

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

WORKSHEET S  
PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT FRANCIS HOSPITAL (14-0080) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, 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	2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	-348719	1510444	2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	-348719	1510444	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0080	07/01/1966	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2009	TO: 06/30/2010	1	2		17
18	TYPE OF CONTROL			1			18
TYPE OF HOSPITAL/SUBPROVIDER							
19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 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			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 29404	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.						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			NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

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)	YES	YES	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
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
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		YES		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?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND 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	148082		40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O. BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?		NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?		NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?		NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?		NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?		NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.		NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS:	PAID LOSSES:	AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
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)		YES	10/27/2010		63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3771	1772	8500	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
7.02	SURGICAL HEART UNIT					7.02
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		3771	1772	8500	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	52711813		52711813	1886065.00	27.95		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B						PAYROLL RECORDS	3
4	PHYSICIAN - PART A	51501		51501	2080.00	24.76	PAYROLL RECORDS	4
4.01	TEACHING PHYSICIAN SALARIES	161531		161531	3274.00	49.34	PAYROLL RECORDS	4.01
5	PHYSICIAN - PART B	632523		632523	15073.00	41.96	PAYROLL RECORDS	5
5.01	NON-PHYSICIAN - PART B						PAYROLL RECORDS	5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	3969549		3969549	169960.00	23.36	PAYROLL RECORDS	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF						PAYROLL RECORDS	8
8.01	EXCLUDED AREA SALARIES	711082	4091	715173	28308.00	25.26	PAYROLL RECORDS	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	151859		151859	2504.00	60.65	INVOICES	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	10636504		10636504	276663.00	38.45	HOME OFFICE COST REPORT	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	13631369		13631369			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	219837		219837			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	16013		16013			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	35888		35888			CMS 339	18.01
19	PHYSICIAN PART B	150617		150617			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	1031236		1031236			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	15484	-15484					21
22	ADMINISTRATIVE & GENERAL	2971875	-165825	2806050	83927.00	33.43		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	2403230		2403230	30069.00	79.92		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1719663		1719663	85738.00	20.06		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1337906	810	1338716	105629.00	12.67		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1234020	-809394	424626	25847.00	16.43		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		809870	809870	49268.00	16.44		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1194422		1194422	29570.00	40.39		30
31	CENTRAL SERVICES AND SUPPLY	230053		230053	16289.00	14.12		31
32	PHARMACY	1757779		1757779	47148.00	37.28		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	956719		956719	42770.00	22.37		33
34	SOCIAL SERVICE		169869	169869	5912.00	28.73		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	50351440		50351440	1727827.00	29.14	1
2	EXCLUDED AREA SALARIES	711082	4091	715173	28308.00	25.26	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	49640358	-4091	49636267	1699519.00	29.21	3
4	SUBTOTAL OTHER WAGES & REL COSTS	10788363		10788363	279167.00	38.64	4
5	SUBTOTAL WAGE-RELATED COSTS	13647382		13647382		27.49%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	74076103	-4091	74072012	1978686.00	37.43	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	13821151	-10154	13810997	522167.00	26.45	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	1094674 17
17.01	GROSS MEDICAID REVENUES	15083197 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	16177871 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.229259 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	103160083 28
29	TOTAL GROSS MEDICAID COST	23650377 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	31703039 30
31	UNCOMPENSATED CARE COST	7268207 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	23650377 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
85.03	8530								85.03
90	9000		126311	126311	-126311				90
95		52193041	101089835	153282876	-111009	153171867	-8033506	145138361	95
NONREIMBURSABLE COST CENTERS									
96	9600		66225	66225		66225	-8317	57908	96
96.01	9601								96.01
96.02	9602								96.02
96.03	9603								96.03
98	9800	466772	286411	753183	77201	830384	-54140	776244	98
98.02	9802								98.02
98.03	9803								98.03
98.04	9804								98.04
98.05	9805	52000	1229813	1281813	33808	1315621	-108141	1207480	98.05
98.06	9806								98.06
101	TOTAL	52711813	102672284	155384097		155384097	-8204104	147179993	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	
	1	2	3	4	5
1 ALLOCATED LAUNDRY	A	LAUNDRY & LINEN SERVICE	9		734
2					
3 SOCIAL SERVICES	B	SOCIAL SERVICE	18	169869	10081
4					
5 CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		570498
6					
7 CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56		4617750
8					
9 LABOR & DELIVERY	E	DELIVERY ROOM & LABOR ROOM	39	1116240	210554
10					
11 CAFETERIA	F	CAFETERIA	12	809394	375118
12					
13 ALLOCATED UTILITIES	G	OPERATION OF PLANT	8		483288
14					
15 OFFSITE BLDG DEPRECIATION	H	PHYSICIANS' PRIVATE OFFICES	98		73844
16	H	OTHER NRCC	98.05		33808
17	H				
18					
19 WORKERS COMP INSURANCE	I	EMPLOYEE BENEFITS	5		23392
20					
21 CORP LAUNDRY O/H CREDIT	J	LAUNDRY & LINEN SERVICE	9		293264
22	J				
23	J				
24					
25 FY09 SEVERANCE OVER ACCRL REVERSAL	K	OTHER ADMINISTRATIVE & GENERA	6.06		9243
26					
27 FY09 PHYSICIAN OVER ACCRL REVERSAL	L	OTHER ADMINISTRATIVE & GENERA	6.06		32000
28					
29 PAYROLL CHARGE CORRECTION	M	PHYSICIANS' PRIVATE OFFICES	98	4091	
30	M	OTHER ADMINISTRATIVE & GENERA	6.06	4044	
31	M	CAFETERIA	12	476	
32	M	HOUSEKEEPING	10	810	
33	M	PHYSICAL THERAPY	50	560	
34	M	ADULTS & PEDIATRICS	25	5503	
35	M				
36 SUBTOTAL				2110987	6733574

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 ALLOCATED LAUNDRY	A	PHYSICIANS' PRIVATE OFFICES	98		734	1
2						2
3 SOCIAL SERVICES	B	OTHER ADMINISTRATIVE & GENERA	6.06	169869	10081	3
4						4
5 CHARGEABLE SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		570498	5
6						6
7 CHARGEABLE DRUGS	D	PHARMACY	16		4617750	7
8						8
9 LABOR & DELIVERY	E	ADULTS & PEDIATRICS	25	1116240	210554	9
10						10
11 CAFETERIA	F	DIETARY	11	809394	375118	11
12						12
13 ALLOCATED UTILITIES	G	LAUNDRY & LINEN SERVICE	9		483288	13
14						14
15 OFFSITE BLDG DEPRECIATION	H					15
16						16
17	H	NEW CAP REL COSTS-BLDG & FIXT	3		107652	9 17
18						18
19 WORKERS COMP INSURANCE	I	OTHER ADMINISTRATIVE & GENERA	6.06		23392	19
20						20
21 CORP LAUNDRY O/H CREDIT	J					21
22	J	OPERATION OF PLANT	8		266047	22
23	J	NEW CAP REL COSTS-BLDG & FIXT	3		27217	9 23
24						24
25 FY09 SEVERANCE OVER ACCRL REVERSA	K	EMPLOYEE BENEFITS	5		9243	25
26						26
27 FY09 PHYSICIAN OVER ACCRL REVERSA	L	EMERGENCY	61		32000	27
28						28
29 PAYROLL CHARGE CORRECTION	M					29
30	M					30
31	M					31
32	M					32
33	M					33
34	M					34
35	M	EMPLOYEE BENEFITS	5	15484		35
36 SUBTOTAL				2110987	6733574	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1		
			COST CENTER	LINE #	SALARY		OTHER	
2			2	3	4	5		
2	EQUIPMENT DEPRECIATION	N	NEW CAP REL COSTS-MVBLE EQUIP	4		4329727	2	
3							3	
4	PATIENT FINANCIAL SVC CONSULTING	O	PATIENT FINANCIAL SVC	6.05		275120	4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
12							12	
13							13	
14							14	
15							15	
16							16	
17							17	
18							18	
19							19	
20							20	
21							21	
22							22	
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					2110987	11338421	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1						1
2 EQUIPMENT DEPRECIATION	N	NEW CAP REL COSTS-BLDG & FIXT	3		4329727	2
3						3
4 PATIENT FINANCIAL SVC CONSULTING	O	OTHER ADMINISTRATIVE & GENERA	6.06		275120	4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
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				2110987	11338421	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	8716880					8716880		1
2 LAND IMPROVEMENTS	1888608				58901	1829707	1371183	2
3 BUILDINGS AND FIXTURES	106032316	554780		554780	833798	105753298	17773456	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	114972335	2425042		2425042	1023495	116373882	83752527	6
7 SUBTOTAL	231610139	2979822		2979822	1916194	232673767	102897166	7
8 RECONCILING ITEMS								8
9 TOTAL	231610139	2979822		2979822	1916194	232673767	102897166	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	106032316		106032316	.479774	60601			3
4 NEW CAP REL COSTS-MVBLE EQUIP	114972335		114972335	.520226	65710			4
5 TOTAL	221004651		221004651	1.000000	126311			5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		7457684		60601			3
4 NEW CAP REL COSTS-MVBLE EQUIP		5946526		65710			4
5 TOTAL		13404210		126311			5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	13208515						3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	13208515						5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	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	B	-2636701	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-31116	OTHER ADMINISTRATIVE & GENERAL	6.06	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-7494	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3657045			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-1084617			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-613341	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1772	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-17490	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	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			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 REFERENCE LAB REVENUE	B	-11401	LABORATORY	44	37
38 PBP-PRIMARY CARE PRACTICES	A	-54140	PHYSICIANS' PRIVATE OFFICES	98	38
39 PBP-NRCC COST CENTER	A	-52000	OTHER NRCC	98.05	39
40 INCOME/SALES TAX	A	-8317	GIFT, FLOWER, COFFEE SHOP & CAN	96	40
41 INCOME/SALES TAX	A	-2472	OPERATION OF PLANT	8	41
42 INCOME/SALES TAX	A	-14392	OTHER ADMINISTRATIVE & GENERAL	6.06	42
43 INCOME/SALES TAX	A	-56141	OTHER NRCC	98.05	43
44 CHARITY CARE TO NURSING HOMES	A	-43200	OTHER ADMINISTRATIVE & GENERAL	6.06	44
45 COMMUNITY OUTREACH	A	-1500	NURSING ADMINISTRATION	14	45
45.01 COMMUNITY OUTREACH	A	-507	EMERGENCY	61	45.01
45.02 COMMUNITY OUTREACH	A	-34926	OTHER ADMINISTRATIVE & GENERAL	6.06	45.02
45.03 SAVE THE DAY PROGRAM	A	-10099	OTHER ADMINISTRATIVE & GENERAL	6.06	45.03
45.04 MISC REVENUE	B	-1623	EMPLOYEE BENEFITS	5	45.04
45.05 MISC REVENUE	B	-46807	OTHER ADMINISTRATIVE & GENERAL	6.06	45.05
45.06 MISC REVENUE	B	-1359	HOUSEKEEPING	10	45.06
45.07 MISC REVENUE	B	-5138	NURSING ADMINISTRATION	14	45.07
45.08 MISC REVENUE	B	-24597	PHARMACY	16	45.08
45.09 MISC REVENUE	B	-4105	I&R SERVICES-OTHER PRGM COSTS A	23	45.09
45.10 MISC REVENUE	B	-248161	PARAMEDICAL EDUCATION PROGRAM	24	45.10
45.11 MISC REVENUE	B	-3199	ADULTS & PEDIATRICS	25	45.11
45.12 MISC REVENUE	B	-5355	DELIVERY ROOM & LABOR ROOM	39	45.12
45.13 MISC REVENUE	B	-34	SURGICAL HEART UNIT	27.02	45.13
45.14 MISC REVENUE	B	-12016	OPERATING ROOM	37	45.14
45.15 MISC REVENUE	B	150	WOUND CARE CENTER	37.03	45.15
45.16 MISC REVENUE	B	-115	RADIOLOGY-DIAGNOSTIC	41	45.16
45.17 MISC REVENUE	B	-6990	RADIOISOTOPE	43	45.17
45.18 MISC REVENUE	B	-480	LABORATORY	44	45.18
45.19 MISC REVENUE	B	-37	WHOLE BLOOD & PACKED RED BLOOD	46	45.19
45.20 MISC REVENUE	B	-339	PHYSICAL THERAPY	50	45.20
45.21 MISC REVENUE	B	-2968	HEART CENTER	53.01	45.21

