910 13
14 CON - REALLOCATE RENTAL	I				14
15 CON - REALLOCATE RENTAL	I				15
16 REGIONAL ACTIVITIES	J				16
17 TEACHING SALARIES	K	OUTREACH PHYSICIAN OFCES	100.05	1220847	17
18 CON - TRAVEL AND MEETINGS	L	OTHER ADMIN + GENERAL	6.05		21475 18
19 PARA-MED TRAVEL AND MEETINGS	L				19
20 PARA-MED TRAVEL AND MEETINGS	L				20
21 PARA-MED TRAVEL AND MEETINGS	L				21
22 CAFETERIA & CATERING EXPENSE	M	CAFETERIA	12	439752	1512483 22
23 CENTER FOR HEALTH	N	NEW CAP REL COSTS-BLDG & FIXT	3		1812138 23
24 CENTER FOR HEALTH	N	NEW CAP REL COSTS-MVBLE EQUIP	4		899685 24
25 CENTER FOR HEALTH	N	OTHER NONREIMBURSABLE	100.10		103627 25
26 CENTER FOR HEALTH	N	OPERATION OF PLANT	8		817260 26
27 CAPITAL RELATED INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		231544 27
28 CAPITAL RELATED INSURANCE -EQUIP	O	NEW CAP REL COSTS-MVBLE EQUIP	4		182861 28
29 POST TRANSPLANT EXPENSE	P	NURSING ADMINISTRATION	14	198096	87242 29
30 POST TRANSPLANT EXPENSE	P				30
31 HOME OFFICE DEPR EXPENSE	Q	OTHER ADMIN + GENERAL	6.05		7678098 31
32 CON EDUCATIONAL ACTIVITIES	R	NURSING ADMINISTRATION	14	277051	27419 32
33 OSFMG FRINGE BENEFITS	S	EMPLOYEE BENEFITS	5		5190706 33
34 OSFMG FRINGE BENEFITS	S				34
35					35
36 TOTAL RECLASSIFICATIONS				5522209	43729988 36

RECLASSIFICATIONS

WORKSHEET A-6

PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 ER TEACHING SALARIES	A	EMERGENCY	61	3058090		1
2 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	7	10541	34972	2
3 CONVENT DISCRETE COSTING	B	HOUSEKEEPING	10	55120	63485	3
4 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	7		57440	4
5 CONVENT DISCRETE COSTING	B	NEW CAP REL COSTS-BLDG & FIXT	3		14904	9 5
6 PATHOLOGIST XVIII CLINICA	C	LABORATORY	44		179733	6
7 PATHOLOGIST TEACHING COST	C					7
8 PARAMED EDUC - LAB TECH	D	LABORATORY	44	63715	57832	8
9 PARAMED EDUC - X-RAY TECH	E	RADIOLOGY-DIAGNOSTIC	41	122911	130297	9
10 PARAMED EDUC - DIETICIANS	F	DIETARY	11	76086	151068	10
11 COST OF MEDICAL SUPP SOLD	G	CENTRAL SERVICES & SUPPLY	15		5020295	11
12 COST OF DRUGS CHARGED PTS	H	PHARMACY	16		19451514	12
13 CON - REALLOCATE RENTAL	I	OTHER ADMIN + GENERAL	6.05		1868	13
14 CON - REALLOCATE RENTAL	I	PARAMED ED PRGM-(SPECIFY)	24		588	14
15 CON - REALLOCATE RENTAL	I	PARAMEDICAL EDUC X-RAY	24.01		1454	15
16 REGIONAL ACTIVITIES	J					16
17 TEACHING SALARIES	K	I&R SERVICES-OTHER PRGM COSTS	23	1220847		17
18 CON - TRAVEL AND MEETINGS	L	NURSING SCHOOL	21		19171	18
19 PARA-MED TRAVEL AND MEETINGS	L	PARAMED ED PRGM-(SPECIFY)	24		1666	19
20 PARA-MED TRAVEL AND MEETINGS	L	PARAMEDICAL EDUC DIETARY	24.02		638	20
21 PARA-MED TRAVEL AND MEETINGS	L					21
22 CAFETERIA & CATERING EXPENSE	M	DIETARY	11	439752	1512483	22
23 CENTER FOR HEALTH	N	AMBULATORY SURGICAL CENTER (D	92		2769725	9 23
24 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	6.05		850794	9 24
25 CENTER FOR HEALTH	N	OUTREACH PHYSICIAN OFCES	100.05		12191	9 25
26 CENTER FOR HEALTH	N					26
27 CAPITAL RELATED INSURANCE	O	OTHER CAPITAL RELATED COSTS	90		414405	12 27
28 CAPITAL RELATED INSURANCE -EQUIP	O					12 28
29 POST TRANSPLANT EXPENSE	P	KIDNEY ACQUISITION	83	164180	83740	29
30 POST TRANSPLANT EXPENSE	P	PANCREAS ACQUISITION	85.01	33916	3502	30
31 HOME OFFICE DEPR EXPENSE	Q	NEW CAP REL COSTS-BLDG & FIXT	3		7678098	9 31
32 CON EDUCATIONAL ACTIVITIES	R	NURSING SCHOOL	21	277051	27419	32
33 OSFMG FRINGE BENEFITS	S	OUTREACH PHYSICIAN OFCES	100.05		5160659	33
34 OSFMG FRINGE BENEFITS	S	ADULTS & PEDIATRICS	25		30047	34
35						35
36 TOTAL RECLASSIFICATIONS				5522209	43729988	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	4129815					4129815	1
2 LAND IMPROVEMENTS	2702121					2702121	2
3 BUILDINGS AND FIXTURES	117734931					117734931	3
4 BUILDING IMPROVEMENTS	720625					720625	4
5 FIXED EQUIPMENT	580738					580738	5
6 MOVABLE EQUIPMENT	62279772					62279772	6
7 SUBTOTAL	188148002					188148002	7
8 RECONCILING ITEMS							8
9 TOTAL	188148002					188148002	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	4647261	16441		16441	133887	4529815	1
2 LAND IMPROVEMENTS	3358776	3418840		3418840		6777616	2
3 BUILDINGS AND FIXTURES	205422947	13960674		13960674		219383621	3
4 BUILDING IMPROVEMENTS	4241964	399068		399068		4641032	4
5 FIXED EQUIPMENT	71884480	102161582		102161582		174046062	5
6 MOVABLE EQUIPMENT	195970008	11959175		11959175	318275	207610908	6
7 SUBTOTAL	485525436	131915780		131915780	452162	616989054	7
8 RECONCILING ITEMS							8
9 TOTAL	485525436	131915780		131915780	452162	616989054	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						
	DEPREC-IATION	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		12860698		231544			13092242 3
4 NEW CAP REL COSTS-MVBLE EQUIP		14908307		182861			15091168 4
5 TOTAL		27769005		414405			28183410 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	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		19296746					19296746 3
4 NEW CAP REL COSTS-MVBLE EQUIP		14015797					14015797 4
5 TOTAL		33312543					33312543 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER	LINE NO.	WKST A-7	REF
	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)						9
10 TELEVISION AND RADIO SERVICE	A	-7175	NEW CAP REL COSTS-MVBLE EQUIP	4	9	10
11 PARKING LOT	A	-93355	PARKING	19		11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-12864035				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	9889814				14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS						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	-248185	MEDICAL RECORDS & LIBRARY	17		20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-3791644	NURSING SCHOOL	21		21
22 VENDING MACHINES	B	-148354	DIETARY	11		22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
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	A	-276564	NEW CAP REL COSTS-BLDG & FIXT	3	9	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 WKST A-8-4					35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37 WORKMAN'S COMP CHARGES W/O	A	-584948	EMPLOYEE BENEFITS	5		37

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
37.08 COMM CLINIC VENDOR COST	A	13271	COMMUNITY CLINIC	100.02	37.08
37.09 COMM CLINIC DEPRECIATION COST	A	651	COMMUNITY CLINIC	100.02	37.09
38 COMM CLINIC UNITED WAY	B	-223000	COMMUNITY CLINIC	100.02	38
38.03 OTHER MISC REVENUE	B	-13639	OTHER ADMIN + GENERAL	6.05	38.03
38.05 UNEMPLOYMENT COMPENSATION	A	127574	OTHER ADMIN + GENERAL	6.05	38.05
38.06 UNEMPLOYMENT COMP INTEREST INCOME	B	-142540	OTHER ADMIN + GENERAL	6.05	38.06
39 TUITION LAB TECH SCHOOL	B	-6700	LABORATORY	44	39
39.01 TUITION X-RAY TECH SCHOOL	B	-39253	RADIOLOGY-DIAGNOSTIC	41	39.01
39.02 TUITION & FEE DIETICIAN SCHOOL	B	-4220	DIETARY	11	39.02
39.05 LAMAZ CLASS FEES	B	-33095	OTHER NONREIMBURSABLE	100.10	39.05
40 PATIENT TV ELECTRICITY COST	A	-8174	OPERATION OF PLANT	8	40
41 PATIENT TELEPHONE - OPERATORS	A	-17640	OTHER ADMIN + GENERAL	6.05	41
41.01 PHOTO COMMISSIONS	B	-7579	ADULTS & PEDIATRICS	25	41.01
42 PRIVATE-DUTY PERSONNEL (SITTERS)	A	-413369	NURSING ADMINISTRATION	14	42
43 CATERING TAXABLE REVENUE	B	-124794	CAFETERIA	12	43
43.01 CATERING NON-TAXABLE REVENUES	B	-33230	CAFETERIA	12	43.01
43.02 BRANDING REVENUE	B	-334106	CAFETERIA	12	43.02
44 LOBBYING COSTS - ASSOC DUES	A	-55929	OTHER ADMIN + GENERAL	6.05	44
44.01 MISC CREDITS	B	-8704	EMPLOYEE BENEFITS	5	44.01
44.03 MISC CREDITS	B	-218770	OTHER ADMIN + GENERAL	6.05	44.03
44.04 MISC CREDITS	B	-59540	MAINTENANCE & REPAIRS	7	44.04
44.05 MISC CREDITS	B	-400	I&R SERVICES-OTHER PRGM COSTS A	23	44.05
44.07 MISC CREDITS	B	-28781	NURSING SCHOOL	21	44.07
44.08 MISC CREDITS	B	-11486	NURSING ADMINISTRATION	14	44.08
44.09 MISC CREDITS	B	-11335	ADULTS & PEDIATRICS	25	44.09
44.11 MISC CREDITS	B	-85753	OPERATING ROOM	37	44.11
44.14 MISC CREDITS	B	-102347	RADIOLOGY-DIAGNOSTIC	41	44.14
44.15 MISC CREDITS	B	-4320	DIETARY	11	44.15
44.16 MISC CREDITS	B	-16500	PSYCHOLOGY	59.14	44.16
44.17 MISC CREDITS	B	-43079	PHYSICAL THERAPY	50	44.17
44.19 MISC CREDITS	B	-886	SPECIAL CLINICS	59.07	44.19
44.20 MISC CREDITS	B	-88639	DIABETIC SERVICE	59.09	44.20
44.21 MISC CREDITS	B	-42150	CENTER FOR SENIOR HEALTH	59.11	44.21
44.23 MISC CREDITS	B	-18376	NEURO DIAGNOSTIC CENTER	59.15	44.23
44.24 MISC CREDITS	B	-121650	SISTERS CLINIC	59.08	44.24
44.25 MISC CREDITS	B	-1500	SLEEP DISORDERS	59.21	44.25
44.26 MISC CREDITS	B	-580	COMP EPILEPSY	59.23	44.26
44.27 MISC CREDITS	B	-937667	EMERGENCY	61	44.27
44.28 MISC CREDITS	B	-26935	INDUSTRIAL REHAB	100.12	44.28
44.29 MISC CREDITS	B	-132533	OUTREACH PHYSICIAN OFCES	100.05	44.29
44.30 MISC CREDITS	B	-629248	OTHER NONREIMBURSABLE	100.10	44.30
44.31 MISC CREDITS	B	-900	PAIN PROGRAM	59.22	44.31
44.33 MISC CREDITS	B	-8100	REGIONAL ACTIVITIES	100.16	44.33
44.34 MISC CREDIT	B	14369	DELIVERY ROOM & LABOR ROOM	39	44.34
44.35 MISC OTHER REVENUE	B	-655	PSYCHOLOGY	59.14	44.35
44.36 MISC CREDITS	B	-130986	AMBULATORY SURGICAL CENTER (D.P	92	44.36
45 A&G NON-ALLOWABLE MARKETING	A	-2625320	OTHER ADMIN + GENERAL	6.05	45

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45.01 A&G OTHER NON-ALLOWABLE COST	A	-81944	OTHER ADMIN + GENERAL	6.05	45.01
45.02 NON-ALLOWABLE MARKETING	A	-3196	EMERGENCY	61	45.02
45.03 NON-ALLOWABLE MARKETING	A	-2783	OUTREACH PHYSICIAN OFCES	100.05	45.03
45.04 NON-ALLOWABLE MARKETING	A	-58280	FUND RAISING	100.04	45.04
45.06 NON-ALLOWABLE MARKETING	A	-10867	AMBULANCE SERVICES	65	45.06
45.07 NON-ALLOWABLE MARKETING	A	6397	EMPLOYEE BENEFITS	5	45.07
45.08 NON-ALLOWABLE MARKETING	A	-1437705	OTHER ADMIN + GENERAL	6.05	45.08
45.09 NON-ALLOWABLE MARKETING	A	-4816	NURSING SCHOOL	21	45.09
45.10 NON-ALLOWABLE MARKETING	A	-10174	NURSING ADMINISTRATION	14	45.10
45.11 NON-ALLOWABLE MARKETING	A	-2209	PHYSICAL THERAPY	50	45.11
45.12 NON-ALLOWABLE MARKETING	A	-2315	ADULTS & PEDIATRICS	25	45.12
45.13 NON-ALLOWABLE MARKETING	A	-1696	OTHER NONREIMBURSABLE	100.10	45.13
46 CAT EKG STORAGE FEE	B	-38642	ELECTROCARDIOLOGY	53	46
46.01 MOONLIGHTING ER RESIDENTS COST	A	-45577	EMERGENCY	61	46.01
46.02 CLINIC PSYCH PART "B" OFFSET	A	-354637	PHYSICAL THERAPY	50	46.02
46.03 MOONLIGHTING RESIDENTS	A	-12765	RADIOLOGY-DIAGNOSTIC	41	46.03
46.04 MOONLIGHTING RESIDENTS	A	-19042	AMBULANCE SERVICES	65	46.04
47 SISTER'S MAINTENANCE H&W REFUND	B	-28060	EMPLOYEE BENEFITS	5	47
47.03 EMPLOYEE EYE WEAR FEES	B	-80743	SPECIAL CLINICS	59.07	47.03
47.04 INTEREST INCOME (W/C EXPENSE)	B	-162690	OTHER ADMIN + GENERAL	6.05	47.04
48 PY AUDIT - CAPITALIZED INTEREST	A	-3655	NEW CAP REL COSTS-BLDG & FIXT	3	9 48
49 PARKING REV/CAP INTEREST/CONDO/ME	A	-274965	NEW CAP REL COSTS-BLDG & FIXT	3	9 49
50 TOTAL		-17413353			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	5	EMPLOYEE BENEFITS	CORP OFCE EMPLOYEE BENEFITS	711913	579941	131972	1
2	6.01	PURCH, RCVING, STORING	CORP OFCE CENTRAL PURCHASING	955924	778718	177206	2
3	6.05	OTHER ADMIN + GENERAL	CORP/SF INC ADMIN ALLOCATION	55073962	45133107	9940855	3
4	7	MAINTENANCE & REPAIRS	CORP/SF INC PURCH MAINTENANCE	3729402	3540276	189126	4
4.02	14	NURSING ADMINISTRATION	CORP OFC NURSING ADMIN Q/A	177143	144305	32838	4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	SF INC EQUIP RENTAL	2765510	3354984	-589474	4.03
4.04	59.04	CARDIAC CATHETER LAB	SF INC CARDIAC CATH MAINT	597084	642753	-45669	4.04
4.06	100.05	OUTREACH PHYSICIAN OFCES	SF INC PHYSICIAN MGMT	25089788	25036828	52960	4.06
5		TOTALS		89100726	79210912	9889814	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B OSF HEALTHCARE		OSF HEALTHCARE		CATHOLIC SYSTEM	1
2						2
3						3
4						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-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9	
1	25	ADULTS & PEDIATRICS	ADULTS AND PEDIATRI	877731	676667	201064	171400	2184	179970	8999
2	26	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	647115	130579	516536	171400	1752	144372	7219
3	30	PREMATURE INTENSIVE CARE	PREMATURE INTENSIVE	182774	132500	50274	171400	346	28512	1426
4	37	OPERATING ROOM	OPERATING ROOM	266492		266492	204100	1056	103620	5181
5	40	ANESTHESIOLOGY	ANESTHESIOLOGY	483068	483068		200300			
6	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	2329075	1876992	452083	231100	720	79996	4000
7	44	LABORATORY	LAB	129569		129569	219500	742	78302	3915
8	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY	35304	35304		171400			
9	50	PHYSICAL THERAPY	PHYSIATRY	571013	515969	55044	171400	520	42850	2143
10	53	ELECTROCARDIOLOGY	EKG	300000		300000	231100	832	92440	4622
11	59	DIGESTIVE DISEASES	DIGESTIVE DISEASES	60165		60165	171400	208	17140	857
12	59.07	SPECIAL CLINICS	SPECIAL CLINICS	188901	188901		171400			
13	59.08	SISTERS CLINIC	SISTERS CLINIC	57772	5683	52089	171400	912	75152	3758
14	59.10	CARDIO-PULMONARY REHAB	CARDIO-PUL REHAB	109830	109830		171400			
15	59.11	CENTER FOR SENIOR HEALTH	CENTER FOR SENIOR H	147971	147971		171400			
16	59.15	NEURO DIAGNOSTIC CENTER	NEURO DIAGNOSTIC CE	368446	333110	35336	204100	364	35718	1786
17	59.21	SLEEP DISORDERS	SLEEP DISORDERS	1193467	1193467		171400			
18	59.22	PAIN PROGRAM	PAIN PROGRAM	212320	191897	20423	171400	156	12855	643
19	59.23	COMP EPILEPSY	COMP EPILEPSY	543415	491289	52126	171400	312	25710	1286
20	61	EMERGENCY	EMERGENCY	5294198	4459975	834223	171400	3740	308190	15410
21	65	AMBULANCE SERVICES	LIFE FLIGHT	53317		53317	171400	312	25710	1286
22	83	KIDNEY ACQUISITION	KIDNEYACQUISITION	72000		72000	204100	374	36699	1835
23	85.01	PANCREAS ACQUISITION	PANCREAS ACQUISITIO	8004		8004	204100	42	4121	206
101		TOTAL		14131947	10973202	3158745		14572	1291357	64572

