

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/23/2011 14:46

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

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED
USE ONLY: [] DESK REVIEWED

DATE RECEIVED [] INITIAL [] RE-OPENING
INTERMEDIARY NO. [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK APPLICABLE BOX
XX ELECTRONICALLY FILED COST REPORT DATE: 02/23/2011
MANUALLY SUBMITTED COST REPORT TIME: 14:46

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 10/01/2009 AND ENDING 09/30/2010, 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: 02/23/2011 14:46
GD1U1g9e9m58bkN70s3bREHKKVyzV0
ruaLn0eybCcTc.AqEB6q.bMmHkbsSF
5N4y1Pais.0g2DQY

(SIGNED)

Ken Harbaugh
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Vice President-Chief Financial Officer
TITLE

February 23, 2011
DATE

PI Encryption: 02/23/2011 14:46
hYf85Sjh3Mtjp4J40qMNAOlFP.3:JO
J0rx30Ejtguv5Qbq.oTU0czCTXkbzT
B5rrezqE:60DDa4h

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII	TITLE XIX
	PART A	PART B
1 HOSPITAL	2	3
2 SUBPROVIDER I	2127133	-238058
3 SWING BED - SNF	-46	
4 SWING BED - NF		
5 SKILLED NURSING FACILITY		
6 NURSING FACILITY		
7 HOME HEALTH AGENCY		
8 OUTPATIENT REHABILITATION PROVIDER		
9 HEALTH CLINIC		
100 TOTAL	2127087	-238058

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
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT FRANCIS MEDICAL CENTER (14-0067) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2009 AND ENDING 09/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	2127133	-238058		2
3	SWING BED - SNF	-46			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	2127087	-238058		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 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/23/2011 14:39

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

WORKSHEET S
PARTS I & II

PART II - SETTLEMENT SUMMARY

TITLE V

1

TITLE XVIII

PART A

2

PART B

3

TITLE XIX

4

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (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? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	YES	NO	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 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO	NO	21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.		NO	21.08
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES	25.06
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: 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO	31
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 (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO	35

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		V	XVIII	XIX	
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL		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
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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.		YES	149006		40
40.01 NAME: NAME: OSF HEALTHCARE SYSTE 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 NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.					46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47 HOSPITAL	N	N	N	N	N	47
48 SUBPROVIDER I	N	N	N	N	N	48
49 SKILLED NURSING FACILITY	N	N				49
50 HOME HEALTH AGENCY	N	N				50

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: PREMIUMS: 10302693 PAID LOSSES: AND/OR SELF INSURANCE:						54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO					55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4 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

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/23/2011 14:39

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:	STATE:	FTE/ CAMPUS		
	1	2	3	4	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)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE XX 15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		9822	7305	30245		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		9822	7305	30245		12
13 RPCH VISITS						13
14 SUBPROVIDER I		263	69	578		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		RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	WORKSHEET S-3
PART II - WAGE DATA		OF SALARIES	SALARIES	RELATED	HOURLY WAGE	PART II
	AMOUNT	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /	DATA
	REPORTED	A-6	COL.2)	IN COL.3	COL.4)	SOURCE
	1	2	3	4	5	6
1	TOTAL SALARIES		329353931	11276596.00	29.21	1
2	NON-PHYSICIAN ANESTHETIST PART A					2
3	NON-PHYSICIAN ANESTHETIST PART B					3
4	PHYSICIAN - PART A		1587794	11252.00	141.11 W/P A-49	4
4.01	TEACHING PHYSICIAN SALARIES		9309989	62637.00	148.63 W/P A-49 SERIES /9	4.01
5	PHYSICIAN - PART B		7691167	48206.00	159.55 A-8-2 & A-49 SERIES /2	5
5.01	NON-PHYSICIAN - PART B					5.01
6	INTERNS & RESIDENTS (IN APPR PGM)		9107305	362675.00	25.11 B-11 / 2	6
6.01	CONTRACT SERVICES, I&R					6.01
7	HOME OFFICE PERSONNEL		525667	23847.00	22.04 W/P A-49/12	7
8	SNF					8
8.01	EXCLUDED AREA SALARIES	1002313	71006853	1036145.00	68.53 EXCL PER INSTR - A-49/6	8.01
	OTHER WAGES & RELATED COSTS					
9	CONTRACT LABOR		1643150	31176.00	52.71 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		3692524	17099.00	215.95 W/P A-49 SERIES	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT		7150328	71551.00	99.93 W/P A-49 SERIES	10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS		29231500	456918.00	63.98 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)		69671196		CMS 339	13
14	WAGE RELATED COSTS (OTHER)				CMS 339	14
15	EXCLUDED AREAS		10682560		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		159256		CMS 339	18
18.01	PART A TEACHING PHYSICIANS		923111		CMS 339	18.01
19	PHYSICIAN PART B		751276		CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)					19.01
20	INTERNS & RESIDENTS (IN APPR PGM)		1867224		CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES					
21	EMPLOYEE BENEFITS		5690191	96912.00	58.72	21
22	ADMINISTRATIVE & GENERAL		29378492	1172007.00	25.07	22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT		2909807	23504.00	123.80	22.01
23	MAINTENANCE & REPAIRS		4822072	182341.00	26.39	23
24	OPERATION OF PLANT	-10769	1574363	77536.00	20.30	24
25	LAUNDRY & LINEN SERVICE		199058	14960.00	13.31	25
26	HOUSEKEEPING		5383926	422997.00	12.61	26
26.01	HOUSEKEEPING UNDER CONTRACT	-50087	5333839	8614.00	14.29	26.01
27	DIETARY		123099	234526.00	14.06	27
27.01	DIETARY UNDER CONTRACT	-390891	3297335	6066.00	14.75	27.01
28	CAFETERIA		89467	22309.00	14.36	28
29	MAINTENANCE OF PERSONNEL	320359	320359			29
30	NURSING ADMINISTRATION		11506748	467831.00	24.60	30
31	CENTRAL SERVICES AND SUPPLY	573862	3138709	210974.00	14.88	31
32	PHARMACY		8626782	228343.00	37.78	32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR		3584632	215034.00	16.67	33
34	SOCIAL SERVICE					34
35	OTHER GENERAL SERVICE		114991	9274.00	12.40	35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	305842176		305842176	10817415.00	28.27	1
2	EXCLUDED AREA SALARIES	70004540	1002313	71006853	1036145.00	68.53	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	235837636	-1002313	234835323	9781270.00	24.01	3
4	SUBTOTAL OTHER WAGES & REL COSTS	41717502		41717502	576744.00	72.33	4
5	SUBTOTAL WAGE-RELATED COSTS	69830452		69830452		29.74	5
6	TOTAL (SUM OF LINES 3 THRU 5)	347385590	-1002313	346383277	10358014.00	33.44	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	80256701	442474	80699175	3393228.00	23.78	13

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	222065188	17
17.01	GROSS MEDICAID REVENUES	404143608	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	626208796	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.233166	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	404143608	28
29	TOTAL GROSS MEDICAID COST	94232549	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)		30
31	UNCOMPENSATED CARE COST		31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	94232549	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		22774036	22774036	-7611934	15162102	-555662	14606440	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		14814587	14814587	971819	15786406	-23945	15762461	4
5	0500 EMPLOYEE BENEFITS	5690191	79766674	85456865	6788892	92245757	-515750	91730007	5
6.01	0630 PURCH, RCVING, STORING	948626	1400879	2349505		2349505	-85305	2264200	6.01
6.02	0640 ADMITTING	2403178	310042	2713220		2713220		2713220	6.02
6.03	0650 OUTPATIENT OFFICES	1244433	199382	1443815		1443815		1443815	6.03
6.04	0651 BUSINESS OFFICE	2218055	3281197	5499252		5499252	-1108	5498144	6.04
6.05	0660 OTHER ADMIN + GENERAL	22564200	98193121	120757321	8909357	129666678	-30216873	99449805	6.05
7	0700 MAINTENANCE & REPAIRS	4822072	11754938	16577010	-110435	16466575	-461532	16005043	7
8	0800 OPERATION OF PLANT	1574363	8139660	9714023	753896	10467919	-32451	10435468	8
9	0900 LAUNDRY & LINEN SERVICE	199058	707131	906189		906189		906189	9
10	1000 HOUSEKEEPING	5383926	2868641	8252567	-114152	8138415		8138415	10
11	1100 DIETARY	3688226	1799785	5488011	-1525730	3962281	-152560	3809721	11
12	1200 CAFETERIA				1303731	1303731	-407777	895954	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	10932886	1383958	12316844	723838	13040682	-438095	12602587	14
15	1500 CENTRAL SERVICES & SUPPLY	3138709	7667619	10806328	-6554296	4252032		4252032	15
16	1600 PHARMACY	8626782	19921052	28547834	-20725104	7822730		7822730	16
17	1700 MEDICAL RECORDS & LIBRARY	3584632	1884408	5469040		5469040	-250239	5218801	17
18	1800 SOCIAL SERVICE								18
19	1950 PARKING	114991	999465	1114456		1114456	-105949	1008507	19
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL	3856650	471700	4328350	-397304	3931046	-3924252	6794	21
22	2200 I&R SERVICES-SALARY & FRINGES A	9107305		9107305		9107305		9107305	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	9416399	9889055	19305454	-93434	19212020		19212020	23
24	2400 PARAMED ED PRGM-(SPECIFY)				120787	120787		120787	24
24.01	2401 PARAMEDICAL EDUC X-RAY				250009	250009		250009	24.01
24.02	2402 PARAMEDICAL EDUC DIETARY				221060	221060		221060	24.02
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	46230629	6330320	52560949	-49597	52511352	-1047743	51463609	25
26	2600 INTENSIVE CARE UNIT	13559109	2848625	16407734	-6546	16401188	-309298	16091890	26
30	2120 PREMATURE INTENSIVE CARE	7924659	1126746	9051405		9051405	-202273	8849132	30
31	3100 SUBPROVIDER I	2464969	373439	2838408		2838408	-54224	2784184	31
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	13924064	42621712	56545776	-34758819	21786957	-958940	20828017	37
38	3800 RECOVERY ROOM	1795206	80122	1875328		1875328		1875328	38
39	3900 DELIVERY ROOM & LABOR ROOM	3540461	876678	4417139	-4807	4412332	-116541	4295791	39
40	4000 ANESTHESIOLOGY	378120	1482981	1861101	-43656	1817445	-35751	1781694	40
41	4100 RADIOLOGY-DIAGNOSTIC	19470778	22946120	42416898	-4294439	38122459	-2488259	35634200	41
44	4400 LABORATORY	9602582	12477007	22079589	-321260	21758329	-53374	21704955	44
45	4500 PBP CLINICAL LAB SERVICES-PRGM				131449	131449		131449	45
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	613230	5868181	6481411		6481411		6481411	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	4329151	1663450	5992601	-4495	5988106	-5884	5982222	49
50	5000	PHYSICAL THERAPY	7720520	803208	8523728	-908	8522820	-987266	7535554	50
52	5200	SPEECH PATHOLOGY	508357	190410	698767		698767		698767	52
53	5300	ELECTROCARDIOLOGY	2324583	971395	3295978		3295978	-442491	2853487	53
54	5400	ELECTROENCEPHALOGRAPHY	494257	65593	559850		559850		559850	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT				24263365	24263365		24263365	55
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				32896646	32896646		32896646	55.30
56	5600	DRUGS CHARGED TO PATIENTS				20723217	20723217		20723217	56
57	5700	RENAL DIALYSIS	117164	1504015	1621179		1621179		1621179	57
59	3950	DIGESTIVE DISEASES	1753058	1179299	2932357	-444159	2488198	-43025	2445173	59
59.01	3951	ENTEROSTOMAL	200683	7073	207756		207756		207756	59.01
59.02	3952	NON-INVASIVE LABORATORY								59.02
59.03	3953	REHABILITATION SERVICES								59.03
59.04	3954	CARDIAC CATHETER LAB	2410955	11738606	14149561	-11265683	2883878	-33377	2850501	59.04
59.05	3955	KRASSE HEALTH CENTER								59.05
59.06	3956	SPEECH PATH & AUDIOLOGY								59.06
59.07	3957	SPECIAL CLINICS	216677	327196	543873		543873	-298523	245350	59.07
59.08	3958	SISTERS CLINIC	1800306	208476	2008782		2008782	-69694	1939088	59.08
59.09	3959	DIABETIC SERVICE	514435	153381	667816		667816	-113254	554562	59.09
59.10	3960	CARDIO-PULMONARY REHAB	555017	31589	586606		586606	-112042	474564	59.10
59.11	3961	CENTER FOR SENIOR HEALTH	228299	22630	250929		250929	-179737	71192	59.11
59.12	3962	PAIN CLINIC								59.12
59.13	3963	WOUND CARE	347612	421316	768928		768928		768928	59.13
59.14	3964	PSYCHOLOGY	132927	13569	146496		146496	-6090	140406	59.14
59.15	3965	NEURO DIAGNOSTIC CENTER	723489	34067	757556		757556	-351535	406021	59.15
59.16	3966	EATING DISORDERS CLINIC	187956	17361	205317		205317		205317	59.16
59.18	3968	UROLOGICAL	67612	9825	77437		77437		77437	59.18
59.19	3969	LITHOTRIPSY		168588	168588		168588		168588	59.19
59.20	3970	WOMEN'S CENTER								59.20
59.21	3971	SLEEP DISORDERS	2566860	430955	2997815		2997815	-1002210	1995605	59.21
59.22	3972	PAIN PROGRAM	844320	554136	1398456	-1060	1397396	-407199	990197	59.22
59.23	3973	COMP EPILEPSY	956578	41830	998408		998408	-604413	393995	59.23
OUTPATIENT SERVICE COST CENTERS										
61	6100	EMERGENCY	17036346	3661717	20698063	-1119761	19578302	-5634454	13943848	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
62.01	6201	OBSERVATION BEDS-DISTINCT	615359	362651	978010		978010		978010	62.01
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS										
65	6500	AMBULANCE SERVICES	1473008	6333029	7806037		7806037	-73536	7732501	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										

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	
83	8300	KIDNEY ACQUISITION	447656	3164324	3611980	-283250	3328730	-140429	3188301	83
85.01	8510	PANCREAS ACQUISITION	89218	230094	319312	-63058	256254		256254	85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
90	9000	OTHER CAPITAL RELATED COSTS		498013	498013	-498013				90
92	9200	AMBULATORY SURGICAL CENTER (D.P	3795992	12468833	16264825	-2633472	13631353	-451255	13180098	92
95		SUBTOTALS	271476884	432535890	704012774	5132694	709145468	-53394315	655751153	95
NONREIMBURSABLE COST CENTERS										
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	72302	58652	130954		130954	-4962	125992	96
100	7950	SISTERS CONVENT		349	349	239479	239828		239828	100
100.01	7951	BRADLEY UNIV HEALTH SVC	375509	77034	452543		452543	-452543		100.01
100.02	7952	COMMUNITY CLINIC	207981	217739	425720		425720	-235337	190383	100.02
100.04	7954	FUND RAISING	787807	2577209	3365016		3365016	-58695	3306321	100.04
100.05	7955	OUTREACH PHYSICIAN OFCES	51718173	11592065	63310238	-5489838	57820400	-907427	56912973	100.05
100.06	7956	PHYSICIAN CONTRACTS	44211	453634	497845		497845		497845	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	2496122	844800	3340922	117665	3458587	-847211	2611376	100.10
100.11	7961	NURSERY-EDUCATION COST								100.11
100.12	7962	INDUSTRIAL REHAB	1773687	-371534	1402153		1402153	-497129	905024	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	401255	34903	436158		436158		436158	100.16
101		TOTAL	329353931	448020741	777374672		777374672	-56397619	720977053	101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

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	1119761	1
2 CONVENT DISCRETE COSTING	B	SISTERS CONVENT	100	60856	178623
3 CONVENT DISCRETE COSTING	B				3
4 CONVENT DISCRETE COSTING	B				4
5 CONVENT DISCRETE COSTING	B				5
6 PATHOLOGIST XVIII CLINICA	C	PBP CLINICAL LAB SERVICES-PRG	45		131449
7 PATHOLOGIST TEACHING COST	C	I&R SERVICES-OTHER PRGM COSTS	23		48284
8 PARAMED EDUC - LAB TECH	D	PARAMED ED PRGM-(SPECIFY)	24	64165	58839
9 PARAMED EDUC - X-RAY TECH	E	PARAMEDICAL EDUC X-RAY	24.01	119143	130866
10 PARAMED EDUC - DIETICIANS	F	PARAMEDICAL EDUC DIETARY	24.02	70532	151467
11 COST OF MEDICAL SUPP SOLD	G	MEDICAL SUPPLIES CHARGED TO P	55		24263365
12 COST OF MEDICAL SUPP SOLD	G				12
13 COST OF MEDICAL SUPP SOLD	G				13
14 COST OF MEDICAL SUPP SOLD	G				14
15 COST OF MEDICAL SUPP SOLD	G				15
16 COST OF MEDICAL SUPP SOLD	G				16
17 COST OF MEDICAL SUPP SOLD	G				17
18 COST OF MEDICAL SUPP SOLD	G				18
19 COST OF MEDICAL SUPP SOLD	G				19
20 COST OF MEDICAL SUPP SOLD	G				20
21 COST OF MEDICAL SUPP SOLD	G				21
22 COST OF IMPLANT DEVICE SOLD	H	IMPL. DEV. CHARGED TO PATIENT	55.30		32896646
23 COST OF IMPLANT DEVICE SOLD	H				23
24 COST OF IMPLANT DEVICE SOLD	H				24
25 COST OF IMPLANT DEVICE SOLD	H				25
26 COST OF IMPLANT DEVICE SOLD	H				26
27 COST OF IMPLANT DEVICE SOLD	H				27
28 COST OF IMPLANT DEVICE SOLD	H				28
29 COST OF IMPLANT DEVICE SOLD	H				29
30 COST OF IMPLANT DEVICE SOLD	H				30
31 COST OF IMPLANT DEVICE SOLD	H				31
32 COST OF DRUGS CHARGED PTS	I	DRUGS CHARGED TO PATIENTS	56		20723217
33 CON - REALLOCATE RENTAL	J	NURSING SCHOOL	21		3290
34 CON - REALLOCATE RENTAL	J				34
35 TEACHING SALARIES	K	OUTREACH PHYSICIAN OFCES	100.05	1261479	
36 SUBTOTAL				2695936	78586046