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
45.22 MISC REVENUE	B	-8812	CARDIAC REHAB	53.02	45.22
45.23 MISC REVENUE	B	-600	OPD	60.01	45.23
45.24 MISC REVENUE	B	-517	EMERGENCY	61	45.24
45.25 FY90 ACQUISITIONS LIVES	A	15537	NEW CAP REL COSTS-BLDG & FIXT	3	9 45.25
45.26 FY91 ACQUISITIONS-USEFUL LIVES	A	-1954	NEW CAP REL COSTS-BLDG & FIXT	3	9 45.26
45.27 AHA LOBBYING EXPENSE	A	-1901	OTHER ADMINISTRATIVE & GENERAL	6.06	45.27
45.28 LOSS ON ASSET DISPOSAL	A	188305	NEW CAP REL COSTS-BLDG & FIXT	3	9 45.28
45.29 LOSS ON ASSET DISPOSAL	A	307682	NEW CAP REL COSTS-MVBLE EQUIP	4	9 45.29
46					46
47					47
48					48
49					49
50 TOTAL		-8204104			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.06	OTHER ADMINISTRATIVE & GENERAL	9959141	19085165	-9126024	1
2	6.03	PURCHASING	185883		185883	2
3	3	NEW CAP REL COSTS-BLDG & FIXT	1148578		1148578	9 3
4	4	NEW CAP REL COSTS-MVBLE EQUIP	1309117		1309117	9 4
4.01	24.01	RADIOLOGY SCHOOL	618047		618047	4.01
4.02	6.05	PATIENT FINANCIAL SVC	2672876		2672876	4.02
4.03	6.04	ADMITTING	1481431		1481431	4.03
4.04	15	CENTRAL SERVICES & SUPPLY	625475		625475	4.04
5		TOTALS	18000548	19085165	-1084617	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
B			RESURRECTION HEALTH		SOLE CORPORATE MEMBER	1
						2
						3
						4
						5

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

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

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	50800	203748	203748				
2	26	INTENSIVE CARE UNIT	50680	83333	83333				
3	27	CORONARY CARE UNIT	50710	83333	83333				
4	27.02	SURGICAL HEART UNIT	50730	83333	83333				
5	33	NURSERY	50820	203748	203748				
6	37	OPERATING ROOM	61960	590996	590996				
7	40	ANESTHESIOLOGY	60060	988000	988000				
8	53.01	HEART CENTER	60370	80359	80359				
9	53	ELECTROCARDIOLOGY	60380	9900	9900				
10	60.01	OPD	60740	6500	6500				
11	61	EMERGENCY	60180	1323795	1323795				
101		TOTAL		3657045	3657045				





COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	PURCHASING 6.03	ADMITTING 6.04	PATIENT FIN SVC 6.05	SUBTOTAL 5A	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	145138361	7157579	5961468	11324048	184961	1507247	3073441	144610858	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	57908	36688	538		623			95757	96
96.01 POB RX									96.01
96.02 MOBILE MEDICAL CARE									96.02
96.03 ARTHRITIS CENTER									96.03
98 PHYSICIANS' PRIVATE OFFICES	776244		6556	102169	106			885075	98
98.02 OUTREACH TRANSPORTATION									98.02
98.03 SAINT FRANCIS HEALTH CENTER									98.03
98.04 WOMENS HEALTH CENTER									98.04
98.05 OTHER NRCC	1207480	324018	43674	11283	193		1655	1588303	98.05
98.06 ASBURY STREET SNF									98.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	147179993	7518285	6012236	11437500	185883	1507247	3075096	147179993	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMN & GEN 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	25257019	8832002	1823351	2562720	1652891	1602095	2499883	1612916	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	20357	52809		4150					96
96.01 POB RX									96.01
96.02 MOBILE MEDICAL CARE									96.02
96.03 ARTHRITIS CENTER									96.03
98 PHYSICIANS' PRIVATE OFFICES	188155		1514					2468	98
98.02 OUTREACH TRANSPORTATION									98.02
98.03 SAINT FRANCIS HEALTH CENTER									98.03
98.04 WOMENS HEALTH CENTER									98.04
98.05 OTHER NRCC	337653	466393	7045	44245		46673		24470	98.05
98.06 ASBURY STREET SNF									98.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	25803184	9351204	1831910	2611115	1652891	1648768	2499883	1639854	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	PARAMED ED 24	RADIOLOGY SCHOOL 24.01	SUBTOTAL 25	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	3119152	2140210	372305	5353415	6112357	180662	620692	141650380	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN								173073	96
96.01 POB RX									96.01
96.02 MOBILE MEDICAL CARE									96.02
96.03 ARTHRITIS CENTER									96.03
98 PHYSICIANS' PRIVATE OFFICES	1519			319078	364313			1762122	98
98.02 OUTREACH TRANSPORTATION									98.02
98.03 SAINT FRANCIS HEALTH CENTER									98.03
98.04 WOMENS HEALTH CENTER									98.04
98.05 OTHER NRCC	47005			353338	403430		275863	3594418	98.05
98.06 ASBURY STREET SNF									98.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3167676	2140210	372305	6025831	6880100	180662	896555	147179993	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 PATIENT FINANCIAL SVC			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMEDICAL EDUCATION PROGRAM			24
24.01 RADIOLOGY SCHOOL			24.01
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	-5142220	28314614	25
26 INTENSIVE CARE UNIT	-799479	6996920	26
27 CORONARY CARE UNIT	-266493	1396938	27
27.02 SURGICAL HEART UNIT		3892469	27.02
33 NURSERY		1388512	33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	-941853	19001818	37
37.01 AMBULATORY PRE/POST OP			37.01
37.02 OP GI LAB	-266858	1346655	37.02
37.03 WOUND CARE CENTER	-11317	1126046	37.03
38 RECOVERY ROOM		3644882	38
39 DELIVERY ROOM & LABOR ROOM	-470196	2721343	39
40 ANESTHESIOLOGY	-166832	1303822	40
41 RADIOLOGY-DIAGNOSTIC	-775750	8877679	41
41.01 MRI		881320	41.01
42 RADIOLOGY-THERAPEUTIC	-110978	1081954	42
43 RADIOISOTOPE	-25554	898568	43
44 LABORATORY	-298618	8676947	44
46 WHOLE BLOOD & PACKED RED BLOOD		2370607	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	-255541	2459989	49
50 PHYSICAL THERAPY		2083173	50
53 ELECTROCARDIOLOGY		1367937	53
53.01 HEART CENTER	-223051	8260591	53.01
53.02 CARDIAC REHAB		351717	53.02
54 ELECTROENCEPHALOGRAPHY		176158	54
55 MEDICAL SUPPLIES CHARGED TO PAT		1037235	55
56 DRUGS CHARGED TO PATIENTS		9468454	56
56.02 INPT RENAL DIALYSIS		656609	56.02
OUTPATIENT SERVICE COST CENTERS			
60.01 OPD	-53664	1960383	60.01
61 EMERGENCY	-1657368	8441268	61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	-11465772	130184608	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		173073	96
96.01 POB RX			96.01
96.02 MOBILE MEDICAL CARE			96.02
96.03 ARTHRITIS CENTER			96.03
98 PHYSICIANS' PRIVATE OFFICES	-683391	1078731	98
98.02 OUTREACH TRANSPORTATION			98.02
98.03 SAINT FRANCIS HEALTH CENTER			98.03
98.04 WOMENS HEALTH CENTER			98.04
98.05 OTHER NRCC	-756768	2837650	98.05
98.06 ASBURY STREET SNF			98.06
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-12905931	134274062	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMITTING 6.04	PATIENT FIN SVC 6.05	ADMN & GEN 6.06	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	644604	7157579	5961468	13763651	35585	25816	127032	822815	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		36688	538	37226				663	96
96.01 POB RX									96.01
96.02 MOBILE MEDICAL CARE									96.02
96.03 ARTHRITIS CENTER									96.03
98 PHYSICIANS' PRIVATE OFFICES			6556	6556	321			6130	98
98.02 OUTREACH TRANSPORTATION									98.02
98.03 SAINT FRANCIS HEALTH CENTER									98.03
98.04 WOMENS HEALTH CENTER									98.04
98.05 OTHER NRCC		324018	43674	367692	35		68	11001	98.05
98.06 ASBURY STREET SNF									98.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	644604	7518285	6012236	14175125	35941	25816	127100	840609	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	
	OF PLANT 8	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	578915	359761	33101	178021	321376	174348	402668	196840	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	3462		54						96
96.01 POB RX									96.01
96.02 MOBILE MEDICAL CARE									96.02
96.03 ARTHRITIS CENTER									96.03
98 PHYSICIANS' PRIVATE OFFICES		299					616	96	98
98.02 OUTREACH TRANSPORTATION									98.02
98.03 SAINT FRANCIS HEALTH CENTER									98.03
98.04 WOMENS HEALTH CENTER									98.04
98.05 OTHER NRCC	30571	1390	571		9362		6109	2966	98.05
98.06 ASBURY STREET SNF									98.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	612948	361450	33726	178021	330738	174348	409393	199902	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	PARAMED ED 24	RADIOLOGY SCHOOL 24.01	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	130720	44144					13097935	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							41405	96
96.01 POB RX								96.01
96.02 MOBILE MEDICAL CARE								96.02
96.03 ARTHRITIS CENTER								96.03
98 PHYSICIANS' PRIVATE OFFICES							14018	98
98.02 OUTREACH TRANSPORTATION								98.02
98.03 SAINT FRANCIS HEALTH CENTER								98.03
98.04 WOMENS HEALTH CENTER								98.04
98.05 OTHER NRCC							429765	98.05
98.06 ASBURY STREET SNF								98.06
101 CROSS FOOT ADJUSTMENTS			69863	432962	42655	46522	592002	101
102 NEGATIVE COST CENTER								102
103 TOTAL	130720	44144	69863	432962	42655	46522	14175125	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	COMMUNICATIONS		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	PATIENT FINANCIAL SVC		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMEDICAL EDUCATION PROGRAM		24
24.01	RADIOLOGY SCHOOL		24.01
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	2945844	25
26	INTENSIVE CARE UNIT	396343	26
27	CORONARY CARE UNIT	259579	27
27.02	SURGICAL HEART UNIT	277057	27.02
33	NURSERY	77930	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	1535857	37
37.01	AMBULATORY PRE/POST OP		37.01
37.02	OP GI LAB	141722	37.02
37.03	WOUND CARE CENTER	74935	37.03
38	RECOVERY ROOM	380723	38
39	DELIVERY ROOM & LABOR ROOM	301337	39
40	ANESTHESIOLOGY	285933	40
41	RADIOLOGY-DIAGNOSTIC	1646427	41
41.01	MRI	255070	41.01
42	RADIOLOGY-THERAPEUTIC	237988	42
43	RADIOISOTOPE	195296	43
44	LABORATORY	643542	44
46	WHOLE BLOOD & PACKED RED BLOOD	111247	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	268139	49
50	PHYSICAL THERAPY	144417	50
53	ELECTROCARDIOLOGY	151751	53
53.01	HEART CENTER	1134573	53.01
53.02	CARDIAC REHAB	56556	53.02
54	ELECTROENCEPHALOGRAPHY	30176	54
55	MEDICAL SUPPLIES CHARGED TO PAT	190462	55
56	DRUGS CHARGED TO PATIENTS	257840	56
56.02	INPT RENAL DIALYSIS	48672	56.02
OUTPATIENT SERVICE COST CENTERS			
60.01	OPD	360034	60.01
61	EMERGENCY	688485	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/29/2010 08:05