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO. 10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS	ADULTS AND PEDIATRI				179970	21094	697761
2 26	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT				144372	372164	502743
3 30	PREMATURE INTENSIVE CARE	PREMATURE INTENSIVE				28512	21762	154262
4 37	OPERATING ROOM	OPERATING ROOM				103620	162872	162872
5 40	ANESTHESIOLOGY	ANESTHESIOLOGY						483068
6 41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY				79996	372087	2249079
7 44	LABORATORY	LAB				78302	51267	51267
8 49	RESPIRATORY THERAPY	RESPIRATORY THERAPY						35304
9 50	PHYSICAL THERAPY	PHYSIATRY				42850	12194	528163
10 53	ELECTROCARDIOLOGY	EKG				92440	207560	207560
11 59	DIGESTIVE DISEASES	DIGESTIVE DISEASES				17140	43025	43025
12 59.07	SPECIAL CLINICS	SPECIAL CLINICS						188901
13 59.08	SISTERS CLINIC	SISTERS CLINIC				75152		5683
14 59.10	CARDIO-PULMONARY REHAB	CARDIO-PUL REHAB						109830
15 59.11	CENTER FOR SENIOR HEALTH	CENTER FOR SENIOR H						147971
16 59.15	NEURO DIAGNOSTIC CENTER	NEURO DIAGNOSTIC CE				35718		333110
17 59.21	SLEEP DISORDERS	SLEEP DISORDERS						1193467
18 59.22	PAIN PROGRAM	PAIN PROGRAM				12855	7568	199465
19 59.23	COMP EPILEPSY	COMP EPILEPSY				25710	26416	517705
20 61	EMERGENCY	EMERGENCY				308190	526033	4986008
21 65	AMBULANCE SERVICES	LIFE FLIGHT				25710	27607	27607
22 83	KIDNEY ACQUISITION	KIDNEYACQUISITION				36699	35301	35301
23 85.01	PANCREAS ACQUISITION	PANCREAS ACQUISITIO				4121	3883	3883
101	TOTAL					1291357	1890833	12864035

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS O	
	FOR COST	BLDGS &	MOVABLE	BENEFITS	STORING				
	ALLOCATION	FIXTURES	EQUIPMENT						
	0	3	4	5	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3	13092242	13092242							3
4	15091168		15091168						4
5	82727505	142507	9269	82879281					5
6.01	2284392	122112	27144	293408	2727056				6.01
6.02	2753241	92012	254	632533	14799	3492839			6.02
6.03	1660597	64366	55135	363638	9273		2153009		6.03
6.04	5347236	9973		578434	8955			5944598	6.04
6.05	130061534	747591	2441466	5121169	160461				6.05
7	14232217	2042656	257341	1275530	416844				7
8	10178836	241407	121822	417809	50507				8
9	980550	24488		85499	6622				9
10	7567514	104682	14261	1359622	102438				10
11	2969269	279475	89574	787042	48229				11
12	1460105			116581					12
13									13
14	11529753	106637	352206	2589709	28889				14
15	6728192	209546	625010	781212	188697				15
16	7585357	99580	278222	2152243	42522				16
17	5139895	129534	37773	965505	101784				17
18									18
19	850160	9110	482968	36160	2580				19
20									20
21	101800	935624	102551	951009	15893				21
22	8646912			2292348					22
23	17448827	430205	532	2212073	12300				23
24	119293	182		16891					24
24.01	251754	14467		32584					24.01
24.02	226516			20171					24.02
INPATIENT ROUTINE SERV COST CENTERS									
25	54695297	2005751	333670	12787026	407789	260516		443232	25
26	16175879	257526	189948	3605983	93909	92727		157762	26
30	8598809	106929	226022	2020646	47265	43427		73884	30
31	3158836	80886	17675	631108	17212	11618		19767	31
ANCILLARY SERVICE COST CENTERS									
37	54438675	409094	1313800	3839647	148860	473424		805465	37
38	1752546	54284	66570	448225	1642	45673		77706	38
39	4388990	101208	72096	955080	38793	18086		30771	39
40	1733176	5697	162964	105650	20193	144607		246028	40
41	39762254	790809	4417235	5339465	55675	770489	1318080	1312898	41
44	22208294	451086	576110	2635504	208928	396155	677048	674003	44
45	129569								45
46.30									46.30
47	5633247			161		22709		38636	47

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS	O
	FOR COST	BLDGS &	MOVABLE	BENEFITS	STORING				
	ALLOCATION	FIXTURES	EQUIPMENT						
	0	3	4	5	6.01	6.02	6.03	6.04	
49 RESPIRATORY THERAPY	6115574	41202	187982	1059410	7420	173227		294721	49
50 PHYSICAL THERAPY	7672941	360555	25376	2078297	36281	55713		94788	50
52 SPEECH PATHOLOGY	713755	8806	68229	145543	4644	6097		10374	52
53 ELECTROCARDIOLOGY	2862833	25958	115137	543669	12459	92379	157881	157171	53
54 ELECTROENCEPHALOGRAPHY	597390	14673	83876	143709	1379	8418		14322	54
55 MEDICAL SUPPLIES CHARGED TO PAT	5020295					107388		182705	55
56 DRUGS CHARGED TO PATIENTS	19451514					285994		486579	56
57 RENAL DIALYSIS	1653450		1663	7903	2602	7968		13556	57
59 DIGESTIVE DISEASES	3073130	74715	321576	503073	39660	80351		136706	59
59.01 ENTEROSTOMAL	213196	9317		55281	31	1127		1918	59.01
59.02 NON-INVASIVE LABORATORY									59.02
59.03 REHABILITATION SERVICES									59.03
59.04 CARDIAC CATHETER LAB	13691576	110245	894148	618080	21725	205555		349723	59.04
59.05 KRASSE HEALTH CENTER									59.05
59.06 SPEECH PATH & AUDIOLOGY									59.06
59.07 SPECIAL CLINICS	183942	29954	21928	47188	697	525		893	59.07
59.08 SISTERS CLINIC	1840625	255521	20286	452841	8262	2829		4814	59.08
59.09 DIABETIC SERVICE	546098			132446	4793	235		399	59.09
59.10 CARDIO-PULMONARY REHAB	494776	3778	16438	153189	710	2077		3533	59.10
59.11 CENTER FOR SENIOR HEALTH	65733	25508	945	61249	1015	91		155	59.11
59.12 PAIN CLINIC									59.12
59.13 WOUND CARE	628346	42405		77665	4625	5935		10098	59.13
59.14 PSYCHOLOGY	175295	10592		44002	1191	924		1571	59.14
59.15 NEURO DIAGNOSTIC CENTER	405686	48539		191017	2005	309		526	59.15
59.16 EATING DISORDERS CLINIC	432623			58747	17706	393		669	59.16
59.18 UROLOGICAL	86591	960	6989	19277	104	1057		1798	59.18
59.19 LITHOTRIPSY	181714					1921		3268	59.19
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS	2026601	43838	104507	744502	9970	16740		28481	59.21
59.22 PAIN PROGRAM	1212457	65593	32604	228994	4195	5725		9741	59.22
59.23 COMP EPILEPSY	356460	10956	1093	221775	2290	285		485	59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	13334925	271349	469685	4249072	83590	104872		178425	61
62 OBSERVATION BEDS (NON-DISTINCT									62
62.01 OBSERVATION BEDS-DISTINCT	1071722	60346	80890	180270	18461	1975		3360	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	8028409		23711	414023	2567	38328		65210	65
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									
83 KIDNEY ACQUISITION	2939624			68000	3029	4372		7439	83

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS O	
	FOR COST	BLDGS &	MOVABLE	BENEFITS	STORING				
	ALLOCATION	FIXTURES	EQUIPMENT						
	0	3	4	5	6.01	6.02	6.03	6.04	
85.01 PANCREAS ACQUISITION	272679			16256		598		1018	85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P	12494603	232175	55806	855723	12154				92
95 SUBTOTALS	669555000	11816409	14804487	68820866	2554624	3492839	2153009	5944598	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	57012	31230	15012	11756	296				96
100 SISTERS CONVENT	236683			17407	51				100
100.01BRADLEY UNIV HEALTH SVC	443856		233	99811	411				100.01
100.02COMMUNITY CLINIC	200535			52782	179				100.02
100.04FUND RAISING	2948851	5551	25118	186539	13382				100.04
100.05OUTREACH PHYSICIAN OFCES	54580793	651983	212459	12382576	115791				100.05
100.06PHYSICIAN CONTRACTS	544245			10231	637				100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPSY									100.08
100.09CFH - MEDICAL OFFICE BUILDING		315600							100.09
100.10OTHER NONREIMBURSABLE	2782277	179931	18242	626900	29625				100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB	2185745	84651	12003	563743	11922				100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC			68						100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES	423684	6887	3546	106670	138				100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	733958681	13092242	15091168	82879281	2727056	3492839	2153009	5944598	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMI ENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
								5A	6.05
85.01 PANCREAS ACQUISITION	290551	67614						378	85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P	13650461	3176612	528412	340490		304613		28581	92
95 SUBTOTALS	653761639	119869487	19561957	12251003	1442819	10615521	6557418	1914104	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	115306	26833	71076	45799		40973		847	96
100 SISTERS CONVENT	254141	59141							100
100.01BRADLEY UNIV HEALTH SVC	544311	126667							100.01
100.02COMMUNITY CLINIC	253496	58991						1177	100.02
100.04FUND RAISING	3179441	739891	12634	8141		7283		6140	100.04
100.05OUTREACH PHYSICIAN OFCES	67943602	15811224	1483860	956147	476	703875			100.05
100.06PHYSICIAN CONTRACTS	555113	129181							100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPSY									100.08
100.09CFH - MEDICAL OFFICE BUILDING	315600	73444	718279	462834					100.09
100.10OTHER NONREIMBURSABLE	3636975	846364	409509	263873	830	207830		19899	100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB	2858064	665103	192660	124143		111063			100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC	68	16							100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES	540925	125879	15675	10100		9036		1431	100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	733958681	138532221	22465650	14122040	1444125	11695581	6557418	1943598	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARKING 19	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
49 RESPIRATORY THERAPY		359419	26762	412938	39923				49
50 PHYSICAL THERAPY		28811	11970	148745	65400				50
52 SPEECH PATHOLOGY		66164		14535	4321	104212			52
53 ELECTROCARDIOLOGY		27299	4134	220214	23708				53
54 ELECTROENCEPHALOGRAPHY		18878		20069	6247		52831	106367	54
55 MEDICAL SUPPLIES CHARGED TO PAT				255990					55
56 DRUGS CHARGED TO PATIENTS			10354846	681752					56
57 RENAL DIALYSIS				18994	143				57
59 DIGESTIVE DISEASES		192188	136	191540	17200	104212			59
59.01 ENTEROSTOMAL		161		2688	1483				59.01
59.02 NON-INVASIVE LABORATORY									59.02
59.03 REHABILITATION SERVICES									59.03
59.04 CARDIAC CATHETER LAB		1552225	947	490001	19841				59.04
59.05 KRASSE HEALTH CENTER									59.05
59.06 SPEECH PATH & AUDIOLOGY									59.06
59.07 SPECIAL CLINICS		34087	100	3932	2153				59.07
59.08 SISTERS CLINIC		6428	791	14492	19875	47475	661189	1331200	59.08
59.09 DIABETIC SERVICE				582	4976				59.09
59.10 CARDIO-PULMONARY REHAB		1321	99	4951	5257				59.10
59.11 CENTER FOR SENIOR HEALTH		44	1364	889	1419				59.11
59.12 PAIN CLINIC									59.12
59.13 WOUND CARE		24582	1092	14148	2744				59.13
59.14 PSYCHOLOGY				2202	1345				59.14
59.15 NEURO DIAGNOSTIC CENTER	85217	666		8048	3946				59.15
59.16 EATING DISORDERS CLINIC				937	2178	35316			59.16
59.18 UROLOGICAL				2519	493				59.18
59.19 LITHOTRIPSY				4579					59.19
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS		25143		57875	16692				59.21
59.22 PAIN PROGRAM		28098	40725	14860	5779				59.22
59.23 COMP EPILEPSY		573	215	17634	4020				59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		165142	2406	366488	146900	9263	1934333	3894474	61
62 OBSERVATION BEDS (NON-DISTINCT									62
62.01 OBSERVATION BEDS-DISTINCT		22254	485	4710	7962				62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		5299	1119	91366	11125				65
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									
83 KIDNEY ACQUISITION			3972	10423	1941				83