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		SALARY	OTHER	WKST A-7 REF. 10
			LINE #				
	1	6	7		8	9	
1 ER TEACHING SALARIES	A	EMERGENCY	61		1119761		1
2 CONVENT DISCRETE COSTING	B	HOUSEKEEPING	10		50087	64065	2
3 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	7		10769	39347	3
4 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	7			60319	4
5 CONVENT DISCRETE COSTING	B	NEW CAP REL COSTS-BLDG & FIXT	3			14892	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		64165	58839	8
9 PARAMED EDUC - X-RAY TECH	E	RADIOLOGY-DIAGNOSTIC	41		119143	130866	9
10 PARAMED EDUC - DIETICIANS	F	DIETARY	11		70532	151467	10
11 COST OF MEDICAL SUPP SOLD	G	CENTRAL SERVICES & SUPPLY	15			6452884	11
12 COST OF MEDICAL SUPP SOLD	G	PHARMACY	16			1887	12
13 COST OF MEDICAL SUPP SOLD	G	ADULTS & PEDIATRICS	25			10742	13
14 COST OF MEDICAL SUPP SOLD	G	INTENSIVE CARE UNIT	26			6546	14
15 COST OF MEDICAL SUPP SOLD	G	OPERATING ROOM	37			11840007	15
16 COST OF MEDICAL SUPP SOLD	G	ANESTHESIOLOGY	40			15032	16
17 COST OF MEDICAL SUPP SOLD	G	RADIOLOGY-DIAGNOSTIC	41			2871083	17
18 COST OF MEDICAL SUPP SOLD	G	LABORATORY	44			2711	18
19 COST OF MEDICAL SUPP SOLD	G	PHYSICAL THERAPY	50			908	19
20 COST OF MEDICAL SUPP SOLD	G	DIGESTIVE DISEASES	59			389724	20
21 COST OF MEDICAL SUPP SOLD	G	CARDIAC CATHETER LAB	59.04			2671841	21
22 COST OF IMPLANT DEVICE SOLD	H	CENTRAL SERVICES & SUPPLY	15			101412	22
23 COST OF IMPLANT DEVICE SOLD	H	OPERATING ROOM	37			22918812	23
24 COST OF IMPLANT DEVICE SOLD	H	DELIVERY ROOM & LABOR ROOM	39			4807	24
25 COST OF IMPLANT DEVICE SOLD	H	ANESTHESIOLOGY	40			28624	25
26 COST OF IMPLANT DEVICE SOLD	H	RADIOLOGY-DIAGNOSTIC	41			1173347	26
27 COST OF IMPLANT DEVICE SOLD	H	LABORATORY	44			15812	27
28 COST OF IMPLANT DEVICE SOLD	H	RESPIRATORY THERAPY	49			4495	28
29 COST OF IMPLANT DEVICE SOLD	H	DIGESTIVE DISEASES	59			54435	29
30 COST OF IMPLANT DEVICE SOLD	H	CARDIAC CATHETER LAB	59.04			8593842	30
31 COST OF IMPLANT DEVICE SOLD	H	PAIN PROGRAM	59.22			1060	31
32 COST OF DRUGS CHARGED PTS	I	PHARMACY	16			20723217	32
33 CON - REALLOCATE RENTAL	J	OTHER ADMIN + GENERAL	6.05			2595	33
34 CON - REALLOCATE RENTAL	J	PARAMED ED PRGM-(SPECIFY)	24			695	34
35 TEACHING SALARIES	K	I&R SERVICES-OTHER PRGM COSTS	23		1261479		35
36 SUBTOTAL					2695936	78586046	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 CON - TRAVEL AND MEETINGS	L	OTHER ADMIN + GENERAL	6.05		25525
2 PARA-MED TRAVEL AND MEETINGS	L				2
3 PARA-MED TRAVEL AND MEETINGS	L				3
4 CAFETERIA & CATERING EXPENSE	M	CAFETERIA	12	320359	983372
5 CENTER FOR HEALTH	N	NEW CAP REL COSTS-BLDG & FIXT	3		1838205
6 CENTER FOR HEALTH	N	NEW CAP REL COSTS-MVBLE EQUIP	4		801362
7 CENTER FOR HEALTH	N	OPERATION OF PLANT	8		753896
8 CENTER FOR HEALTH	N	OTHER NONREIMBURSABLE	100.10		117665
9 CENTER FOR HEALTH	N				9
10 CAPITAL RELATED INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		327556
11 CAPITAL RELATED INSURANCE -EQUIP	O	NEW CAP REL COSTS-MVBLE EQUIP	4		170457
12 POST TRANSPLANT EXPENSE	P	NURSING ADMINISTRATION	14	237475	108833
13 POST TRANSPLANT EXPENSE	P				13
14 HOME OFFICE DEPR EXPENSE	Q	OTHER ADMIN + GENERAL	6.05		9762803
15 CON EDUCATIONAL ACTIVITIES	R	NURSING ADMINISTRATION	14	336387	41143
16 OSFMG FRINGE BENEFITS	S	EMPLOYEE BENEFITS	5		6788892
17 OSFMG FRINGE BENEFITS	S				17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				3590157	100305755

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF.
			LINE #	SALARY		
1	1	6	7	8	9	10
1 CON - TRAVEL AND MEETINGS	L	NURSING SCHOOL	21		23064	1
2 PARA-MED TRAVEL AND MEETINGS	L	PARAMED ED PRGM-(SPECIFY)	24		1522	2
3 PARA-MED TRAVEL AND MEETINGS	L	PARAMEDICAL EDUC DIETARY	24.02		939	3
4 CAFETERIA & CATERING EXPENSE	M	DIETARY	11	320359	983372	4
5 CENTER FOR HEALTH	N	AMBULATORY SURGICAL CENTER (D	92		1879576	9 5
6 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	6.05		758711	9 6
7 CENTER FOR HEALTH	N	OUTREACH PHYSICIAN OFCES	100.05		1280	9 7
8 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	6.05		117665	8
9 CENTER FOR HEALTH	N	AMBULATORY SURGICAL CENTER (D	92		753896	9
10 CAPITAL RELATED INSURANCE	O					12 10
11 CAPITAL RELATED INSURANCE -EQUIP	O	OTHER CAPITAL RELATED COSTS	90		498013	12 11
12 POST TRANSPLANT EXPENSE	P	KIDNEY ACQUISITION	83	182524	100726	12
13 POST TRANSPLANT EXPENSE	P	PANCREAS ACQUISITION	85.01	54951	8107	13
14 HOME OFFICE DEPR EXPENSE	Q	NEW CAP REL COSTS-BLDG & FIXT	3		9762803	9 14
15 CON EDUCATIONAL ACTIVITIES	R	NURSING SCHOOL	21	336387	41143	15
16 OSFMG FRINGE BENEFITS	S	OUTREACH PHYSICIAN OFCES	100.05		6750037	16
17 OSFMG FRINGE BENEFITS	S	ADULTS & PEDIATRICS	25		38855	17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				3590157	100305755	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	4529815					4529815	1
2 LAND IMPROVEMENTS	6777616	1504250		1504250		8281866	2
3 BUILDINGS AND FIXTURES	219383621	251195050		251195050		470578671	3
4 BUILDING IMPROVEMENTS	4641032					4641032	4
5 FIXED EQUIPMENT	174046062				155007164	19038898	5
6 MOVABLE EQUIPMENT	207610908	38601676		38601676	129662	246082922	6
7 SUBTOTAL	616989054	291300976		291300976	155136826	753153204	7
8 RECONCILING ITEMS							8
9 TOTAL	616989054	291300976		291300976	155136826	753153204	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	14278884			327556			14606440 3
4 NEW CAP REL COSTS-MVBLE EQUIP	15592004			170457			15762461 4
5 TOTAL	29870888			498013			30368901 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	22774036						22774036 3
4 NEW CAP REL COSTS-MVBLE EQUIP	14814587						14814587 4
5 TOTAL	37588623						37588623 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	-23945	NEW CAP REL COSTS-MVBLE EQUIP	4	9	10
11 PARKING LOT	A	-105949	PARKING	19		11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-13258575				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1	-4775777				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	-250239	MEDICAL RECORDS & LIBRARY	17		20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-3918653	NURSING SCHOOL	21		21
22 VENDING MACHINES	B	-143190	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		RESPIRATORY THERAPY	49		25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50		26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		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	-273228	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					35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4					36
37 WORKMAN'S COMP CHARGES W/O	WKST					37
	A	-422693	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	15234	COMMUNITY CLINIC	100.02	37.08
37.09 COMM CLINIC DEPRECIATION COST	A	429	COMMUNITY CLINIC	100.02	37.09
38 COMM CLINIC UNITED WAY	B	-251000	COMMUNITY CLINIC	100.02	38
38.03 VENDING MACHINE COMMISSIONS	B	-13613	OTHER ADMIN + GENERAL	6.05	38.03
38.05 UNEMPLOYMENT COMPENSATION	A	187668	OTHER ADMIN + GENERAL	6.05	38.05
38.06 UNEMPLOYMENT COMP INTEREST INCOME	B	-158422	OTHER ADMIN + GENERAL	6.05	38.06
39 TUITION LAB TECH SCHOOL	B	-18037	LABORATORY	44	39
39.01 TUITION X-RAY TECH SCHOOL	B	-43380	RADIOLOGY-DIAGNOSTIC	41	39.01
39.02 TUITION & FEE DIETICIAN SCHOOL	B	-5050	DIETARY	11	39.02
39.03 TUITION & FEES EDUC ACTIVITIES	A	-376553	NURSING ADMINISTRATION	14	39.03
39.05 LAMAZ CLASS FEES	B	-28413	OTHER NONREIMBURSABLE	100.10	39.05
40 PATIENT TV ELECTRICITY COST	A	-20027	OPERATION OF PLANT	8	40
41 PATIENT TELEPHONE - OPERATORS	A	-15264	OTHER ADMIN + GENERAL	6.05	41
41.01 PHOTO COMMISSIONS	B	-7917	ADULTS & PEDIATRICS	25	41.01
42 PRIVATE-DUTY PERSONNEL (SITTERS)	A	-32816	NURSING ADMINISTRATION	14	42
42.01 PRIVATE DUTY PERSONNEL (SITTERS)	A	-341054	ADULTS & PEDIATRICS	25	42.01
42.02 PRIVATE DUTY PERSONNEL (SITTERS)	A	-54224	SUBPROVIDER I	31	42.02
43 CATERING TAXABLE REVENUE	B	-50183	CAFETERIA	12	43
43.01 CATERING NON-TAXABLE REVENUES	B	-35998	CAFETERIA	12	43.01
43.02 BRANDING REVENUE	B	-321596	CAFETERIA	12	43.02
44 LOBBYING COSTS - ASSOC DUES	A	-48609	OTHER ADMIN + GENERAL	6.05	44
44.01 MISC CREDITS	B	-16472	EMPLOYEE BENEFITS	5	44.01
44.02 MISC CREDITS	B	-4962	GIFT, FLOWER, COFFEE SHOP & CAN	96	44.02
44.03 MISC CREDITS	B	-278609	OTHER ADMIN + GENERAL	6.05	44.03
44.04 MISC CREDITS	B	-23499	MAINTENANCE & REPAIRS	7	44.04
44.05 MISC CREDITS	B	-12424	OPERATION OF PLANT	8	44.05
44.06 MISC CREDITS	B	-1108	BUSINESS OFFICE	6.04	44.06
44.07 MISC CREDITS	B	-23064	OTHER ADMIN + GENERAL	6.05	44.07
44.08 MISC CREDITS	B	-9461	NURSING ADMINISTRATION	14	44.08
44.09 MISC CREDITS	B	-15305	ADULTS & PEDIATRICS	25	44.09
44.10 MISC CREDITS	A	-452543	BRADLEY UNIV HEALTH SVC	100.01	44.10
44.11 MISC CREDITS	B	-70929	OPERATING ROOM	37	44.11
44.14 MISC CREDITS	B	-67801	RADIOLOGY-DIAGNOSTIC	41	44.14
44.15 MISC CREDITS	B	-4320	DIETARY	11	44.15
44.16 MISC CREDITS	B	-4125	PSYCHOLOGY	59.14	44.16
44.17 MISC CREDITS	B	-17613	PHYSICAL THERAPY	50	44.17
44.20 MISC CREDITS	B	-113254	DIABETIC SERVICE	59.09	44.20
44.21 MISC CREDITS	B	-29960	CENTER FOR SENIOR HEALTH	59.11	44.21
44.23 MISC CREDITS	B	-10565	NEURO DIAGNOSTIC CENTER	59.15	44.23
44.24 MISC CREDITS	B	-63769	SISTERS CLINIC	59.08	44.24
44.27 MISC CREDITS	B	-356273	EMERGENCY	61	44.27
44.28 MISC CREDITS	B	-497129	INDUSTRIAL REHAB	100.12	44.28
44.29 MISC CREDITS	B	-997805	OUTREACH PHYSICIAN OFCES	100.05	44.29
44.30 MISC CREDITS	B	-814499	OTHER NONREIMBURSABLE	100.10	44.30
44.31 MISC CREDITS	B	-1600	CARDIAC CATHETER LAB	59.04	44.31
44.35 MISC OTHER REVENUE	B	-1965	PSYCHOLOGY	59.14	44.35
44.36 MISC CREDITS	B	-296013	AMBULATORY SURGICAL CENTER (D.P)	92	44.36

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 A&G NON-ALLOWABLE MARKETING	A	-2799425	OTHER ADMIN + GENERAL	6.05	45
45.01 A&G OTHER NON-ALLOWABLE COST	A	-112828	OTHER ADMIN + GENERAL	6.05	45.01
45.02 NON-ALLOWABLE MARKETING	A	-2663	LABORATORY	44	45.02
45.03 NON-ALLOWABLE MARKETING	A	-6113	OUTREACH PHYSICIAN OFCES	100.05	45.03
45.04 NON-ALLOWABLE MARKETING	A	-58695	FUND RAISING	100.04	45.04
45.05 NON-ALLOWABLE MARKETING	A	-155242	AMBULATORY SURGICAL CENTER (D.P	92	45.05
45.06 NON-ALLOWABLE MARKETING	A	-6003	AMBULANCE SERVICES	65	45.06
45.07 NON-ALLOWABLE MARKETING	A	-1359	EMPLOYEE BENEFITS	5	45.07
45.08 NON-ALLOWABLE MARKETING	A	-1388628	OTHER ADMIN + GENERAL	6.05	45.08
45.09 NON-ALLOWABLE MARKETING	A	-5599	NURSING SCHOOL	21	45.09
45.10 NON-ALLOWABLE MARKETING	A	-7513	NURSING ADMINISTRATION	14	45.10
45.11 NON-ALLOWABLE MARKETING	A	-8546	ADULTS & PEDIATRICS	25	45.11
45.12 NON-ALLOWABLE MARKETING	A	-4299	OTHER NONREIMBURSABLE	100.10	45.12
46 CAT EKG STORAGE FEE	B	-234931	ELECTROCARDIOLOGY	53	46
46.01 MOONLIGHTING ER RESIDENTS COST	A	-6525	EMERGENCY	61	46.01
46.02 CLINIC PSYCH PART "B" OFFSET	A	-354102	PHYSICAL THERAPY	50	46.02
46.03 MOONLIGHTING RESIDENTS	A	-46410	RADIOLOGY-DIAGNOSTIC	41	46.03
46.04 MOONLIGHTING RESIDENTS	A	-38937	AMBULANCE SERVICES	65	46.04
47 SISTER'S MAINTENANCE H&W REFUND	B	-32334	EMPLOYEE BENEFITS	5	47
47.01 DONOR NEPHRECTOMY	A	-140429	KIDNEY ACQUISITION	83	47.01
47.03 EMPLOYEE EYE WEAR FEES	B	-60097	SPECIAL CLINICS	59.07	47.03
47.04 INTEREST INCOME (W/C EXPENSE)	B	-144114	OTHER ADMIN + GENERAL	6.05	47.04
47.05 PATHOLOGIST COMP	A	-46424	OTHER ADMIN + GENERAL	6.05	47.05
47.06 MEDICAID FEES	A	-21477828	OTHER ADMIN + GENERAL	6.05	47.06
48 PY AUDIT - CAPITALIZED INTEREST	A	-3655	NEW CAP REL COSTS-BLDG & FIXT	3	9 48
49 PARKING REV/CAP INTEREST	A	-278779	NEW CAP REL COSTS-BLDG & FIXT	3	9 49
50 TOTAL		-56397619			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	EMPLOYEE BENEFITS	CORP OFCE EMPLOYEE BENEFITS	540323	583215	-42892	1
2	6.01	PURCH, RCVING, STORING	CORP OFCE CENTRAL PURCHASING	1074608	1159913	-85305	2
3	6.05	OTHER ADMIN + GENERAL	CORP/SF INC ADMIN ALLOCATION	46467503	50365216	-3897713	3
4	7	MAINTENANCE & REPAIRS	CORP/SF INC PURCH MAINTENANCE	3770634	4208667	-438033	4
4.01	14	NURSING ADMINISTRATION	CORP OFC NURSING ADMIN/QA	147909	159661	-11752	4.01
4.02	41	RADIOLOGY-DIAGNOSTIC	SF INC EQUIP RENTAL	2009225	2374021	-364796	4.02
4.03	59.04	CARDIAC CATHETER LAB	SF INC CARDIAC CATH MAINT	235377	267154	-31777	4.03
4.04	100.05	OUTREACH PHYSICIAN OFCES	SF INC PHYSICIAN MGMT	24325603	24229112	96491	4.04
5		TOTALS		78571182	83346959	-4775777	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
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	770427	668183	102244	171400	1159	95506	4775
2	26	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	501217	20093	481124	171400	2329	191919	9596
3	30	PREMATURE INTENSIVE CARE	PREMATURE INTENSIVE	230785	167494	63291	171400	346	28512	1426
4	37	OPERATING ROOM	OPERATING ROOM	991631		991631	204100	1056	103620	5181
5	39	DELIVERY ROOM & LABOR RO	DEL/LABOR RM	116541	116541		194500			
6	40	ANESTHESIOLOGY	ANESTHESIOLOGY	35751	35751		200300			
7	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	2045868	1950959	94909	231100	720	79996	4000
8	44	LABORATORY	LAB	131449		131449	219500	936	98775	4939
9	49	RESPIRATORY THERAPY	RESPIRATORY	5884	5884		171400			
10	50	PHYSICAL THERAPY	PHYSIATRIST	701251	560610	140641	171400	1040	85700	4285
11	53	ELECTROCARDIOLOGY	EKG	300000		300000	231100	832	92440	4622
12	59	DIGESTIVE DISEASES	DIGESTIVE DISEASES	60165		60165	171400	208	17140	857
13	59.07	SPECIAL CLINICS	SPECIAL CLINICS	238426	238426		171400			
14	59.08	SISTERS CLINIC	SISTERS CLINIC	59409	5925	53484	171400	832	68560	3428
15	59.10	CARDIO-PULMONARY REHAB	CARDIO PUL REHAB	112042	112042		171400			
16	59.11	CENTER FOR SENIOR HEALTH	CENTER FOR SENIOR H	149777	149777		171400			
17	59.15	NEURO DIAGNOSTIC CENTER	NEURO DIAGNOSTIC	376215	340543	35672	201400	364	35245	1762
18	59.21	SLEEP DISORDERS	NEUROLOGIST	1002210	1002210		171400			
19	59.22	PAIN PROGRAM	PAIN PROGRAM	420054	397079	22975	171400	156	12855	643
20	59.23	COMP EPILEPSY	COMP EPILEPSY	647263	554160	93103	171400	520	42850	2143
21	61	EMERGENCY	EMERGENCY	5590724	5043677	547047	171400	3872	319068	15953
22	65	AMBULANCE SERVICES	AMBULANCE	54306		54306	171400	312	25710	1286
101		TOTAL		14541395	11369354	3172041		14682	1297896	64896