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	13097935	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	41405	96
96.01 POB RX		96.01
96.02 MOBILE MEDICAL CARE		96.02
96.03 ARTHRITIS CENTER		96.03
98 PHYSICIANS' PRIVATE OFFICES	14018	98
98.02 OUTREACH TRANSPORTATION		98.02
98.03 SAINT FRANCIS HEALTH CENTER		98.03
98.04 WOMENS HEALTH CENTER		98.04
98.05 OTHER NRCC	429765	98.05
98.06 ASBURY STREET SNF		98.06
101 CROSS FOOT ADJUSTMENTS	592002	101
102 NEGATIVE COST CENTER		102
103 TOTAL	14175125	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS	NEW CAP-REL COSTS	EMPLOYEE BENEFITS	PURCHASING	ADMITTING	PATIENT FIN SVC	
	BLDG&FIXT SQUARE FEET	MOV EQUIP DOLLAR VALUE	GROSS SALARIES	SUPPLIES EXPENSE	GROSS CHARGES	GROSS CHARGES	
	3	4	5	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	389560						3
4 NEW CAP REL COSTS-MVBLE EQUIP		4637412					4
5 EMPLOYEE BENEFITS	1690	646	52711813				5
6.01 COMMUNICATIONS							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING				16932139			6.03
6.04 ADMITTING	1224	1692			566686067		6.04
6.05 PATIENT FINANCIAL SVC	6311	4089				566991122	6.05
6.06 OTHER ADMINISTRATIVE & GENERA	37923	70050	2806050	60974			6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	5792	342386	1719663	35685			8
9 LAUNDRY & LINEN SERVICE	12763	64370					9
10 HOUSEKEEPING		13216	1338716	268112			10
11 DIETARY	6117	19220	424626	48666			11
12 CAFETERIA	11659	36636	809870	92763			12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2732	71081	1194422	16483			14
15 CENTRAL SERVICES & SUPPLY	16703	26891	230053	149571			15
16 PHARMACY	2964	69585	1757779	141427			16
17 MEDICAL RECORDS & LIBRARY	4715	5056	956719	16695			17
18 SOCIAL SERVICE	1944		169869				18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES			3969549				22
23 I&R SERVICES-OTHER PRGM COSTS	17984	4139	449747	29622			23
24 PARAMEDICAL EDUCATION PROGRAM	1108	1608	192310	23829			24
24.01 RADIOLOGY SCHOOL	1305						24.01
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	90139	255443	10460165	524582	70407980	70407980	25
26 INTENSIVE CARE UNIT	8578	41716	3107044	242721	13859459	13859459	26
27 CORONARY CARE UNIT	4398	106014	441834	23557	1703530	1703530	27
27.02 SURGICAL HEART UNIT	3943	80968	1749876	114358	7590992	7590992	27.02
33 NURSERY	1084	22093	673423	36781	3854153	3854153	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	19384	615396	4023913	7177825	61593161	61593161	37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB	2500	48659	392259	220912	6087419	6087419	37.02
37.03 WOUND CARE CENTER		14255	120045	220484	3678806	3678806	37.03
38 RECOVERY ROOM	12517	42146	1540434	20450	13075032	13075032	38
39 DELIVERY ROOM & LABOR ROOM	6304	90011	1116240	100120	5490848	5490848	39
40 ANESTHESIOLOGY	793	175961	102236	405512	8520240	8520240	40
41 RADIOLOGY-DIAGNOSTIC	19048	854969	2577631	467088	52700782	52700782	41
41.01 MRI	4995	106006	170238	42803	7935429	7935429	41.01
42 RADIOLOGY-THERAPEUTIC	7141	59232	262916	6117	3149326	3149326	42
43 RADIOISOTOPE	3095	92827	161906	5452	3772816	3772816	43
44 LABORATORY	16442	80687	2056853	838806	65369538	65369538	44
46 WHOLE BLOOD & PACKED RED BLOO	4117		335134	117996	5582836	5582836	46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	3380	107292	984275	128670	17547727	17547727	49
50 PHYSICAL THERAPY	4511	18417	1042377	18227	5189298	5189298	50
53 ELECTROCARDIOLOGY	3975	32581	536640	17174	15884520	15884520	53
53.01 HEART CENTER	7689	663854	783884	3904337	40790362	40790362	53.01
53.02 CARDIAC REHAB	2240	4199	131447	1872	216549	216549	53.02
54 ELECTROENCEPHALOGRAPHY	738	9510	66045	5199	1071787	1071787	54
55 MEDICAL SUPPLIES CHARGED TO P				444009	9050518	9050518	55
56 DRUGS CHARGED TO PATIENTS					61023610	61023610	56
56.02 INPT RENAL DIALYSIS	445	25472		24223	1668143	1668143	56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD	732	118846	737028	107344	7726681	7726681	60.01
61 EMERGENCY	9748	201034	2595734	747707	72144525	72144525	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS BLDG&FIXT SQUARE FEET 3	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	PURCHASING SUPPLIES EXPENSE 6.03	ADMITTING GROSS CHARGES 6.04	PATIENT FIN SVC GROSS CHARGES 6.05	
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	370870	4598253	52188950	16848153	566686067	566686067	95
96 NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	1901	415		56783			96
96.01 POB RX							96.01
96.02 MOBILE MEDICAL CARE							96.02
96.03 ARTHRITIS CENTER							96.03
98 PHYSICIANS' PRIVATE OFFICES		5057	470863	9640			98
98.02 OUTREACH TRANSPORTATION							98.02
98.03 SAINT FRANCIS HEALTH CENTER							98.03
98.04 WOMENS HEALTH CENTER							98.04
98.05 OTHER NRCC	16789	33687	52000	17563		305055	98.05
98.06 ASBURY STREET SNF							98.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	7518285	6012236	11437500	185883	1507247	3075096	103
104 UNIT COST MULT-WS B PT I		1.296464		.010978		.005424	104
104 UNIT COST MULT-WS B PT I	19.299428		.216982		.002660		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			35941		25816	127100	107
108 UNIT COST MULT-WS B PT III						.000224	108
108 UNIT COST MULT-WS B PT III			.000682		.000046		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMN & GEN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
		ACCUM COST	OF PLANT (SQUARE FEET)	AND LINEN SERVICE (POUNDS OF LAUNDRY)	KEEPING (HOURS OF SERVICE)	(MEALS SERVED)	FTE (SERVED)
	6A.06	6.06	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 COMMUNICATIONS							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.05 PATIENT FINANCIAL SVC							6.05
6.06 OTHER ADMINISTRATIVE & GENERA	-25803184	121376809					6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT		7711780	336620				8
9 LAUNDRY & LINEN SERVICE		1218352	12763	1741933			9
10 HOUSEKEEPING		2153342			48451		10
11 DIETARY		1176220	6117		1052	187391	11
12 CAFETERIA		1003411	11659		2007		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION		1968057	2732		155		14
15 CENTRAL SERVICES & SUPPLY		913570	16703	10665	124		15
16 PHARMACY		2451367	2964		193		16
17 MEDICAL RECORDS & LIBRARY		1608314	4715		309		17
18 SOCIAL SERVICE		254327	1944		77		18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES		4830870					22
23 I&R SERVICES-OTHER PRGM COSTS		5181731	17984	22568	1111		23
24 PARAMEDICAL EDUCATION PROGRAM		108156	1108		82		24
24.01 RADIOLOGY SCHOOL		643233	1305		159		24.01
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS		16924617	90139	704778	20728	154343	25
26 INTENSIVE CARE UNIT		4729028	8578	155425	1863	19748	26
27 CORONARY CARE UNIT		839225	4398	47763	2175	2441	27
27.02 SURGICAL HEART UNIT		2670093	3943	87157	766	10859	27.02
33 NURSERY		988194	1084	33716	153		33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		14188172	19384	97608	3835		37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB		953956	2500	9710	79		37.02
37.03 WOUND CARE CENTER		888760		8543			37.03
38 RECOVERY ROOM		2411112	12517	63715	882		38
39 DELIVERY ROOM & LABOR ROOM		1847490	6304	48031	1051		39
40 ANESTHESIOLOGY		910349	793		101		40
41 RADIOLOGY-DIAGNOSTIC		5884330	19048	112305	2151		41
41.01 MRI		565219	4995	7439	258		41.01
42 RADIOLOGY-THERAPEUTIC		668487	7141	8038	848		42
43 RADIOISOTOPE		632382	3095	8122	309		43
44 LABORATORY		6440696	16442	2677	548		44
46 WHOLE BLOOD & PACKED RED BLOO		1785732	4117		867		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		1820606	3380		330		49
50 PHYSICAL THERAPY		1557689	4511	11183	156		50
53 ELECTROCARDIOLOGY		943988	3975	10628	316		53
53.01 HEART CENTER		6273087	7689	21757	1491		53.01
53.02 CARDIAC REHAB		217196	2240	366	79		53.02
54 ELECTROENCEPHALOGRAPHY		118251	738	1398	78		54
55 MEDICAL SUPPLIES CHARGED TO P		648536					55
56 DRUGS CHARGED TO PATIENTS		5111065					56
56.02 INPT RENAL DIALYSIS		514937	445		109		56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD		1515746	732	15667	110		60.01
61 EMERGENCY		5536001	9748	244535	3001		61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMN & GEN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
		ACCUM COST	OF PLANT (SQUARE FEET)	AND LINEN SERVICE (POUNDS OF LAUNDRY)	KEEPING (HOURS OF SERVICE)	(MEALS SERVED)	FTEs SERVED)	
	6A.06	6.06	8	9	10	11	12	
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	-25803184	118807674	317930	1733794	47553	187391	7792	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		95757	1901		77			96
96.01 POB RX								96.01
96.02 MOBILE MEDICAL CARE								96.02
96.03 ARTHRITIS CENTER								96.03
98 PHYSICIANS' PRIVATE OFFICES		885075		1440				98
98.02 OUTREACH TRANSPORTATION								98.02
98.03 SAINT FRANCIS HEALTH CENTER								98.03
98.04 WOMENS HEALTH CENTER								98.04
98.05 OTHER NRCC		1588303	16789	6699	821		227	98.05
98.06 ASBURY STREET SNF								98.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I		25803184	9351204	1831910	2611115	1652891	1648768	103
104 UNIT COST MULT-WS B PT I			27.779704		53.891870		205.607682	
104 UNIT COST MULT-WS B PT I		.212587		1.051654		8.820546		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		840609	612948	361450	33726	178021	330738	107
108 UNIT COST MULT-WS B PT III			1.820890		.696085		41.244295	
108 UNIT COST MULT-WS B PT III		.006926		.207499		.949998		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	I/R-OTHER
	ADMINI- STRATION (DIRECT NRSG FTES)	SERVICES & SUPPLY (COSTED REQUIS)	(COSTED REQUIS)	RECORDS + LIBRARY GROSS CHARGES	SERVICE (TIME SPENT)	AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)
	14	15	16	17	18	22	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 COMMUNICATIONS							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.05 PATIENT FINANCIAL SVC							6.05
6.06 OTHER ADMINISTRATIVE & GENERA							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2376						14
15 CENTRAL SERVICES & SUPPLY		3435651					15
16 PHARMACY		116838	4694720				16
17 MEDICAL RECORDS & LIBRARY				566686067			17
18 SOCIAL SERVICE					10000		18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES						35353	22
23 I&R SERVICES-OTHER PRGM COSTS		66					23
24 PARAMEDICAL EDUCATION PROGRAM	1	1129	9106				24
24.01 RADIOLOGY SCHOOL							24.01
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	898	448464	689	70407980	7160	14086	14086
26 INTENSIVE CARE UNIT	319	175381	619	13859459	812	2190	2190
27 CORONARY CARE UNIT	37	12413	10	1703530	127	730	730
27.02 SURGICAL HEART UNIT	154	75574	1856	7590992	1095		
33 NURSERY	77	9939	106	3854153			
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	241	731819		61593161		2580	2580
37.01 AMBULATORY PRE/POST OP							
37.02 OP GI LAB	40	61632	265	6087419		731	731
37.03 WOUND CARE CENTER	11	11127	6017	3678806		31	31
38 RECOVERY ROOM	152	13682	192	13075032			
39 DELIVERY ROOM & LABOR ROOM	104	79519	110	5490848		1288	1288
40 ANESTHESIOLOGY		233119	35091	8520240		457	457
41 RADIOLOGY-DIAGNOSTIC	15	122690	51	52700782		2125	2125
41.01 MRI		1150		7935429			
42 RADIOLOGY-THERAPEUTIC		799	263	3149326		304	304
43 RADIOISOTOPE		3141	452	3772816		70	70
44 LABORATORY		97912	10	65369538		818	818
46 WHOLE BLOOD & PACKED RED BLOO	8	8306		5582836			
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		22498	42533	17547727		700	700
50 PHYSICAL THERAPY		501	956	5189298			
53 ELECTROCARDIOLOGY	3	9692		15884520			
53.01 HEART CENTER	34	259182	770	40790362		611	611
53.02 CARDIAC REHAB	16	1125		216549			
54 ELECTROENCEPHALOGRAPHY		164		1071787			
55 MEDICAL SUPPLIES CHARGED TO P		453893		9050518			
56 DRUGS CHARGED TO PATIENTS			4506027	61023610			
56.02 INPT RENAL DIALYSIS		14472	1123	1668143			
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD	18	5728	6441	7726681		147	147
61 EMERGENCY	248	407258	10118	72144525	806	4540	4540
62 OBSERVATION BEDS (NON-DISTINC							
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	I/R-OTHER	
	ADMINI- STRATION (DIRECT NRSG FTES)	SERVICES & SUPPLY (COSTED REQUIS)	(COSTED REQUIS)	RECORDS + LIBRARY GROSS CHARGES	SERVICE (TIME SPENT)	AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	
	14	15	16	17	18	22	23	
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	2376	3379213	4622805	566686067	10000	31408	31408	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
96.01 POB RX								96.01
96.02 MOBILE MEDICAL CARE								96.02
96.03 ARTHRITIS CENTER								96.03
98 PHYSICIANS' PRIVATE OFFICES		5170	2251			1872	1872	98
98.02 OUTREACH TRANSPORTATION								98.02
98.03 SAINT FRANCIS HEALTH CENTER								98.03
98.04 WOMENS HEALTH CENTER								98.04
98.05 OTHER NRCC		51268	69664			2073	2073	98.05
98.06 ASBURY STREET SNF								98.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2499883	1639854	3167676	2140210	372305	6025831	6880100	103
104 UNIT COST MULT-WS B PT I	1052.139310		.674732		37.230500		194.611490	104
104 UNIT COST MULT-WS B PT I		.477305		.003777		170.447515		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	174348	409393	199902	130720	44144	69863	432962	107
108 UNIT COST MULT-WS B PT III	73.378788		.042580		4.414400		12.246825	108
108 UNIT COST MULT-WS B PT III		.119160		.000231		1.976155		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED	RADIOLOGY SCHOOL	
	(ASSIGNED TIME)	(ASSIGNED TIME)	
	24	24.01	
GENERAL SERVICE COST CENTERS			
1			1
2			2
3			3
4			4
5			5
6.01			6.01
6.02			6.02
6.03			6.03
6.04			6.04
6.05			6.05
6.06			6.06
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
20			20
21			21
22			22
23			23
24			24
24.01	1000	81120	24.01
INPATIENT ROUTINE SERV COST CENTERS			
25			25
26			26
27			27
27.02			27.02
33			33
ANCILLARY SERVICE COST CENTERS			
37			37
37.01			37.01
37.02			37.02
37.03			37.03
38			38
39			39
40			40
41		56160	41
41.01			41.01
42			42
43			43
44			44
46			46
46.30			46.30
49			49
50			50
53			53
53.01			53.01
53.02			53.02
54			54
55			55
56			56
56.02			56.02
OUTPATIENT SERVICE COST CENTERS			
60.01			60.01
61			61
62	1000		62
63.50			63.50
63.60			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10			69.10
69.20			69.20
69.30			69.30
69.40			69.40
71			71
SPECIAL PURPOSE COST CENTERS			