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARKING 19	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
85.01 PANCREAS ACQUISITION				1426	389				85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P					29423				92
95 SUBTOTALS	18640128	11441014	11601367	8562627	1720628	7311364	13484946	27149806	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN					872				96
100 SISTERS CONVENT									100
100.01BRADLEY UNIV HEALTH SVC		1270							100.01
100.02COMMUNITY CLINIC		2475	99445		1212				100.02
100.04FUND RAISING		31232			6321				100.04
100.05OUTREACH PHYSICIAN OFCES		158966	1853646			45738			100.05
100.06PHYSICIAN CONTRACTS									100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPSY									100.08
100.09CFH - MEDICAL OFFICE BUILDING									100.09
100.10OTHER NONREIMBURSABLE		12258			20486	23158			100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB		9633	92114						100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC									100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES					1473				100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	18640128	11656848	13646572	8562627	1750992	7380260	13484946	27149806	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	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 PURCH, RCVING, STORING							6.01
6.02 ADMITTING							6.02
6.03 OUTPATIENT OFFICES							6.03
6.04 BUSINESS OFFICE							6.04
6.05 OTHER ADMIN + GENERAL							6.05
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
19 PARKING							19
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)	169021						24
24.01 PARAMEDICAL EDUC X-RAY		441463					24.01
24.02 PARAMEDICAL EDUC DIETARY			304094				24.02
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS			304094	136557260	-14648158	121909102	25
26 INTENSIVE CARE UNIT				34556092	-3283602	31272490	26
30 PREMATURE INTENSIVE CARE				17389541	-966810	16422731	30
31 SUBPROVIDER I				6921238	-1043601	5877637	31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				93473527	-6475394	86998133	37
38 RECOVERY ROOM				3713987		3713987	38
39 DELIVERY ROOM & LABOR ROOM				8620694		8620694	39
40 ANESTHESIOLOGY				4589971	-590952	3999019	40
41 RADIOLOGY-DIAGNOSTIC		441463		82211967	-5622856	76589111	41
44 LABORATORY	169021			38101872	-22985	38078887	44
45 PBP CLINICAL LAB SERVICES-PRGM				129569		129569	45
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				7074139		7074139	47

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
49 RESPIRATORY THERAPY				10799266		10799266	49
50 PHYSICAL THERAPY				14870447		14870447	50
52 SPEECH PATHOLOGY				1418433		1418433	52
53 ELECTROCARDIOLOGY				5321370		5321370	53
54 ELECTROENCEPHALOGRAPHY				1353445	-159198	1194247	54
55 MEDICAL SUPPLIES CHARGED TO PAT				6802164		6802164	55
56 DRUGS CHARGED TO PATIENTS				35967053		35967053	56
57 RENAL DIALYSIS				2102275		2102275	57
59 DIGESTIVE DISEASES				6136677		6136677	59
59.01 ENTEROSTOMAL				399095		399095	59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB				22255100		22255100	59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS				545243		545243	59.07
59.08 SISTERS CLINIC				6579051	-1992389	4586662	59.08
59.09 DIABETIC SERVICE				853531		853531	59.09
59.10 CARDIO-PULMONARY REHAB				867293		867293	59.10
59.11 CENTER FOR SENIOR HEALTH				291253		291253	59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE				1151975		1151975	59.13
59.14 PSYCHOLOGY				346321		346321	59.14
59.15 NEURO DIAGNOSTIC CENTER				1145944		1145944	59.15
59.16 EATING DISORDERS CLINIC				669399		669399	59.16
59.18 UROLOGICAL				152292		152292	59.18
59.19 LITHOTRIPSY				234976		234976	59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS				4008622		4008622	59.21
59.22 PAIN PROGRAM				2262731		2262731	59.22
59.23 COMP EPILEPSY				813148		813148	59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				31221273	-5828807	25392466	61
62 OBSERVATION BEDS (NON-DISTINCT							62
62.01 OBSERVATION BEDS-DISTINCT				2094939		2094939	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				10686846		10686846	65
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							
83 KIDNEY ACQUISITION				3744047		3744047	83

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
85.01 PANCREAS ACQUISITION				360358		360358	85.01
85.02 INTESTINAL ACQUISITION							85.02
92 AMBULATORY SURGICAL CENTER (D.P				18058592		18058592	92
95 SUBTOTALS	169021	441463	304094	626853016	-40634752	586218264	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				301706		301706	96
100 SISTERS CONVENT				313282		313282	100
100.01BRADLEY UNIV HEALTH SVC				672248		672248	100.01
100.02COMMUNITY CLINIC				416796		416796	100.02
100.04FUND RAISING				3991083		3991083	100.04
100.05OUTREACH PHYSICIAN OFCES				88957534		88957534	100.05
100.06PHYSICIAN CONTRACTS				684294		684294	100.06
100.07MEALS-ON-WHEELS							100.07
100.08MOBILE LITHOTRIPSY							100.08
100.09CFH - MEDICAL OFFICE BUILDING				1570157		1570157	100.09
100.10OTHER NONREIMBURSABLE				5441182		5441182	100.10
100.11NURSERY-EDUCATION COST							100.11
100.12INDUSTRIAL REHAB				4052780		4052780	100.12
100.13CONTRACTED SERVICES							100.13
100.14IN-SCHOOL CLINIC				84		84	100.14
100.15LOBBYING							100.15
100.16REGIONAL ACTIVITIES				704519		704519	100.16
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	169021	441463	304094	733958681	-40634752	693323929	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	STORING 6.01	6.02	6.03
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5	4800	142507	9269	156576	156576			5
6.01	107129	122112	27144	256385	554	256939		6.01
6.02	147140	92012	254	239406	1195	1394	241995	6.02
6.03	74822	64366	55135	194323	687	874		6.03
6.04	187561	9973		197534	1093	844		6.04
6.05	9901103	747591	2441466	13090160	9678	15118		6.05
7	14750	2042656	257341	2314747	2411	39275		7
8		241407	121822	363229	790	4759		8
9		24488		24488	162	624		9
10		104682	14261	118943	2569	9651		10
11	116	279475	89574	369165	1487	4544		11
12					220			12
13								13
14	6738	106637	352206	465581	4894	2722		14
15	1324645	209546	625010	2159201	1476	17778		15
16	200821	99580	278222	578623	4067	4006		16
17	42383	129534	37773	209690	1825	9590		17
18								18
19		9110	482968	492078	68	243		19
20								20
21	1388	935624	102551	1039563	1797	1497		21
22					4332			22
23	22794	430205	532	453531	4180	1159		23
24		182		182	32			24
24.01		14467		14467	62			24.01
24.02					38			24.02
INPATIENT ROUTINE SERV COST CENTERS								
25	4214	2005751	333670	2343635	24114	38421	18025	25
26	9514	257526	189948	456988	6815	8848	6416	26
30	27128	106929	226022	360079	3819	4453	3005	30
31	5307	80886	17675	103868	1193	1622	804	31
ANCILLARY SERVICE COST CENTERS								
37	8361	409094	1313800	1731255	7256	14025	32756	37
38		54284	66570	120854	847	155	3160	38
39	2410	101208	72096	175714	1805	3655	1251	39
40		5697	162964	168661	200	1903	10005	40
41	2857887	790809	4417235	8065931	10091	5246	53637	119902
44	29349	451086	576110	1056545	4981	19685	27410	61614
45								45
46.30								46.30
47							1571	47

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	STORING 6.01	6.02	6.03
49 RESPIRATORY THERAPY	48258	41202	187982	277442	2002	699	11986	49
50 PHYSICAL THERAPY	104104	360555	25376	490035	3928	3418	3855	50
52 SPEECH PATHOLOGY		8806	68229	77035	275	438	422	52
53 ELECTROCARDIOLOGY		25958	115137	141095	1027	1174	6392	14368 53
54 ELECTROENCEPHALOGRAPHY		14673	83876	98549	272	130	582	54
55 MEDICAL SUPPLIES CHARGED TO PAT							7430	55
56 DRUGS CHARGED TO PATIENTS							19788	56
57 RENAL DIALYSIS	832		1663	2495	15	245	551	57
59 DIGESTIVE DISEASES		74715	321576	396291	951	3737	5559	59
59.01 ENTEROSTOMAL		9317		9317	104	3	78	59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB	592685	110245	894148	1597078	1168	2047	14222	59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS	9041	29954	21928	60923	89	66	36	59.07
59.08 SISTERS CLINIC		255521	20286	275807	856	778	196	59.08
59.09 DIABETIC SERVICE	33427			33427	250	452	16	59.09
59.10 CARDIO-PULMONARY REHAB	10642	3778	16438	30858	289	67	144	59.10
59.11 CENTER FOR SENIOR HEALTH		25508	945	26453	116	96	6	59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE	27321	42405		69726	147	436	411	59.13
59.14 PSYCHOLOGY		10592		10592	83	112	64	59.14
59.15 NEURO DIAGNOSTIC CENTER		48539		48539	361	189	21	59.15
59.16 EATING DISORDERS CLINIC	3087			3087	111	1668	27	59.16
59.18 UROLOGICAL	9960	960	6989	17909	36	10	73	59.18
59.19 LITHOTRIPSY							133	59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS	177314	43838	104507	325659	1407	939	1158	59.21
59.22 PAIN PROGRAM	265	65593	32604	98462	433	395	396	59.22
59.23 COMP EPILEPSY		10956	1093	12049	419	216	20	59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	354518	271349	469685	1095552	8030	7876	7256	61
62 OBSERVATION BEDS (NON-DISTINCT								62
62.01 OBSERVATION BEDS-DISTINCT		60346	80890	141236	341	1739	137	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	29992		23711	53703	782	242	2652	65
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								
83 KIDNEY ACQUISITION	66637			66637	129	285	303	83

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	STORING 6.01	6.02	6.03
85.01 PANCREAS ACQUISITION					31		41	85.01
85.02 INTESTINAL ACQUISITION								85.02
92 AMBULATORY SURGICAL CENTER (D.P	5596	232175	55806	293577	1617	1145		92
95 SUBTOTALS	16454039	11816409	14804487	43074935	130007	240693	241995	195884 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		31230	15012	46242	22	28		96
100 SISTERS CONVENT					33	5		100
100.01BRADLEY UNIV HEALTH SVC			233	233	189	39		100.01
100.02COMMUNITY CLINIC					100	17		100.02
100.04FUND RAISING	70605	5551	25118	101274	353	1261		100.04
100.05OUTREACH PHYSICIAN OFCES	2124853	651983	212459	2989295	23401	10909		100.05
100.06PHYSICIAN CONTRACTS					19	60		100.06
100.07MEALS-ON-WHEELS								100.07
100.08MOBILE LITHOTRIPSY								100.08
100.09CFH - MEDICAL OFFICE BUILDING		315600		315600				100.09
100.10OTHER NONREIMBURSABLE	202053	179931	18242	400226	1185	2791		100.10
100.11NURSERY-EDUCATION COST								100.11
100.12INDUSTRIAL REHAB	73474	84651	12003	170128	1065	1123		100.12
100.13CONTRACTED SERVICES								100.13
100.14IN-SCHOOL CLINIC			68	68				100.14
100.15LOBBYING								100.15
100.16REGIONAL ACTIVITIES		6887	3546	10433	202	13		100.16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	18925024	13092242	15091168	47108434	156576	256939	241995	195884 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	BUSINESS O	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.04	6.05	TENANCE & REPAIRS	OF PLANT	& LINEN SERVICE	KEEPING	11	12	
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 PURCH, RCVING, STORING									6.01
6.02 ADMITTING									6.02
6.03 OUTPATIENT OFFICES									6.03
6.04 BUSINESS OFFICE	199471								6.04
6.05 OTHER ADMIN + GENERAL		13114956							6.05
7 MAINTENANCE & REPAIRS		401506	2757939						7
8 OPERATION OF PLANT		242570	67448	678796					8
9 LAUNDRY & LINEN SERVICE		24172	6842	1726	58014				9
10 HOUSEKEEPING		201551	29248	7379	1058	370399			10
11 DIETARY		91948	78085	19700		11612	576541		11
12 CAFETERIA		34736						34956	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		321811	29794	7517		4431		1703	14
15 CENTRAL SERVICES & SUPPLY		187983	58546	14771	1327	8707		834	15
16 PHARMACY		223789	27822	7019		4138		884	16
17 MEDICAL RECORDS & LIBRARY		140436	36192	9131		5382		898	17
18 SOCIAL SERVICE									18
19 PARKING		30424	2545	642		379		47	19
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL		46417	261411	65953		38876		446	21
22 I&R SERVICES-SALARY & FRINGES A		241003							22
23 I&R SERVICES-OTHER PRGM COSTS A		442910	120198	30325	209	17875		1664	23
24 PARAMED ED PRGM-(SPECIFY)		3004	51	13		8			24
24.01 PARAMEDICAL EDUC X-RAY		6583	4042	1020		601			24.01
24.02 PARAMEDICAL EDUC DIETARY		5435							24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	14944	1562701	560404	141386	24394	83340	460887	8208	25
26 INTENSIVE CARE UNIT	5319	453260	71952	18153	5071	10700	73534	2062	26
30 PREMATURE INTENSIVE CARE	2491	244918	29876	7537	1345	4443	35641	1081	30
31 SUBPROVIDER I	666	86738	22599	5702	1689	3361		397	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	27157	1353342	114300	28837	8233	16998		2478	37
38 RECOVERY ROOM	2620	53902	15167	3827		2256		220	38
39 DELIVERY ROOM & LABOR ROOM	1037	123484	28277	7134	2025	4205	6479	505	39
40 ANESTHESIOLOGY	8295	53278	1592	402		237		61	40
41 RADIOLOGY-DIAGNOSTIC	43312	1184539	220950	55745	4042	32859		2933	41
44 LABORATORY	22724	613059	126032	31797	35	18743		2199	44
45 PBP CLINICAL LAB SERVICES-PRGM									45
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1303	125461							47

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	BUSINESS O	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	6.04	6.05	TENANCE & REPAIRS	OF PLANT	& LINEN SERVICE	KEEPING	11	12
49 RESPIRATORY THERAPY	9937	173594	11512	2904		1712		697 49
50 PHYSICAL THERAPY	3196	227447	100738	25416	126	14981		1143 50
52 SPEECH PATHOLOGY	350	21094	2461	621	9	366		75 52
53 ELECTROCARDIOLOGY	5299	87408	7253	1830	41	1079		414 53
54 ELECTROENCEPHALOGRAPHY	483	19030	4100	1034	163	610		109 54
55 MEDICAL SUPPLIES CHARGED TO PAT	6160	116993						55
56 DRUGS CHARGED TO PATIENTS	16405	445557						56
57 RENAL DIALYSIS	457	37169			130			2 57
59 DIGESTIVE DISEASES	4609	93174	20875	5267	950	3104		300 59
59.01 ENTEROSTOMAL	65	6188	2603	657		387		26 59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB	11791	350096	30802	7771	1065	4581		347 59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS	30	6282	8369	2111		1245		38 59.07
59.08 SISTERS CLINIC	162	56954	71392	18012		10617		347 59.08
59.09 DIABETIC SERVICE	13	15069						87 59.09
59.10 CARDIO-PULMONARY REHAB	119	14860	1055	266		157		92 59.10
59.11 CENTER FOR SENIOR HEALTH	5	3408	7127	1798				25 59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE	340	16943	11848	2989				48 59.13
59.14 PSYCHOLOGY	53	5146	2959	747		440		23 59.14
59.15 NEURO DIAGNOSTIC CENTER	18	14278	13562	3422		2017		69 59.15
59.16 EATING DISORDERS CLINIC	23	11239						38 59.16
59.18 UROLOGICAL	61	2573	268	68		40		9 59.18
59.19 LITHOTRIPSY	110	4118						59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS	960	65534	12248	3090	171	1822		292 59.21
59.22 PAIN PROGRAM	328	34353	18327	4624				101 59.22
59.23 COMP EPILEPSY	16	13072	3061	772		455		70 59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	6016	411802	75814	19128	5878	11275		2566 61
62 OBSERVATION BEDS (NON-DISTINCT								62
62.01 OBSERVATION BEDS-DISTINCT	113	31218	16860	4254		2507		139 62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	2199	188855			1			194 65
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								
83 KIDNEY ACQUISITION	251	66588						34 83