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS		ADULTS AND PEDIATRI			95506	6738	674921
2 26	INTENSIVE CARE UNIT		INTENSIVE CARE UNIT			191919	289205	309298
3 30	PREMATURE INTENSIVE CARE		PREMATURE INTENSIVE			28512	34779	202273
4 37	OPERATING ROOM		OPERATING ROOM			103620	888011	888011
5 39	DELIVERY ROOM & LABOR RO		DEL/LABOR RM					116541
6 40	ANESTHESIOLOGY		ANESTHESIOLOGY					35751
7 41	RADIOLOGY-DIAGNOSTIC		RADIOLOGY			79996	14913	1965872
8 44	LABORATORY		LAB			98775	32674	32674
9 49	RESPIRATORY THERAPY		RESPIRATORY					5884
10 50	PHYSICAL THERAPY		PHYSIATRIST			85700	54941	615551
11 53	ELECTROCARDIOLOGY		EKG			92440	207560	207560
12 59	DIGESTIVE DISEASES		DIGESTIVE DISEASES			17140	43025	43025
13 59.07	SPECIAL CLINICS		SPECIAL CLINICS					238426
14 59.08	SISTERS CLINIC		SISTERS CLINIC			68560		5925
15 59.10	CARDIO-PULMONARY REHAB		CARDIO PUL REHAB					112042
16 59.11	CENTER FOR SENIOR HEALTH		CENTER FOR SENIOR H					149777
17 59.15	NEURO DIAGNOSTIC CENTER		NEURO DIAGNOSTIC			35245	427	340970
18 59.21	SLEEP DISORDERS		NEUROLOGIST					1002210
19 59.22	PAIN PROGRAM		PAIN PROGRAM			12855	10120	407199
20 59.23	COMP EPILEPSY		COMP EPILEPSY			42850	50253	604413
21 61	EMERGENCY		EMERGENCY			319068	227979	5271656
22 65	AMBULANCE SERVICES		AMBULANCE			25710	28596	28596
101	TOTAL					1297896	1889221	13258575

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	PURCH, RCV STORING 6.01	ADMITTING 6.02	OUTPATIENT 6.03	BUSINESS 6.04	O
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	14606440	14606440							3
4 NEW CAP REL COSTS-MVBLE EQUIP	15762461		15762461						4
5 EMPLOYEE BENEFITS	91730007	156486	8774	91895267					5
6.01 PURCH, RCVING, STORING	2264200	134091	26869	269336	2694496				6.01
6.02 ADMITTING	2713220	104120	249	682315	12165	3512069			6.02
6.03 OUTPATIENT OFFICES	1443815	70680	48626	353322	9366		1925809		6.03
6.04 BUSINESS OFFICE	5498144	10951	1327	629755	7544			6147721	6.04
6.05 OTHER ADMIN + GENERAL	99449805	821139	5084963	6406473	101179				6.05
7 MAINTENANCE & REPAIRS	16005043	2308400	327164	1366035	611381				7
8 OPERATION OF PLANT	10435468	265088	186180	446996	49821				8
9 LAUNDRY & LINEN SERVICE	906189	26890		56517	6217				9
10 HOUSEKEEPING	8138415	119379	13798	1514394	102912				10
11 DIETARY	3809721	306890	90978	936186	50230				11
12 CAFETERIA	895954			90957					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	12602587	121953	238280	3267019	24956				14
15 CENTRAL SERVICES & SUPPLY	4252032	233142	577827	891149	175907				15
16 PHARMACY	7822730	111643	285280	2449333	44563				16
17 MEDICAL RECORDS & LIBRARY	5218801	142241	37241	1017756	122846				17
18 SOCIAL SERVICE									18
19 PARKING	1008507	10004	473027	32648	923				19
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	6794	1031899	91571	999480	11614				21
22 I&R SERVICES-SALARY & FRINGES A	9107305			2585764					22
23 I&R SERVICES-OTHER PRGM COSTS A	19212020	510448		2633286	14375				23
24 PARAMED ED PRGM-(SPECIFY)	120787	227		18218					24
24.01 PARAMEDICAL EDUC X-RAY	250009	15486		33827					24.01
24.02 PARAMEDICAL EDUC DIETARY	221060			20026					24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	51463609	2147297	342943	13125893	368129	246845		432020	25
26 INTENSIVE CARE UNIT	16091890	296246	180867	3849729	102604	91043		159341	26
30 PREMATURE INTENSIVE CARE	8849132	135852	313847	2249985	51593	45453		79550	30
31 SUBPROVIDER I	2784184	88820	18265	699859	19123	10420		18236	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	20828017	511381	1288632	3953348	144166	218046		381616	37
38 RECOVERY ROOM	1875328	63277	59397	509698	1921	42034		73567	38
39 DELIVERY ROOM & LABOR ROOM	4295791	111136	71528	1005215	36990	16334		28588	39
40 ANESTHESIOLOGY	1781694	6256	155554	107357	20234	142599		249572	40
41 RADIOLOGY-DIAGNOSTIC	35634200	895341	2962555	5494355	46587	694592	1188412	1216675	41
44 LABORATORY	21704955	454546	541400	2708166	121509	475698	617224	832548	44
45 PBP CLINICAL LAB SERVICES-PRGM	131449								45
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	6481411			174109	521	21982		38472	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	5982222	48725	186397	1229141	6032	111376		194925	49
50 PHYSICAL THERAPY	7535554	399979	27106	2192025	24014	54399		95207	50
52 SPEECH PATHOLOGY	698767	9670	66522	144334	6031	5374		9405	52
53 ELECTROCARDIOLOGY	2853487	31252	165433	660000	8583	73783	120173	129132	53
54 ELECTROENCEPHALOGRAPHY	559850	16246	82226	140330	2047	10049		17588	54
55 MEDICAL SUPPLIES CHARGED TO PAT	24263365					355099		621481	55
55.30 IMPL. DEV. CHARGED TO PATIENT	32896646					211157		369559	55.30
56 DRUGS CHARGED TO PATIENTS	20723217					321836		563265	56
57 RENAL DIALYSIS	1621179		1630	33265	3211	8775		15358	57
59 DIGESTIVE DISEASES	2445173	82045	201890	497732	35472	59862		104768	59
59.01 ENTEROSTOMAL	207756	10231		56978	255	1078		1887	59.01
59.02 NON-INVASIVE LABORATORY									59.02
59.03 REHABILITATION SERVICES									59.03
59.04 CARDIAC CATHETER LAB	2850501	131703	564153	684523	20003	104281		182509	59.04
59.05 KRASSE HEALTH CENTER									59.05
59.06 SPEECH PATH & AUDIOLOGY									59.06
59.07 SPECIAL CLINICS	245350	32893	21406	61519	2601	722		1264	59.07
59.08 SISTERS CLINIC	1939088	277279	19927	511146	7112	2635		4611	59.08
59.09 DIABETIC SERVICE	554562			146059	3450	217		379	59.09
59.10 CARDIO-PULMONARY REHAB	474564	4148	10969	157582	1344	1994		3490	59.10
59.11 CENTER FOR SENIOR HEALTH	71192	28011	281	64819	833	84		147	59.11
59.12 PAIN CLINIC									59.12
59.13 WOUND CARE	768928	57835	66	98695	5430	6829		11951	59.13
59.14 PSYCHOLOGY	140406	41976		37741	859	939		1644	59.14
59.15 NEURO DIAGNOSTIC CENTER	406021	53300		205414	1131	304		532	59.15
59.16 EATING DISORDERS CLINIC	205317	58075		53365	563	382		669	59.16
59.18 UROLOGICAL	77437	1054	5314	19197	80	983		1720	59.18
59.19 LITHOTRIPSY	168588					1839		3219	59.19
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS	1995605	48138	63976	728788	12921	16112		28199	59.21
59.22 PAIN PROGRAM	990197	72027	15550	239721	4281	5547		9709	59.22
59.23 COMP EPILEPSY	393995	12031	877	271594	1489	346		606	59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	13943848	323430	456080	4519069	89714	105059		183870	61
62 OBSERVATION BEDS (NON-DISTINCT									62
62.01 OBSERVATION BEDS-DISTINCT	978010	66265	77343	174714	15670	3568		6244	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	7732501		22328	418219	2069	35812		62677	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									

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	
83 KIDNEY ACQUISITION	3188301			75277	2752	6168		10796	83
85.01 PANCREAS ACQUISITION	256254			9729		414		725	85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P	13180098	254950	54751	1077766	15467				92
95 SUBTOTALS	655751153	13272572	15471367	75087248	2532790	3512069	1925809	6147721	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	125992	34293	14717	20528	10033				96
100 SISTERS CONVENT	239828			17278	90				100
100.01BRADLEY UNIV HEALTH SVC			228	106615	286				100.01
100.02COMMUNITY CLINIC	190383			59050					100.02
100.04FUND RAISING	3306321	6096	14877	223676	17376				100.04
100.05OUTREACH PHYSICIAN OFCES	56912973	702961	230209	15042102	97297				100.05
100.06PHYSICIAN CONTRACTS	497845			12552	925				100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPSY									100.08
100.09CFH - MEDICAL OFFICE BUILDING		312186							100.09
100.10OTHER NONREIMBURSABLE	2611376	177814	16646	708704	25689				100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB	905024	92955	12611	503589	9972				100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC			67						100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES	436158	7563	1739	113925	38				100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	720977053	14606440	15762461	91895267	2694496	3512069	1925809	6147721	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	7	8	9	10	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									6.04
6.05 OTHER ADMIN + GENERAL	111863559	111863559							6.05
7 MAINTENANCE & REPAIRS	20618023	3787304	24405327						7
8 OPERATION OF PLANT	11383553	2091033	589521	14064107					8
9 LAUNDRY & LINEN SERVICE	995813	182920	59800	35228	1273761				9
10 HOUSEKEEPING	9888898	1816482	265483	156393	28989	12156245			10
11 DIETARY	5194005	954082	682485	402044		373350	7605966		11
12 CAFETERIA	986911	181285						1168196	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	16254795	2985827	271208	159766		148363		66145	14
15 CENTRAL SERVICES & SUPPLY	6130057	1126024	518478	305430	36354	283631		29158	15
16 PHARMACY	10713549	1967961	248279	146258		135820		31559	16
17 MEDICAL RECORDS & LIBRARY	6538885	1201121	316326	186344		173044		29719	17
18 SOCIAL SERVICE									18
19 PARKING	1525109	280146	22247	13106		12170		1282	19
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	2141358	393344	2294814	1351848		1255366		15012	21
22 I&R SERVICES-SALARY & FRINGES A	11693069	2147888							22
23 I&R SERVICES-OTHER PRGM COSTS A	22370129	4109147	1135171	668716	1328	620989		60197	23
24 PARAMED ED PRGM-(SPECIFY)	139232	25575	504	297		276			24
24.01 PARAMEDICAL EDUC X-RAY	299322	54982	34439	20287		18839			24.01
24.02 PARAMEDICAL EDUC DIETARY	241086	44285							24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	68126736	12514132	4775319	2813083	549137	2612310	6115097	267957	25
26 INTENSIVE CARE UNIT	20771720	3815536	658814	388099	114064	360401	961476	70557	26
30 PREMATURE INTENSIVE CARE	11725412	2153829	302117	177974	23660	165272		37403	30
31 SUBPROVIDER I	3638907	668427	197525	116360	39972	108055	448372	15363	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	27325206	5019340	1137247	669939	133539	622125		79156	37
38 RECOVERY ROOM	2625222	482224	140721	82897		76981		7719	38
39 DELIVERY ROOM & LABOR ROOM	5565582	1022336	247152	145594	45120	135203	81021	18278	39
40 ANESTHESIOLOGY	2463266	452475	13912	8195		7610		1917	40
41 RADIOLOGY-DIAGNOSTIC	48132717	8841451	1935328	1172948	105628	1089234		98014	41
44 LABORATORY	27456046	5043374	1010853	595482	871	552982		70856	44
45 PBP CLINICAL LAB SERVICES-PRGM	131449								45
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	6716495	1233746						4065	47

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
83 KIDNEY ACQUISITION	3283294	603105						1276	83
85.01 PANCREAS ACQUISITION	267122	49067						147	85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P	14583032	2678743	566977	334000		310162			92
95 SUBTOTALS	637156466	96466384	21417201	12316663	1272209	11067609	7605966	1149177	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	205563	37760	76263	44926		41720		857	96
100 SISTERS CONVENT	257196	47244							100
100.01BRADLEY UNIV HEALTH SVC	107129	19678							100.01
100.02COMMUNITY CLINIC	249433	45818						736	100.02
100.04FUND RAISING	3568346	655466	13556	7986		7416		3892	100.04
100.05OUTREACH PHYSICIAN OFCES	72985542	13406897	1563296	920919	807	700891			100.05
100.06PHYSICIAN CONTRACTS	511322	93924							100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPSY									100.08
100.09CFH - MEDICAL OFFICE BUILDING	312186	57345	716034	408981					100.09
100.10OTHER NONREIMBURSABLE	3540229	650301	395437	232947	745	216322		12623	100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB	1524151	279970	206721	121777		113086			100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC	67	12							100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES	559423	102760	16819	9908		9201		911	100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	720977053	111863559	24405327	14064107	1273761	12156245	7605966	1168196	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	
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	19886104								14
15 CENTRAL SERVICES & SUPPLY		8429132							15
16 PHARMACY			13243426						16
17 MEDICAL RECORDS & LIBRARY				8445439					17
18 SOCIAL SERVICE									18
19 PARKING					1854060				19
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL		3231	13		27548	7482534			21
22 I&R SERVICES-SALARY & FRINGES A							13840957		22
23 I&R SERVICES-OTHER PRGM COSTS A		19658	28		110467			29095830	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	10644583		17274	578074	491722	6109114	5251837	11040169	25
26 INTENSIVE CARE UNIT	2802925		10137	213208	129480	249713	1115212	2344349	26
30 PREMATURE INTENSIVE CARE	1485856	163214	2086	106537	68638		353474	743058	30
31 SUBPROVIDER I	610285	11513	260	24401	28192		353474	743058	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3144497		29961	510623	145259	41619	2039532	4287412	37
38 RECOVERY ROOM	306627	17153		98436	14164				38
39 DELIVERY ROOM & LABOR ROOM	726084		568	38252	33541	625322			39
40 ANESTHESIOLOGY	76171		191837	333941	3519	23411	169905	357167	40
41 RADIOLOGY-DIAGNOSTIC			794315	1669848	179865	62428	1880567	3953243	41
44 LABORATORY			1010	1113995	130028				44
45 PBP CLINICAL LAB SERVICES-PRGM									45
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		100004		51478	7459				47

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		307660	16249	260821	46862				49
50 PHYSICAL THERAPY			27756	143483	68480				50
52 SPEECH PATHOLOGY		56743	9	12585	4241	62428			52
53 ELECTROCARDIOLOGY		23212	2159	172785	26778				53
54 ELECTROENCEPHALOGRAPHY		12733		23536	6220		46796	98373	54
55 MEDICAL SUPPLIES CHARGED TO PAT		3858943		831575					55
55.30 IMPL. DEV. CHARGED TO PATIENT		3471682		494490					55.30
56 DRUGS CHARGED TO PATIENTS			9943751	753679					56
57 RENAL DIALYSIS		10970	4215	20550	950				57
59 DIGESTIVE DISEASES			178	140185	16475	64509			59
59.01 ENTEROSTOMAL		518		2525	1588				59.01
59.02 NON-INVASIVE LABORATORY									59.02
59.03 REHABILITATION SERVICES									59.03
59.04 CARDIAC CATHETER LAB			491	244207	22257				59.04
59.05 KRASSE HEALTH CENTER									59.05
59.06 SPEECH PATH & AUDIOLOGY									59.06
59.07 SPECIAL CLINICS		21357	312	6283	2648				59.07
59.08 SISTERS CLINIC		5465		13581	22732	53064	656178	1379387	59.08
59.09 DIABETIC SERVICE		831		507	5418				59.09
59.10 CARDIO-PULMONARY REHAB			26	4670	5397				59.10
59.11 CENTER FOR SENIOR HEALTH			115	786	1498				59.11
59.12 PAIN CLINIC									59.12
59.13 WOUND CARE		24661	1283	15992	3498	36416			59.13
59.14 PSYCHOLOGY				2199	1361				59.14
59.15 NEURO DIAGNOSTIC CENTER	89076	424		7583	4115				59.15
59.16 EATING DISORDERS CLINIC				895	1973	19249			59.16
59.18 UROLOGICAL				2302	533				59.18
59.19 LITHOTRIPSY				4307					59.19
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS		15072		54965	17509				59.21
59.22 PAIN PROGRAM			41114	14223	5829				59.22
59.23 COMP EPILEPSY			27	19816	4532				59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		139781	1330	350446	156838	38497	1973982	4149614	61
62 OBSERVATION BEDS (NON-DISTINCT									62
62.01 OBSERVATION BEDS-DISTINCT		14546	194	8388	7739				62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		4474	1973	83866	11194				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									