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	RADIOLOGY	
	ED	SCHOOL	
	(ASSIGNED TIME)	(ASSIGNED TIME)	
	24	24.01	
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	1000	56160	95
96 NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
96.01 POB RX			96.01
96.02 MOBILE MEDICAL CARE			96.02
96.03 ARTHRITIS CENTER			96.03
98 PHYSICIANS' PRIVATE OFFICES			98
98.02 OUTREACH TRANSPORTATION			98.02
98.03 SAINT FRANCIS HEALTH CENTER			98.03
98.04 WOMENS HEALTH CENTER			98.04
98.05 OTHER NRCC		24960	98.05
98.06 ASBURY STREET SNF			98.06
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	180662	896555	103
104 UNIT COST MULT-WS B PT I	180.662000		
104 UNIT COST MULT-WS B PT I		11.052207	104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	42655	46522	107
108 UNIT COST MULT-WS B PT III	42.655000		
108 UNIT COST MULT-WS B PT III		.573496	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	28314614		28314614		28314614	25
26 INTENSIVE CARE UNIT	6996920		6996920		6996920	26
27 CORONARY CARE UNIT	1396938		1396938		1396938	27
27.02 SURGICAL HEART UNIT	3892469		3892469		3892469	27.02
33 NURSERY	1388512		1388512		1388512	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	19001818		19001818		19001818	37
37.01 AMBULATORY PRE/POST OP						37.01
37.02 OP GI LAB	1346655		1346655		1346655	37.02
37.03 WOUND CARE CENTER	1126046		1126046		1126046	37.03
38 RECOVERY ROOM	3644882		3644882		3644882	38
39 DELIVERY ROOM & LABOR ROOM	2721343		2721343		2721343	39
40 ANESTHESIOLOGY	1303822		1303822		1303822	40
41 RADIOLOGY-DIAGNOSTIC	8877679		8877679		8877679	41
41.01 MRI	881320		881320		881320	41.01
42 RADIOLOGY-THERAPEUTIC	1081954		1081954		1081954	42
43 RADIOISOTOPE	898568		898568		898568	43
44 LABORATORY	8676947		8676947		8676947	44
46 WHOLE BLOOD & PACKED RED BL	2370607		2370607		2370607	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2459989		2459989		2459989	49
50 PHYSICAL THERAPY	2083173		2083173		2083173	50
53 ELECTROCARDIOLOGY	1367937		1367937		1367937	53
53.01 HEART CENTER	8260591		8260591		8260591	53.01
53.02 CARDIAC REHAB	351717		351717		351717	53.02
54 ELECTROENCEPHALOGRAPHY	176158		176158		176158	54
55 MEDICAL SUPPLIES CHARGED TO	1037235		1037235		1037235	55
56 DRUGS CHARGED TO PATIENTS	9468454		9468454		9468454	56
56.02 INPT RENAL DIALYSIS	656609		656609		656609	56.02
OUTPATIENT SERVICE COST CENTERS						
60.01 OPD	1960383		1960383		1960383	60.01
61 EMERGENCY	8441268		8441268		8441268	61
62 OBSERVATION BEDS (NON-DISTI	3477131		3477131		3477131	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	133661739		133661739		133661739	101
102 LESS OBSERVATION BEDS	3477131		3477131		3477131	102
103 TOTAL	130184608		130184608		130184608	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	62448611		62448611			25
26 INTENSIVE CARE UNIT	13819171		13819171			26
27 CORONARY CARE UNIT	1674199		1674199			27
27.02 SURGICAL HEART UNIT	7476197		7476197			27.02
33 NURSERY	3854153		3854153			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	40326333	21266943	61593276	.308505	.308505	.308505 37
37.01 AMBULATORY PRE/POST OP						37.01
37.02 OP GI LAB	1742166	4345253	6087419	.221219	.221219	.221219 37.02
37.03 WOUND CARE CENTER	73264	3605542	3678806	.306090	.306090	.306090 37.03
38 RECOVERY ROOM	5295523	7779509	13075032	.278767	.278767	.278767 38
39 DELIVERY ROOM & LABOR ROOM	4935538	555310	5490848	.495614	.495614	.495614 39
40 ANESTHESIOLOGY	4980399	3539841	8520240	.153026	.153026	.153026 40
41 RADIOLOGY-DIAGNOSTIC	20323992	32381293	52705285	.168440	.168440	.168440 41
41.01 MRI	2390254	5545175	7935429	.111061	.111061	.111061 41.01
42 RADIOLOGY-THERAPEUTIC	695136	2454190	3149326	.343551	.343551	.343551 42
43 RADIOISOTOPE	1308298	2464518	3772816	.238169	.238169	.238169 43
44 LABORATORY	38586817	27915556	66502373	.130476	.130476	.130476 44
46 WHOLE BLOOD & PACKED RED BL	4347980	1235132	5583112	.424603	.424603	.424603 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	16815473	732254	17547727	.140188	.140188	.140188 49
50 PHYSICAL THERAPY	2880851	2308547	5189398	.401429	.401429	.401429 50
53 ELECTROCARDIOLOGY	7845638	8038882	15884520	.086118	.086118	.086118 53
53.01 HEART CENTER	26570292	14220070	40790362	.202513	.202513	.202513 53.01
53.02 CARDIAC REHAB	141	216408	216549	1.624191	1.624191	1.624191 53.02
54 ELECTROENCEPHALOGRAPHY	303857	769195	1073052	.164165	.164165	.164165 54
55 MEDICAL SUPPLIES CHARGED TO	8226251	824267	9050518	.114605	.114605	.114605 55
56 DRUGS CHARGED TO PATIENTS	49229548	11796767	61026315	.155154	.155154	.155154 56
56.02 INPT RENAL DIALYSIS	1590272	77871	1668143	.393617	.393617	.393617 56.02
OUTPATIENT SERVICE COST CENTERS						
60.01 OPD	40298	7697548	7737846	.253350	.253350	.253350 60.01
61 EMERGENCY	26922513	45232270	72154783	.116988	.116988	.116988 61
62 OBSERVATION BEDS (NON-DISTI	81126	8062657	8143783	.426968	.426968	.426968 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	354784291	213064998	567849289			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	354784291	213064998	567849289			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				2945844		2945844	25
26 INTENSIVE CARE UNIT				396343		396343	26
27 CORONARY CARE UNIT				259579		259579	27
27.02 SURGICAL HEART UNIT				277057		277057	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				77930		77930	33
101 TOTAL				3956753		3956753	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	36025	16463			81.77	1346180	25
26 INTENSIVE CARE UNIT	4588	2520			86.39	217703	26
27 CORONARY CARE UNIT	559	319			464.36	148131	27
27.02 SURGICAL HEART UNIT	2492	1299			111.18	144423	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	2554				30.51		33
101 TOTAL	46218	20601				1856437	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1535857	61593276	16193691			.024935	403790 37
37.01 AMBULATORY PRE/POST OP								37.01
37.02 OP GI LAB		141722	6087419	910601			.023281	21200 37.02
37.03 WOUND CARE CENTER		74935	3678806	59017			.020369	1202 37.03
38 RECOVERY ROOM		380723	13075032	2271495			.029118	66141 38
39 DELIVERY ROOM & LABOR ROOM		301337	5490848	33636			.054880	1846 39
40 ANESTHESIOLOGY		285933	8520240	1993184			.033559	66889 40
41 RADIOLOGY-DIAGNOSTIC		1646427	52705285	10737575			.031238	335420 41
41.01 MRI		255070	7935429	1129519			.032143	36306 41.01
42 RADIOLOGY-THERAPEUTIC		237988	3149326	452645			.075568	34205 42
43 RADIOISOTOPE		195296	3772816	739248			.051764	38266 43
44 LABORATORY		643542	66502373	20550113			.009677	198863 44
46 WHOLE BLOOD & PACKED RED BLOO		111247	5583112	2374363			.019926	47312 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		268139	17547727	9737962			.015281	148806 49
50 PHYSICAL THERAPY		144417	5189398	1781197			.027829	49569 50
53 ELECTROCARDIOLOGY		151751	15884520	4837474			.009553	46212 53
53.01 HEART CENTER		1134573	40790362	14120682			.027815	392767 53.01
53.02 CARDIAC REHAB		56556	216549	141			.261170	37 53.02
54 ELECTROENCEPHALOGRAPHY		30176	1073052	165188			.028122	4645 54
55 MEDICAL SUPPLIES CHARGED TO P		190462	9050518	4142112			.021044	87167 55
56 DRUGS CHARGED TO PATIENTS		257840	61026315	25787450			.004225	108952 56
56.02 INPT RENAL DIALYSIS		48672	1668143	922554			.029177	26917 56.02
OUTPATIENT SERVICE COST CENTERS								
60.01 OPD		360034	7737846	2610			.046529	121 60.01
61 EMERGENCY		688485	72154783	12840379			.009542	122523 61
62 OBSERVATION BEDS (NON-DISTINC		361761	8143783	50784			.044422	2256 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9502943	478576958	131833620				2241412 101