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	BUSINESS O	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
								GENERAL	TENANCE &
	6.04	6.05	7	8	9	10	11	12	
85.01 PANCREAS ACQUISITION	34	6401						7	85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P		300733	64869	16366		9647		514	92
95 SUBTOTALS	199471	11348136	2401476	588863	57962	336193	576541	34426	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2540	8725	2201		1298		15	96
100 SISTERS CONVENT		5599							100
100.01BRADLEY UNIV HEALTH SVC		11992							100.01
100.02COMMUNITY CLINIC		5585						21	100.02
100.04FUND RAISING		70046	1551	391		231		110	100.04
100.05OUTREACH PHYSICIAN OFCES		1496865	182162	45959	19	22292			100.05
100.06PHYSICIAN CONTRACTS		12230							100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPSY									100.08
100.09CFH - MEDICAL OFFICE BUILDING		6953	88178	22247					100.09
100.10OTHER NONREIMBURSABLE		80126	50272	12683	33	6582		358	100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB		62966	23651	5967		3517			100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC		1							100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES		11917	1924	485		286		26	100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	199471	13114956	2757939	678796	58014	370399	576541	34956	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARKING 19	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23
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 PURCH, RCVING, STORING								6.01
6.02 ADMITTING								6.02
6.03 OUTPATIENT OFFICES								6.03
6.04 BUSINESS OFFICE								6.04
6.05 OTHER ADMIN + GENERAL								6.05
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	838453							14
15 CENTRAL SERVICES & SUPPLY		2450623						15
16 PHARMACY		120320	970668					16
17 MEDICAL RECORDS & LIBRARY		14		413158				17
18 SOCIAL SERVICE								18
19 PARKING					526426			19
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL		777	5		7667	1464409		21
22 I&R SERVICES-SALARY & FRINGES A							245335	22
23 I&R SERVICES-OTHER PRGM COSTS A			5		28632			23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL EDUC X-RAY								24.01
24.02 PARAMEDICAL EDUC DIETARY								24.02
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	456369	73406	2888	30042	141262			25
26 INTENSIVE CARE UNIT	114640	45232	885	10693	35485			26
30 PREMATURE INTENSIVE CARE	60105	36257	368	5008	18604			30
31 SUBPROVIDER I	22080	2090	8	1340	6834			31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	137754	928592	834	54594	42639			37
38 RECOVERY ROOM	12251	3681		5267	3792			38
39 DELIVERY ROOM & LABOR ROOM	28052	14222	67	2086	8683			39
40 ANESTHESIOLOGY	3369	71315	15195	16676	1043			40
41 RADIOLOGY-DIAGNOSTIC		543285	61557	90176	50467			41
44 LABORATORY		28122		45683	37834			44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA				2619	3			47

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARKING 19	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23
49 RESPIRATORY THERAPY		75561	1904	19976	12003			49
50 PHYSICAL THERAPY		6057	851	7196	19662			50
52 SPEECH PATHOLOGY		13910		703	1299			52
53 ELECTROCARDIOLOGY		5739	294	10653	7128			53
54 ELECTROENCEPHALOGRAPHY		3969		971	1878			54
55 MEDICAL SUPPLIES CHARGED TO PAT				12384				55
56 DRUGS CHARGED TO PATIENTS			736532	32980				56
57 RENAL DIALYSIS				919	43			57
59 DIGESTIVE DISEASES		40404	10	9266	5171			59
59.01 ENTEROSTOMAL		34		130	446			59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB		326326	67	23704	5965			59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS		7166	7	190	647			59.07
59.08 SISTERS CLINIC		1351	56	701	5975			59.08
59.09 DIABETIC SERVICE				28	1496			59.09
59.10 CARDIO-PULMONARY REHAB		278	7	239	1580			59.10
59.11 CENTER FOR SENIOR HEALTH		9	97	43	427			59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE		5168	78	684	825			59.13
59.14 PSYCHOLOGY				107	404			59.14
59.15 NEURO DIAGNOSTIC CENTER	3833	140		389	1186			59.15
59.16 EATING DISORDERS CLINIC				45	655			59.16
59.18 UROLOGICAL				122	148			59.18
59.19 LITHOTRIPSY				222				59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS		5286		2800	5018			59.21
59.22 PAIN PROGRAM		5907	2897	719	1737			59.22
59.23 COMP EPILEPSY		120	15	853	1209			59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		34718	171	17729	44165			61
62 OBSERVATION BEDS (NON-DISTINCT								62
62.01 OBSERVATION BEDS-DISTINCT		4678	34	228	2394			62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		1114	80	4420	3345			65
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								
83 KIDNEY ACQUISITION			283	504	584			83

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	PARKING	NURSING	I&R	I&R
	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	19	SCHOOL 21	SALARY & FRINGES 22	PROGRAM COSTS 23
85.01 PANCREAS ACQUISITION				69	117			85.01
85.02 INTESTINAL ACQUISITION								85.02
92 AMBULATORY SURGICAL CENTER (D.P					8846			92
95 SUBTOTALS	838453	2405248	825195	413158	517298			95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					262			96
100 SISTERS CONVENT								100
100.01BRADLEY UNIV HEALTH SVC		267						100.01
100.02COMMUNITY CLINIC		520	7073		364			100.02
100.04FUND RAISING		6566			1900			100.04
100.05OUTREACH PHYSICIAN OFCES		33420	131848					100.05
100.06PHYSICIAN CONTRACTS								100.06
100.07MEALS-ON-WHEELS								100.07
100.08MOBILE LITHOTRIPSY								100.08
100.09CFH - MEDICAL OFFICE BUILDING								100.09
100.10OTHER NONREIMBURSABLE		2577			6159			100.10
100.11NURSERY-EDUCATION COST								100.11
100.12INDUSTRIAL REHAB		2025	6552					100.12
100.13CONTRACTED SERVICES								100.13
100.14IN-SCHOOL CLINIC								100.14
100.15LOBBYING								100.15
100.16REGIONAL ACTIVITIES					443			100.16
101 CROSS FOOT ADJUSTMENTS						1464409	245335	1100688 101
102 NEGATIVE COST CENTER								102
103 TOTAL	838453	2450623	970668	413158	526426	1464409	245335	1100688 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	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 PURCH, RCVING, STORING							6.01
6.02 ADMITTING							6.02
6.03 OUTPATIENT OFFICES							6.03
6.04 BUSINESS OFFICE							6.04
6.05 OTHER ADMIN + GENERAL							6.05
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
19 PARKING							19
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)	3290						24
24.01 PARAMEDICAL EDUC X-RAY		26775					24.01
24.02 PARAMEDICAL EDUC DIETARY			5473				24.02
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS				5984426		5984426	25
26 INTENSIVE CARE UNIT				1326053		1326053	26
30 PREMATURE INTENSIVE CARE				819030		819030	30
31 SUBPROVIDER I				260991		260991	31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				4501050		4501050	37
38 RECOVERY ROOM				227999		227999	38
39 DELIVERY ROOM & LABOR ROOM				408681		408681	39
40 ANESTHESIOLOGY				352232		352232	40
41 RADIOLOGY-DIAGNOSTIC				10544672		10544672	41
44 LABORATORY				2096463		2096463	44
45 PBP CLINICAL LAB SERVICES-PRGM							45
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				130957		130957	47

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
49 RESPIRATORY THERAPY				601929		601929	49
50 PHYSICAL THERAPY				908049		908049	50
52 SPEECH PATHOLOGY				119058		119058	52
53 ELECTROCARDIOLOGY				291194		291194	53
54 ELECTROENCEPHALOGRAPHY				131880		131880	54
55 MEDICAL SUPPLIES CHARGED TO PAT				142967		142967	55
56 DRUGS CHARGED TO PATIENTS				1251262		1251262	56
57 RENAL DIALYSIS				42026		42026	57
59 DIGESTIVE DISEASES				589668		589668	59
59.01 ENTEROSTOMAL				20038		20038	59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB				2377030		2377030	59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS				87199		87199	59.07
59.08 SISTERS CLINIC				443204		443204	59.08
59.09 DIABETIC SERVICE				50838		50838	59.09
59.10 CARDIO-PULMONARY REHAB				50011		50011	59.10
59.11 CENTER FOR SENIOR HEALTH				39610		39610	59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE				109643		109643	59.13
59.14 PSYCHOLOGY				20730		20730	59.14
59.15 NEURO DIAGNOSTIC CENTER				88024		88024	59.15
59.16 EATING DISORDERS CLINIC				16893		16893	59.16
59.18 UROLOGICAL				21317		21317	59.18
59.19 LITHOTRIPSY				4583		4583	59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS				426384		426384	59.21
59.22 PAIN PROGRAM				168679		168679	59.22
59.23 COMP EPILEPSY				32347		32347	59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				1747976		1747976	61
62 OBSERVATION BEDS (NON-DISTINCT							62
62.01 OBSERVATION BEDS-DISTINCT				205878		205878	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				257587		257587	65
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							
83 KIDNEY ACQUISITION				135598		135598	83

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMEDICA EDUCATION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	24.01	24.02	25	26	27	
85.01 PANCREAS ACQUISITION				6700		6700	85.01
85.02 INTESTINAL ACQUISITION							85.02
92 AMBULATORY SURGICAL CENTER (D.P				697314		697314	92
95 SUBTOTALS				37738170		37738170	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				61333		61333	96
100 SISTERS CONVENT				5637		5637	100
100.01BRADLEY UNIV HEALTH SVC				12720		12720	100.01
100.02COMMUNITY CLINIC				13680		13680	100.02
100.04FUND RAISING				183683		183683	100.04
100.05OUTREACH PHYSICIAN OFCES				4936170		4936170	100.05
100.06PHYSICIAN CONTRACTS				12309		12309	100.06
100.07MEALS-ON-WHEELS							100.07
100.08MOBILE LITHOTRIPSY							100.08
100.09CFH - MEDICAL OFFICE BUILDING				432978		432978	100.09
100.10OTHER NONREIMBURSABLE				562992		562992	100.10
100.11NURSERY-EDUCATION COST							100.11
100.12INDUSTRIAL REHAB				276994		276994	100.12
100.13CONTRACTED SERVICES							100.13
100.14IN-SCHOOL CLINIC				69		69	100.14
100.15LOBBYING							100.15
100.16REGIONAL ACTIVITIES				25729		25729	100.16
101 CROSS FOOT ADJUSTMENTS	3290	26775	5473	2845970		2845970	101
102 NEGATIVE COST CENTER							102
103 TOTAL	3290	26775	5473	47108434		47108434	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV ADMITTING	OUTPATIENT	BUSINESS O	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BENEFITS GROSS SALARIES	STORING COSTED REQUISITIO	TOTAL GROS REVENUES	OUTPATIENT REVENUES	TOTAL GROS REVENUES
	3	4	5	6.01	6.02	6.03	6.04
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION			256503	11822	2585713		2585713 83
85.01 PANCREAS ACQUISITION			61319		353724		353724 85.01
85.02 INTESTINAL ACQUISITION							85.02
92 AMBULATORY SURGICAL CENTER (D	19114	52478	3227851	47441			92
95 SUBTOTALS	972795	13921620	259597064	9971784	2065920367	744917553	2065920367 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	2571	14117	44345	1154			96
100 SISTERS CONVENT			65661	200			100
100.01 BRADLEY UNIV HEALTH SVC		219	376494	1606			100.01
100.02 COMMUNITY CLINIC			199099	698			100.02
100.04 FUND RAISING	457	23620	703640	52234			100.04
100.05 OUTREACH PHYSICIAN OFCES	53675	199789	46708017	451981			100.05
100.06 PHYSICIAN CONTRACTS			38591	2488			100.06
100.07 MEALS-ON-WHEELS							100.07
100.08 MOBILE LITHOTRIPSY							100.08
100.09 CFH - MEDICAL OFFICE BUILDING	25982						100.09
100.10 OTHER NONREIMBURSABLE	14813	17154	2364715	115638			100.10
100.11 NURSERY-EDUCATION COST							100.11
100.12 INDUSTRIAL REHAB	6969	11287	2126480	46536			100.12
100.13 CONTRACTED SERVICES							100.13
100.14 IN-SCHOOL CLINIC		64					100.14
100.15 LOBBYING							100.15
100.16 REGIONAL ACTIVITIES	567	3335	402368	537			100.16
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	13092242	15091168	82879281	2727056	3492839	2153009	5944598 103
104 UNIT COST MULT-WS B PT I		1.063417		.256185		.002890	104
104 UNIT COST MULT-WS B PT I	12.146864		.265106		.001691		.002877 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			156576	256939	241995	195884	199471 107
108 UNIT COST MULT-WS B PT III				.024137		.000263	108
108 UNIT COST MULT-WS B PT III			.000501		.000117		.000097 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION 6A.05	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
		ENERAL	TENANCE & REPAIRS (SQUARE FEET)	OF PLANT (SQUARE FEET)	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING (SQUARE FEET)	MEALS SERVED	FTE EMPLOY (READ AS 0 12
		ACCUM COST 6.05	7	8	9	10	11	
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION		3022464						394 83
85.01 PANCREAS ACQUISITION		290551						79 85.01
85.02 INTESTINAL ACQUISITION								85.02
92 AMBULATORY SURGICAL CENTER (D		13650461	19114	19114		19114		5972 92
95 SUBTOTALS	-138661790	515099849	707606	687732	3682218	666107	700637	399955 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		115306	2571	2571		2571		177 96
100 SISTERS CONVENT		254141						100
100.01 BRADLEY UNIV HEALTH SVC		544311						100.01
100.02 COMMUNITY CLINIC		253496						246 100.02
100.04 FUND RAISING		3179441	457	457		457		1283 100.04
100.05 OUTREACH PHYSICIAN OFCES		67943602	53675	53675	1216	44167		100.05
100.06 PHYSICIAN CONTRACTS		555113						100.06
100.07 MEALS-ON-WHEELS								100.07
100.08 MOBILE LITHOTRIPSY								100.08
100.09 CFH - MEDICAL OFFICE BUILDING		315600	25982	25982				100.09
100.10 OTHER NONREIMBURSABLE		3636975	14813	14813	2117	13041		4158 100.10
100.11 NURSERY-EDUCATION COST								100.11
100.12 INDUSTRIAL REHAB		2858064	6969	6969		6969		100.12
100.13 CONTRACTED SERVICES								100.13
100.14 IN-SCHOOL CLINIC		68						100.14
100.15 LOBBYING								100.15
100.16 REGIONAL ACTIVITIES		540925	567	567		567		299 100.16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I		138532221	22465650	14122040	1444125	11695581	6557418	1943598 103
104 UNIT COST MULT-WS B PT I			27.645267		.391834		9.359223	104
104 UNIT COST MULT-WS B PT I		.232711		17.813630		15.936661		4.785796 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III		13114956	2757939	678796	58014	370399	576541	34956 107
108 UNIT COST MULT-WS B PT III			3.393802		.015741		.822881	108
108 UNIT COST MULT-WS B PT III		.022031		.856238		.504714		.086074 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURSING FT (READ AS 0 14	CENTRAL SERVICES & SUPPLY COSTED REQUISITIO 15	PHARMACY COSTED REQUISITIO 16	MEDICAL RECORDS & LIBRARY TOTAL GROS REVENUES 17	PARKING FTE EMPLOY (READ AS 0 19	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
83 KIDNEY ACQUISITION			7462	2585713	394				83
85.01 PANCREAS ACQUISITION				353724	79				85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D					5972				92
95 SUBTOTALS	175209	22541598	21793092	2123962417	349232	101028	311146	311146	95
96 NONREIMBURSABLE COST CENTERS									
GIFT, FLOWER, COFFEE SHOP & C					177				96
100 SISTERS CONVENT									100
100.01 BRADLEY UNIV HEALTH SVC		2503							100.01
100.02 COMMUNITY CLINIC		4877	186807		246				100.02
100.04 FUND RAISING		61535			1283				100.04
100.05 OUTREACH PHYSICIAN OFCES		313202	3482059			632			100.05
100.06 PHYSICIAN CONTRACTS									100.06
100.07 MEALS-ON-WHEELS									100.07
100.08 MOBILE LITHOTRIPSY									100.08
100.09 CFH - MEDICAL OFFICE BUILDING									100.09
100.10 OTHER NONREIMBURSABLE		24152			4158	320			100.10
100.11 NURSERY-EDUCATION COST									100.11
100.12 INDUSTRIAL REHAB		18979	173036						100.12
100.13 CONTRACTED SERVICES									100.13
100.14 IN-SCHOOL CLINIC									100.14
100.15 LOBBYING									100.15
100.16 REGIONAL ACTIVITIES					299				100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	18640128	11656848	13646572	8562627	1750992	7380260	13484946	27149806	103
104 UNIT COST MULT-WS B PT I	106.387960		.532342		4.926890		43.339609		104
104 UNIT COST MULT-WS B PT I		.507551		.004031		72.369680		87.257448	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	838453	2450623	970668	413158	526426	1464409	245335	1100688	107
108 UNIT COST MULT-WS B PT III	4.785445		.037865		1.481242		.788488		108
108 UNIT COST MULT-WS B PT III		.106703		.000195		14.359767		3.537529	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA	PARAMEDICA	PARAMEDICA	
	EDUCATION	X-RAY	DIETARY	
	DIRECT	DIRECT	DIRECT	
	ALLOCATION	ALLOCATION	ALLOCATION	
	24	24.01	24.02	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.02				6.02
6.03				6.03
6.04				6.04
6.05				6.05
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24		100		24
24.01			100	24.01
24.02			100	24.02
INPATIENT ROUTINE SERV COST CENTERS				
25			100	25
26				26
30				30
31				31
ANCILLARY SERVICE COST CENTERS				
37				37
38				38
39				39
40				40
41			100	41
44		100		44
45				45