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	
83 KIDNEY ACQUISITION			8058	14445	2342				83
85.01 PANCREAS ACQUISITION				971	269				85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P		1598							92
95 SUBTOTALS	19886104	8285443	11096729	8445439	1819158	7385770	13840957	29095830	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN					1572				96
100 SISTERS CONVENT									100
100.01BRADLEY UNIV HEALTH SVC		719							100.01
100.02COMMUNITY CLINIC		1463	90534		1351				100.02
100.04FUND RAISING		10313			7143				100.04
100.05OUTREACH PHYSICIAN OFCES		111547	1970335			66590			100.05
100.06PHYSICIAN CONTRACTS									100.06
100.07MEALS-ON-WHEELS									100.07
100.08MOBILE LITHOTRIPTY									100.08
100.09CFH - MEDICAL OFFICE BUILDING									100.09
100.10OTHER NONREIMBURSABLE		12752	1133		23164	30174			100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB		6895	84695						100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC									100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES					1672				100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	19886104	8429132	13243426	8445439	1854060	7482534	13840957	29095830	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)	165884						24
24.01 PARAMEDICAL EDUC X-RAY		427869					24.01
24.02 PARAMEDICAL EDUC DIETARY			285371				24.02
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS			285371	132191915	-16292006	115899909	25
26 INTENSIVE CARE UNIT				34005691	-3459561	30546130	26
30 PREMATURE INTENSIVE CARE				17508530	-1096532	16411998	30
31 SUBPROVIDER I				7004164	-1096532	5907632	31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				45185455	-6326944	38858511	37
38 RECOVERY ROOM				3852144		3852144	38
39 DELIVERY ROOM & LABOR ROOM				8684053		8684053	39
40 ANESTHESIOLOGY				4103326	-527072	3576254	40
41 RADIOLOGY-DIAGNOSTIC		427869		70343455	-5833810	64509645	41
44 LABORATORY	165884			36141381		36141381	44
45 PBP CLINICAL LAB SERVICES-PRGM				131449		131449	45
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				8113247		8113247	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				10072625		10072625	49
50 PHYSICAL THERAPY				14380203		14380203	50
52 SPEECH PATHOLOGY				1297379		1297379	52
53 ELECTROCARDIOLOGY				5173876		5173876	53
54 ELECTROENCEPHALOGRAPHY				1252009	-145169	1106840	54
55 MEDICAL SUPPLIES CHARGED TO PAT				34566763		34566763	55
55.30 IMPL. DEV. CHARGED TO PATIENT				43592957		43592957	55.30
56 DRUGS CHARGED TO PATIENTS				36274958		36274958	56
57 RENAL DIALYSIS				2032135		2032135	57
59 DIGESTIVE DISEASES				4694980		4694980	59
59.01 ENTEROSTOMAL				383381		383381	59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB				6303313		6303313	59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS				621239		621239	59.07
59.08 SISTERS CLINIC				6729114	-2035565	4693549	59.08
59.09 DIABETIC SERVICE				843815		843815	59.09
59.10 CARDIO-PULMONARY REHAB				806980		806980	59.10
59.11 CENTER FOR SENIOR HEALTH				297946		297946	59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE				1412332		1412332	59.13
59.14 PSYCHOLOGY				468339		468339	59.14
59.15 NEURO DIAGNOSTIC CENTER				1145810		1145810	59.15
59.16 EATING DISORDERS CLINIC				675930		675930	59.16
59.18 UROLOGICAL				133347		133347	59.18
59.19 LITHOTRIPSY				209850		209850	59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS				3754864		3754864	59.21
59.22 PAIN PROGRAM				1901513		1901513	59.22
59.23 COMP EPILEPSY				890018		890018	59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				31791892	-6123596	25668296	61
62 OBSERVATION BEDS (NON-DISTINCT							62
62.01 OBSERVATION BEDS-DISTINCT				1914493		1914493	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				9900983		9900983	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							

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09
 02/23/2011 14:39

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	
83 KIDNEY ACQUISITION				3912520		3912520	83
85.01 PANCREAS ACQUISITION				317576		317576	85.01
85.02 INTESTINAL ACQUISITION							85.02
92 AMBULATORY SURGICAL CENTER (D.P				18474512		18474512	92
95 SUBTOTALS	165884	427869	285371	613492462	-42936787	570555675	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				408661		408661	96
100 SISTERS CONVENT				304440		304440	100
100.01BRADLEY UNIV HEALTH SVC				127526		127526	100.01
100.02COMMUNITY CLINIC				389335		389335	100.02
100.04FUND RAISING				4274118		4274118	100.04
100.05OUTREACH PHYSICIAN OFCES				91726824		91726824	100.05
100.06PHYSICIAN CONTRACTS				605246		605246	100.06
100.07MEALS-ON-WHEELS							100.07
100.08MOBILE LITHOTRIpsy							100.08
100.09CFH - MEDICAL OFFICE BUILDING				1494546		1494546	100.09
100.10OTHER NONREIMBURSABLE				5115827		5115827	100.10
100.11NURSERY-EDUCATION COST							100.11
100.12INDUSTRIAL REHAB				2337295		2337295	100.12
100.13CONTRACTED SERVICES							100.13
100.14IN-SCHOOL CLINIC				79		79	100.14
100.15LOBBYING							100.15
100.16REGIONAL ACTIVITIES				700694		700694	100.16
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	165884	427869	285371	720977053	-42936787	678040266	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	BLDGS &	MOVABLE	COST TO	BENEFITS	STORING		
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC				
	0	3	4	4A	5	6.01	6.02	6.03
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		156486	8774	165260	165260			5
6.01	101832	134091	26869	262792	485	263277		6.01
6.02	49174	104120	249	153543	1228	1189	155960	6.02
6.03	6661	70680	48626	125967	636	915		6.03
6.04	211839	10951	1327	224117	1133	737		6.04
6.05	12238867	821139	5084963	18144969	11530	9886		6.05
7	23611	2308400	327164	2659175	2459	59738		7
8		265088	186180	451268	804	4868		8
9		26890		26890	102	607		9
10		119379	13798	133177	2726	10056		10
11	1106	306890	90978	398974	1685	4908		11
12					164			12
13								13
14	1467	121953	238280	361700	5880	2438		14
15	1314396	233142	577827	2125365	1604	17188		15
16		111643	285280	396923	4408	4354		16
17	27355	142241	37241	206837	1832	12003		17
18								18
19	15957	10004	473027	498988	59	90		19
20								20
21		1031899	91571	1123470	1799	1135		21
22					4654			22
23	55055	510448		565503	4739	1405		23
24		227		227	33			24
24.01		15486		15486	61			24.01
24.02					36			24.02
INPATIENT ROUTINE SERV COST CENTERS								
25	463	2147297	342943	2490703	23624	35970	10949	25
26	1107	296246	180867	478220	6929	10025	4038	26
30	29842	135852	313847	479541	4050	5041	2016	30
31		88820	18265	107085	1260	1869	462	31
ANCILLARY SERVICE COST CENTERS								
37	21383	511381	1288632	1821396	7115	14086	9672	37
38		63277	59397	122674	917	188	1865	38
39		111136	71528	182664	1809	3614	725	39
40	59	6256	155554	161869	193	1977	6325	40
41	2787107	895341	2962555	6645003	9889	4552	30984	78606
44		454546	541400	995946	4874	11873	21101	40941
45								45
46.30								46.30
47					313	51	975	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	
83 KIDNEY ACQUISITION	86258			86258	135	269	274	83	
85.01 PANCREAS ACQUISITION					18		18	85.01	
85.02 INTESTINAL ACQUISITION								85.02	
92 AMBULATORY SURGICAL CENTER (D.P)	5401	254950	54751	315102	1940	1511		92	
95 SUBTOTALS	18168553	13272572	15471367	46912492	135146	247477	155960	127518 95	
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	119	34293	14717	49129	37	980		96	
100 SISTERS CONVENT					31	9		100	
100.01BRADLEY UNIV HEALTH SVC			228	228	192	28		100.01	
100.02COMMUNITY CLINIC					106			100.02	
100.04FUND RAISING	78024	6096	14877	98997	403	1698		100.04	
100.05OUTREACH PHYSICIAN OFCES	2154034	702961	230209	3087204	26935	9507		100.05	
100.06PHYSICIAN CONTRACTS					23	90		100.06	
100.07MEALS-ON-WHEELS								100.07	
100.08MOBILE LITHOTRIPSY								100.08	
100.09CFH - MEDICAL OFFICE BUILDING		312186		312186				100.09	
100.10OTHER NONREIMBURSABLE	222535	177814	16646	416995	1276	2510		100.10	
100.11NURSERY-EDUCATION COST								100.11	
100.12INDUSTRIAL REHAB	107586	92955	12611	213152	906	974		100.12	
100.13CONTRACTED SERVICES								100.13	
100.14IN-SCHOOL CLINIC			67	67				100.14	
100.15LOBBYING								100.15	
100.16REGIONAL ACTIVITIES		7563	1739	9302	205	4		100.16	
101 CROSS FOOT ADJUSTMENTS								101	
102 NEGATIVE COST CENTER								102	
103 TOTAL	20730851	14606440	15762461	51099752	165260	263277	155960	127518 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	GENERAL	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	225987								6.04
6.05 OTHER ADMIN + GENERAL		18166385							6.05
7 MAINTENANCE & REPAIRS		615056	3336428						7
8 OPERATION OF PLANT		339583	80593	877116					8
9 LAUNDRY & LINEN SERVICE		29706	8175	2197	67677				9
10 HOUSEKEEPING		294996	36294	9754	1540	488543			10
11 DIETARY		154942	93302	25074		15004	693889		11
12 CAFETERIA		29441						29605	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		484897	37077	9964		5963		1676	14
15 CENTRAL SERVICES & SUPPLY		182866	70881	19048	1932	11399		739	15
16 PHARMACY		319596	33942	9121		5458		800	16
17 MEDICAL RECORDS & LIBRARY		195061	43245	11621		6954		753	17
18 SOCIAL SERVICE									18
19 PARKING		45496	3041	817		489		32	19
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL		63879	313722	84309		50451		380	21
22 I&R SERVICES-SALARY & FRINGES A		348816							22
23 I&R SERVICES-OTHER PRGM COSTS A		667323	155188	41705	71	24957		1526	23
24 PARAMED ED PRGM-(SPECIFY)		4153	69	19		11			24
24.01 PARAMEDICAL EDUC X-RAY		8929	4708	1265		757			24.01
24.02 PARAMEDICAL EDUC DIETARY		7192							24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	15941	2032289	652828	175440	29176	104984	557877	6786	25
26 INTENSIVE CARE UNIT	5880	619641	90066	24204	6060	14484	87715	1788	26
30 PREMATURE INTENSIVE CARE	2935	349781	41302	11099	1257	6642		948	30
31 SUBPROVIDER I	673	108552	27004	7257	2124	4343	40905	389	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	14081	815138	155472	41781	7095	25002		2006	37
38 RECOVERY ROOM	2715	78313	19238	5170		3094		196	38
39 DELIVERY ROOM & LABOR ROOM	1055	166027	33788	9080	2397	5434	7392	463	39
40 ANESTHESIOLOGY	9209	73482	1902	511		306		49	40
41 RADIOLOGY-DIAGNOSTIC	44034	1435847	264577	73152	5612	43775		2484	41
44 LABORATORY	30720	819041	138193	37138	46	22224		1796	44
45 PBP CLINICAL LAB SERVICES-PRGM									45
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1420	200360						103	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 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	
49 RESPIRATORY THERAPY	7193	231453	14814	3981		2382		647	49
50 PHYSICAL THERAPY	3513	308103	118249	32679	113	19556		946	50
52 SPEECH PATHOLOGY	347	28044	2940	790	18	473		59	52
53 ELECTROCARDIOLOGY	4765	120572	9501	2553	85	1528		370	53
54 ELECTROENCEPHALOGRAPHY	649	24710	4939	1327	175	794		86	54
55 MEDICAL SUPPLIES CHARGED TO PAT	22932	752933							55
55.30 IMPL. DEV. CHARGED TO PATIENT	13636	998663							55.30
56 DRUGS CHARGED TO PATIENTS	20784	644598							56
57 RENAL DIALYSIS	567	50218			122			13	57
59 DIGESTIVE DISEASES	3866	102229	24943	6703	981	4011		228	59
59.01 ENTEROSTOMAL	70	8299	3110	836		500		22	59.01
59.02 NON-INVASIVE LABORATORY									59.02
59.03 REHABILITATION SERVICES									59.03
59.04 CARDIAC CATHETER LAB	6734	135363	40041	10760	1455	6439		307	59.04
59.05 KRASSE HEALTH CENTER									59.05
59.06 SPEECH PATH & AUDIOLOGY									59.06
59.07 SPECIAL CLINICS	47	10911	10000	2687		1608		37	59.07
59.08 SISTERS CLINIC	170	82387	84299	22654		13557		314	59.08
59.09 DIABETIC SERVICE	14	21021						75	59.09
59.10 CARDIO-PULMONARY REHAB	129	19512	1261	339		203		75	59.10
59.11 CENTER FOR SENIOR HEALTH	5	4933	8516	2289				21	59.11
59.12 PAIN CLINIC									59.12
59.13 WOUND CARE	441	28332	17583	4725				48	59.13
59.14 PSYCHOLOGY	61	6669	12762	3430		2052		19	59.14
59.15 NEURO DIAGNOSTIC CENTER	20	19888	16205	4355		2606		57	59.15
59.16 EATING DISORDERS CLINIC	25	9497	17656	4745		2839		27	59.16
59.18 UROLOGICAL	63	3156	320	86		52		7	59.18
59.19 LITHOTRIPSY	119	5180							59.19
59.20 WOMEN'S CENTER									59.20
59.21 SLEEP DISORDERS	1041	86323	14635	3933	202	2354		242	59.21
59.22 PAIN PROGRAM	358	39885	21898	5885				81	59.22
59.23 COMP EPILEPSY	22	20313	3658	983		588		63	59.23
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	6785	585316	98330	26425	7133	15813		2166	61
62 OBSERVATION BEDS (NON-DISTINCT									62
62.01 OBSERVATION BEDS-DISTINCT	230	39431	20146	5414		3240		107	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	2313	246810						155	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									

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	GENERAL	TENANCE & REPAIRS	OF PLANT	& LINEN SERVICE	KEEPING	11	12
83 KIDNEY ACQUISITION	398	97944	7	8	9	10	11	12
85.01 PANCREAS ACQUISITION	27	7969						32 83
85.02 INTESTINAL ACQUISITION								4 85.01
92 AMBULATORY SURGICAL CENTER (D.P		435026	77511	20830		12465		85.02
95 SUBTOTALS	225987	15666091	2927924	768135	67594	444791	693889	92
NONREIMBURSABLE COST CENTERS								29122 95
96 GIFT, FLOWER, COFFEE SHOP & CAN		6132	10426	2802		1677		22 96
100 SISTERS CONVENT		7672						100
100.01BRADLEY UNIV HEALTH SVC		3196						100.01
100.02COMMUNITY CLINIC		7441						19 100.02
100.04FUND RAISING		106447	1853	498		298		99 100.04
100.05OUTREACH PHYSICIAN OFCES		2177074	213717	57434	43	28168		100.05
100.06PHYSICIAN CONTRACTS		15253						100.06
100.07MEALS-ON-WHEELS								100.07
100.08MOBILE LITHOTRIpsy								100.08
100.09CFH - MEDICAL OFFICE BUILDING		9313	97888	25506				100.09
100.10OTHER NONREIMBURSABLE		105609	54060	14528	40	8694		320 100.10
100.11NURSERY-EDUCATION COST								100.11
100.12INDUSTRIAL REHAB		45467	28261	7595		4545		100.12
100.13CONTRACTED SERVICES								100.13
100.14IN-SCHOOL CLINIC		2						100.14
100.15LOBBYING								100.15
100.16REGIONAL ACTIVITIES		16688	2299	618		370		23 100.16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	225987	18166385	3336428	877116	67677	488543	693889	29605 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	909595							14
15 CENTRAL SERVICES & SUPPLY		2431022						15
16 PHARMACY			774602					16
17 MEDICAL RECORDS & LIBRARY				478306				17
18 SOCIAL SERVICE								18
19 PARKING					549012			19
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL		932	1		8157	1648235		21
22 I&R SERVICES-SALARY & FRINGES A							353470	22
23 I&R SERVICES-OTHER PRGM COSTS A		5670	2		32711			23
24 PARAMED ED PRGM-(SPECIFY)							1500800	24
24.01 PARAMEDICAL EDUC X-RAY								24.01
24.02 PARAMEDICAL EDUC DIETARY								24.02
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	486887		1010	32688	145603			25
26 INTENSIVE CARE UNIT	128206		593	12056	38341			26
30 PREMATURE INTENSIVE CARE	67963	47072	122	6024	20325			30
31 SUBPROVIDER I	27915	3321	15	1380	8348			31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	143830		1752	28874	43013			37
38 RECOVERY ROOM	14025	4947		5566	4194			38
39 DELIVERY ROOM & LABOR ROOM	33211		33	2163	9932			39
40 ANESTHESIOLOGY	3484		11220	18883	1042			40
41 RADIOLOGY-DIAGNOSTIC			46459	95174	53261			41
44 LABORATORY			59	62992	38503			44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN CO				2911	2209			46.30
47 BLOOD STORING, PROCESSING & TRA		28842						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		88731	950	14748	13876		49	
50	PHYSICAL THERAPY			1623	8113	20278		50	
52	SPEECH PATHOLOGY		16365	1	712	1256		52	
53	ELECTROCARDIOLOGY		6694	126	9770	7929		53	
54	ELECTROENCEPHALOGRAPHY		3672		1331	1842		54	
55	MEDICAL SUPPLIES CHARGED TO PAT		1112952		47022			55	
55.30	IMPL. DEV. CHARGED TO PATIENT		1001253		27961			55.30	
56	DRUGS CHARGED TO PATIENTS			581608	42618			56	
57	RENAL DIALYSIS		3164	247	1162	281		57	
59	DIGESTIVE DISEASES			10	7927	4879		59	
59.01	ENTEROSTOMAL		150		143	470		59.01	
59.02	NON-INVASIVE LABORATORY							59.02	
59.03	REHABILITATION SERVICES							59.03	
59.04	CARDIAC CATHETER LAB			29	13809	6591		59.04	
59.05	KRASSE HEALTH CENTER							59.05	
59.06	SPEECH PATH & AUDIOLOGY							59.06	
59.07	SPECIAL CLINICS		6160	18	355	784		59.07	
59.08	SISTERS CLINIC		1576		768	6731		59.08	
59.09	DIABETIC SERVICE		240		29	1604		59.09	
59.10	CARDIO-PULMONARY REHAB			2	264	1598		59.10	
59.11	CENTER FOR SENIOR HEALTH			7	44	444		59.11	
59.12	PAIN CLINIC							59.12	
59.13	WOUND CARE		7112	75	904	1036		59.13	
59.14	PSYCHOLOGY				124	403		59.14	
59.15	NEURO DIAGNOSTIC CENTER	4074	122		429	1218		59.15	
59.16	EATING DISORDERS CLINIC				51	584		59.16	
59.18	UROLOGICAL				130	158		59.18	
59.19	LITHOTRIPSY				244			59.19	
59.20	WOMEN'S CENTER							59.20	
59.21	SLEEP DISORDERS		4347		3108	5185		59.21	
59.22	PAIN PROGRAM			2405	804	1726		59.22	
59.23	COMP EPILEPSY			2	1121	1342		59.23	
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY		40314	78	19816	46442		61	
62	OBSERVATION BEDS (NON-DISTINCT							62	
62.01	OBSERVATION BEDS-DISTINCT		4195	11	474	2292		62.01	
63.50	RHC							63.50	
63.60	FQHC							63.60	
OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES		1290	115	4742	3315		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									