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 08:05

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		
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
27 CORONARY CARE UNIT						27
27.02 SURGICAL HEART UNIT						27.02
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 08:05

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	36025		16463	25
26 INTENSIVE CARE UNIT	4588		2520	26
27 CORONARY CARE UNIT	559		319	27
27.02 SURGICAL HEART UNIT	2492		1299	27.02
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I				31
33 NURSERY	2554			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	46218		20601	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTting FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB							37.02
37.03 WOUND CARE CENTER							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				620692			620692 41
41.01 MRI							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTting FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 HEART CENTER							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.02 INPT RENAL DIALYSIS							56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD							60.01
61 EMERGENCY				180662			180662 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				801354			801354 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		61593276			16193691		6653611 37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB		6087419			910601		1660287 37.02
37.03 WOUND CARE CENTER		3678806			59017		1854886 37.03
38 RECOVERY ROOM		13075032			2271495		2229425 38
39 DELIVERY ROOM & LABOR ROOM		5490848			33636		5439 39
40 ANESTHESIOLOGY		8520240			1993184		1061439 40
41 RADIOLOGY-DIAGNOSTIC	620692	52705285	.011777	.011777	10737575	126456	9757204 41
41.01 MRI		7935429			1129519		1719644 41.01
42 RADIOLOGY-THERAPEUTIC		3149326			452645		1090700 42
43 RADIOISOTOPE		3772816			739248		1012986 43
44 LABORATORY		66502373			20550113		1133546 44
46 WHOLE BLOOD & PACKED RED BLOO		5583112			2374363		572127 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17547727			9737962		319331 49
50 PHYSICAL THERAPY		5189398			1781197		22148 50
53 ELECTROCARDIOLOGY		15884520			4837474		3492498 53
53.01 HEART CENTER		40790362			14120682		8906231 53.01
53.02 CARDIAC REHAB		216549			141		121398 53.02
54 ELECTROENCEPHALOGRAPHY		1073052			165188		242056 54
55 MEDICAL SUPPLIES CHARGED TO P		9050518			4142112		256215 55
56 DRUGS CHARGED TO PATIENTS		61026315			25787450		5922254 56
56.02 INPT RENAL DIALYSIS		1668143			922554		15515 56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD		7737846			2610		629046 60.01
61 EMERGENCY	180662	72154783	.002504	.002504	12840379	32152	7023425 61
62 OBSERVATION BEDS (NON-DISTINC		8143783			50784		3507552 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	801354	478576958			131833620	158608	59208963 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY PRE/POST OP					37.01
37.02 OP GI LAB					37.02
37.03 WOUND CARE CENTER					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			114911		41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 HEART CENTER					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.02 INPT RENAL DIALYSIS					56.02
OUTPATIENT SERVICE COST CENTERS					
60.01 OPD					60.01
61 EMERGENCY			17587		61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			132498		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II 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	
37 ANCILLARY SERVICE COST CENTERS							
37.01 OPERATING ROOM	.308505	.308505	.308505				37
37.02 AMBULATORY PRE/POST OP							37.01
37.03 OP GI LAB	.221219	.221219	.221219				37.02
38 WOUND CARE CENTER	.306090	.306090	.306090				37.03
39 RECOVERY ROOM	.278767	.278767	.278767				38
39 DELIVERY ROOM & LABOR ROOM	.495614	.495614	.495614				39
40 ANESTHESIOLOGY	.153026	.153026	.153026				40
41 RADIOLOGY-DIAGNOSTIC	.168440	.168440	.168440				41
41.01 MRI	.111061	.111061	.111061				41.01
42 RADIOLOGY-THERAPEUTIC	.343551	.343551	.343551				42
43 RADIOISOTOPE	.238169	.238169	.238169				43
44 LABORATORY	.130476	.130476	.130476				44
46 WHOLE BLOOD & PACKED RED BLOOD	.424603	.424603	.424603				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.140188	.140188	.140188				49
50 PHYSICAL THERAPY	.401429	.401429	.401429				50
53 ELECTROCARDIOLOGY	.086118	.086118	.086118				53
53.01 HEART CENTER	.202513	.202513	.202513				53.01
53.02 CARDIAC REHAB	1.624191	1.624191	1.624191				53.02
54 ELECTROENCEPHALOGRAPHY	.164165	.164165	.164165				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.114605	.114605	.114605				55
56 DRUGS CHARGED TO PATIENTS	.155154	.155154	.155154				56
56.02 INPT RENAL DIALYSIS	.393617	.393617	.393617				56.02
60.01 OUTPATIENT SERVICE COST CENTERS							
61 OPD	.253350	.253350	.253350				60.01
62 EMERGENCY	.116988	.116988	.116988				61
62 OBSERVATION BEDS (NON-DISTINCT	.426968	.426968	.426968				62
63.50 RHC							63.50
63.60 FQHC							63.60
65.01 OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		.155154	1
2 PROGRAM VACCINE CHARGES		189413	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		29388	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6653611	7809					37
37.01 AMBULATORY PRE/POST OP								37.01
37.02 OP GI LAB		1660287	110					37.02
37.03 WOUND CARE CENTER		1854886						37.03
38 RECOVERY ROOM		2229425						38
39 DELIVERY ROOM & LABOR ROOM		5439						39
40 ANESTHESIOLOGY		1061439						40
41 RADIOLOGY-DIAGNOSTIC		9757204						41
41.01 MRI		1719644						41.01
42 RADIOLOGY-THERAPEUTIC		1090700	9539					42
43 RADIOISOTOPE		1012986						43
44 LABORATORY		1133546	852					44
46 WHOLE BLOOD & PACKED RED BLOOD		572127						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		319331	131					49
50 PHYSICAL THERAPY		22148						50
53 ELECTROCARDIOLOGY		3492498						53
53.01 HEART CENTER		8906231	16050					53.01
53.02 CARDIAC REHAB		121398						53.02
54 ELECTROENCEPHALOGRAPHY		242056						54
55 MEDICAL SUPPLIES CHARGED TO PA		256215	874					55
56 DRUGS CHARGED TO PATIENTS		5922254	836					56
56.02 INPT RENAL DIALYSIS		15515						56.02
OUTPATIENT SERVICE COST CENTERS								
60.01 OPD		629046	347					60.01
61 EMERGENCY		7023425						61
62 OBSERVATION BEDS (NON-DISTINCT		3507552						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		59208963	36548					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		59208963	36548					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2052672	2409				37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB		367287	24				37.02
37.03 WOUND CARE CENTER		567762					37.03
38 RECOVERY ROOM		621490					38
39 DELIVERY ROOM & LABOR ROOM		2696					39
40 ANESTHESIOLOGY		162428					40
41 RADIOLOGY-DIAGNOSTIC		1643503					41
41.01 MRI		190985					41.01
42 RADIOLOGY-THERAPEUTIC		374711	3277				42
43 RADIOISOTOPE		241262					43
44 LABORATORY		147901	111				44
46 WHOLE BLOOD & PACKED RED BLOOD		242927					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		44766	18				49
50 PHYSICAL THERAPY		8891					50
53 ELECTROCARDIOLOGY		300767					53
53.01 HEART CENTER		1803628	3250				53.01
53.02 CARDIAC REHAB		197174					53.02
54 ELECTROENCEPHALOGRAPHY		39737					54
55 MEDICAL SUPPLIES CHARGED TO PAT		29364	100				55
56 DRUGS CHARGED TO PATIENTS		918861	130				56
56.02 INPT RENAL DIALYSIS		6107					56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD		159369	88				60.01
61 EMERGENCY		821656					61
62 OBSERVATION BEDS (NON-DISTINCT		1497612					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		12443556	9407				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		12443556	9407				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				2945844		2945844	25
26 INTENSIVE CARE UNIT				396343		396343	26
27 CORONARY CARE UNIT				259579		259579	27
27.02 SURGICAL HEART UNIT				277057		277057	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				77930		77930	33
101 TOTAL				3956753		3956753	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	36025	6029			81.77	492991	25
26 INTENSIVE CARE UNIT	4588	866			86.39	74814	26
27 CORONARY CARE UNIT	559	77			464.36	35756	27
27.02 SURGICAL HEART UNIT	2492	339			111.18	37690	27.02
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	2554	1780			30.51	54308	33
101 TOTAL	46218	9091				695559	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST	3	CHARGES	CHARGES	6	CHARGES	8
	1	2		4	5		7	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1535857	61593276				.024935	37
37.01 AMBULATORY PRE/POST OP								37.01
37.02 OP GI LAB		141722	6087419				.023281	37.02
37.03 WOUND CARE CENTER		74935	3678806				.020369	37.03
38 RECOVERY ROOM		380723	13075032				.029118	38
39 DELIVERY ROOM & LABOR ROOM		301337	5490848				.054880	39
40 ANESTHESIOLOGY		285933	8520240				.033559	40
41 RADIOLOGY-DIAGNOSTIC		1646427	52705285				.031238	41
41.01 MRI		255070	7935429				.032143	41.01
42 RADIOLOGY-THERAPEUTIC		237988	3149326				.075568	42
43 RADIOISOTOPE		195296	3772816				.051764	43
44 LABORATORY		643542	66502373				.009677	44
46 WHOLE BLOOD & PACKED RED BLOO		111247	5583112				.019926	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		268139	17547727				.015281	49
50 PHYSICAL THERAPY		144417	5189398				.027829	50
53 ELECTROCARDIOLOGY		151751	15884520				.009553	53
53.01 HEART CENTER		1134573	40790362				.027815	53.01
53.02 CARDIAC REHAB		56556	216549				.261170	53.02
54 ELECTROENCEPHALOGRAPHY		30176	1073052				.028122	54
55 MEDICAL SUPPLIES CHARGED TO P		190462	9050518				.021044	55
56 DRUGS CHARGED TO PATIENTS		257840	61026315				.004225	56
56.02 INPT RENAL DIALYSIS		48672	1668143				.029177	56.02
OUTPATIENT SERVICE COST CENTERS								
60.01 OPD		360034	7737846				.046529	60.01
61 EMERGENCY		688485	72154783				.009542	61
62 OBSERVATION BEDS (NON-DISTINC		361761	8143783				.044422	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9502943	478576958					101