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA	PARAMEDICA	PARAMEDICA	
	EDUCATION	X-RAY	DIETARY	
	DIRECT ALLOCATION	DIRECT ALLOCATION	DIRECT ALLOCATION	
	24	24.01	24.02	
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
47 BLOOD STORING, PROCESSING & T				47
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO P				55
56 DRUGS CHARGED TO PATIENTS				56
57 RENAL DIALYSIS				57
59 DIGESTIVE DISEASES				59
59.01 ENTEROSTOMAL				59.01
59.02 NON-INVASIVE LABORATORY				59.02
59.03 REHABILITATION SERVICES				59.03
59.04 CARDIAC CATHETER LAB				59.04
59.05 KRASSE HEALTH CENTER				59.05
59.06 SPEECH PATH & AUDIOLOGY				59.06
59.07 SPECIAL CLINICS				59.07
59.08 SISTERS CLINIC				59.08
59.09 DIABETIC SERVICE				59.09
59.10 CARDIO-PULMONARY REHAB				59.10
59.11 CENTER FOR SENIOR HEALTH				59.11
59.12 PAIN CLINIC				59.12
59.13 WOUND CARE				59.13
59.14 PSYCHOLOGY				59.14
59.15 NEURO DIAGNOSTIC CENTER				59.15
59.16 EATING DISORDERS CLINIC				59.16
59.18 UROLOGICAL				59.18
59.19 LITHOTRIPSY				59.19
59.20 WOMEN'S CENTER				59.20
59.21 SLEEP DISORDERS				59.21
59.22 PAIN PROGRAM				59.22
59.23 COMP EPILEPSY				59.23
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY				61
62 OBSERVATION BEDS (NON-DISTINC				62
62.01 OBSERVATION BEDS-DISTINCT				62.01
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES				65
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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA	PARAMEDICA	PARAMEDICA	
	EDUCATION	X-RAY	DIETARY	
	DIRECT	DIRECT	DIRECT	
	ALLOCATION	ALLOCATION	ALLOCATION	
	24	24.01	24.02	
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
83 KIDNEY ACQUISITION				83
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
92 AMBULATORY SURGICAL CENTER (D				92
95 SUBTOTALS	100	100	100	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
100 SISTERS CONVENT				100
100.01 BRADLEY UNIV HEALTH SVC				100.01
100.02 COMMUNITY CLINIC				100.02
100.04 FUND RAISING				100.04
100.05 OUTREACH PHYSICIAN OFCES				100.05
100.06 PHYSICIAN CONTRACTS				100.06
100.07 MEALS-ON-WHEELS				100.07
100.08 MOBILE LITHOTRIpsy				100.08
100.09 CFH - MEDICAL OFFICE BUILDING				100.09
100.10 OTHER NONREIMBURSABLE				100.10
100.11 NURSERY-EDUCATION COST				100.11
100.12 INDUSTRIAL REHAB				100.12
100.13 CONTRACTED SERVICES				100.13
100.14 IN-SCHOOL CLINIC				100.14
100.15 LOBBYING				100.15
100.16 REGIONAL ACTIVITIES				100.16
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	169021	441463	304094	103
104 UNIT COST MULT-WS B PT I	1690.210000		3040.940000	104
104 UNIT COST MULT-WS B PT I		4414.630000		104
105 COST TO BE ALLOC PER B PT II				105
106 UNIT COST MULT-WS B PT II				106
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	3290	26775	5473	107
108 UNIT COST MULT-WS B PT III	32.900000		54.730000	108
108 UNIT COST MULT-WS B PT III		267.750000		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	121909102		121909102	21094	121930196	25
26 INTENSIVE CARE UNIT	31272490		31272490	372164	31644654	26
30 PREMATURE INTENSIVE CARE	16422731		16422731	21762	16444493	30
31 SUBPROVIDER I	5877637		5877637		5877637	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	86998133		86998133	162872	87161005	37
38 RECOVERY ROOM	3713987		3713987		3713987	38
39 DELIVERY ROOM & LABOR ROOM	8620694		8620694		8620694	39
40 ANESTHESIOLOGY	3999019		3999019		3999019	40
41 RADIOLOGY-DIAGNOSTIC	76589111		76589111	372087	76961198	41
44 LABORATORY	38078887		38078887	51267	38130154	44
45 PBP CLINICAL LAB SERVICES-P	129569		129569		129569	45
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	7074139		7074139		7074139	47
49 RESPIRATORY THERAPY	10799266		10799266		10799266	49
50 PHYSICAL THERAPY	14870447		14870447	12194	14882641	50
52 SPEECH PATHOLOGY	1418433		1418433		1418433	52
53 ELECTROCARDIOLOGY	5321370		5321370	207560	5528930	53
54 ELECTROENCEPHALOGRAPHY	1194247		1194247		1194247	54
55 MEDICAL SUPPLIES CHARGED TO	6802164		6802164		6802164	55
56 DRUGS CHARGED TO PATIENTS	35967053		35967053		35967053	56
57 RENAL DIALYSIS	2102275		2102275		2102275	57
59 DIGESTIVE DISEASES	6136677		6136677	43025	6179702	59
59.01 ENTEROSTOMAL	399095		399095		399095	59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	22255100		22255100		22255100	59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	545243		545243		545243	59.07
59.08 SISTERS CLINIC	4586662		4586662		4586662	59.08
59.09 DIABETIC SERVICE	853531		853531		853531	59.09
59.10 CARDIO-PULMONARY REHAB	867293		867293		867293	59.10
59.11 CENTER FOR SENIOR HEALTH	291253		291253		291253	59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	1151975		1151975		1151975	59.13
59.14 PSYCHOLOGY	346321		346321		346321	59.14
59.15 NEURO DIAGNOSTIC CENTER	1145944		1145944		1145944	59.15
59.16 EATING DISORDERS CLINIC	669399		669399		669399	59.16
59.18 UROLOGICAL	152292		152292		152292	59.18
59.19 LITHOTRIPSY	234976		234976		234976	59.19
59.20 WOMEN'S CENTER						59.20
59.21 SLEEP DISORDERS	4008622		4008622		4008622	59.21
59.22 PAIN PROGRAM	2262731		2262731	7568	2270299	59.22
59.23 COMP EPILEPSY	813148		813148	26416	839564	59.23

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (5/1999)

VERSION: 2009.08
 02/25/2010 07:28

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	
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	25392466		25392466		25918499	61
62 OBSERVATION BEDS (NON-DISTI	4997476		4997476	526033	4997476	62
62.01 OBSERVATION BEDS-DISTINCT	2094939		2094939		2094939	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	10686846		10686846	27607	10714453	65
101 SUBTOTAL	569052743		569052743	1851649	570904392	101
102 LESS OBSERVATION BEDS	4997476		4997476		4997476	102
103 TOTAL	564055267		564055267	1851649	565906916	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
	INPATIENT 6	OUTPATIENT 7	TOTAL 8				
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	149690837		149690837				25
26 INTENSIVE CARE UNIT	54835733		54835733				26
30 PREMATURE INTENSIVE CARE	25681024		25681024				30
31 SUBPROVIDER I	6870557		6870557				31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	221872962	58048812	279921774	.310794	.310794	.311376	37
38 RECOVERY ROOM	15845211	11164291	27009502	.137507	.137507	.137507	38
39 DELIVERY ROOM & LABOR ROOM	9250316	1445164	10695480	.806013	.806013	.806013	39
40 ANESTHESIOLOGY	55684488	29831005	85515493	.046764	.046764	.046764	40
41 RADIOLOGY-DIAGNOSTIC	145328845	310511021	455839866	.168018	.168018	.168834	41
44 LABORATORY	137506855	299809351	437316206	.087074	.087074	.087191	44
45 PBP CLINICAL LAB SERVICES-P	55394549		55394549	.002339	.002339	.002339	45
46.30 BLOOD CLOTTING FACTORS ADMI							46.30
47 BLOOD STORING, PROCESSING &	12184130	1245171	13429301	.526769	.526769	.526769	47
49 RESPIRATORY THERAPY	99522311	2918240	102440551	.105420	.105420	.105420	49
50 PHYSICAL THERAPY	20219123	12566771	32785894	.453562	.453562	.453934	50
52 SPEECH PATHOLOGY	2633627	972087	3605714	.393385	.393385	.393385	52
53 ELECTROCARDIOLOGY	16006629	38623383	54630012	.097407	.097407	.101207	53
54 ELECTROENCEPHALOGRAPHY	3133124	1844926	4978050	.239903	.239903	.239903	54
55 MEDICAL SUPPLIES CHARGED TO	52727192	10778193	63505385	.107112	.107112	.107112	55
56 DRUGS CHARGED TO PATIENTS	150379771	18747479	169127250	.212663	.212663	.212663	56
57 RENAL DIALYSIS	4575436	136427	4711863	.446166	.446166	.446166	57
59 DIGESTIVE DISEASES	8155651	39361194	47516845	.129147	.129147	.130053	59
59.01 ENTEROSTOMAL	652538	14227	666765	.598554	.598554	.598554	59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB	62567010	58991089	121558099	.183082	.183082	.183082	59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS	11051	299458	310509	1.755965	1.755965	1.755965	59.07
59.08 SISTERS CLINIC	8441	1664725	1673166	2.741307	2.741307	2.741307	59.08
59.09 DIABETIC SERVICE	9348	129410	138758	6.151220	6.151220	6.151220	59.09
59.10 CARDIO-PULMONARY REHAB	480921	747268	1228189	.706156	.706156	.706156	59.10
59.11 CENTER FOR SENIOR HEALTH	103	53685	53788	5.414832	5.414832	5.414832	59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE	14064	3495747	3509811	.328216	.328216	.328216	59.13
59.14 PSYCHOLOGY		546188	546188	.634069	.634069	.634069	59.14
59.15 NEURO DIAGNOSTIC CENTER	2538	180250	182788	6.269252	6.269252	6.269252	59.15
59.16 EATING DISORDERS CLINIC	187	232314	232501	2.879123	2.879123	2.879123	59.16
59.18 UROLOGICAL	110243	514563	624806	.243743	.243743	.243743	59.18
59.19 LITHOTRIPSY	64102	1071935	1136037	.206838	.206838	.206838	59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS	16983	9882590	9899573	.404929	.404929	.404929	59.21
59.22 PAIN PROGRAM	4142	3381677	3385819	.668297	.668297	.670532	59.22
59.23 COMP EPILEPSY	5986	162585	168571	4.823772	4.823772	4.980477	59.23

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			
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	21243047	40685264	61928311	.410030	.410030	.418524 61
62 OBSERVATION BEDS (NON-DISTI		4369479	4369479	1.143724	1.143724	1.143724 62
62.01 OBSERVATION BEDS-DISTINCT	27702	1140049	1167751	1.793995	1.793995	1.793995 62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	20326292	2339525	22665817	.471496	.471496	.472714 65
101 SUBTOTAL	1353043069	967905543	2320948612			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	1353043069	967905543	2320948612			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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				5984426		5984426
26 INTENSIVE CARE UNIT				1326053		1326053
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 PREMATURE INTENSIVE CARE				819030		819030
31 SUBPROVIDER I				260991		260991
33 NURSERY						
101 TOTAL				8390500		8390500

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	129311	42919			46.28	1986291
26 INTENSIVE CARE UNIT	18218	9123			72.79	664063
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 PREMATURE INTENSIVE CARE	10283				79.65	
31 SUBPROVIDER I	8829	3583			29.56	105913
33 NURSERY						
101 TOTAL	166641	55625				2756267

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0067) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----			
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	PROGRAM CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		4501050	279921774	72034746			.016080	1158319	37
38 RECOVERY ROOM		227999	27009502	5347585			.008441	45139	38
39 DELIVERY ROOM & LABOR ROOM		408681	10695480	65552			.038211	2505	39
40 ANESTHESIOLOGY		352232	85515493	16777242			.004119	69105	40
41 RADIOLOGY-DIAGNOSTIC		10544672	455839866	61832655			.023132	1430313	41
44 LABORATORY		2096463	437316206	54622830			.004794	261862	44
45 PBP CLINICAL LAB SERVICES-PRGM									45
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		130957	13429301	5623284			.009752	54838	47
49 RESPIRATORY THERAPY		601929	102440551	36989418			.005876	217350	49
50 PHYSICAL THERAPY		908049	32785894	5411203			.027696	149869	50
52 SPEECH PATHOLOGY		119058	3605714	833792			.033019	27531	52
53 ELECTROCARDIOLOGY		291194	54630012	5692702			.005330	30342	53
54 ELECTROENCEPHALOGRAPHY		131880	4978050	1515378			.026492	40145	54
55 MEDICAL SUPPLIES CHARGED TO P		142967	63505385	17862269			.002251	40208	55
56 DRUGS CHARGED TO PATIENTS		1251262	169127250	54152680			.007398	400622	56
57 RENAL DIALYSIS		42026	4711863	3459529			.008919	30856	57
59 DIGESTIVE DISEASES		589668	47516845	3881787			.012410	48173	59
59.01 ENTEROSTOMAL		20038	666765				.030053		59.01
59.02 NON-INVASIVE LABORATORY									59.02
59.03 REHABILITATION SERVICES									59.03
59.04 CARDIAC CATHETER LAB		2377030	121558099	30105819			.019555	588719	59.04
59.05 KRASSE HEALTH CENTER									59.05
59.06 SPEECH PATH & AUDIOLOGY									59.06
59.07 SPECIAL CLINICS		87199	310509	292			.280826	82	59.07
59.08 SISTERS CLINIC		443204	1673166	1149			.264889	304	59.08
59.09 DIABETIC SERVICE		50838	138758	298			.366379	109	59.09
59.10 CARDIO-PULMONARY REHAB		50011	1228189	274230			.040719	11166	59.10
59.11 CENTER FOR SENIOR HEALTH		39610	53788				.736410		59.11
59.12 PAIN CLINIC									59.12
59.13 WOUND CARE		109643	3509811	3293			.031239	103	59.13
59.14 PSYCHOLOGY		20730	546188				.037954		59.14
59.15 NEURO DIAGNOSTIC CENTER		88024	182788	782			.481563	377	59.15
59.16 EATING DISORDERS CLINIC		16893	232501				.072658		59.16
59.18 UROLOGICAL		21317	624806	15546			.034118	530	59.18
59.19 LITHOTRIPSY		4583	1136037	32051			.004034	129	59.19
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS		426384	9899573	232			.043071	10	59.21
59.22 PAIN PROGRAM		168679	3385819	4142			.049819	206	59.22