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	
83 KIDNEY ACQUISITION			471	817	694				83
85.01 PANCREAS ACQUISITION				55	80				85.01
85.02 INTESTINAL ACQUISITION									85.02
92 AMBULATORY SURGICAL CENTER (D.P)		461							92
95 SUBTOTALS	909595	2389582	649044	478306	538677				95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN					466				96
100 SISTERS CONVENT									100
100.01BRADLEY UNIV HEALTH SVC		207							100.01
100.02COMMUNITY CLINIC		422	5295		400				100.02
100.04FUND RAISING		2974			2115				100.04
100.05OUTREACH PHYSICIAN OFCES		32171	115243						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		3678	66		6859				100.10
100.11NURSERY-EDUCATION COST									100.11
100.12INDUSTRIAL REHAB		1988	4954						100.12
100.13CONTRACTED SERVICES									100.13
100.14IN-SCHOOL CLINIC									100.14
100.15LOBBYING									100.15
100.16REGIONAL ACTIVITIES					495				100.16
101 CROSS FOOT ADJUSTMENTS						1648235	353470	1500800	101
102 NEGATIVE COST CENTER									102
103 TOTAL	909595	2431022	774602	478306	549012	1648235	353470	1500800	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)	4512					24
24.01 PARAMEDICAL EDUC X-RAY		31206				24.01
24.02 PARAMEDICAL EDUC DIETARY			7228			24.02
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS				6802755		6802755
26 INTENSIVE CARE UNIT				1528246		1528246
30 PREMATURE INTENSIVE CARE				1046118		1046118
31 SUBPROVIDER I				342902		342902
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM				3130313		3130313
38 RECOVERY ROOM				263102		263102
39 DELIVERY ROOM & LABOR ROOM				459787		459787
40 ANESTHESIOLOGY				290452		290452
41 RADIOLOGY-DIAGNOSTIC				8833409		8833409
44 LABORATORY				2225447		2225447
45 PBP CLINICAL LAB SERVICES-PRGM						45
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA				237184		237184

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				646542		646542	49
50 PHYSICAL THERAPY				1068043		1068043	50
52 SPEECH PATHOLOGY				128284		128284	52
53 ELECTROCARDIOLOGY				448499		448499	53
54 ELECTROENCEPHALOGRAPHY				138896		138896	54
55 MEDICAL SUPPLIES CHARGED TO PAT				1951590		1951590	55
55.30 IMPL. DEV. CHARGED TO PATIENT				2050879		2050879	55.30
56 DRUGS CHARGED TO PATIENTS				1303884		1303884	56
57 RENAL DIALYSIS				58167		58167	57
59 DIGESTIVE DISEASES				446729		446729	59
59.01 ENTEROSTOMAL				24007		24007	59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB				1217905		1217905	59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS				94773		94773	59.07
59.08 SISTERS CLINIC				511394		511394	59.08
59.09 DIABETIC SERVICE				33694		33694	59.09
59.10 CARDIO-PULMONARY REHAB				50623		50623	59.10
59.11 CENTER FOR SENIOR HEALTH				44753		44753	59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE				145549		145549	59.13
59.14 PSYCHOLOGY				67690		67690	59.14
59.15 NEURO DIAGNOSTIC CENTER				102767		102767	59.15
59.16 EATING DISORDERS CLINIC				93667		93667	59.16
59.18 UROLOGICAL				17428		17428	59.18
59.19 LITHOTRIPSY				5625		5625	59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS				425792		425792	59.21
59.22 PAIN PROGRAM				161714		161714	59.22
59.23 COMP EPILEPSY				41649		41649	59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				2054920		2054920	61
62 OBSERVATION BEDS (NON-DISTINCT							62
62.01 OBSERVATION BEDS-DISTINCT				221151		221151	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES				305059		305059	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							

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	
83 KIDNEY ACQUISITION				187292		187292	83
85.01 PANCREAS ACQUISITION				8171		8171	85.01
85.02 INTESTINAL ACQUISITION							85.02
92 AMBULATORY SURGICAL CENTER (D.P				864846		864846	92
95 SUBTOTALS				40081697		40081697	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				71671		71671	96
100 SISTERS CONVENT				7712		7712	100
100.01BRADLEY UNIV HEALTH SVC				3851		3851	100.01
100.02COMMUNITY CLINIC				13683		13683	100.02
100.04FUND RAISING				215382		215382	100.04
100.05OUTREACH PHYSICIAN OFCES				5747496		5747496	100.05
100.06PHYSICIAN CONTRACTS				15366		15366	100.06
100.07MEALS-ON-WHEELS							100.07
100.08MOBILE LITHOTRIPSY							100.08
100.09CFH - MEDICAL OFFICE BUILDING				444893		444893	100.09
100.10OTHER NONREIMBURSABLE				614635		614635	100.10
100.11NURSERY-EDUCATION COST							100.11
100.12INDUSTRIAL REHAB				307842		307842	100.12
100.13CONTRACTED SERVICES							100.13
100.14IN-SCHOOL CLINIC				69		69	100.14
100.15LOBBYING							100.15
100.16REGIONAL ACTIVITIES				30004		30004	100.16
101 CROSS FOOT ADJUSTMENTS	4512	31206	7228	3545451		3545451	101
102 NEGATIVE COST CENTER							102
103 TOTAL	4512	31206	7228	51099752		51099752	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BENEFITS GROSS SALARIES	STORING	TOTAL GROS REVENUES	OUTPATIENT REVENUES
	3	4	5	6.01	6.02	6.03
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	1095066					3
4 NEW CAP REL COSTS-MVBLE EQUIP		15119810				4
5 EMPLOYEE BENEFITS	11732	8416	323663740			5
6.01 PURCH, RCVING, STORING	10053	25774	948626	10198714		6.01
6.02 ADMITTING	7806	239	2403178	46045	2291350315	6.02
6.03 OUTPATIENT OFFICES	5299	46643	1244433	35450		510945933 6.03
6.04 BUSINESS OFFICE	821	1273	2218055	28555		6.04
6.05 OTHER ADMIN + GENERAL	61562	4877644	22564200	382962		6.05
7 MAINTENANCE & REPAIRS	173064	313825	4811303	2314108		7
8 OPERATION OF PLANT	19874	178589	1574363	188573		8
9 LAUNDRY & LINEN SERVICE	2016		199058	23532		9
10 HOUSEKEEPING	8950	13235	5333839	389524		10
11 DIETARY	23008	87269	3297335	190122		11
12 CAFETERIA			320359			12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	9143	228565	11506748	94460		14
15 CENTRAL SERVICES & SUPPLY	17479	554268	3138709	665810		15
16 PHARMACY	8370	273649	8626782	168671		16
17 MEDICAL RECORDS & LIBRARY	10664	35723	3584632	464972		17
18 SOCIAL SERVICE						18
19 PARKING	750	453741	114991	3494		19
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL	77363	87838	3520263	43958		21
22 I&R SERVICES-SALARY & FRINGES			9107305			22
23 I&R SERVICES-OTHER PRGM COSTS	38269		9274681	54408		23
24 PARAMED ED PRGM-(SPECIFY)	17		64165			24
24.01 PARAMEDICAL EDUC X-RAY	1161		119143			24.01
24.02 PARAMEDICAL EDUC DIETARY			70532			24.02
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	160986	328961	46230629	1393372	161021198	25
26 INTENSIVE CARE UNIT	22210	173493	13559109	388356	59389011	26
30 PREMATURE INTENSIVE CARE	10185	301051	7924659	195280	29649616	30
31 SUBPROVIDER I	6659	17520	2464969	72382	6796804	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	38339	1236093	13924064	545670	142234870	37
38 RECOVERY ROOM	4744	56975	1795206	7270	27419541	38
39 DELIVERY ROOM & LABOR ROOM	8332	68612	3540461	140008	10655249	39
40 ANESTHESIOLOGY	469	149212	378120	76586	93019681	40
41 RADIOLOGY-DIAGNOSTIC	67125	2841768	19351635	176331	453464475	315298048 41
44 LABORATORY	34078	519327	9538417	459912	310304967	163763270 44
45 PBP CLINICAL LAB SERVICES-PRG						45

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BENEFITS GROSS SALARIES	STORING COSTED REQUISITIO	TOTAL GROS REVENUES	6.03
	3	4	5	6.01	6.02	
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T			613230	1972	14339278	47
49 RESPIRATORY THERAPY	3653	178797	4329151	22833	72652018	49
50 PHYSICAL THERAPY	29987	26001	7720520	90894	35485438	50
52 SPEECH PATHOLOGY	725	63810	508357	22828	3505553	52
53 ELECTROCARDIOLOGY	2343	158688	2324583	32488	48129540	31884615 53
54 ELECTROENCEPHALOGRAPHY	1218	78874	494257	7747	6555353	54
55 MEDICAL SUPPLIES CHARGED TO P					231636474	55
55.30 IMPL. DEV. CHARGED TO PATIENT					137740878	55.30
56 DRUGS CHARGED TO PATIENTS					209938493	56
57 RENAL DIALYSIS		1564	117164	12153	5724251	57
59 DIGESTIVE DISEASES	6151	193659	1753058	134262	39048770	59
59.01 ENTEROSTOMAL	767		200683	966	703283	59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	9874	541152	2410955	75713	68024197	59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	2466	20533	216677	9844	4711106	59.07
59.08 SISTERS CLINIC	20788	19115	1800306	26919	1718539	59.08
59.09 DIABETIC SERVICE			514435	13057	141268	59.09
59.10 CARDIO-PULMONARY REHAB	311	10522	555017	5087	1300952	59.10
59.11 CENTER FOR SENIOR HEALTH	2100	270	228299	3153	54714	59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	4336	63	347612	20554	4454471	59.13
59.14 PSYCHOLOGY	3147		132927	3252	612661	59.14
59.15 NEURO DIAGNOSTIC CENTER	3996		723489	4279	198399	59.15
59.16 EATING DISORDERS CLINIC	4354		187956	2132	249427	59.16
59.18 UROLOGICAL	79	5097	67612	301	641102	59.18
59.19 LITHOTRIPSY					1199698	59.19
59.20 WOMEN'S CENTER						59.20
59.21 SLEEP DISORDERS	3609	61368	2566860	48906	10510429	59.21
59.22 PAIN PROGRAM	5400	14916	844320	16203	3618682	59.22
59.23 COMP EPILEPSY	902	841	956578	5636	225975	59.23
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	24248	437485	15916585	339567	68531676	61
62 OBSERVATION BEDS (NON-DISTINC						62
62.01 OBSERVATION BEDS-DISTINCT	4968	74190	615359	59310	2327156	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		21418	1473008	7832	23360965	65
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	PURCH, RCV	ADMITTING	OUTPATIENT	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BENEFITS GROSS SALARIES	STORING COSTED REQUISITIO	TOTAL GROS REVENUES	OUTPATIENT REVENUES	
	3	4	5	6.01	6.02	6.03	
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION			265132	10417	4023807		83
85.01 PANCREAS ACQUISITION			34267		270350		85.01
85.02 INTESTINAL ACQUISITION							85.02
92 AMBULATORY SURGICAL CENTER (D	19114	52519	3795992	58542			92
95 SUBTOTALS	995064	14840585	264464358	9586658	2291350315	510945933	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	2571	14117	72302	37974			96
100 SISTERS CONVENT			60856	339			100
100.01 BRADLEY UNIV HEALTH SVC		219	375509	1081			100.01
100.02 COMMUNITY CLINIC			207981				100.02
100.04 FUND RAISING	457	14270	787807	65767			100.04
100.05 OUTREACH PHYSICIAN OFCES	52702	220823	52979652	368272			100.05
100.06 PHYSICIAN CONTRACTS			44211	3500			100.06
100.07 MEALS-ON-WHEELS							100.07
100.08 MOBILE LITHOTRIPSY							100.08
100.09 CFH - MEDICAL OFFICE BUILDING	23405						100.09
100.10 OTHER NONREIMBURSABLE	13331	15967	2496122	97234			100.10
100.11 NURSERY-EDUCATION COST							100.11
100.12 INDUSTRIAL REHAB	6969	12097	1773687	37746			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	1668	401255	143			100.16
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	14606440	15762461	91895267	2694496	3512069	1925809	103
104 UNIT COST MULT-WS B PT I		1.042504		.264200		.003769	
104 UNIT COST MULT-WS B PT I	13.338411		.283922		.001533		104
105 COST TO BE ALLOC PER B PT II							104
106 UNIT COST MULT-WS B PT II							105
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			165260	263277	155960	127518	106
108 UNIT COST MULT-WS B PT III				.025815		.000250	107
108 UNIT COST MULT-WS B PT III			.000511		.000068		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	BUSINESS O TOTAL GROS REVENUES	RECON- CILIATION	OTHER ADMI ENERAL ACCUM COST	MAIN- TENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING (SQUARE FEET)	
	6.04	6A.05	6.05	7	8	9	10	
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	2291350315							6.04
6.05		-111863559	608982045					6.05
7			20618023	822755				7
8			11383553	19874	804855			8
9			995813	2016	2016	3612932		9
10			9888898	8950	8950	82225	749139	10
11			5194005	23008	23008		23008	11
12			986911					12
13								13
14			16254795	9143	9143		9143	14
15			6130057	17479	17479	103115	17479	15
16			10713549	8370	8370		8370	16
17			6538885	10664	10664		10664	17
18								18
19			1525109	750	750		750	19
20								20
21			2141358	77363	77363		77363	21
22			11693069					22
23			22370129	38269	38269	3768	38269	23
24			139232	17	17		17	24
24.01			299322	1161	1161		1161	24.01
24.02			241086					24.02
INPATIENT ROUTINE SERV COST CENTERS								
25	161021198		68126736	160986	160986	1557586	160986	25
26	59389011		20771720	22210	22210	323534	22210	26
30	29649616		11725412	10185	10185	67111	10185	30
31	6796804		3638907	6659	6659	113377	6659	31
ANCILLARY SERVICE COST CENTERS								
37	142234870		27325206	38339	38339	378773	38339	37
38	27419541		2625222	4744	4744		4744	38
39	10655249		5565582	8332	8332	127980	8332	39
40	93019681		2463266	469	469		469	40
41	453464475		48132717	65244	67125	299607	67125	41
44	310304967		27456046	34078	34078	2471	34078	44
45		-131449						45

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	BUSINESS O	RECON-	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	
	TOTAL GROS	CILIATION	ENERAL	TENANCE &	OF PLANT	& LINEN	KEEPING	
	REVENUES		ACCUM	REPAIRS	(SQUARE	SERVICE	(SQUARE	
	6.04	6A.05	COST	(SQUARE	FEET)	POUNDS OF	FEET)	
			6.05	FEET)	FEET)	LAUNDRY	FEET)	
				7	8	9	10	
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	4023807		3283294					83
85.01 PANCREAS ACQUISITION	270350		267122					85.01
85.02 INTESTINAL ACQUISITION								85.02
92 AMBULATORY SURGICAL CENTER (D			14583032	19114	19114		19114	92
95 SUBTOTALS	2291350315	-111995008	525161458	722019	704853	3608528	682051	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			205563	2571	2571		2571	96
100 SISTERS CONVENT			257196					100
100.01 BRADLEY UNIV HEALTH SVC			107129					100.01
100.02 COMMUNITY CLINIC			249433					100.02
100.04 FUND RAISING			3568346	457	457		457	100.04
100.05 OUTREACH PHYSICIAN OFCES			72985542	52702	52702	2290	43193	100.05
100.06 PHYSICIAN CONTRACTS			511322					100.06
100.07 MEALS-ON-WHEELS								100.07
100.08 MOBILE LITHOTRIPSY								100.08
100.09 CFH - MEDICAL OFFICE BUILDING			312186	24139	23405			100.09
100.10 OTHER NONREIMBURSABLE			3540229	13331	13331	2114	13331	100.10
100.11 NURSERY-EDUCATION COST								100.11
100.12 INDUSTRIAL REHAB			1524151	6969	6969		6969	100.12
100.13 CONTRACTED SERVICES								100.13
100.14 IN-SCHOOL CLINIC			67					100.14
100.15 LOBBYING								100.15
100.16 REGIONAL ACTIVITIES			559423	567	567		567	100.16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	6147721		111863559	24405327	14064107	1273761	12156245	103
104 UNIT COST MULT-WS B PT I	.002683		.183689		17.474088		16.226955	
104 UNIT COST MULT-WS B PT I				29.662934		.352556		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	225987		18166385	3336428	877116	67677	488543	107
108 UNIT COST MULT-WS B PT III	.000099		.029831		1.089781		.652139	
108 UNIT COST MULT-WS B PT III				4.055190		.018732		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMEDICA EDUCATION DIRECT ALLOCATION	PARAMEDICA X-RAY DIRECT ALLOCATION	PARAMEDICA DIETARY DIRECT ALLOCATION	
	21	22	23	24	24.01	24.02	
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	115064						21
22 I&R SERVICES-SALARY & FRINGES		309966					22
23 I&R SERVICES-OTHER PRGM COSTS			309966				23
24 PARAMED ED PRGM-(SPECIFY)				100			24
24.01 PARAMEDICAL EDUC X-RAY					100		24.01
24.02 PARAMEDICAL EDUC DIETARY						100	24.02
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	93944	117614	117614			100	25
26 INTENSIVE CARE UNIT	3840	24975	24975				26
30 PREMATURE INTENSIVE CARE		7916	7916				30
31 SUBPROVIDER I		7916	7916				31
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	640	45675	45675				37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM	9616						39
40 ANESTHESIOLOGY	360	3805	3805				40
41 RADIOLOGY-DIAGNOSTIC	960	42115	42115		100		41
44 LABORATORY				100			44
45 PBP CLINICAL LAB SERVICES-PRG							45