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 08:05

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 08:05

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	36025		6029	25
26 INTENSIVE CARE UNIT	4588		866	26
27 CORONARY CARE UNIT	559		77	27
27.02 SURGICAL HEART UNIT	2492		339	27.02
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I				31
33 NURSERY	2554		1780	33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	46218		9091	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB							37.02
37.03 WOUND CARE CENTER							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				620692			620692 41
41.01 MRI							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 HEART CENTER							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.02 INPT RENAL DIALYSIS							56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD							60.01
61 EMERGENCY				180662			180662 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				801354			801354 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		61593276					37
37.01 AMBULATORY PRE/POST OP							37.01
37.02 OP GI LAB		6087419					37.02
37.03 WOUND CARE CENTER		3678806					37.03
38 RECOVERY ROOM		13075032					38
39 DELIVERY ROOM & LABOR ROOM		5490848					39
40 ANESTHESIOLOGY		8520240					40
41 RADIOLOGY-DIAGNOSTIC	620692	52705285	.011777	.011777			41
41.01 MRI		7935429					41.01
42 RADIOLOGY-THERAPEUTIC		3149326					42
43 RADIOISOTOPE		3772816					43
44 LABORATORY		66502373					44
46 WHOLE BLOOD & PACKED RED BLOO		5583112					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17547727					49
50 PHYSICAL THERAPY		5189398					50
53 ELECTROCARDIOLOGY		15884520					53
53.01 HEART CENTER		40790362					53.01
53.02 CARDIAC REHAB		216549					53.02
54 ELECTROENCEPHALOGRAPHY		1073052					54
55 MEDICAL SUPPLIES CHARGED TO P		9050518					55
56 DRUGS CHARGED TO PATIENTS		61026315					56
56.02 INPT RENAL DIALYSIS		1668143					56.02
OUTPATIENT SERVICE COST CENTERS							
60.01 OPD		7737846					60.01
61 EMERGENCY	180662	72154783	.002504	.002504			61
62 OBSERVATION BEDS (NON-DISTINC		8143783					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	801354	478576958					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY PRE/POST OP					37.01
37.02 OP GI LAB					37.02
37.03 WOUND CARE CENTER					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 HEART CENTER					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.02 INPT RENAL DIALYSIS					56.02
OUTPATIENT SERVICE COST CENTERS					
60.01 OPD					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0080)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	36025						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	36025						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12852						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23173						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)	16463						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) (14-0080)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	28314614						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	28314614						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	70077053						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	26747370						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	43329683						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.404050						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	2081.18						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1869.83						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	211.35						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	85.40						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1097561						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	27217053						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	785.97					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12939424					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12939424					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	6996920	4588	1525.05	2520	3843126	43
44 CORONARY CARE UNIT	1396938	559	2498.99	319	797178	44
44.02 SURGICAL HEART UNIT	3892469	2492	1561.99	1299	2029025	44.02
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	23872466					48
49 TOTAL PROGRAM INPATIENT COSTS	43481219					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1856437					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2400020					51
52 TOTAL PROGRAM EXCLUDABLE COST	4256457					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	39224762					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4424	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	785.97	84
85 OBSERVATION BED COST	3477131	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		28314614		3477131		86
87 NEW CAPITAL-RELATED COST	2945844	28314614	.104040	3477131	361761	87
88 NON PHYSICIAN ANESTHETIST		28314614		3477131		88
89 NURSING SCHOOL		28314614		3477131		89
89.01 ALLIED HEALTH		28314614		3477131		89.01
89.02 ALL OTHER		28314614		3477131		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	36025					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	36025					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12852					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23173					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)	6029					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	2554					15
16 TITLE V OR XIX NURSERY DAYS	1780					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	28314614						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	28314614						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	70077053						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	26747370						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	43329683						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.404050						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	2081.18						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1869.83						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	211.35						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	85.40						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1097561						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	27217053						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	755.50					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4554910					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4554910					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)	1388512	2554	543.66	1780	967715	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	6996920	4588	1525.05	866	1320693	43
44 CORONARY CARE UNIT	1396938	559	2498.99	77	192422	44
44.02 SURGICAL HEART UNIT	3892469	2492	1561.99	339	529515	44.02
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-0080)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	7565255					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	695559					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	695559					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/29/2010 08:05