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 02/25/2010 07:28

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0067) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2	TOTAL CHARGES 3		RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
59.23 COMP EPILEPSY OUTPATIENT SERVICE COST CENTERS		32347	168571	1085			.191889	208 59.23
61 EMERGENCY		1747976	61928311	7175771			.028226	202543 61
62 OBSERVATION BEDS (NON-DISTINC		245281	4369479				.056135	62
62.01 OBSERVATION BEDS-DISTINCT		205878	1167751				.176303	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		28495752	2005810095	383717342				4811663 101

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 02/25/2010 07:28

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER		TOTAL COSTS	
	ANESTHETIST COST	SCHOOL COST	HEALTH COSTS	MEDICAL COSTS	SWING-BED ADJUSTMENT AMOUNT		
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS		6094686	304094			6398780	25
26 INTENSIVE CARE UNIT		416849				416849	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 PREMATURE INTENSIVE CARE							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL		6511535	304094			6815629	101

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 02/25/2010 07:28

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION		TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
25	INPAT ROUTINE SERV COST CTRS	129311	49.48	42919	2123632	25
26	ADULTS & PEDIATRICS	18218	22.88	9123	208734	26
27	INTENSIVE CARE UNIT					27
28	CORONARY CARE UNIT					28
29	BURN INTENSIVE CARE UNIT					29
30	SURGICAL INTENSIVE CARE UNIT	10283				30
31	PREMATURE INTENSIVE CARE	8829		3583		31
33	SUBPROVIDER I					33
34	NURSERY					34
35	SKILLED NURSING FACILITY					35
101	NURSING FACILITY	166641		55625	2332366	101
	TOTAL					

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 02/25/2010 07:28

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0067)	[]	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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER		TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2	2.01	2.02	2.03	3
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY			9263				9263 61
62 OBSERVATION BEDS (NON-DISTINC			249799	12464			262263 62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			1049628	622948			1672576 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0067) [] 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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8		
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	101897	279921774	.000364	.000364	72034746	26221	10900609	37	
38 RECOVERY ROOM		27009502			5347585		3951596	38	
39 DELIVERY ROOM & LABOR ROOM	283400	10695480	.026497	.026497	65552	1737	8730	39	
40 ANESTHESIOLOGY	9842	85515493	.000115	.000115	16777242	1929	5004232	40	
41 RADIOLOGY-DIAGNOSTIC	545675	455839866	.001197	.001197	61832655	74014	95050871	41	
44 LABORATORY	169021	437316206	.000386	.000386	54622830	21084	4789689	44	
45 PBP CLINICAL LAB SERVICES-PRGM								45	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
47 BLOOD STORING, PROCESSING & T		13429301			5623284		508368	47	
49 RESPIRATORY THERAPY		102440551			36989418		1545342	49	
50 PHYSICAL THERAPY		32785894			5411203		547879	50	
52 SPEECH PATHOLOGY	104212	3605714	.028902	.028902	833792	24098	129950	52	
53 ELECTROCARDIOLOGY		54630012			5692702		6918745	53	
54 ELECTROENCEPHALOGRAPHY		4978050			1515378		1844926	54	
55 MEDICAL SUPPLIES CHARGED TO P		63505385			17862269		1910763	55	
56 DRUGS CHARGED TO PATIENTS		169127250			54152680		3351195	56	
57 RENAL DIALYSIS		4711863			3459529		27333	57	
59 DIGESTIVE DISEASES	104212	47516845	.002193	.002193	3881787	8513	8819321	59	
59.01 ENTEROSTOMAL		666765						59.01	
59.02 NON-INVASIVE LABORATORY								59.02	
59.03 REHABILITATION SERVICES								59.03	
59.04 CARDIAC CATHETER LAB		121558099			30105819		21258304	59.04	
59.05 KRASSE HEALTH CENTER								59.05	
59.06 SPEECH PATH & AUDIOLOGY								59.06	
59.07 SPECIAL CLINICS		310509			292		54740	59.07	
59.08 SISTERS CLINIC	47475	1673166	.028374	.028374	1149	33	123041	59.08	
59.09 DIABETIC SERVICE		138758			298			59.09	
59.10 CARDIO-PULMONARY REHAB		1228189			274230		292812	59.10	
59.11 CENTER FOR SENIOR HEALTH		53788					36562	59.11	
59.12 PAIN CLINIC								59.12	
59.13 WOUND CARE		3509811			3293		528975	59.13	
59.14 PSYCHOLOGY		546188						59.14	
59.15 NEURO DIAGNOSTIC CENTER		182788			782		85359	59.15	
59.16 EATING DISORDERS CLINIC	35316	232501	.151896	.151896				59.16	
59.18 UROLOGICAL		624806			15546		12236	59.18	
59.19 LITHOTRIPSY		1136037			32051		212164	59.19	
59.20 WOMEN'S CENTER								59.20	
59.21 SLEEP DISORDERS		9899573			232		82955	59.21	
59.22 PAIN PROGRAM		3385819			4142		936866	59.22	
59.23 COMP EPILEPSY		168571			1085		36433	59.23	

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0067)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	9263	61928311	.000150	.000150	7175771	1076	4484383 61
62 OBSERVATION BEDS (NON-DISTINC	262263	4369479	.060022	.060022			62
62.01 OBSERVATION BEDS-DISTINCT		1167751					240814 62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	1672576	2005810095			383717342	158705	173695193 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0067)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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			3968		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM			231		39
40 ANESTHESIOLOGY			575		40
41 RADIOLOGY-DIAGNOSTIC			113776		41
44 LABORATORY			1849		44
45 PBP CLINICAL LAB SERVICES-PRGM					45
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY			3756		52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 DIGESTIVE DISEASES			19341		59
59.01 ENTEROSTOMAL					59.01
59.02 NON-INVASIVE LABORATORY					59.02
59.03 REHABILITATION SERVICES					59.03
59.04 CARDIAC CATHETER LAB					59.04
59.05 KRASSE HEALTH CENTER					59.05
59.06 SPEECH PATH & AUDIOLOGY					59.06
59.07 SPECIAL CLINICS					59.07
59.08 SISTERS CLINIC			3491		59.08
59.09 DIABETIC SERVICE					59.09
59.10 CARDIO-PULMONARY REHAB					59.10
59.11 CENTER FOR SENIOR HEALTH					59.11
59.12 PAIN CLINIC					59.12
59.13 WOUND CARE					59.13
59.14 PSYCHOLOGY					59.14
59.15 NEURO DIAGNOSTIC CENTER					59.15
59.16 EATING DISORDERS CLINIC					59.16
59.18 UROLOGICAL					59.18
59.19 LITHOTRIPSY					59.19
59.20 WOMEN'S CENTER					59.20
59.21 SLEEP DISORDERS					59.21
59.22 PAIN PROGRAM					59.22
59.23 COMP EPILEPSY					59.23

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0067)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY			673		61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			147660		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	<input type="checkbox"/>	TITLE V - O/P	<input checked="" type="checkbox"/>	HOSPITAL (14-0067)	<input type="checkbox"/>	SNF
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT B	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	NF
BOXES	<input type="checkbox"/>	TITLE XIX - O/P	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	S/B-SNF
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	S/B-NF
			<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.310794	.310794	.310794			37
38 RECOVERY ROOM	.137507	.137507	.137507			38
39 DELIVERY ROOM & LABOR ROOM	.806013	.806013	.806013			39
40 ANESTHESIOLOGY	.046764	.046764	.046764			40
41 RADIOLOGY-DIAGNOSTIC	.168018	.168018	.168018			41
44 LABORATORY	.087074	.087074	.087074			44
45 PBP CLINICAL LAB SERVICES-PRGM	.002339	.002339	.002339			45
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.526769	.526769	.526769			47
49 RESPIRATORY THERAPY	.105420	.105420	.105420			49
50 PHYSICAL THERAPY	.453562	.453562	.453562			50
52 SPEECH PATHOLOGY	.393385	.393385	.393385			52
53 ELECTROCARDIOLOGY	.097407	.097407	.097407			53
54 ELECTROENCEPHALOGRAPHY	.239903	.239903	.239903			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.107112	.107112	.107112			55
56 DRUGS CHARGED TO PATIENTS	.212663	.212663	.212663			56
57 RENAL DIALYSIS	.446166	.446166	.446166			57
59 DIGESTIVE DISEASES	.129147	.129147	.129147			59
59.01 ENTEROSTOMAL	.598554	.598554	.598554			59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	.183082	.183082	.183082			59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	1.755965	1.755965	1.755965			59.07
59.08 SISTERS CLINIC	2.741307	2.741307	2.741307			59.08
59.09 DIABETIC SERVICE	6.151220	6.151220	6.151220			59.09
59.10 CARDIO-PULMONARY REHAB	.706156	.706156	.706156			59.10
59.11 CENTER FOR SENIOR HEALTH	5.414832	5.414832	5.414832			59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	.328216	.328216	.328216			59.13
59.14 PSYCHOLOGY	.634069	.634069	.634069			59.14
59.15 NEURO DIAGNOSTIC CENTER	6.269252	6.269252	6.269252			59.15
59.16 EATING DISORDERS CLINIC	2.879123	2.879123	2.879123			59.16
59.18 UROLOGICAL	.243743	.243743	.243743			59.18
59.19 LITHOTRIPSY	.206838	.206838	.206838			59.19
59.20 WOMEN'S CENTER						59.20

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0067) [] 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
59.21 SLEEP DISORDERS	.404929	.404929	.404929			59.21
59.22 PAIN PROGRAM	.668297	.668297	.668297			59.22
59.23 COMP EPILEPSY	4.823772	4.823772	4.823772			59.23
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.410030	.410030	.410030			61
62 OBSERVATION BEDS (NON-DISTINCT)	1.143724	1.143724	1.143724			62
62.01 OBSERVATION BEDS-DISTINCT	1.793995	1.793995	1.793995			62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.471496	.471496	.471496			65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.471496	.471496				65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.471496	.471496				65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.471496	.471496				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	.212663	1
2 PROGRAM VACCINE CHARGES	44535	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	9471	3
3.01 PROGRAM COSTS		3.01

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WORKSHEET D
 PARTS V & VI

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 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)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.) 5	(SEE INSTRU.) 5.01	(SEE INSTRU.) 5.02	(SEE INSTRU.) 5.03	(SEE INSTRU.) 5.04	6	7	8
59.21 SLEEP DISORDERS		82955						59.21
59.22 PAIN PROGRAM		936866						59.22
59.23 COMP EPILEPSY		36433						59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		4484383						61
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT		240814						62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		173695193	12334					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		173695193	12334					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0067) [] 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
	PPS SERVICES (COLUMNS 1.01x5.01) (COLS 1x5)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10

COST CENTER DESCRIPTION	PPS SERVICES (COLUMNS 1.01x5.01) (COLS 1x5)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3387844					37
38 RECOVERY ROOM	543372					38
39 DELIVERY ROOM & LABOR ROOM	7036					39
40 ANESTHESIOLOGY	234018					40
41 RADIOLOGY-DIAGNOSTIC	15970257					41
44 LABORATORY	417057	79				44
45 PBP CLINICAL LAB SERVICES-PRGM						45
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	267793					47
49 RESPIRATORY THERAPY	162910	833				49
50 PHYSICAL THERAPY	248497					50
52 SPEECH PATHOLOGY	51120					52
53 ELECTROCARDIOLOGY	673934					53
54 ELECTROENCEPHALOGRAPHY	442603					54
55 MEDICAL SUPPLIES CHARGED TO PAT	204666	341				55
56 DRUGS CHARGED TO PATIENTS	712675	73				56
57 RENAL DIALYSIS	12195					57
59 DIGESTIVE DISEASES	1138989					59
59.01 ENTEROSTOMAL						59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	3892013					59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	96122					59.07
59.08 SISTERS CLINIC	337293					59.08
59.09 DIABETIC SERVICE						59.09
59.10 CARDIO-PULMONARY REHAB	206771					59.10
59.11 CENTER FOR SENIOR HEALTH	197977					59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	173618					59.13
59.14 PSYCHOLOGY						59.14
59.15 NEURO DIAGNOSTIC CENTER	535137					59.15
59.16 EATING DISORDERS CLINIC						59.16
59.18 UROLOGICAL	2982					59.18
59.19 LITHOTRIPSY	43884					59.19
59.20 WOMEN'S CENTER						59.20

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0067) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
59.21 SLEEP DISORDERS		33591					59.21
59.22 PAIN PROGRAM		626105					59.22
59.23 COMP EPILEPSY		175744					59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1838732					61
62 OBSERVATION BEDS (NON-DISTINCT							62
62.01 OBSERVATION BEDS-DISTINCT		432019					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		33066954	1326				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		33066954	1326				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T067) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	PROGRAM CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4501050	279921774	145247			.016080	2336 37
38 RECOVERY ROOM		227999	27009502	8185			.008441	69 38
39 DELIVERY ROOM & LABOR ROOM		408681	10695480				.038211	39
40 ANESTHESIOLOGY		352232	85515493	10564			.004119	44 40
41 RADIOLOGY-DIAGNOSTIC		10544672	455839866	643495			.023132	14885 41
44 LABORATORY		2096463	437316206	771719			.004794	3700 44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		130957	13429301	17618			.009752	172 47
49 RESPIRATORY THERAPY		601929	102440551	439576			.005876	2583 49
50 PHYSICAL THERAPY		908049	32785894	3390929			.027696	93915 50
52 SPEECH PATHOLOGY		119058	3605714	442739			.033019	14619 52
53 ELECTROCARDIOLOGY		291194	54630012	15724			.005330	84 53
54 ELECTROENCEPHALOGRAPHY		131880	4978050	6206			.026492	164 54
55 MEDICAL SUPPLIES CHARGED TO P		142967	63505385	271704			.002251	612 55
56 DRUGS CHARGED TO PATIENTS		1251262	169127250	944525			.007398	6988 56
57 RENAL DIALYSIS		42026	4711863	184001			.008919	1641 57
59 DIGESTIVE DISEASES		589668	47516845	25465			.012410	316 59
59.01 ENTEROSTOMAL		20038	666765				.030053	59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB		2377030	121558099	16036			.019555	314 59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS		87199	310509	2669			.280826	750 59.07
59.08 SISTERS CLINIC		443204	1673166	832			.264889	220 59.08
59.09 DIABETIC SERVICE		50838	138758	455			.366379	167 59.09
59.10 CARDIO-PULMONARY REHAB		50011	1228189				.040719	59.10
59.11 CENTER FOR SENIOR HEALTH		39610	53788				.736410	59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE		109643	3509811				.031239	59.13
59.14 PSYCHOLOGY		20730	546188				.037954	59.14
59.15 NEURO DIAGNOSTIC CENTER		88024	182788	566			.481563	273 59.15
59.16 EATING DISORDERS CLINIC		16893	232501				.072658	59.16
59.18 UROLOGICAL		21317	624806	10946			.034118	373 59.18
59.19 LITHOTRIPSY		4583	1136037				.004034	59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS		426384	9899573	168			.043071	7 59.21
59.22 PAIN PROGRAM		168679	3385819				.049819	59.22

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T067) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
59.23 COMP EPILEPSY OUTPATIENT SERVICE COST CENTERS		32347	168571	149			.191889	29 59.23
61 EMERGENCY		1747976	61928311	147601			.028226	4166 61
62 OBSERVATION BEDS (NON-DISTINC		245281	4369479				.056135	62
62.01 OBSERVATION BEDS-DISTINCT		205878	1167751				.176303	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	28495752	2005810095		7497119				148427 101