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMEDICA EDUCATION DIRECT ALLOCATION	PARAMEDICA X-RAY DIRECT ALLOCATION	PARAMEDICA DIETARY DIRECT ALLOCATION	
	21	22	23	24	24.01	24.02	
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
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	113576	309966	309966	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	1024						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	464						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	7482534	13840957	29095830	165884	427869	285371	103
104 UNIT COST MULT-WS B PT I	65.029323		93.867811		4278.690000		104
104 UNIT COST MULT-WS B PT I		44.653146		1658.840000		2853.710000	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	1648235	353470	1500800	4512	31206	7228	107
108 UNIT COST MULT-WS B PT III	14.324506		4.841821		312.060000		108
108 UNIT COST MULT-WS B PT III		1.140351		45.120000		72.280000	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	115899909		115899909	6738	115906647	25
26 INTENSIVE CARE UNIT	30546130		30546130	289205	30835335	26
30 PREMATURE INTENSIVE CARE	16411998		16411998	34779	16446777	30
31 SUBPROVIDER I	5907632		5907632		5907632	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	38858511		38858511	888011	39746522	37
38 RECOVERY ROOM	3852144		3852144		3852144	38
39 DELIVERY ROOM & LABOR ROOM	8684053		8684053		8684053	39
40 ANESTHESIOLOGY	3576254		3576254		3576254	40
41 RADIOLOGY-DIAGNOSTIC	64509645		64509645	14913	64524558	41
44 LABORATORY	36141381		36141381	32674	36174055	44
45 PBP CLINICAL LAB SERVICES-P	131449		131449		131449	45
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	8113247		8113247		8113247	47
49 RESPIRATORY THERAPY	10072625		10072625		10072625	49
50 PHYSICAL THERAPY	14380203		14380203	54941	14435144	50
52 SPEECH PATHOLOGY	1297379		1297379		1297379	52
53 ELECTROCARDIOLOGY	5173876		5173876	207560	5381436	53
54 ELECTROENCEPHALOGRAPHY	1106840		1106840		1106840	54
55 MEDICAL SUPPLIES CHARGED TO	34566763		34566763		34566763	55
55.30 IMPL. DEV. CHARGED TO PATIE	43592957		43592957		43592957	55.30
56 DRUGS CHARGED TO PATIENTS	36274958		36274958		36274958	56
57 RENAL DIALYSIS	2032135		2032135		2032135	57
59 DIGESTIVE DISEASES	4694980		4694980	43025	4738005	59
59.01 ENTEROSTOMAL	383381		383381		383381	59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	6303313		6303313		6303313	59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	621239		621239		621239	59.07
59.08 SISTERS CLINIC	4693549		4693549		4693549	59.08
59.09 DIABETIC SERVICE	843815		843815		843815	59.09
59.10 CARDIO-PULMONARY REHAB	806980		806980		806980	59.10
59.11 CENTER FOR SENIOR HEALTH	297946		297946		297946	59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	1412332		1412332		1412332	59.13
59.14 PSYCHOLOGY	468339		468339		468339	59.14
59.15 NEURO DIAGNOSTIC CENTER	1145810		1145810	427	1146237	59.15
59.16 EATING DISORDERS CLINIC	675930		675930		675930	59.16
59.18 UROLOGICAL	133347		133347		133347	59.18
59.19 LITHOTRIPSY	209850		209850		209850	59.19
59.20 WOMEN'S CENTER						59.20
59.21 SLEEP DISORDERS	3754864		3754864		3754864	59.21
59.22 PAIN PROGRAM	1901513		1901513	10120	1911633	59.22

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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	
59.23 COMP EPILEPSY OUTPATIENT SERVICE COST CENTERS	890018		890018	50253	940271	59.23
61 EMERGENCY	25668296		25668296	227979	25896275	61
62 OBSERVATION BEDS (NON-DISTI	4061364		4061364		4061364	62
62.01 OBSERVATION BEDS-DISTINCT	1914493		1914493		1914493	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	9900983		9900983	28596	9929579	65
101 SUBTOTAL	551912431		551912431	1889221	553801652	101
102 LESS OBSERVATION BEDS	4061364		4061364		4061364	102
103 TOTAL	547851067		547851067	1889221	549740288	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	161021198		161021198			25
26 INTENSIVE CARE UNIT	59389011		59389011			26
30 PREMATURE INTENSIVE CARE	29649616		29649616			30
31 SUBPROVIDER I	6796804		6796804			31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	95356745	46878125	142234870	.273200	.273200	.279443 37
38 RECOVERY ROOM	15068518	12351023	27419541	.140489	.140489	.140489 38
39 DELIVERY ROOM & LABOR ROOM	9449973	1205276	10655249	.815002	.815002	.815002 39
40 ANESTHESIOLOGY	59798324	33221357	93019681	.038446	.038446	.038446 40
41 RADIOLOGY-DIAGNOSTIC	138166427	315298048	453464475	.142260	.142260	.142292 41
44 LABORATORY	146541697	163763270	310304967	.116471	.116471	.116576 44
45 PBP CLINICAL LAB SERVICES-P	59035362		59035362	.002227	.002227	.002227 45
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	12492324	1846954	14339278	.565806	.565806	.565806 47
49 RESPIRATORY THERAPY	70973320	1678698	72652018	.138642	.138642	.138642 49
50 PHYSICAL THERAPY	21196843	14288595	35485438	.405242	.405242	.406791 50
52 SPEECH PATHOLOGY	2547332	958221	3505553	.370093	.370093	.370093 52
53 ELECTROCARDIOLOGY	16244925	31884615	48129540	.107499	.107499	.111811 53
54 ELECTROENCEPHALOGRAPHY	4708102	1847251	6555353	.168845	.168845	.168845 54
55 MEDICAL SUPPLIES CHARGED TO	188416193	43220281	231636474	.149228	.149228	.149228 55
55.30 IMPL. DEV. CHARGED TO PATIE	101765677	35975201	137740878	.316485	.316485	.316485 55.30
56 DRUGS CHARGED TO PATIENTS	186562994	23375499	209938493	.172789	.172789	.172789 56
57 RENAL DIALYSIS	5619289	104962	5724251	.355005	.355005	.355005 57
59 DIGESTIVE DISEASES	8953780	30094990	39048770	.120234	.120234	.121336 59
59.01 ENTEROSTOMAL	687691	15592	703283	.545130	.545130	.545130 59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	31045404	36978793	68024197	.092663	.092663	.092663 59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	17483	453623	471106	1.318682	1.318682	1.318682 59.07
59.08 SISTERS CLINIC	7167	1711372	1718539	2.731127	2.731127	2.731127 59.08
59.09 DIABETIC SERVICE	35606	105662	141268	5.973150	5.973150	5.973150 59.09
59.10 CARDIO-PULMONARY REHAB	522428	778524	1300952	.620300	.620300	.620300 59.10
59.11 CENTER FOR SENIOR HEALTH	201	54513	54714	5.445517	5.445517	5.445517 59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	11960	4442511	4454471	.317059	.317059	.317059 59.13
59.14 PSYCHOLOGY	2010	610651	612661	.764434	.764434	.764434 59.14
59.15 NEURO DIAGNOSTIC CENTER	144	198255	198399	5.775281	5.775281	5.777433 59.15
59.16 EATING DISORDERS CLINIC	603	248824	249427	2.709931	2.709931	2.709931 59.16
59.18 UROLOGICAL	111086	530016	641102	.207997	.207997	.207997 59.18
59.19 LITHOTRIPSY	56140	1143558	1199698	.174919	.174919	.174919 59.19
59.20 WOMEN'S CENTER						59.20
59.21 SLEEP DISORDERS	44125	10466304	10510429	.357251	.357251	.357251 59.21
59.22 PAIN PROGRAM	2887	3615795	3618682	.525471	.525471	.528268 59.22

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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				
59.23 COMP EPILEPSY	3822	222153	225975	3.938568	3.938568	4.160951	59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	24340969	44190707	68531676	.374546	.374546	.377873	61
62 OBSERVATION BEDS (NON-DISTI		3525655	3525655	1.151946	1.151946	1.151946	62
62.01 OBSERVATION BEDS-DISTINCT	90302	2236854	2327156	.822675	.822675	.822675	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	21842395	1518570	23360965	.423826	.423826	.425050	65
101 SUBTOTAL	1478576877	871040298	2349617175				101
102 LESS OBSERVATION BEDS							102
103 TOTAL	1478576877	871040298	2349617175				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				6802755		6802755	25
26 INTENSIVE CARE UNIT				1528246		1528246	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 PREMATURE INTENSIVE CARE				1046118		1046118	30
31 SUBPROVIDER I				342902		342902	31
33 NURSERY							33
101 TOTAL				9720021		9720021	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	126627	42138			53.72	2263653	25
26 INTENSIVE CARE UNIT	17807	9329			85.82	800615	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 PREMATURE INTENSIVE CARE	11000				95.10		30
31 SUBPROVIDER I	8291	3714			41.36	153611	31
33 NURSERY							33
101 TOTAL	163725	55181				3217879	101

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	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES
	1	2	3	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3130313	142234870	29690951		.022008	653438 37
38 RECOVERY ROOM		263102	27419541	5168687		.009595	49594 38
39 DELIVERY ROOM & LABOR ROOM		459787	10655249	71005		.043151	3064 39
40 ANESTHESIOLOGY		290452	93019681	18687222		.003122	58342 40
41 RADIOLOGY-DIAGNOSTIC		8833409	453464475	57885475		.019480	1127609 41
44 LABORATORY		2225447	310304967	58191214		.007172	417347 44
45 PBP CLINICAL LAB SERVICES-PRGM							45
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		237184	14339278	5373184		.016541	88878 47
49 RESPIRATORY THERAPY		646542	72652018	25144759		.008899	223763 49
50 PHYSICAL THERAPY		1068043	35485438	6191870		.030098	186363 50
52 SPEECH PATHOLOGY		128284	3505553	808802		.036595	29598 52
53 ELECTROCARDIOLOGY		448499	48129540	2923462		.009319	27244 53
54 ELECTROENCEPHALOGRAPHY		138896	6555353	1976354		.021188	41875 54
55 MEDICAL SUPPLIES CHARGED TO P		1951590	231636474	73625988		.008425	620299 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2050879	137740878	43371958		.014889	645765 55.30
56 DRUGS CHARGED TO PATIENTS		1303884	209938493	67529122		.006211	419423 56
57 RENAL DIALYSIS		58167	5724251	3448954		.010162	35048 57
59 DIGESTIVE DISEASES		446729	39048770	37902225		.011440	43360 59
59.01 ENTEROSTOMAL		24007	703283			.034136	59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB		1217905	68024197	12120110		.017904	216998 59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS		94773	471106	1551		.201171	312 59.07
59.08 SISTERS CLINIC		511394	1718539	785		.297575	234 59.08
59.09 DIABETIC SERVICE		33694	141268	34309		.238511	8183 59.09
59.10 CARDIO-PULMONARY REHAB		50623	1300952	332086		.038912	12922 59.10
59.11 CENTER FOR SENIOR HEALTH		44753	54714			.817944	59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE		145549	4454471	2214		.032675	72 59.13
59.14 PSYCHOLOGY		67690	612661			.110485	59.14
59.15 NEURO DIAGNOSTIC CENTER		102767	198399			.517981	59.15
59.16 EATING DISORDERS CLINIC		93667	249427			.375529	59.16
59.18 UROLOGICAL		17428	641102	20301		.027184	552 59.18
59.19 LITHOTRIPSY		5625	1199698	11228		.004689	53 59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS		425792	10510429			.040511	59.21

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
59.22 PAIN PROGRAM		161714	3618682	2614			.044689	117 59.22
59.23 COMP EPILEPSY		41649	225975				.184308	59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		2054920	68531676	7743308			.029985	232183 61
62 OBSERVATION BEDS (NON-DISTINC		238370	3525655				.067610	62
62.01 OBSERVATION BEDS-DISTINCT		221151	2327156				.095031	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		29234678	2010364219	424147738				5142636 101

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT	
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS		6109114	285371			6394485
26 INTENSIVE CARE UNIT		249713				249713
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 PREMATURE INTENSIVE CARE						
31 SUBPROVIDER I						
33 NURSERY						
34 SKILLED NURSING FACILITY						
35 NURSING FACILITY						
101 TOTAL		6358827	285371			6644198

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	126627	50.50	42138	2127969	25
26	INTENSIVE CARE UNIT	17807	14.02	9329	130793	26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	PREMATURE INTENSIVE CARE	11000				30
31	SUBPROVIDER I	8291		3714		31
33	NURSERY					33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	163725		55181	2258762	101

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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		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
59.23 COMP EPILEPSY							59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY			38497				38497 61
62 OBSERVATION BEDS (NON-DISTINC			214062	9999			224061 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			1241005	603752			1844757 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	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	CHARGES		
	3.01	4	5	5.01	6	7	8		
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	41619	142234870	.000293	.000293	29690951	8699	7810916	37	
38 RECOVERY ROOM		27419541			5168687		3539514	38	
39 DELIVERY ROOM & LABOR ROOM	625322	10655249	.058687	.058687	71005	4167	6216	39	
40 ANESTHESIOLOGY	23411	93019681	.000252	.000252	18687222	4709	5567842	40	
41 RADIOLOGY-DIAGNOSTIC	490297	453464475	.001081	.001081	57885475	62574	101583459	41	
44 LABORATORY	165884	310304967	.000535	.000535	58191214	31132	4730857	44	
45 PBP CLINICAL LAB SERVICES-PRGM								45	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
47 BLOOD STORING, PROCESSING & T		14339278			5373184		688067	47	
49 RESPIRATORY THERAPY		72652018			25144759		1673533	49	
50 PHYSICAL THERAPY		35485438			6191870		579838	50	
52 SPEECH PATHOLOGY	62428	3505553	.017808	.017808	808802	14403	89797	52	
53 ELECTROCARDIOLOGY		48129540			2923462		2962027	53	
54 ELECTROENCEPHALOGRAPHY		6555353			1976354		1847251	54	
55 MEDICAL SUPPLIES CHARGED TO P		231636474			73625988		11261467	55	
55.30 IMPL. DEV. CHARGED TO PATIENT		137740878			43371958		14712201	55.30	
56 DRUGS CHARGED TO PATIENTS		209938493			67529122		4673572	56	
57 RENAL DIALYSIS		5724251			3448954		30756	57	
59 DIGESTIVE DISEASES	64509	39048770	.001652	.001652	3790225	6261	5914169	59	
59.01 ENTEROSTOMAL		703283						59.01	
59.02 NON-INVASIVE LABORATORY								59.02	
59.03 REHABILITATION SERVICES								59.03	
59.04 CARDIAC CATHETER LAB		68024197			12120110		12236455	59.04	
59.05 KRASSE HEALTH CENTER								59.05	
59.06 SPEECH PATH & AUDIOLOGY								59.06	
59.07 SPECIAL CLINICS		471106			1551		93293	59.07	
59.08 SISTERS CLINIC	53064	1718539	.030877	.030877	785	24	123195	59.08	
59.09 DIABETIC SERVICE		141268			34309			59.09	
59.10 CARDIO-PULMONARY REHAB		1300952			332086		354541	59.10	
59.11 CENTER FOR SENIOR HEALTH		54714					37168	59.11	
59.12 PAIN CLINIC								59.12	
59.13 WOUND CARE	36416	4454471	.008175	.008175	2214	18	671133	59.13	
59.14 PSYCHOLOGY		612661						59.14	
59.15 NEURO DIAGNOSTIC CENTER		198399					98496	59.15	
59.16 EATING DISORDERS CLINIC	19249	249427	.077173	.077173				59.16	
59.18 UROLOGICAL		641102			20301		13162	59.18	
59.19 LITHOTRIPSY		1199698			11228		258856	59.19	
59.20 WOMEN'S CENTER								59.20	
59.21 SLEEP DISORDERS		10510429					85189	59.21	
59.22 PAIN PROGRAM		3618682			2614		994654	59.22	

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES	
	3.01	4	5	5.01	6	7	8	
59.23 COMP EPILEPSY		225975					55521	59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	38497	68531676	.000562	.000562	7743308	4352	4574306	61
62 OBSERVATION BEDS (NON-DISTINC	224061	3525655	.063552	.063552				62
62.01 OBSERVATION BEDS-DISTINCT		2327156					404454	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	1844757	2010364219			424147738	136339	187671905	101

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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 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			2289		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM			365		39
40 ANESTHESIOLOGY			1403		40
41 RADIOLOGY-DIAGNOSTIC			109812		41
44 LABORATORY			2531		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			1599		52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 DIGESTIVE DISEASES			9770		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			3804		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			5487		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

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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 PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
59.23 COMP EPILEPSY					
OUTPATIENT SERVICE COST CENTERS					59.23
61 EMERGENCY				2571	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				139631	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 COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.273200	.273200	.273200			37
38 RECOVERY ROOM	.140489	.140489	.140489			38
39 DELIVERY ROOM & LABOR ROOM	.815002	.815002	.815002			39
40 ANESTHESIOLOGY	.038446	.038446	.038446			40
41 RADIOLOGY-DIAGNOSTIC	.142260	.142260	.142260			41
44 LABORATORY	.116471	.116471	.116471			44
45 PBP CLINICAL LAB SERVICES-PRGM	.002227	.002227	.002227			45
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.565806	.565806	.565806			47
49 RESPIRATORY THERAPY	.138642	.138642	.138642			49
50 PHYSICAL THERAPY	.405242	.405242	.405242			50
52 SPEECH PATHOLOGY	.370093	.370093	.370093			52
53 ELECTROCARDIOLOGY	.107499	.107499	.107499			53
54 ELECTROENCEPHALOGRAPHY	.168845	.168845	.168845			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.149228	.149228	.149228			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.316485	.316485	.316485			55.30
56 DRUGS CHARGED TO PATIENTS	.172789	.172789	.172789			56
57 RENAL DIALYSIS	.355005	.355005	.355005			57
59 DIGESTIVE DISEASES	.120234	.120234	.120234			59
59.01 ENTEROSTOMAL	.545130	.545130	.545130			59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB	.092663	.092663	.092663			59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS	1.318682	1.318682	1.318682			59.07
59.08 SISTERS CLINIC	2.731127	2.731127	2.731127			59.08
59.09 DIABETIC SERVICE	5.973150	5.973150	5.973150			59.09
59.10 CARDIO-PULMONARY REHAB	.620300	.620300	.620300			59.10
59.11 CENTER FOR SENIOR HEALTH	5.445517	5.445517	5.445517			59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE	.317059	.317059	.317059			59.13
59.14 PSYCHOLOGY	.764434	.764434	.764434			59.14
59.15 NEURO DIAGNOSTIC CENTER	5.775281	5.775281	5.775281			59.15
59.16 EATING DISORDERS CLINIC	2.709931	2.709931	2.709931			59.16
59.18 UROLOGICAL	.207997	.207997	.207997			59.18
59.19 LITHOTRIPSY	.174919	.174919	.174919			59.19