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4424	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	785.97	84
85 OBSERVATION BED COST	3477131	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		34038699		25
26 INTENSIVE CARE UNIT		7554360		26
27 CORONARY CARE UNIT		953824		27
27.02 SURGICAL HEART UNIT		3887929		27.02
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.308505	16193691	4995835	37
37.01 AMBULATORY PRE/POST OP				37.01
37.02 OP GI LAB	.221219	910601	201442	37.02
37.03 WOUND CARE CENTER	.306090	59017	18065	37.03
38 RECOVERY ROOM	.278767	2271495	633218	38
39 DELIVERY ROOM & LABOR ROOM	.495614	33636	16670	39
40 ANESTHESIOLOGY	.153026	1993184	305009	40
41 RADIOLOGY-DIAGNOSTIC	.168440	10737575	1808637	41
41.01 MRI	.111061	1129519	125446	41.01
42 RADIOLOGY-THERAPEUTIC	.343551	452645	155507	42
43 RADIOISOTOPE	.238169	739248	176066	43
44 LABORATORY	.130476	20550113	2681297	44
46 WHOLE BLOOD & PACKED RED BLOOD	.424603	2374363	1008162	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.140188	9737962	1365145	49
50 PHYSICAL THERAPY	.401429	1781197	715024	50
53 ELECTROCARDIOLOGY	.086118	4837474	416594	53
53.01 HEART CENTER	.202513	14120682	2859622	53.01
53.02 CARDIAC REHAB	1.624191	141	229	53.02
54 ELECTROENCEPHALOGRAPHY	.164165	165188	27118	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.114605	4142112	474707	55
56 DRUGS CHARGED TO PATIENTS	.155154	25787450	4001026	56
56.02 INPT RENAL DIALYSIS	.393617	922554	363133	56.02
OUTPATIENT SERVICE COST CENTERS				
60.01 OPD	.253350	2610	661	60.01
61 EMERGENCY	.116988	12840379	1502170	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.426968	50784	21683	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		131833620	23872466	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		131833620		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
27.02 SURGICAL HEART UNIT			27.02
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.308505		37
37.01 AMBULATORY PRE/POST OP			37.01
37.02 OP GI LAB	.221219		37.02
37.03 WOUND CARE CENTER	.306090		37.03
38 RECOVERY ROOM	.278767		38
39 DELIVERY ROOM & LABOR ROOM	.495614		39
40 ANESTHESIOLOGY	.153026		40
41 RADIOLOGY-DIAGNOSTIC	.168440		41
41.01 MRI	.111061		41.01
42 RADIOLOGY-THERAPEUTIC	.343551		42
43 RADIOISOTOPE	.238169		43
44 LABORATORY	.130476		44
46 WHOLE BLOOD & PACKED RED BLOOD	.424603		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.140188		49
50 PHYSICAL THERAPY	.401429		50
53 ELECTROCARDIOLOGY	.086118		53
53.01 HEART CENTER	.202513		53.01
53.02 CARDIAC REHAB	1.624191		53.02
54 ELECTROENCEPHALOGRAPHY	.164165		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.114605		55
56 DRUGS CHARGED TO PATIENTS	.155154		56
56.02 INPT RENAL DIALYSIS	.393617		56.02
OUTPATIENT SERVICE COST CENTERS			
60.01 OPD	.253350		60.01
61 EMERGENCY	.116988		61
62 OBSERVATION BEDS (NON-DISTINCT	.426968		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0080)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	6955313					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8121018					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	16577700					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	361514					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	385321					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	778955					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	935852					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	228.73					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	100.42					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	12.07					3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]	-7.48					3.06
3.07	SUM OF LINES 3.04-3.06	103.18				-7.48	3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	91.64					3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE	91.64					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	91.37					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	92.17					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	91.73				0.00	3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0080)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.401041				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.397019				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	0.397019				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1432305				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1665158				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 ]	3397652				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	6495115 0	6495115			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0800				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2557				4.01
4.02	SUM OF 4 AND 4.01	0.3357				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1691				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	5352697				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					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	44437695				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	44437695				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3594386				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3617043				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	18325				11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	158608				15
16	TOTAL	51826057				16
17	PRIMARY PAYER PAYMENTS	45723				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	51780334				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2614020				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	295874				20
21	REIMBURSABLE BAD DEBTS	936792				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	655754				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	886350				21.02
22	SUBTOTAL	49526194				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0080)	SUB I	SUB II	SUB III	SUB IV	
23	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	49526194				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	49874913				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-348719				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	688597				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 (14-0080) 1	HOSPITAL (14-0080) 1.01	HOSPITAL (14-0080) 1.02	
1 MEDICAL AND OTHER SERVICES	38795			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	12311058			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	10027004			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	132498			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	38795			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	225961			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	225961			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	225961			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	187166			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	38795			17
17.01 TOTAL PPS PAYMENTS	10159502			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0080) 1	HOSPITAL (14-0080) 1.01	HOSPITAL (14-0080) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	5924		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2368777		18.01
19 SUBTOTAL	7823596		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1039408		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	8863004		23
24 PRIMARY PAYER PAYMENTS	527		24
25 SUBTOTAL	8862477		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	717760		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	502432		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	690606		27.02
28 SUBTOTAL	9364909		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	9364909		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	7854465		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1510444		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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		49725478		7679424	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.			02/05/2010	175041	3.01
PROGRAM .01					3.02
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.	06/11/2010	182317			3.03
PROGRAM .02					3.04
TO .03					3.05
PROVIDER .04					3.50
PROVIDER .05	02/02/2010	32882			3.51
PROVIDER .51					3.52
TO .52				NONE	3.53
PROGRAM .53					3.54
PROGRAM .54					
SUBTOTAL .99		149435		175041	3.99
4 TOTAL INTERIM PAYMENTS		49874913		7854465	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.					5.01
PROGRAM .01					5.02
TO .02					5.03
PROVIDER .03					5.50
PROVIDER .50					5.51
TO .51					5.52
PROGRAM .52					
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					6.01
PROGRAM TO .01					6.02
PROVIDER TO .02					
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0080) (OTHER)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	7565255			1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL	7565255			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
10	SUBTOTAL	7565255			9
11	COMPUTATION OF LESSER OF COST OR CHARGES				
12	ROUTINE SERVICE CHARGES				10
13	ANCILLARY SERVICE CHARGES				11
14	INTERNS AND RESIDENTS SERVICE CHARGES				12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
16	TEACHING PHYSICIANS				14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
18	TOTAL REASONABLE CHARGES				16
19	CUSTOMARY CHARGES				
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
23	ACCORDANCE WITH 42 CFR 413.13(E)				
24	RATIO OF LINE 17 TO LINE 18				19
25	TOTAL CUSTOMARY CHARGES				20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	7565255			22
28	COST OF COVERED SERVICES	7565255			23
29	PROSPECTIVE PAYMENT AMOUNT				
30	OTHER THAN OUTLIER PAYMENTS				24
31	OUTLIER PAYMENTS				25
32	PROGRAM CAPITAL PAYMENTS				26
33	CAPITAL EXCEPTION PAYMENTS				27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS				28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				29
36	SUBTOTAL	7565255			30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED				31
38	LESSER OF LINES 30 OR 31	7565255			32
39	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 (14-0080) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	7565255				34
36	SUBTOTAL					35
37	COINSURANCE					36
38	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	100.42 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	12.07 3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	-5.93 3.03
3.04	FTE ADJUSTMENT CAP 101.34 -5.93	95.41 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	91.64 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	91.64 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	49.75 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	41.03 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	90.78 3.09
3.10	SEE INSTRUCTIONS	90.78 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	41.03 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	38.51 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	38.05 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	39.20 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	39.20 3.16
3.17	SEE INSTRUCTIONS	91205.68 3.17
3.18	SEE INSTRUCTIONS	3575263 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		51.70	3.19
3.20	SEE INSTRUCTIONS		52.72	3.20
3.21	SEE INSTRUCTIONS		51.39	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		51.39	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		96319.08	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		4949838	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		8525101	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		20601	4
5	TOTAL INPATIENT DAYS		39240	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.525000	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 4475678	0	4475678	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		969	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		39240	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		180773	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

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

12	REASONABLE COST	43481219	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	45723	15
16	TOTAL PART A REASONABLE COST	43435496	16
PART B REASONABLE COST			
17	REASONABLE COST	12482351	17
18	PRIMARY PAYER PAYMENTS	527	18
19	TOTAL PART B REASONABLE COST	12481824	19
20	TOTAL REASONABLE COST	55917320	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.776781	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.223219	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	4656451	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3617043	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	1039408	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	7311	4
5	TOTAL INPATIENT DAYS	39240	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x ] [E-3,PART 6] [LINE 3.25] [ LINE 11 ]	.186315	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	39240	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO ] [E-3,PART 6] [ 422 ] [ LINE 12 ] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

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

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

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

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

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

WORKSHEET E-3  
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	101.34	2
3	UNADJUSTED DIRECT GME FTE CAP	112.49	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	101.34	4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	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)	103.18	13
14	UNADJUSTED IME FTE CAP	112.49	14
15	PRORATED REDUCED ALLOWABLE FTE CAP	103.18	15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
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

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

WORKSHEET E-3  
PART VI

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1923951			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	21435597			4
5	OTHER RECEIVABLES	688335			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1349905			7
8	PREPAID EXPENSES	237592			8
9	OTHER CURRENT ASSETS	24100551			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	49735931			11
FIXED ASSETS					
12	LAND	8716880			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1829707			13
13.01	ACCUMULATED DEPRECIATION	-1656023			13.01
14	BUILDINGS	105753298			14
14.01	ACCUMULATED DEPRECIATION	-60923867			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	116373882			18
18.01	ACCUMULATED DEPRECIATION	-100322984			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	69770893			21
OTHER ASSETS					
22	INVESTMENTS	84718231			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	84718231			26
27	TOTAL ASSETS	204225055			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2670272			28
29	SALARIES, WAGES & FEES PAYABLE	77818			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	13668227			35
36	TOTAL CURRENT LIABILITIES	16416317			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	43384340			41
42	TOTAL LONG TERM LIABILITIES	43384340			42
43	TOTAL LIABILITIES	59800657			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	144424398			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	144424398			51
52	TOTAL LIABILITIES AND FUND BALANCES	204225055			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	139685030			1
2 NET INCOME (LOSS)	4125938			2
3 TOTAL	143810968			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFER FROM AFFILIATES	613430			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	613430			10
11 SUBTOTAL	144424398			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS TO AFFILIATES				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	144424398			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	64493968		64493968	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	64493968		64493968	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	13802817		13802817	12
13 CORONARY CARE UNIT	1660448		1660448	13
14.02 SURGICAL HEART UNIT	7442780		7442780	14.02
15 BURN INTENSIVE CARE UNIT				15
16 SURGICAL INTENSIVE CARE UNIT				16
17 OTHER SPECIAL CARE (SPECIFY)				17
18 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	22906045		22906045	18
19 TOTAL INPATIENT ROUTINE CARE SERVICES	87400013		87400013	19
20 ANCILLARY SERVICES	265554129	217086897	482641026	20
21 OUTPATIENT SERVICES				21
22.50 RHC				22.50
23.60 FQHC				23.60
24 HOME HEALTH AGENCY				24
25 AMBULANCE				25
26 CORF				26
27 ASC				27
28 HOSPICE				28
29 PRIVATE DUTY				29
30 TOTAL PATIENT REVENUES	352954142	217086897	570041039	30

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		155384097	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	14548500		28
29 ASSET DISPOSALS	512978		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		15061478	33
34 DEDUCT (SPECIFY)			34
35 CHILD CARE CENTER EXPENSES	-1200266		35
36 GIFT SHOP	-66225		36
37			37
38			38
39 TOTAL DEDUCTIONS	-1266491		39
40 TOTAL OPERATING EXPENSES		169179084	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	570041039	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	402508146	2
3	NET PATIENT REVENUES	167532893	3
4	LESS - TOTAL OPERATING EXPENSES	169179084	4
5	NET INCOME FROM SERVICE TO PATIENTS	-1646191	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	560674	6
7	INCOME FROM INVESTMENTS	3451396	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	7494	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	613341	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	1772	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	102833	20
21	RENTAL OF VENDING MACHINES	17490	21
22	RENTAL OF HOSPITAL SPACE	85920	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	DAY CARE REVENUE	1587611	24
24.01	MD STAFF APPLICATION FEES		24.01
24.02	GRANTS	75409	24.02
24.03	CORPORATE OVERHEAD RECOVERY	105208	24.03
24.04	MISCELLANEOUS REVENUE	125741	24.04
24.05	REFERENCE LAB	11401	24.05
24.06	ASSETS DISPOSALS	800	24.06
24.07	INTEREST-3RD PARTY PAYMENTS	43369	24.07
24.08	EMS REVENUE	248161	24.08
25	TOTAL OTHER INCOME	7038620	25
26	TOTAL	5392429	26
27	CHILD CARE CENTER EXPENSES	1200266	27
27.01	GIFT SHOP	66225	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	1266491	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4125938	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0080)	HOSPITAL (14-0080)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	2605363				3
3.01					3.01
4	96686				4
4	107.51				4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT FINANCIAL SVC					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMEDICAL EDUCATION PROGRAM					24
24.01 RADIOLOGY SCHOOL					24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
27.02 SURGICAL HEART UNIT					27.02
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY PRE/POST OP					37.01
37.02 OP GI LAB					37.02
37.03 WOUND CARE CENTER					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 HEART CENTER					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
56.02 INPT RENAL DIALYSIS					56.02
OUTPATIENT SERVICE COST CENTERS					
60.01 OPD					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02