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 PART IV

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 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T067) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER		TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2	2.01	2.02	2.03	3
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY			9263				9263 61
62 OBSERVATION BEDS (NON-DISTINC			249799	12464			262263 62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			1049628	622948			1672576 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T067) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS 3.01		COST TO CHARGES 5	RATIO OF COST TO CHARGES 5.01	PROGRAM CHARGES 6	PROGRAM PASS THROUGH COSTS 7	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	101897	279921774	.000364	.000364	145247	53	37
38 RECOVERY ROOM		27009502			8185		38
39 DELIVERY ROOM & LABOR ROOM	283400	10695480	.026497	.026497			39
40 ANESTHESIOLOGY	9842	85515493	.000115	.000115	10564	1	40
41 RADIOLOGY-DIAGNOSTIC	545675	455839866	.001197	.001197	643495	770	10271
44 LABORATORY	169021	437316206	.000386	.000386	771719	298	141
45 PBP CLINICAL LAB SERVICES-PRGM							45
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		13429301			17618		47
49 RESPIRATORY THERAPY		102440551			439576		49
50 PHYSICAL THERAPY		32785894			3390929		1821
52 SPEECH PATHOLOGY	104212	3605714	.028902	.028902	442739	12796	52
53 ELECTROCARDIOLOGY		54630012			15724		747
54 ELECTROENCEPHALOGRAPHY		4978050			6206		54
55 MEDICAL SUPPLIES CHARGED TO P		63505385			271704		55
56 DRUGS CHARGED TO PATIENTS		169127250			944525		56
57 RENAL DIALYSIS		4711863			184001		57
59 DIGESTIVE DISEASES	104212	47516845	.002193	.002193	25465	56	59
59.01 ENTEROSTOMAL		666765					59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB		121558099			16036		59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS		310509			2669		59.07
59.08 SISTERS CLINIC	47475	1673166	.028374	.028374	832	24	59.08
59.09 DIABETIC SERVICE		138758			455		59.09
59.10 CARDIO-PULMONARY REHAB		1228189					59.10
59.11 CENTER FOR SENIOR HEALTH		53788					59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE		3509811					59.13
59.14 PSYCHOLOGY		546188					59.14
59.15 NEURO DIAGNOSTIC CENTER		182788			566		59.15
59.16 EATING DISORDERS CLINIC	35316	232501	.151896	.151896			59.16
59.18 UROLOGICAL		624806			10946		59.18
59.19 LITHOTRIPSY		1136037					59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS		9899573			168		59.21
59.22 PAIN PROGRAM		3385819					59.22
59.23 COMP EPILEPSY		168571			149		59.23

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

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 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	SUB I (14-T067)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST		PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	9263	61928311	.000150	.000150	147601	22	61
62 OBSERVATION BEDS (NON-DISTINC	262263	4369479	.060022	.060022			62
62.01 OBSERVATION BEDS-DISTINCT		1167751					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	1672576	2005810095			7497119	14020	12980 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	SUB I (14-T067)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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
44 LABORATORY			12		44
45 PBP CLINICAL LAB SERVICES-PRGM					45
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 DIGESTIVE DISEASES					59
59.01 ENTEROSTOMAL					59.01
59.02 NON-INVASIVE LABORATORY					59.02
59.03 REHABILITATION SERVICES					59.03
59.04 CARDIAC CATHETER LAB					59.04
59.05 KRASSE HEALTH CENTER					59.05
59.06 SPEECH PATH & AUDIOLOGY					59.06
59.07 SPECIAL CLINICS					59.07
59.08 SISTERS CLINIC					59.08
59.09 DIABETIC SERVICE					59.09
59.10 CARDIO-PULMONARY REHAB					59.10
59.11 CENTER FOR SENIOR HEALTH					59.11
59.12 PAIN CLINIC					59.12
59.13 WOUND CARE					59.13
59.14 PSYCHOLOGY					59.14
59.15 NEURO DIAGNOSTIC CENTER					59.15
59.16 EATING DISORDERS CLINIC					59.16
59.18 UROLOGICAL					59.18
59.19 LITHOTRIPSY					59.19
59.20 WOMEN'S CENTER					59.20
59.21 SLEEP DISORDERS					59.21
59.22 PAIN PROGRAM					59.22
59.23 COMP EPILEPSY					59.23

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	SUB I (14-T067)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			12		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	<input type="checkbox"/>	TITLE V - O/P	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SNF
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT B	<input checked="" type="checkbox"/>	SUB I (14-T067)	<input type="checkbox"/>	NF
BOXES	<input type="checkbox"/>	TITLE XIX - O/P	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	S/B-SNF
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	S/B-NF
			<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	3	DIAGNOSTIC
				CENTER		4
				2		
----- PROGRAM CHARGES -----						
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.310794	.310794	.310794			37
38 RECOVERY ROOM	.137507	.137507	.137507			38
39 DELIVERY ROOM & LABOR ROOM	.806013	.806013	.806013			39
40 ANESTHESIOLOGY	.046764	.046764	.046764			40
41 RADIOLOGY-DIAGNOSTIC	.168018	.168018	.168018			41
44 LABORATORY	.087074	.087074	.087074			44
45 PBP CLINICAL LAB SERVICES-PRGM	.002339	.002339	.002339			45
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.526769	.526769	.526769			47
49 RESPIRATORY THERAPY	.105420	.105420	.105420			49
50 PHYSICAL THERAPY	.453562	.453562	.453562			50
52 SPEECH PATHOLOGY	.393385	.393385	.393385			52
53 ELECTROCARDIOLOGY	.097407	.097407	.097407			53
54 ELECTROENCEPHALOGRAPHY	.239903	.239903	.239903			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.107112	.107112	.107112			55
56 DRUGS CHARGED TO PATIENTS	.212663	.212663	.212663			56
57 RENAL DIALYSIS	.446166	.446166	.446166			57
59 DIGESTIVE DISEASES	.129147	.129147	.129147			59
59.01 ENTEROSTOMAL	.598554	.598554	.598554			59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	.183082	.183082	.183082			59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	1.755965	1.755965	1.755965			59.07
59.08 SISTERS CLINIC	2.741307	2.741307	2.741307			59.08
59.09 DIABETIC SERVICE	6.151220	6.151220	6.151220			59.09
59.10 CARDIO-PULMONARY REHAB	.706156	.706156	.706156			59.10
59.11 CENTER FOR SENIOR HEALTH	5.414832	5.414832	5.414832			59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	.328216	.328216	.328216			59.13
59.14 PSYCHOLOGY	.634069	.634069	.634069			59.14
59.15 NEURO DIAGNOSTIC CENTER	6.269252	6.269252	6.269252			59.15
59.16 EATING DISORDERS CLINIC	2.879123	2.879123	2.879123			59.16
59.18 UROLOGICAL	.243743	.243743	.243743			59.18
59.19 LITHOTRIPSY	.206838	.206838	.206838			59.19
59.20 WOMEN'S CENTER						59.20

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	<input type="checkbox"/>	TITLE V - O/P	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SNF
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT B	<input checked="" type="checkbox"/>	SUB I (14-T067)	<input type="checkbox"/>	NF
BOXES	<input type="checkbox"/>	TITLE XIX - O/P	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	S/B-SNF
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	S/B-NF
			<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES				
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER		
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT		
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC		
					2	3	4	
59.21 SLEEP DISORDERS	.404929	.404929	.404929					59.21
59.22 PAIN PROGRAM	.668297	.668297	.668297					59.22
59.23 COMP EPILEPSY	4.823772	4.823772	4.823772					59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	.410030	.410030	.410030					61
62 OBSERVATION BEDS (NON-DISTINCT)	1.143724	1.143724	1.143724					62
62.01 OBSERVATION BEDS-DISTINCT	1.793995	1.793995	1.793995					62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	.471496	.471496	.471496					65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.471496	.471496	.471496					65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.471496	.471496	.471496					65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.471496	.471496	.471496					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	.212663	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	SUB I (14-T067)	[]	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)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
59.21 SLEEP DISORDERS								59.21
59.22 PAIN PROGRAM								59.22
59.23 COMP EPILEPSY								59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		12980						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		12980						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	<input type="checkbox"/>	TITLE V - O/P	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SNF
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT B	<input checked="" type="checkbox"/>	SUB I (14-T067)	<input type="checkbox"/>	NF
BOXES	<input type="checkbox"/>	TITLE XIX - O/P	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	S/B-SNF
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	S/B-NF
			<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.)	I/P PART B I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11

ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC		1726				41
44	LABORATORY		12				44
45	PBP CLINICAL LAB SERVICES-PRGM						45
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY		826				50
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY		73				53
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO PAT						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
59	DIGESTIVE DISEASES						59
59.01	ENTEROSTOMAL						59.01
59.02	NON-INVASIVE LABORATORY						59.02
59.03	REHABILITATION SERVICES						59.03
59.04	CARDIAC CATHETER LAB						59.04
59.05	KRASSE HEALTH CENTER						59.05
59.06	SPEECH PATH & AUDIOLOGY						59.06
59.07	SPECIAL CLINICS						59.07
59.08	SISTERS CLINIC						59.08
59.09	DIABETIC SERVICE						59.09
59.10	CARDIO-PULMONARY REHAB						59.10
59.11	CENTER FOR SENIOR HEALTH						59.11
59.12	PAIN CLINIC						59.12
59.13	WOUND CARE						59.13
59.14	PSYCHOLOGY						59.14
59.15	NEURO DIAGNOSTIC CENTER						59.15
59.16	EATING DISORDERS CLINIC						59.16
59.18	UROLOGICAL						59.18
59.19	LITHOTRIPSY						59.19
59.20	WOMEN'S CENTER						59.20

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	<input type="checkbox"/>	TITLE V - O/P	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SNF
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT B	<input checked="" type="checkbox"/>	SUB I (14-T067)	<input type="checkbox"/>	NF
BOXES	<input type="checkbox"/>	TITLE XIX - O/P	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	S/B-SNF
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	S/B-NF
			<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.) 10
59.21 SLEEP DISORDERS						59.21
59.22 PAIN PROGRAM						59.22
59.23 COMP EPILEPSY						59.23
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL			2637			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES			2637			104

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) (14-0067)	SUB I (PPS) (14-T067)	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)	129311	8829				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	129311	8829				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	129311	8829				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)	42919	3583				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) (14-0067)	SUB I (PPS) (14-T067)	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	121930196	5877637					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	121930196	5877637					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49697741	2824152					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49697741	2824152					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.453435	2.081204					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	384.33	319.87					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	121930196	5877637					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) (14-0067)	SUB I (PPS) (14-T067)	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	942.92	665.72				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	40469183	2385275				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	40469183	2385275				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	31644654	18218	1737.00	9123	15846651	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 PREMATURE INTENSIVE CARE	16444493	10283	1599.19			47
	HOSPITAL (PPS) (14-0067)	SUB I (PPS) (14-T067)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	74134859	2393587				48
49 TOTAL PROGRAM INPATIENT COSTS	130450693	4778862				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4982720	105913				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4970368	162447				51
52 TOTAL PROGRAM EXCLUDABLE COST	9953088	268360				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	120497605	4510502				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) (14-0067)	SUB I (PPS) (14-T067)	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. 14-0067 SAINT FRANCIS MEDICAL CENTER
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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

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
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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 SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0067) (14-T067)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	5300	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	942.92	84
85 OBSERVATION BED COST	4997476	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		121930196		4997476		86
87 NEW CAPITAL-RELATED COST	5984426	121930196	.049081	4997476	245281	87
88 NON PHYSICIAN ANESTHETIST		121930196		4997476		88
89 NURSING SCHOOL	6094686	121930196	.049985	4997476	249799	89
89.01 ALLIED HEALTH	304094	121930196	.002494	4997476	12464	89.01
89.02 ALL OTHER		121930196		4997476		89.02

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0067)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
59.20 WOMEN'S CENTER				59.20
59.21 SLEEP DISORDERS	.404929	232	94	59.21
59.22 PAIN PROGRAM	.670532	4142	2777	59.22
59.23 COMP EPILEPSY	4.980477	1085	5404	59.23
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.418524	7175771	3003232	61
62 OBSERVATION BEDS (NON-DISTINCT)	1.143724			62
62.01 OBSERVATION BEDS-DISTINCT	1.793995			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		438340172	74134859	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		54622830		102
103 NET CHARGES		383717342		103

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

TITLE V
 TITLE XVIII-PT A
 TITLE XIX

HOSPITAL
 SUB I (14-T067)
 SUB II
 SUB III
 SUB IV

SNF
 NF
 S/B-SNF
 S/B-NF
 ICF/MR

PPS
 TEFRA
 OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
59.20 WOMEN'S CENTER				59.20
59.21 SLEEP DISORDERS	.404929	168	68	59.21
59.22 PAIN PROGRAM	.670532			59.22
59.23 COMP EPILEPSY	4.980477	149	742	59.23
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.418524	147601	61775	61
62 OBSERVATION BEDS (NON-DISTINCT	1.143724			62
62.01 OBSERVATION BEDS-DISTINCT	1.793995			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		8268838	2393587	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		771719		102
103 NET CHARGES		7497119		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	81126	38	942.92	49	46203	1
2	INTENSIVE CARE UNIT		43	1737.00			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	PREMATURE INTENSIVE CARE		47	1599.19			6
7	TOTAL	81126			49	46203	7

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
			1	2	3	
8	OPERATING ROOM	37	.310794	147575	45865	8
9	RECOVERY ROOM	38	.137507	45734	6289	9
10	DELIVERY ROOM & LABOR ROOM	39	.806013			10
11	ANESTHESIOLOGY	40	.046764	114698	5364	11
12	RADIOLOGY-DIAGNOSTIC	41	.168018	420271	70613	12
13	RADIOLOGY-THERAPEUTIC	42				13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.087074	921132	80207	15
16	PBP CLINICAL LAB SERVICES-PRGM	45	.002339			16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.526769	1034	545	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.105420	3985	420	20
21	PHYSICAL THERAPY	50	.453562	4786	2171	21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52	.393385			23
24	ELECTROCARDIOLOGY	53	.097407	295184	28753	24
25	ELECTROENCEPHALOGRAPHY	54	.239903			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.107112	248843	26654	26
27	DRUGS CHARGED TO PATIENTS	56	.212663	76871	16348	27
28	RENAL DIALYSIS	57	.446166			28
29	ASC (NON-DISTINCT PART)	58				29
30	DIGESTIVE DISEASES	59	.129147	14727	1902	30
30.01	ENTEROSTOMAL	59.01	.598554			30.01
30.02	NON-INVASIVE LABORATORY	59.02				30.02
30.03	REHABILITATION SERVICES	59.03				30.03
30.04	CARDIAC CATHETER LAB	59.04	.183082	32687	5984	30.04
30.05	KRASSE HEALTH CENTER	59.05				30.05
30.06	SPEECH PATH & AUDIOLOGY	59.06				30.06
30.07	SPECIAL CLINICS	59.07	1.755965			30.07

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		1	2	3	
30.08 SISTERS CLINIC	59.08	2.741307			30.08
30.09 DIABETIC SERVICE	59.09	6.151220			30.09
30.10 CARDIO-PULMONARY REHAB	59.10	.706156			30.10
30.11 CENTER FOR SENIOR HEALTH	59.11	5.414832			30.11
30.12 PAIN CLINIC	59.12				30.12
30.13 WOUND CARE	59.13	.328216			30.13
30.14 PSYCHOLOGY	59.14	.634069			30.14
30.15 NEURO DIAGNOSTIC CENTER	59.15	6.269252			30.15
30.16 EATING DISORDERS CLINIC	59.16	2.879123			30.16
30.18 UROLOGICAL	59.18	.243743			30.18
30.19 LITHOTRIPSY	59.19	.206838			30.19
30.20 WOMEN'S CENTER	59.20				30.20
30.21 SLEEP DISORDERS	59.21	.404929			30.21
30.22 PAIN PROGRAM	59.22	.668297			30.22
30.23 COMP EPILEPSY	59.23	4.823772			30.23
31 CLINIC	60				31
32 EMERGENCY	61	.410030	3219	1320	32
33 OBSERVATION BEDS (NON-DISTINCT)	62	1.143724			33
33.01 OBSERVATION BEDS-DISTINCT	62.01	1.793995			33.01
34 OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50 RHC	63.50				34.50
34.60 FQHC	63.60				34.60
35 TOTAL			2330746	292435	35