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK APPLICABLE BOXES	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0067)	[]	SNF
	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
	[]	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	
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS	.357251	.357251	.357251				59.21
59.22 PAIN PROGRAM	.525471	.525471	.525471				59.22
59.23 COMP EPILEPSY	3.938568	3.938568	3.938568				59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.374546	.374546	.374546				61
62 OBSERVATION BEDS (NON-DISTINCT	1.151946	1.151946	1.151946				62
62.01 OBSERVATION BEDS-DISTINCT	.822675	.822675	.822675				62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	.423826	.423826	.423826				65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.423826	.423826	.423826				65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.423826	.423826	.423826				65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.423826	.423826	.423826				65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.172789
2	PROGRAM VACCINE CHARGES	2	33815
2.01	PROGRAM VACCINE CHARGES	2.01	
3	PROGRAM COSTS	3	5843
3.01	PROGRAM COSTS	3.01	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0067) [] 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 CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
	ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		7810916						37
38 RECOVERY ROOM		3539514						38
39 DELIVERY ROOM & LABOR ROOM		6216						39
40 ANESTHESIOLOGY		5567842						40
41 RADIOLOGY-DIAGNOSTIC		101583459	29861					41
44 LABORATORY		4730857						44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		688067						47
49 RESPIRATORY THERAPY		1673533	5165					49
50 PHYSICAL THERAPY		579838						50
52 SPEECH PATHOLOGY		89797						52
53 ELECTROCARDIOLOGY		2962027						53
54 ELECTROENCEPHALOGRAPHY		1847251						54
55 MEDICAL SUPPLIES CHARGED TO PA		11261467	2043					55
55.30 IMPL. DEV. CHARGED TO PATIENT		14712201						55.30
56 DRUGS CHARGED TO PATIENTS		4673572						56
57 RENAL DIALYSIS		30756						57
59 DIGESTIVE DISEASES		5914169						59
59.01 ENTEROSTOMAL								59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB		12236455						59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS		93293						59.07
59.08 SISTERS CLINIC		123195						59.08
59.09 DIABETIC SERVICE								59.09
59.10 CARDIO-PULMONARY REHAB		354541						59.10
59.11 CENTER FOR SENIOR HEALTH		37168						59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE		671133						59.13
59.14 PSYCHOLOGY								59.14
59.15 NEURO DIAGNOSTIC CENTER		98496						59.15
59.16 EATING DISORDERS CLINIC								59.16
59.18 UROLOGICAL		13162						59.18
59.19 LITHOTRIPSY		258856						59.19

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09
 02/23/2011 14:39

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 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
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS		85189						59.21
59.22 PAIN PROGRAM		994654						59.22
59.23 COMP EPILEPSY		55521						59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		4574306						61
62 OBSERVATION BEDS (NON-DISTINCT								62
62.01 OBSERVATION BEDS-DISTINCT		404454						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		187671905	37069					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		187671905	37069					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK APPLICABLE BOXES	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0067)	[]	SNF
	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
	[]	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 I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11

ANCILLARY SERVICE COST CENTERS						
COST CENTER DESCRIPTION	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.) COST (COLUMNS 1.02x10)
37 OPERATING ROOM		2133942				37
38 RECOVERY ROOM		497263				38
39 DELIVERY ROOM & LABOR ROOM		5066				39
40 ANESTHESIOLOGY		214061				40
41 RADIOLOGY-DIAGNOSTIC		14451263	4248			41
44 LABORATORY		551008				44
45 PBP CLINICAL LAB SERVICES-PRGM						45
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA		389312				47
49 RESPIRATORY THERAPY		232022	716			49
50 PHYSICAL THERAPY		234975				50
52 SPEECH PATHOLOGY		33233				52
53 ELECTROCARDIOLOGY		318415				53
54 ELECTROENCEPHALOGRAPHY		311899				54
55 MEDICAL SUPPLIES CHARGED TO PAT		1680526	305			55
55.30 IMPL. DEV. CHARGED TO PATIENT		4656191				55.30
56 DRUGS CHARGED TO PATIENTS		807542				56
57 RENAL DIALYSIS		10919				57
59 DIGESTIVE DISEASES		711084				59
59.01 ENTEROSTOMAL						59.01
59.02 NON-INVASIVE LABORATORY						59.02
59.03 REHABILITATION SERVICES						59.03
59.04 CARDIAC CATHETER LAB		1133867				59.04
59.05 KRASSE HEALTH CENTER						59.05
59.06 SPEECH PATH & AUDIOLOGY						59.06
59.07 SPECIAL CLINICS		123024				59.07
59.08 SISTERS CLINIC		336461				59.08
59.09 DIABETIC SERVICE						59.09
59.10 CARDIO-PULMONARY REHAB		219922				59.10
59.11 CENTER FOR SENIOR HEALTH		202399				59.11
59.12 PAIN CLINIC						59.12
59.13 WOUND CARE		212789				59.13
59.14 PSYCHOLOGY						59.14
59.15 NEURO DIAGNOSTIC CENTER		568842				59.15
59.16 EATING DISORDERS CLINIC						59.16
59.18 UROLOGICAL		2738				59.18
59.19 LITHOTRIPSY		45279				59.19

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09
 02/23/2011 14:39

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	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
59.20 WOMEN'S CENTER						59.20
59.21 SLEEP DISORDERS		30434				59.21
59.22 PAIN PROGRAM		522662				59.22
59.23 COMP EPILEPSY		218673				59.23
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY		1713288				61
62 OBSERVATION BEDS (NON-DISTINCT)						62
62.01 OBSERVATION BEDS-DISTINCT		332734				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		32901833	5269			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		32901833	5269			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 PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL 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		3130313	142234870	21325			.022008	469 37
38 RECOVERY ROOM		263102	27419541	8106			.009595	78 38
39 DELIVERY ROOM & LABOR ROOM		459787	10655249				.043151	39
40 ANESTHESIOLOGY		290452	93019681	14844			.003122	46 40
41 RADIOLOGY-DIAGNOSTIC		8833409	453464475	376601			.019480	7336 41
44 LABORATORY		2225447	310304967	844148			.007172	6054 44
45 PBP CLINICAL LAB SERVICES-PRGM								45
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		237184	14339278	54056			.016541	894 47
49 RESPIRATORY THERAPY		646542	72652018	260342			.008899	2317 49
50 PHYSICAL THERAPY		1068043	35485438	3711768			.030098	111717 50
52 SPEECH PATHOLOGY		128284	3505553	470115			.036595	17204 52
53 ELECTROCARDIOLOGY		448499	48129540	13350			.009319	124 53
54 ELECTROENCEPHALOGRAPHY		138896	6555353	8377			.021188	177 54
55 MEDICAL SUPPLIES CHARGED TO P		1951590	231636474	1093977			.008425	9217 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2050879	137740878	22205			.014889	331 55.30
56 DRUGS CHARGED TO PATIENTS		1303884	209938493	1220294			.006211	7579 56
57 RENAL DIALYSIS		58167	5724251	201849			.010162	2051 57
59 DIGESTIVE DISEASES		446729	39048770	19576			.011440	224 59
59.01 ENTEROSTOMAL		24007	703283				.034136	59.01
59.02 NON-INVASIVE LABORATORY								59.02
59.03 REHABILITATION SERVICES								59.03
59.04 CARDIAC CATHETER LAB		1217905	68024197	6209			.017904	111 59.04
59.05 KRASSE HEALTH CENTER								59.05
59.06 SPEECH PATH & AUDIOLOGY								59.06
59.07 SPECIAL CLINICS		94773	471106	3123			.201171	628 59.07
59.08 SISTERS CLINIC		511394	1718539	651			.297575	194 59.08
59.09 DIABETIC SERVICE		33694	141268	1297			.238511	309 59.09
59.10 CARDIO-PULMONARY REHAB		50623	1300952	3114			.038912	121 59.10
59.11 CENTER FOR SENIOR HEALTH		44753	54714				.817944	59.11
59.12 PAIN CLINIC								59.12
59.13 WOUND CARE		145549	4454471				.032675	59.13
59.14 PSYCHOLOGY		67690	612661				.110485	59.14
59.15 NEURO DIAGNOSTIC CENTER		102767	198399				.517981	59.15
59.16 EATING DISORDERS CLINIC		93667	249427				.375529	59.16
59.18 UROLOGICAL		17428	641102	16458			.027184	447 59.18
59.19 LITHOTRIPSY		5625	1199698				.004689	59.19
59.20 WOMEN'S CENTER								59.20
59.21 SLEEP DISORDERS		425792	10510429				.040511	59.21

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 PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
59.22 PAIN PROGRAM		161714	3618682				.044689	59.22
59.23 COMP EPILEPSY		41649	225975				.184308	59.23
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		2054920	68531676	60153			.029985	1804 61
62 OBSERVATION BEDS (NON-DISTINC		238370	3525655				.067610	62
62.01 OBSERVATION BEDS-DISTINCT		221151	2327156				.095031	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		29234678	2010364219	8431938				169432 101

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
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
59.23 COMP EPILEPSY							59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY			38497				38497 61
62 OBSERVATION BEDS (NON-DISTINC			214062	9999			224061 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			1241005	603752			1844757 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 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 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	41619	142234870	.000293	.000293	21325	6	37
38 RECOVERY ROOM		27419541			8106		38
39 DELIVERY ROOM & LABOR ROOM	625322	10655249	.058687	.058687			39
40 ANESTHESIOLOGY	23411	93019681	.000252	.000252	14844	4	40
41 RADIOLOGY-DIAGNOSTIC	490297	453464475	.001081	.001081	376601	407	41
44 LABORATORY	165884	310304967	.000535	.000535	844148	452	44
45 PBP CLINICAL LAB SERVICES-PRGM							45
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		14339278			54056		47
49 RESPIRATORY THERAPY		72652018			260342		49
50 PHYSICAL THERAPY		35485438			3711768		50
52 SPEECH PATHOLOGY	62428	3505553	.017808	.017808	470115	8372	52
53 ELECTROCARDIOLOGY		48129540			13350		53
54 ELECTROENCEPHALOGRAPHY		6555353			8377		54
55 MEDICAL SUPPLIES CHARGED TO P		231636474			1093977		55
55.30 IMPL. DEV. CHARGED TO PATIENT		137740878			22205		55.30
56 DRUGS CHARGED TO PATIENTS		209938493			1220294		56
57 RENAL DIALYSIS		5724251			201849		57
59 DIGESTIVE DISEASES	64509	39048770	.001652	.001652	19576	32	59
59.01 ENTEROSTOMAL		703283					59.01
59.02 NON-INVASIVE LABORATORY							59.02
59.03 REHABILITATION SERVICES							59.03
59.04 CARDIAC CATHETER LAB		68024197			6209		59.04
59.05 KRASSE HEALTH CENTER							59.05
59.06 SPEECH PATH & AUDIOLOGY							59.06
59.07 SPECIAL CLINICS		471106			3123		59.07
59.08 SISTERS CLINIC	53064	1718539	.030877	.030877	651	20	59.08
59.09 DIABETIC SERVICE		141268			1297		59.09
59.10 CARDIO-PULMONARY REHAB		1300952			3114		59.10
59.11 CENTER FOR SENIOR HEALTH		54714					59.11
59.12 PAIN CLINIC							59.12
59.13 WOUND CARE	36416	4454471	.008175	.008175			59.13
59.14 PSYCHOLOGY		612661					59.14
59.15 NEURO DIAGNOSTIC CENTER		198399					59.15
59.16 EATING DISORDERS CLINIC	19249	249427	.077173	.077173			59.16
59.18 UROLOGICAL		641102			16458		59.18
59.19 LITHOTRIPSY		1199698					59.19
59.20 WOMEN'S CENTER							59.20
59.21 SLEEP DISORDERS		10510429					59.21
59.22 PAIN PROGRAM		3618682					59.22

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
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	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
59.23 COMP EPILEPSY		225975					59.23
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	38497	68531676	.000562	.000562	60153	34	61
62 OBSERVATION BEDS (NON-DISTINC	224061	3525655	.063552	.063552			62
62.01 OBSERVATION BEDS-DISTINCT		2327156					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	1844757	2010364219			8431938	9327	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 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 PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
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 PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
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
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0067)	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)	126627	8291				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	126627	8291				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	126627	8291				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)	42138	3714				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	115906647	5907632					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	115906647	5907632					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	161021198	6796804					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	161021198	6796804					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.719822	.869178					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1271.62	819.78					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	115906647	5907632					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	915.34	712.54				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	38570597	2646374				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	38570597	2646374				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	30835335	17807	1731.64	9329	16154470	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 PREMATURE INTENSIVE CARE	16446777	11000	1495.16			47

	HOSPITAL (PPS) (14-0067)	SUB I (PPS) (14-T067)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	77492989	2412497				48
49 TOTAL PROGRAM INPATIENT COSTS	132218056	5058871	1	1	1	49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	5323030	153611				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5278975	178759				51
52 TOTAL PROGRAM EXCLUDABLE COST	10602005	332370				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	121616051	4726501				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	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
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
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/23/2011 14:39

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL (PPS) (14-0067)	SUB I (PPS) (14-T067)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4437	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	915.34	84
85 OBSERVATION BED COST	4061364	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		115906647		4061364		86
87 NEW CAPITAL-RELATED COST	6802755	115906647	.058692	4061364	238370	87
88 NON PHYSICIAN ANESTHETIST		115906647		4061364		88
89 NURSING SCHOOL	6109114	115906647	.052707	4061364	214062	89
89.01 ALLIED HEALTH	285371	115906647	.002462	4061364	9999	89.01
89.02 ALL OTHER		115906647		4061364		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0067) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		54085445		25
26 INTENSIVE CARE UNIT		29606655		26
30 PREMATURE INTENSIVE CARE				30
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.279443	29690951	8296928	37
38 RECOVERY ROOM	.140489	5168687	726144	38
39 DELIVERY ROOM & LABOR ROOM	.815002	71005	57869	39
40 ANESTHESIOLOGY	.038446	18687222	718449	40
41 RADIOLOGY-DIAGNOSTIC	.142292	57885475	8236640	41
44 LABORATORY	.116576	58191214	6783699	44
45 PBP CLINICAL LAB SERVICES-PRGM	.002227	58191214	129592	45
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.565806	5373184	3040180	47
49 RESPIRATORY THERAPY	.138642	25144759	3486120	49
50 PHYSICAL THERAPY	.406791	6191870	2518797	50
52 SPEECH PATHOLOGY	.370093	808802	299332	52
53 ELECTROCARDIOLOGY	.111811	2923462	326875	53
54 ELECTROENCEPHALOGRAPHY	.168845	1976354	333697	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.149228	73625988	10987059	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.316485	43371958	13726574	55.30
56 DRUGS CHARGED TO PATIENTS	.172789	67529122	11668289	56
57 RENAL DIALYSIS	.355005	3448954	1224396	57
59 DIGESTIVE DISEASES	.121336	3790225	459891	59
59.01 ENTEROSTOMAL	.545130			59.01
59.02 NON-INVASIVE LABORATORY				59.02
59.03 REHABILITATION SERVICES				59.03
59.04 CARDIAC CATHETER LAB	.092663	12120110	1123086	59.04
59.05 KRASSE HEALTH CENTER				59.05
59.06 SPEECH PATH & AUDIOLOGY				59.06
59.07 SPECIAL CLINICS	1.318682	1551	2045	59.07
59.08 SISTERS CLINIC	2.731127	785	2144	59.08
59.09 DIABETIC SERVICE	5.973150	34309	204933	59.09
59.10 CARDIO-PULMONARY REHAB	.620300	332086	205993	59.10
59.11 CENTER FOR SENIOR HEALTH	5.445517			59.11
59.12 PAIN CLINIC				59.12
59.13 WOUND CARE	.317059	2214	702	59.13
59.14 PSYCHOLOGY	.764434			59.14
59.15 NEURO DIAGNOSTIC CENTER	5.777433			59.15
59.16 EATING DISORDERS CLINIC	2.709931			59.16
59.18 UROLOGICAL	.207997	20301	4223	59.18

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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	
59.19 LITHOTRIPSY	.174919	11228	1964	59.19
59.20 WOMEN'S CENTER				59.20
59.21 SLEEP DISORDERS	.357251			59.21
59.22 PAIN PROGRAM	.528268	2614	1381	59.22
59.23 COMP EPILEPSY	4.160951			59.23
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.377873	7743308	2925987	61
62 OBSERVATION BEDS (NON-DISTINCT	1.151946			62
62.01 OBSERVATION BEDS-DISTINCT	.822675			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		482338952	77492989	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		58191214		102
103 NET CHARGES		424147738		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
30 PREMATURE INTENSIVE CARE				30
31 SUBPROVIDER I		3168764		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.279443	21325	5959	37
38 RECOVERY ROOM	.140489	8106	1139	38
39 DELIVERY ROOM & LABOR ROOM	.815002			39
40 ANESTHESIOLOGY	.038446	14844	571	40
41 RADIOLOGY-DIAGNOSTIC	.142292	376601	53587	41
44 LABORATORY	.116576	844148	98407	44
45 PBP CLINICAL LAB SERVICES-PRGM	.002227	844148	1880	45
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.565806	54056	30585	47
49 RESPIRATORY THERAPY	.138642	260342	36094	49
50 PHYSICAL THERAPY	.406791	3711768	1509914	50
52 SPEECH PATHOLOGY	.370093	470115	173986	52
53 ELECTROCARDIOLOGY	.111811	13350	1493	53
54 ELECTROENCEPHALOGRAPHY	.168845	8377	1414	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.149228	1093977	163252	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.316485	22205	7028	55.30
56 DRUGS CHARGED TO PATIENTS	.172789	1220294	210853	56
57 RENAL DIALYSIS	.355005	201849	71657	57
59 DIGESTIVE DISEASES	.121336	19576	2375	59
59.01 ENTEROSTOMAL	.545130			59.01
59.02 NON-INVASIVE LABORATORY				59.02
59.03 REHABILITATION SERVICES				59.03
59.04 CARDIAC CATHETER LAB	.092663	6209	575	59.04
59.05 KRASSE HEALTH CENTER				59.05
59.06 SPEECH PATH & AUDIOLOGY				59.06
59.07 SPECIAL CLINICS	1.318682	3123	4118	59.07
59.08 SISTERS CLINIC	2.731127	651	1778	59.08
59.09 DIABETIC SERVICE	5.973150	1297	7747	59.09
59.10 CARDIO-PULMONARY REHAB	.620300	3114	1932	59.10
59.11 CENTER FOR SENIOR HEALTH	5.445517			59.11
59.12 PAIN CLINIC				59.12
59.13 WOUND CARE	.317059			59.13
59.14 PSYCHOLOGY	.764434			59.14
59.15 NEURO DIAGNOSTIC CENTER	5.777433			59.15
59.16 EATING DISORDERS CLINIC	2.709931			59.16
59.18 UROLOGICAL	.207997	16458	3423	59.18