PROVIDER NO. 14-0080 SAINT FRANCIS HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/29/2010 08:05

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
96 NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
96.01 POB RX					96.01
96.02 MOBILE MEDICAL CARE					96.02
96.03 ARTHRITIS CENTER					96.03
98 PHYSICIANS' PRIVATE OFFICES					98
98.02 OUTREACH TRANSPORTATION					98.02
98.03 SAINT FRANCIS HEALTH CENTER					98.03
98.04 WOMENS HEALTH CENTER					98.04
98.05 OTHER NRCC					98.05
98.06 ASBURY STREET SNF					98.06
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	45.70		16.74				62.44 25
26 INTENSIVE CARE UNIT	54.93		18.88				73.81 26
27 CORONARY CARE UNIT	57.07		13.77				70.84 27
27.02 SURGICAL HEART UNIT	52.13		13.60				65.73 27.02
33 NURSERY			69.69				69.69 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	26.29	10.80					37.09 37
37.02 OP GI LAB	14.96	27.27					42.23 37.02
37.03 WOUND CARE CENTER	1.60	50.42					52.02 37.03
38 RECOVERY ROOM	17.37	17.05					34.42 38
39 DELIVERY ROOM & LABOR ROOM	0.61	0.10					0.71 39
40 ANESTHESIOLOGY	23.39	12.46					35.85 40
41 RADIOLOGY-DIAGNOSTIC	20.37	18.51					38.88 41
41.01 MRI	14.23	21.67					35.90 41.01
42 RADIOLOGY-THERAPEUTIC	14.37	34.63					49.00 42
43 RADIOISOTOPE	19.59	26.85					46.44 43
44 LABORATORY	30.90	1.70					32.60 44
46 WHOLE BLOOD & PACKED RED BLOOD	42.53	10.25					52.78 46
49 RESPIRATORY THERAPY	55.49	1.82					57.31 49
50 PHYSICAL THERAPY	34.32	0.43					34.75 50
53 ELECTROCARDIOLOGY	30.45	21.99					52.44 53
53.01 HEART CENTER	34.62	21.83					56.45 53.01
53.02 CARDIAC REHAB	0.07	56.06					56.13 53.02
54 ELECTROENCEPHALOGRAPHY	15.39	22.56					37.95 54
55 MEDICAL SUPPLIES CHARGED TO PAT	45.77	2.83					48.60 55
56 DRUGS CHARGED TO PATIENTS	42.26	9.70					51.96 56
56.02 INPT RENAL DIALYSIS	55.30	0.93					56.23 56.02
60.01 OPD	0.03	8.13					8.16 60.01
61 EMERGENCY	17.80	9.73					27.53 61
62 OBSERVATION BEDS (NON-DISTINCT	0.62	43.07					43.69 62
101 TOTAL CHARGES	23.22	10.43					33.65 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	7518285	5.11	-7518285	-9.43		3
4	NEW CAP REL COSTS-MVBLE EQUIP	6012236	4.08	-6012236	-7.54		4
5	EMPLOYEE BENEFITS	11404046	7.75	-11404046	-14.30		5
6.01	COMMUNICATIONS						6.01
6.02	DATA PROCESSING						6.02
6.03	PURCHASING	185883	.13	-185883	-.23		6.03
6.04	ADMITTING	1481431	1.01	-1481431	-1.86		6.04
6.05	PATIENT FINANCIAL SVC	2947996	2.00	-2947996	-3.70		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	24370944	16.56	-24370944	-30.55		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	6782579	4.61	-6782579	-8.50		8
9	LAUNDRY & LINEN SERVICE	888580	.60	-888580	-1.11		9
10	HOUSEKEEPING	1842788	1.25	-1842788	-2.31		10
11	DIETARY	940577	.64	-940577	-1.18		11
12	CAFETERIA	554157	.38	-554157	-.69		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1563828	1.06	-1563828	-1.96		14
15	CENTRAL SERVICES & SUPPLY	504790	.34	-504790	-.63		15
16	PHARMACY	1920990	1.31	-1920990	-2.41		16
17	MEDICAL RECORDS & LIBRARY	1302988	.89	-1302988	-1.63		17
18	SOCIAL SERVICE	179950	.12	-179950	-.23		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	3969549	2.70	-3969549	-4.98		22
23	I&R SERVICES-OTHER PRGM COSTS A	4731372	3.21	-4731372	-5.93		23
24	PARAMEDICAL EDUCATION PROGRAM	42697	.03	-42697	-.05		24
24.01	RADIOLOGY SCHOOL	618047	.42	-618047	-.77		24.01
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	12009228	8.16	21447606	26.89	33456834	22.73
26	INTENSIVE CARE UNIT	3720517	2.53	4075882	5.11	7796399	5.30
27	CORONARY CARE UNIT	507003	.34	1156428	1.45	1663431	1.13
27.02	SURGICAL HEART UNIT	2046710	1.39	1845759	2.31	3892469	2.64
33	NURSERY	760948	.52	627564	.79	1388512	.94
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	11566397	7.86	8377274	10.50	19943671	13.55
37.01	AMBULATORY PRE/POST OP						37.01
37.02	OP GI LAB	705873	.48	907640	1.14	1613513	1.10
37.03	WOUND CARE CENTER	812071	.55	325292	.41	1137363	.77
38	RECOVERY ROOM	1674730	1.14	1970152	2.47	3644882	2.48
39	DELIVERY ROOM & LABOR ROOM	1321439	.90	1870100	2.34	3191539	2.17
40	ANESTHESIOLOGY	571405	.39	899249	1.13	1470654	1.00
41	RADIOLOGY-DIAGNOSTIC	3417818	2.32	6235611	7.82	9653429	6.56
41.01	MRI	229826	.16	651494	.82	881320	.60
42	RADIOLOGY-THERAPEUTIC	371304	.25	821628	1.03	1192932	.81

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
43 RADIOISOTOPE	386612	.26	537510	.67	924122	.63	43
44 LABORATORY	5034812	3.42	3940753	4.94	8975565	6.10	44
46 WHOLE BLOOD & PACKED RED BLOOD	1587132	1.08	783475	.98	2370607	1.61	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	1259435	.86	1456095	1.83	2715530	1.85	49
50 PHYSICAL THERAPY	1178424	.80	904749	1.13	2083173	1.42	50
53 ELECTROCARDIOLOGY	579992	.39	787945	.99	1367937	.93	53
53.01 HEART CENTER	4721331	3.21	3762311	4.72	8483642	5.76	53.01
53.02 CARDIAC REHAB	138227	.09	213490	.27	351717	.24	53.02
54 ELECTROENCEPHALOGRAPHY	68627	.05	107531	.13	176158	.12	54
55 MEDICAL SUPPLIES CHARGED TO PAT	570498	.39	466737	.59	1037235	.70	55
56 DRUGS CHARGED TO PATIENTS	4617750	3.14	4850704	6.08	9468454	6.43	56
56.02 INPT RENAL DIALYSIS	459574	.31	197035	.25	656609	.45	56.02
60.01 OPD	1123976	.76	890071	1.12	2014047	1.37	60.01
61 EMERGENCY	3932989	2.67	6165647	7.73	10098636	6.86	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	57908	.04	115165	.14	173073	.12	96
96.01 POB RX							96.01
96.02 MOBILE MEDICAL CARE							96.02
96.03 ARTHRITIS CENTER							96.03
98 PHYSICIANS' PRIVATE OFFICES	776244	.53	985878	1.24	1762122	1.20	98
98.02 OUTREACH TRANSPORTATION							98.02
98.03 SAINT FRANCIS HEALTH CENTER							98.03
98.04 WOMENS HEALTH CENTER							98.04
98.05 OTHER NRCC	1207480	.82	2386938	2.99	3594418	2.44	98.05
98.06 ASBURY STREET SNF							98.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	147179993	100.00	0	.00	147179993	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1535857	61593276	.024935	16193691	403790	37
37.01 AMBULATORY PRE/POST OP						37.01
37.02 OP GI LAB	141722	6087419	.023281	910601	21200	37.02
37.03 WOUND CARE CENTER	74935	3678806	.020369	59017	1202	37.03
38 RECOVERY ROOM	380723	13075032	.029118	2271495	66141	38
39 DELIVERY ROOM & LABOR ROOM	301337	5490848	.054880	33636	1846	39
40 ANESTHESIOLOGY	285933	8520240	.033559	1993184	66889	40
41 RADIOLOGY-DIAGNOSTIC	1646427	52705285	.031238	10737575	335420	41
41.01 MRI	255070	7935429	.032143	1129519	36306	41.01
42 RADIOLOGY-THERAPEUTIC	237988	3149326	.075568	452645	34205	42
43 RADIOISOTOPE	195296	3772816	.051764	739248	38266	43
44 LABORATORY	643542	66502373	.009677	20550113	198863	44
46 WHOLE BLOOD & PACKED RED BLOOD	111247	5583112	.019926	2374363	47312	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	268139	17547727	.015281	9737962	148806	49
50 PHYSICAL THERAPY	144417	5189398	.027829	1781197	49569	50
53 ELECTROCARDIOLOGY	151751	15884520	.009553	4837474	46212	53
53.01 HEART CENTER	1134573	40790362	.027815	14120682	392767	53.01
53.02 CARDIAC REHAB	56556	216549	.261170	141	37	53.02
54 ELECTROENCEPHALOGRAPHY	30176	1073052	.028122	165188	4645	54
55 MEDICAL SUPPLIES CHARGED TO PAT	190462	9050518	.021044	4142112	87167	55
56 DRUGS CHARGED TO PATIENTS	257840	61026315	.004225	25787450	108952	56
56.02 INPT RENAL DIALYSIS	48672	1668143	.029177	922554	26917	56.02
OUTPATIENT SERVICE COST CENTERS						
60.01 OPD	360034	7737846	.046529	2610	121	60.01
61 EMERGENCY	688485	72154783	.009542	12840379	122523	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	361761	8143783	.044422	50784	2256	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	9502943	478576958		131833620	2241412	101

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2945844		2945844	36025	81.77	16463	1346180 25
26 INTENSIVE CARE UNIT	396343		396343	4588	86.39	2520	217703 26
27 CORONARY CARE UNIT	259579		259579	559	464.36	319	148131 27
27.02 SURGICAL HEART UNIT	277057		277057	2492	111.18	1299	144423 27.02
101 TOTAL	3878823		3878823			20601	1856437 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						1856437	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						2241412	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						4097849	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						3771	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						20601	
PER DISCHARGE CAPITAL COSTS						1086.67	
PER DIEM CAPITAL COSTS						198.92	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	39224762
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	178268432
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.220

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	4097849
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5999)	12302177
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	59186815
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.208