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
	D	1	2	3
36	ADULTS & PEDIATRICS	2	49	36
37	INTENSIVE CARE UNIT	3		37
38	CORONARY CARE UNIT	4		38
39	BURN INTENSIVE CARE UNIT	5		39
40	SURGICAL INTENSIVE CARE UNIT	6		40
41	PREMATURE INTENSIVE CARE	7		41
42	SUBTOTAL		49	42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
	D	1	2	3
43	CLINIC	20		43
44	EMERGENCY	3219		44
45	OBSERVATION BEDS (NON-DISTINCT)	22		45
45.01	OBSERVATION BEDS-DISTINCT	22.01		45.01
46	OTHER OUTPATIENT SERV (SPECIFY)	23		46
46.50	RHC	23.50		46.50
46.60	FQHC	23.60		46.60
47	TOTAL	3219		47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	338638		2411872		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	3744047		3744047		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	4082685		6155919		53
54 TOTAL USABLE ORGANS		46			54
55 MEDICARE USABLE ORGANS		27			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.586957			56
57 MEDICARE COST/CHARGES	2396361		3613260		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	2396361		3613260		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	2396361		3613260		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER	15			62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		31		65
66 TOTAL	15	31		66
67 ORGANS TRANSPLANTED	15	31		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL	15	31		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	38	942.92			1
2	INTENSIVE CARE UNIT	43	1737.00			2
3	CORONARY CARE UNIT	44				3
4	BURN INTENSIVE CARE UNIT	45				4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	PREMATURE INTENSIVE CARE	47	1599.19			6
7	TOTAL					7

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
	C	1	2	3	
8	OPERATING ROOM	37	.310794		8
9	RECOVERY ROOM	38	.137507		9
10	DELIVERY ROOM & LABOR ROOM	39	.806013		10
11	ANESTHESIOLOGY	40	.046764		11
12	RADIOLOGY-DIAGNOSTIC	41	.168018		12
13	RADIOLOGY-THERAPEUTIC	42			13
14	RADIOISOTOPE	43			14
15	LABORATORY	44	.087074		15
16	PBP CLINICAL LAB SERVICES-PRGM	45	.002339		16
17	WHOLE BLOOD & PACKED RED BLOOD	46			17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30			17.30
18	BLOOD STORING, PROCESSING & TRA	47	.526769		18
19	INTRAVENOUS THERAPY	48			19
20	RESPIRATORY THERAPY	49	.105420		20
21	PHYSICAL THERAPY	50	.453562		21
22	OCCUPATIONAL THERAPY	51			22
23	SPEECH PATHOLOGY	52	.393385		23
24	ELECTROCARDIOLOGY	53	.097407		24
25	ELECTROENCEPHALOGRAPHY	54	.239903		25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.107112		26
27	DRUGS CHARGED TO PATIENTS	56	.212663		27
28	RENAL DIALYSIS	57	.446166		28
29	ASC (NON-DISTINCT PART)	58			29
30	DIGESTIVE DISEASES	59	.129147		30
30.01	ENTEROSTOMAL	59.01	.598554		30.01
30.02	NON-INVASIVE LABORATORY	59.02			30.02
30.03	REHABILITATION SERVICES	59.03			30.03
30.04	CARDIAC CATHETER LAB	59.04	.183082		30.04
30.05	KRASSE HEALTH CENTER	59.05			30.05
30.06	SPEECH PATH & AUDIOLOGY	59.06			30.06
30.07	SPECIAL CLINICS	59.07	1.755965		30.07

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
30.08 SISTERS CLINIC	59.08	2.741307			30.08
30.09 DIABETIC SERVICE	59.09	6.151220			30.09
30.10 CARDIO-PULMONARY REHAB	59.10	.706156			30.10
30.11 CENTER FOR SENIOR HEALTH	59.11	5.414832			30.11
30.12 PAIN CLINIC	59.12				30.12
30.13 WOUND CARE	59.13	.328216			30.13
30.14 PSYCHOLOGY	59.14	.634069			30.14
30.15 NEURO DIAGNOSTIC CENTER	59.15	6.269252			30.15
30.16 EATING DISORDERS CLINIC	59.16	2.879123			30.16
30.18 UROLOGICAL	59.18	.243743			30.18
30.19 LITHOTRIPSY	59.19	.206838			30.19
30.20 WOMEN'S CENTER	59.20				30.20
30.21 SLEEP DISORDERS	59.21	.404929			30.21
30.22 PAIN PROGRAM	59.22	.668297			30.22
30.23 COMP EPILEPSY	59.23	4.823772			30.23
31 CLINIC	60				31
32 EMERGENCY	61	.410030			32
33 OBSERVATION BEDS (NON-DISTINCT)	62	1.143724			33
33.01 OBSERVATION BEDS-DISTINCT	62.01	1.793995			33.01
34 OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50 RHC	63.50				34.50
34.60 FQHC	63.60				34.60
35 TOTAL					35

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
	D	1	2	3
36	ADULTS & PEDIATRICS	2		36
37	INTENSIVE CARE UNIT	3		37
38	CORONARY CARE UNIT	4		38
39	BURN INTENSIVE CARE UNIT	5		39
40	SURGICAL INTENSIVE CARE UNIT	6		40
41	PREMATURE INTENSIVE CARE	7		41
42	SUBTOTAL			42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
45.01	OBSERVATION BEDS-DISTINCT		22.01		45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I					48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	360358		360358		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	360358		360358		53
54 TOTAL USABLE ORGANS		7			54
55 MEDICARE USABLE ORGANS		2			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.285714			56
57 MEDICARE COST/CHARGES	102959		102959		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	102959		102959		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	102959		102959		61

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		7		65
66 TOTAL		7		66
67 ORGANS TRANSPLANTED		7		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		7		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0067)	SUB I	SUB II	SUB III	SUB IV
DRG AMOUNT					
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	21309923				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	62554794				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4323291				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	12302193				1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	7889698				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	537.31				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	97.61				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) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06	97.61	0.00	0.00		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	157.52				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	97.61				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	98.36				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..	98.44				3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	98.14	0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0067)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.182651				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.182021				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.182021				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2424825				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	7081246				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	9506071	1232914	10738985		3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0424				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2544				4.01
4.02	SUM OF 4 AND 4.01	0.2968				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1370				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	11489466				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	9592				5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317	494				5.01
5.02	DIVIDE LINE 5.01 BY LINE 5	5.15				5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	113982866				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	113982866				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	8347094				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	4121610				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	725978				11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	2499320				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2332366				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	158705				15
16	TOTAL	132167939				16
17	PRIMARY PAYER PAYMENTS	167603				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	132000336				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	7004322				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	520759				20
21	REIMBURSABLE BAD DEBTS	1198193				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	838735				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	765831				21.02
22	SUBTOTAL	125313990				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0067) 1	HOSPITAL (14-0067) 1.01	HOSPITAL (14-0067) 1.02	
1 MEDICAL AND OTHER SERVICES	10797			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	32919294			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6683950	22519777		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	147660			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	10797			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	56869			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	56869			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	56869			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	46072			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	10797			17
17.01 TOTAL PPS PAYMENTS	29351387			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0067) 1	HOSPITAL (14-0067) 1.01	HOSPITAL (14-0067) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2513		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6993758		18.01
19 SUBTOTAL	22365913		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	991137		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	23357050		23
24 PRIMARY PAYER PAYMENTS	687		24
25 SUBTOTAL	23356363		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	968719		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	678103		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	707703		27.02
28 SUBTOTAL	24034466		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	24034466		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	24032234		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	2232		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T067) 1	SUB I (14-T067) 1.01	SUB I (14-T067) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2625			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS		5234		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	12			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	5246			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T067) 1	SUB I (14-T067) 1.01	SUB I (14-T067) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1163		18.01
19 SUBTOTAL	4083		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	4083		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	4083		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	4083		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	4083		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4071		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	12		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 07:28

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0067)
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
(14-0067)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

TITLE V TITLE XVIII TITLE XIX

HOSPITAL
(14-0067)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0067)

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		124407567		23908634	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	05/05/2009 631500	05/05/2009 123600		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	631500	123600		3.99
4 TOTAL INTERIM PAYMENTS		125039067		24032234	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	274923		2232	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		125313990		24034466	7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T067)

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		4347143		4071	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				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		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		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		4347143		4071	4
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		NONE	5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03					5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO					
(BALANCE DUE) BASED ON THE COST PROVIDER .01				12	6.01
REPORT. PROVIDER TO .02		-42358			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		4304785		4083	7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T067)	SUB II	SUB III	SUB IV	
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	4392862				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	4392862				6
7	DEDUCTIBLES	31732				7
8	SUBTOTAL	4361130				8
9	COINSURANCE	70365				9
10	SUBTOTAL	4290765				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	4290765				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	14020				13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4304785				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	4347143				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-42358				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
50	TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX	
	HOSPITAL (14-0067) (OTHER)	SUB I (14-T067) (OTHER)	SUB II	SUB III
			SUB IV	NF I
1	1	1	1	1
2				
3				
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CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX		
	HOSPITAL (14-0067) (OTHER)	SUB I (14-T067) (OTHER)	SUB II	SUB III	
	1	1	1	1	
			SUB IV	NF I	
			1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34	EXCESS OF REASONABLE COST				34
35	SUBTOTAL				35
36	COINSURANCE				36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19				37
38	REIMBURSABLE BAD DEBTS				38
38.01	REDUCED REIMBURSABLE BAD DEBTS				38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)				38.03
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 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				43
44	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)				44
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 PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				49
50	OTHER ADJUSTMENTS				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				51
52	SUBTOTAL				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)				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 ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				59

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 (14-0067) (OTHER)	SUB I (14-T067) (OTHER)	SUB II	SUB III	SUB IV	NF I	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
2	INPATIENT HOSPITAL/SNF/NF SERVICES	38525733					1
3	MEDICAL AND OTHER SERVICES						2
4	INTERNS AND RESIDENTS						3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
6	COST OF TEACHING PHYSICIANS						5
7	SUBTOTAL	38525733					6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
	SUBTOTAL	38525733					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	38525733	898722				22
23	COST OF COVERED SERVICES	38525733	898722				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	38525733	898722				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	38525733	898722				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 (14-0067) (OTHER)	SUB I (14-T067) (OTHER)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34 EXCESS OF REASONABLE COST	38525733	898722				34
35 SUBTOTAL						35
36 COINSURANCE						36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38 REIMBURSABLE BAD DEBTS						38
38.01 REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39 UTILIZATION REVIEW						39
40 SUBTOTAL						40
41 INPATIENT ROUTINE SERVICE COST						41
42 MEDICARE INPATIENT ROUTINE CHARGES						42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
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 UTILIZATION						49
50 OTHER ADJUSTMENTS						50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
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 SECTION 115.2						59

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	114.45 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	114.45 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	161.36 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	114.45 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	84.79 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	73.31 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	158.10 3.09
3.10	SEE INSTRUCTIONS	112.14 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	52.00 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	50.96 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	49.44 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	50.80 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	50.80 3.16
3.17	SEE INSTRUCTIONS	91669.34 3.17
3.18	SEE INSTRUCTIONS	4656802 3.18

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 07:28

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	135229555 12
13	ORGAN ACQUISITION COSTS	2499320 13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	167603 15
16	TOTAL PART A REASONABLE COST	137561272 16
PART B REASONABLE COST		
17	REASONABLE COST	33080388 17
18	PRIMARY PAYER PAYMENTS	687 18
19	TOTAL PART B REASONABLE COST	33079701 19
20	TOTAL REASONABLE COST	170640973 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.806144 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.193856 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	5112747 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	4121610 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	991137 25

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

WORKSHEET E-3
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c) (4)	25.00	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	46.91	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	24.49	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	85684.00	8
9	LINE 7 TIMES LINE 8	2098401	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.344767	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	723459	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	120349	12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f) (1) (iv) (C)	25.00	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	59.91	17
18	SEE INSTRUCTIONS	25.00	18
19	RESIDENT TO BED COUNT	.046528	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.012269	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	83864717	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	16625484	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	1232914	23

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	13404520			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	369523977			4
5 OTHER RECEIVABLES	4447689			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-244628810			6
7 INVENTORY	8939344			7
8 PREPAID EXPENSES	6053217			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	157739937			11
FIXED ASSETS				
12 LAND	8659630			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	9479736			13
13.01 ACCUMULATED DEPRECIATION	-5901983			13.01
14 BUILDINGS	337118553			14
14.01 ACCUMULATED DEPRECIATION	-176112122			14.01
15 LEASEHOLD IMPROVEMENTS	5361657			15
15.01 ACCUMULATED AMORTIZATION	-4986726			15.01
16 FIXED EQUIPMENT	174046062			16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	269890680			18
18.01 ACCUMULATED DEPRECIATION	-214413219			18.01
19 MINOR EQUIPMENT DEPRECIABLE	580738			19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	403723006			21
OTHER ASSETS				
22 INVESTMENTS	10595784			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	254336718			25
26 TOTAL OTHER ASSETS	264932502			26
27 TOTAL ASSETS	826395445			27

BALANCE SHEET

WORKSHEET G
 (CONTINUED)

LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	26105462			28
29 SALARIES, WAGES & FEES PAYABLE	31872174			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME	1660209			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	27533142			35
36 TOTAL CURRENT LIABILITIES	87170987			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	2933636			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66				40
.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				41
42 TOTAL LONG TERM LIABILITIES	2933636			42
43 TOTAL LIABILITIES	90104623			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	736290822			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	736290822			51
52 TOTAL LIABILITIES AND FUND BALANCES	826395445			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	671447308			1
2 NET INCOME (LOSS)	57448660			2
3 TOTAL	728895968			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CAPITALIZED INT-MILESTONE	2280927			5
6 CONTRIBUTIONS-TEMP/PERM REST	7582991			6
7 INVESTMENT INCOME	33998			7
8				8
9				9
10 TOTAL ADDITIONS	9897916			10
11 SUBTOTAL	738793884			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CONTRIBUTIONS-TEMP RESTR RELEASED	2492225			13
14 INV INC MARKET ADJ	10837			14
15 REL PARTY TRANSACTION				15
16 CONTRI PERM RESTR				16
17				17
18 TOTAL DEDUCTIONS	2503062			18
19 FUND BALANCE AT END OF PERIOD	736290822			19
PER BALANCE SHEET				

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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	149690837		149690837	1
2 SUBPROVIDER I	6870557		6870557	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	156561394		156561394	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	54835733		54835733	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 PREMATURE INTENSIVE CARE	25681024		25681024	14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	80516757		80516757	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	237078151		237078151	16
17 ANCILLARY SERVICES	1061009240	877178966	1938188206	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIAN PRACTICES		67555209	67555209	24
25 TOTAL PATIENT REVENUES	1298087391	944734175	2242821566	25

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		751372034	26
27 BAD DEBTS	41477057		27
28 ROUNDING			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		41477057	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING	-942		35
36 PAYMENT MEDICAID ASSESSMENT			36
37			37
38			38
39 TOTAL DEDUCTIONS	-942		39
40 TOTAL OPERATING EXPENSES		792848149	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	2242821566	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1433057256	2
3	NET PATIENT REVENUES	809764310	3
4	LESS - TOTAL OPERATING EXPENSES	792848149	4
5	NET INCOME FROM SERVICE TO PATIENTS	16916161	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	6139949	6
7	INCOME FROM INVESTMENTS	17519346	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		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		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING REVENUE	14906315	24
24.01	ASSETS RELEASED-CAPITAL	1966889	24.01
24.02	ROUNDING		24.02
25	TOTAL OTHER INCOME	40532499	25
26	TOTAL	57448660	26
27	ROUNDING		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	57448660	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0067) (14-0067)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	6887947			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	435598			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]	417.84			4
	[E,PT A, LN.3.17] [x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	98.14	25.00	123.14	4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE			8.67	4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT			597185	4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS			0.0424	5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I			0.2544	5.01
5.02	SUM OF LINES 5 AND 5.01			0.2968	5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE			0.0619	5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT			426364	5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	8347094			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0067)	SUB I	SUB II	SUB III	SUB IV
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