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/>] TITLE V	<input type="checkbox"/>] HOSPITAL	<input type="checkbox"/>] SNF	<input checked="" type="checkbox"/>] PPS
<input checked="" type="checkbox"/>] TITLE XVIII-PT A	<input checked="" type="checkbox"/>] SUB I (14-T067)	<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	
59.19 LITHOTRIPSY	.174919			59.19
59.20 WOMEN'S CENTER				59.20
59.21 SLEEP DISORDERS	.357251			59.21
59.22 PAIN PROGRAM	.528268			59.22
59.23 COMP EPILEPSY	4.160951			59.23
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.377873	60153	22730	61
62 OBSERVATION BEDS (NON-DISTINCT	1.151946			62
62.01 OBSERVATION BEDS-DISTINCT	.822675			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		9276086	2412497	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		844148		102
103 NET CHARGES		8431938		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	58299	38	915.34	73	66820	1
2	INTENSIVE CARE UNIT		43	1731.64			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	1495.16			6
7	TOTAL	58299			73	66820	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	.273200	266820	72895	8
9	RECOVERY ROOM	38	.140489	48267	6781	9
10	DELIVERY ROOM & LABOR ROOM	39	.815002			10
11	ANESTHESIOLOGY	40	.038446	168082	6462	11
12	RADIOLOGY-DIAGNOSTIC	41	.142260	428670	60983	12
13	RADIOLOGY-THERAPEUTIC	42				13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.116471	739382	86117	15
16	PBP CLINICAL LAB SERVICES-PRGM	45	.002227			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	.565806			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.138642	2339	324	20
21	PHYSICAL THERAPY	50	.405242	239	97	21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52	.370093			23
24	ELECTROCARDIOLOGY	53	.107499	98521	10591	24
25	ELECTROENCEPHALOGRAPHY	54	.168845			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.149228	366809	54738	26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.316485			26.30
27	DRUGS CHARGED TO PATIENTS	56	.172789	70302	12147	27
28	RENAL DIALYSIS	57	.355005			28
29	ASC (NON-DISTINCT PART)	58				29
30	DIGESTIVE DISEASES	59	.120234			30
30.01	ENTEROSTOMAL	59.01	.545130			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	.092663	8893	824	30.04
30.05	KRASSE HEALTH CENTER	59.05				30.05
30.06	SPEECH PATH & AUDIOLOGY	59.06				30.06

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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	1	ORGAN ACQUISITION ANCILLARY CHARGES	2	ORGAN ACQUISITION ANCILLARY COSTS	3	
30.07 SPECIAL CLINICS	59.07	1.318682		247		326		30.07
30.08 SISTERS CLINIC	59.08	2.731127						30.08
30.09 DIABETIC SERVICE	59.09	5.973150						30.09
30.10 CARDIO-PULMONARY REHAB	59.10	.620300						30.10
30.11 CENTER FOR SENIOR HEALTH	59.11	5.445517						30.11
30.12 PAIN CLINIC	59.12							30.12
30.13 WOUND CARE	59.13	.317059						30.13
30.14 PSYCHOLOGY	59.14	.764434						30.14
30.15 NEURO DIAGNOSTIC CENTER	59.15	5.775281						30.15
30.16 EATING DISORDERS CLINIC	59.16	2.709931						30.16
30.18 UROLOGICAL	59.18	.207997						30.18
30.19 LITHOTRIPSY	59.19	.174919						30.19
30.20 WOMEN'S CENTER	59.20							30.20
30.21 SLEEP DISORDERS	59.21	.357251						30.21
30.22 PAIN PROGRAM	59.22	.525471						30.22
30.23 COMP EPILEPSY	59.23	3.938568						30.23
31 CLINIC	60							31
32 EMERGENCY	61	.374546						32
33 OBSERVATION BEDS (NON-DISTINCT)	62	1.151946						33
33.01 OBSERVATION BEDS-DISTINCT	62.01	.822675						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				2198571		312285		35

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	73		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		73		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 [] 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	379105		2256870		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	3912520		3912520		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	4291625		6169390		53
54 TOTAL USABLE ORGANS		70			54
55 MEDICARE USABLE ORGANS		47			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.671429			56
57 MEDICARE COST/CHARGES	2881521		4142307		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	2881521		4142307		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	2881521		4142307		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	27			63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S				65
66 TOTAL	27	43		66
67 ORGANS TRANSPLANTED	27	43		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	27	43		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	915.34			1
2	INTENSIVE CARE UNIT	43	1731.64			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	1495.16			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	.273200		8
9	RECOVERY ROOM	38	.140489		9
10	DELIVERY ROOM & LABOR ROOM	39	.815002		10
11	ANESTHESIOLOGY	40	.038446		11
12	RADIOLOGY-DIAGNOSTIC	41	.142260		12
13	RADIOLOGY-THERAPEUTIC	42			13
14	RADIOISOTOPE	43			14
15	LABORATORY	44	.116471		15
16	PBP CLINICAL LAB SERVICES-PRGM	45	.002227		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	.565806		18
19	INTRAVENOUS THERAPY	48			19
20	RESPIRATORY THERAPY	49	.138642		20
21	PHYSICAL THERAPY	50	.405242		21
22	OCCUPATIONAL THERAPY	51			22
23	SPEECH PATHOLOGY	52	.370093		23
24	ELECTROCARDIOLOGY	53	.107499		24
25	ELECTROENCEPHALOGRAPHY	54	.168845		25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.149228		26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.316485		26.30
27	DRUGS CHARGED TO PATIENTS	56	.172789		27
28	RENAL DIALYSIS	57	.355005		28
29	ASC (NON-DISTINCT PART)	58			29
30	DIGESTIVE DISEASES	59	.120234		30
30.01	ENTEROSTOMAL	59.01	.545130		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	.092663		30.04
30.05	KRASSE HEALTH CENTER	59.05			30.05
30.06	SPEECH PATH & AUDIOLOGY	59.06			30.06

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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	
30.07 SPECIAL CLINICS	59.07	1.318682				30.07
30.08 SISTERS CLINIC	59.08	2.731127				30.08
30.09 DIABETIC SERVICE	59.09	5.973150				30.09
30.10 CARDIO-PULMONARY REHAB	59.10	.620300				30.10
30.11 CENTER FOR SENIOR HEALTH	59.11	5.445517				30.11
30.12 PAIN CLINIC	59.12					30.12
30.13 WOUND CARE	59.13	.317059				30.13
30.14 PSYCHOLOGY	59.14	.764434				30.14
30.15 NEURO DIAGNOSTIC CENTER	59.15	5.775281				30.15
30.16 EATING DISORDERS CLINIC	59.16	2.709931				30.16
30.18 UROLOGICAL	59.18	.207997				30.18
30.19 LITHOTRIPSY	59.19	.174919				30.19
30.20 WOMEN'S CENTER	59.20					30.20
30.21 SLEEP DISORDERS	59.21	.357251				30.21
30.22 PAIN PROGRAM	59.22	.525471				30.22
30.23 COMP EPILEPSY	59.23	3.938568				30.23
31 CLINIC	60					31
32 EMERGENCY	61	.374546				32
33 OBSERVATION BEDS (NON-DISTINCT	62	1.151946				33
33.01 OBSERVATION BEDS-DISTINCT	62.01	.822675				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

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				36
37	INTENSIVE CARE UNIT				37
38	CORONARY CARE UNIT				38
39	BURN INTENSIVE CARE UNIT				39
40	SURGICAL INTENSIVE CARE UNIT				40
41	PREMATURE INTENSIVE CARE				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	317576		317576		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	317576		317576		53
54 TOTAL USABLE ORGANS		5			54
55 MEDICARE USABLE ORGANS		4			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.800000			56
57 MEDICARE COST/CHARGES	254061		254061		57
58 REVENUE FOR ORGANS SOLD					58
59 SUBTOTAL	254061		254061		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	254061		254061		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		5		65
66 TOTAL		5		66
67 ORGANS TRANSPLANTED		5		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		5		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	21394480					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	63850325					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	4086801					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	11403137					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	8558707					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	535.84					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	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	160.88					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	0.79					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	98.40					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	97.61					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	98.36					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	98.12				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	0.183114				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.182651				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	0.182651				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	2418403				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]	7142231				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	9560634 1239239	10799873			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	0.2748				4.01
4.02	SUM OF 4 AND 4.01	0.3172				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1538				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	13110651				4.04
5	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	9574				5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317	475				5.01
5.02	DIVIDE LINE 5.01 BY LINE 5	4.96				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	117714036				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	117714036				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	8504458				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	4263312				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	966104				11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	3135582				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2258762				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	136339				15
16	TOTAL	136978593				16
17	PRIMARY PAYER PAYMENTS	149377				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	136829216				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	7180927				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	613810				20
21	REIMBURSABLE BAD DEBTS	1132875				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	793013				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1049360				21.02
22	SUBTOTAL	129827492				22

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	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	129827492				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	127700359				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	2127133				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0067) 1	HOSPITAL (14-0067) 1.01	HOSPITAL (14-0067) 1.02
1 MEDICAL AND OTHER SERVICES	11112		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	32762202		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	30833110		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	139631		1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	11112		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	70884		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	70884		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	70884		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	59772		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	11112		17
17.01 TOTAL PPS PAYMENTS	30972741		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	1450		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6988633		18.01
19 SUBTOTAL	23993770		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1000595		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	24994365		23
24 PRIMARY PAYER PAYMENTS	221		24
25 SUBTOTAL	24994144		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	609400		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	426580		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	553586		27.02
28 SUBTOTAL	25420724		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	25420724		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	25658782		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-238058		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 RECONILIATION 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				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				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			18.01
19 SUBTOTAL			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			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			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			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			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			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 RECONILIATION 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

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/23/2011 14:39

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		127158259		25639282	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	04/30/2010 542100	04/30/2010	19500	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	542100		19500	3.99
4 TOTAL INTERIM PAYMENTS		127700359		25658782	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		NONE	NONE	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	2127133		-238058	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		129827492		25420724	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 B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4672686		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 PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .03		NONE	NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .04				3.04
PROVIDER .05				3.05
TO .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		4672686		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROGRAM .01				5.01
TO .02		NONE	NONE	5.02
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 (BALANCE DUE) BASED ON THE COST REPORT. PROGRAM TO .01				6.01
PROVIDER TO .02		-46		6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		4672640		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
1	INPATIENT HOSPITAL SERVICES				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	3876644			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0186			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	306759			1.04
1.05	OUTLIER PAYMENTS	297085			1.05
1.06	TOTAL PPS PAYMENTS	4782665			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)				
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS				1.09
1.10	NET IPF PPS ECT PAYMENTS				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)				1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS				1.19
1.20	STOP LESS PAYMENT FLOOR				1.20
1.21	ADJUSTED NET PAYMENT FLOOR				1.21
1.22	STOP LOSS ADJUSTMENT				1.22
1.23	TOTAL IPF PPS PAYMENTS				1.23
	INPATIENT REHABILITATION FACILITY (IRF)				
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	2.62			1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)				1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)	3.81			1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)				1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)	2.62			1.39
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	22.715068			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR	0.077948			1.41
1.42	MEDICAL EDUCATION ADJUSTMENT	302177			1.42

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		4782665				4
5	PRIMARY PAYER PAYMENTS		29616				5
6	SUBTOTAL		4753049				6
7	DEDUCTIBLES		37048				7
8	SUBTOTAL		4716001				8
9	COINSURANCE		52688				9
10	SUBTOTAL		4663313				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		4663313				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		9327				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		4672640				17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		4672686				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		-46				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY							
50	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				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				

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
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19			
38.01	REIMBURSABLE BAD DEBTS			
38.02	REDUCED REIMBURSABLE BAD DEBTS			
38.03	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			
39	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)			
40	UTILIZATION REVIEW			
41	SUBTOTAL			
42	INPATIENT ROUTINE SERVICE COST			
43	MEDICARE INPATIENT ROUTINE CHARGES			
44	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
45	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)			
46	RATIO OF LINE 43 TO LINE 44			
47	TOTAL CUSTOMARY CHARGES			
48	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
49	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
50	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
51	OTHER ADJUSTMENTS			
52	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
53	SUBTOTAL			
54	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
55	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
57	SEQUESTRATION ADJUSTMENT			
57.01	INTERIM PAYMENTS			
58	TENTATIVE SETTLEMENT (FOR FI USE ONLY)			
59	BALANCE DUE PROVIDER/PROGRAM			
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I	
		HOSPITAL (14-0067) (OTHER)	SUB I (14-T067) (OTHER)	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	37616431	950528				2
3	MEDICAL AND OTHER SERVICES						3
4	INTERNS AND RESIDENTS						4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						5
6	COST OF TEACHING PHYSICIANS						6
7	SUBTOTAL	37616431	950528				7
8	INPATIENT PRIMARY PAYER PAYMENTS						8
9	OUTPATIENT PRIMARY PAYER PAYMENTS						9
	SUBTOTAL	37616431	950528				
	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	37616431	950528				22
23	COST OF COVERED SERVICES	37616431	950528				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	37616431	950528				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	37616431	950528				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
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST	37616431	950528				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	164.69 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	90.90 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	70.31 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	161.21 3.09
3.10	SEE INSTRUCTIONS	112.03 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	0.79 3.11
3.12	SEE INSTRUCTIONS	49.65 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	52.00 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	50.96 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	50.87 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	50.87 3.16
3.17	SEE INSTRUCTIONS	93750.49 3.17
3.18	SEE INSTRUCTIONS	4769087 3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		60.14	3.19
3.20	SEE INSTRUCTIONS		62.00	3.20
3.21	SEE INSTRUCTIONS		61.77	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		61.77	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		98889.89	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		6108429	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		10877516	3.25

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		55181	4
5	TOTAL INPATIENT DAYS		159288	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.346423	6

[LINE 6 x] [E-3, PART 6]
 [LINE 3.25] [LINE 11]

6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3768222	742863	4511085	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			10724	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			159288	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			628851	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07

[PRIOR TO] [E-3, PART 6]
 [422] [LINE 12]

6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	123971	123971	6.08
------	---	---	--------	--------	------

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY
 (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			5724251	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10	MEDICARE O/P ESRD CHARGES				10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/23/2011 14:39

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	137276927	12
13	ORGAN ACQUISITION COSTS	3135582	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	178993	15
16	TOTAL PART A REASONABLE COST	140233516	16
PART B REASONABLE COST			
17	REASONABLE COST	32912945	17
18	PRIMARY PAYER PAYMENTS	221	18
19	TOTAL PART B REASONABLE COST	32912724	19
20	TOTAL REASONABLE COST	173146240	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.809914	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.190086	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	5263907	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	4263312	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	1000595	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	37266	4
5	TOTAL INPATIENT DAYS	159288	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS	.233954	6
	[LINE 6 x] [E-3, PART 6]		
	[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	159288	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
	[PRIOR TO] [E-3, PART 6]		
	[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	6.08

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY
 (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	9
10	MEDICARE O/P ESRD CHARGES	10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS	11

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/23/2011 14:39

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

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

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

WORKSHEET E-3
 PART VI

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

LINE	DESCRIPTION	AMOUNT	LINE
1	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
5	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA 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)	50.24	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	24.47	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	87633.00	8
9	LINE 7 TIMES LINE 8	2144380	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.346423	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	742863	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	123971	12
13	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
16	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA 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)	63.27	17
18	SEE INSTRUCTIONS	25.00	18
19	RESIDENT TO BED COUNT	.046656	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.012302	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	85244805	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	15489938	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	1239239	23

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

WORKSHEET E-3
 PART VI

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

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)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
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)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	13766839			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	393904425			4
5 OTHER RECEIVABLES	6138500			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-247629165			6
7 INVENTORY	10716995			7
8 PREPAID EXPENSES	2773089			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	179670683			11
FIXED ASSETS				
12 LAND	8659630			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	10983986			13
13.01 ACCUMULATED DEPRECIATION	-6515036			13.01
14 BUILDINGS	588313603			14
14.01 ACCUMULATED DEPRECIATION	-190305281			14.01
15 LEASEHOLD IMPROVEMENTS	5361657			15
15.01 ACCUMULATED AMORTIZATION	-5029956			15.01
16 FIXED EQUIPMENT	19038898			16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	308362694			18
18.01 ACCUMULATED DEPRECIATION	-228590155			18.01
19 MINOR EQUIPMENT DEPRECIABLE	580738			19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	510860778			21
OTHER ASSETS				
22 INVESTMENTS	37719273			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	175278996			25
26 TOTAL OTHER ASSETS	212998269			26
27 TOTAL ASSETS	903529730			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	12824114			28
29 SALARIES, WAGES & FEES PAYABLE	34872328			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	17385			31
32 DEFERRED INCOME	1855928			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	34742471			35
36 TOTAL CURRENT LIABILITIES	84312226			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	3188786			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES				41
42 TOTAL LONG TERM LIABILITIES	3188786			42
43 TOTAL LIABILITIES	87501012			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	816028718			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	816028718			51
52 TOTAL LIABILITIES AND FUND BALANCES	903529730			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	736290822			1
2 NET INCOME (LOSS)	52614408			2
3 TOTAL	788905230			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CAPITALIZED INT-MILESTONE				5
6 CONTRIBUTIONS-TEMP/PERM REST	33740374			6
7 INVESTMENT INCOME	84091			7
8 INV INC MARKET ADJ	3803			8
9				9
10 TOTAL ADDITIONS	33828268			10
11 SUBTOTAL	822733498			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CONTRIBUTIONS-TEMP RESTR RELEASED	6692107			13
14 INV INC MARKET ADJ				14
15 REL PARTY TRANSACTION	12673			15
16 CONTRI PERM RESTR				16
17				17
18 TOTAL DEDUCTIONS	6704780			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	816028718			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	161021198		161021198	1
2 SUBPROVIDER I	6796804		6796804	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	167818002		167818002	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	59389011		59389011	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 PREMATURE INTENSIVE CARE	29649616		29649616	14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	89038627		89038627	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	256856629		256856629	16
17 ANCILLARY SERVICES	1161300440		2039018199	17
18 OUTPATIENT SERVICES		877717759		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		78886034	78886034	24
24.01 CENTER FOR HEALTH - ASC		46393745	46393745	24.01
25 TOTAL PATIENT REVENUES	1418157069	1002997538	2421154607	25

PROVIDER NO. 14-0067 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/23/2011 14:39

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		777374672	26
27 BAD DEBTS	36262382		27
28 ROUNDING			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		36262382	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING			35
36 PAYMENT MEDICAID ASSESSMENT			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		813637054	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	2421154607	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1599967217	2
3	NET PATIENT REVENUES	821187390	3
4	LESS - TOTAL OPERATING EXPENSES	813637054	4
5	NET INCOME FROM SERVICE TO PATIENTS	7550336	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	6141045	6
7	INCOME FROM INVESTMENTS	18800218	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	14071832	24
24.01	ASSETS RELEASED-CAPITAL	6049737	24.01
24.02	ROUNDING	1240	24.02
25	TOTAL OTHER INCOME	45064072	25
26	TOTAL	52614408	26
27	ROUNDING		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	52614408	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	6974329			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	456780			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]	413.69			4
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS 98.12 25.00	123.12			4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	8.76			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	610951			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	0.2748			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3172			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0663			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	462398			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	8504458			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