

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: _____ TIME: _____
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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 07/01/2010 AND ENDING 06/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL					1
2 SUBPROVIDER - IPF		-1,422,146	1,676,861		2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-1,422,146	1,676,861		200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 355 RIDGE AVENUE
 2 CITY: EVANSTON

STATE: IL

P.O.BOX:
 ZIP CODE: 60202

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL SAINT FRANCIS HOSPITAL	14-0080	29404	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.							1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.							3	N 23

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	9,092	1,885			327	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:	ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:	ENDING:	38

	V 1	XVIII 2	XIX 3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL			
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N 45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N 46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N 47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N 48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N		58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ COL.1+COL.2))		
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	0.96	37.74	0.024806	64

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5
 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE
 INSTRUCTIONS)

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ COL.3+COL.4))			
65	PROGRAM NAME 1 INTERNAL MEDICINE	PROGRAM CODE 2 1400	5.34	47.58	0.100907	65

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ COL.1+COL.2))		
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	1.17	40.09	0.028357	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))		
1	2	3	4	5		
67 INTERNAL MEDICINE	1400	5.24	47.28	0.099772	67	
INPATIENT PSYCHIATRIC FACILITY PPS						
70 IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.					N 70	
71 IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					71	
INPATIENT REHABILITATION FACILITY PPS						
75 IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.					N 75	
76 IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					76	
LONG TERM CARE HOSPITAL PPS						
80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.					N 80	
TEFRA PROVIDERS						
85 IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.					N 85	
86 DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.					N 86	
TITLE V AND XIX INPATIENT SERVICES						
90 DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				V 1 XIX 2	N Y 90	
91 IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 91	
92 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N 92	
93 DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 93	
94 DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 94	
95 IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					95	
96 DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 96	
97 IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					97	
RURAL PROVIDERS						
105 DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?					N 105	
106 IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106	
107 COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107	
108 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.					N 108	
109 IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.			PHY- SICAL	OCCUP- ATIONAL	RESPI- RATORY	N N N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	148082 140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: RESURRECTION HEALTH CARE	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES, I	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 100 NORTH RIVER ROAD	P.O. BOX:		142
143	CITY: DES PLAINES	STATE: IL	ZIP CODE: 60016	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.

SEE 42 CFR §413.13)	PART A	PART B
155 HOSPITAL	1	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC	N	N 160

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165			
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 11/18/2011 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT				Y 15	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 N	4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/31/2011	Y	12/31/2011 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- | | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

- | | | |
|----|---|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | 31 |

PURCHASED SERVICES

- | | | |
|----|---|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | 33 |

PROVIDER-BASED PHYSICIANS

- | | | |
|----|--|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- | | | Y/N | DATE | |
|----|--|-----|------|----|
| | | 1 | 2 | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | | | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 40 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	54,538,528	54,538,528	1,907,121.00	28.60	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A		5,942	5,942	240.00	24.76	4	
4.01	PHYSICIANS-PART A - DIRECT TEACHING		591,584	591,584	8,014.00	73.82	4.01	
5	PHYSICIAN-PART B		513,997	513,997	11,667.00	44.06	5	
6	NON-PHYSICIAN-PART B						6	
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	3,989,754	3,989,754	171,872.00	23.21	7	
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01	
8	HOME OFFICE PERSONNEL						8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		320,798	53,260	374,058	10,764.00	34.75	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		107,703	107,703	1,817.00	59.28	11	
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A						13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		9,042,573	9,042,573	289,879.00	31.19	14	
15	HOME OFFICE: PHYSICIAN-PART A						15	
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16	
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		12,547,663	12,547,663			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		87,866	87,866			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A		108,925	108,925			22	
23	PHYSICIAN PART B		109,800	109,800			23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		887,084	887,084			25	
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		53,260	-53,260			26	
27	ADMINISTRATIVE & GENERAL		3,459,109	-179,485	3,279,624	95,576.00	34.31	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28	
29	MAINTENANCE & REPAIRS						29	
30	OPERATION OF PLANT		1,762,178	1,762,178	84,809.00	20.78	30	
31	LAUNDRY & LINEN SERVICE						31	
32	HOUSEKEEPING		1,396,756	1,396,756	108,577.00	12.86	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33	
34	DIETARY		1,262,837	-820,718	442,119	26,420.00	16.73	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35	
36	CAFETERIA			820,718	820,718	49,044.00	16.73	36
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		1,152,180	1,152,180	27,736.00	41.54	38	
39	CENTRAL SERVICES AND SUPPLY		243,502	243,502	16,947.00	14.37	39	
40	PHARMACY		1,785,725	1,785,725	46,672.00	38.26	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		924,103	924,103	40,240.00	22.96	41	
42	SOCIAL SERVICE			179,485	179,485	5,813.00	30.88	42
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	49,443,193		49,443,193	1,715,568.0	28.82	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	320,798	53,260	374,058	10,764.00	34.75	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	49,122,395	-53,260	49,069,135	1,704,804.0	28.78	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	9,150,276		9,150,276	291,696.00	31.37	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	12,656,588		12,656,588		25.79%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	70,929,259	-53,260	70,875,999	1,996,500.0	35.50	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	12,039,650	-53,260	11,986,390	501,834.00	23.89	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	3,167,927	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	5,217,066	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	169,043	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	79,882	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	243,876	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	734,919	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	3,877,964	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	142,546	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	108,115	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	13,741,338	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:07

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT	
0		LABOR	COST	
		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	107,703	13,765,532	1
2	HOSPITAL	107,703	13,765,532	2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)		0.219960	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		17,814,177	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		6,802,674	5
6	MEDICAID CHARGES		115,397,203	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)		25,382,769	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)		765,918	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)				
9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)			12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)				
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)			15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)			16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)				
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE			17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS		13,922	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)		765,918	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	5,928,556		5,928,556	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	1,304,045		1,304,045	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	208,164		208,164	22
23	COST OF CHARITY CARE	1,095,881		1,095,881	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			23,793,743	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,235,755	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			22,557,988	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,961,855	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			6,057,736	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			6,823,654	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		15,836,957	15,836,957	-5,909,136	1
2	00200				5,894,027	2
3	00300		106,199	106,199	-106,199	3
4	00400	53,260	630,996	684,256	-33,322	4
5.01	00541					5.01
5.02	00551					5.02
5.03	00561					5.03
5.04	00571					5.04
5.05	00581				489,859	5.05
5.06	00590	3,459,109	28,651,037	32,110,146	-760,633	5.06
6	00600					6
7	00700	1,762,178	5,690,690	7,452,868	190,207	7
8	00800		855,540	855,540	-38,207	8
9	00900	1,396,756	1,037,297	2,434,053		9
10	01000	1,262,837	1,340,128	2,602,965	-1,275,411	10
11	01100				1,275,411	11
12	01200					12
13	01300	1,152,180	491,409	1,643,589		13
14	01400	243,502	-265,184	-21,682	-591,914	14
15	01500	1,785,725	4,773,967	6,559,692	-4,380,796	15
16	01600	924,103	511,229	1,435,332		16
17	01700				234,148	17
19	01900					19
20	02000					20
21	02100	3,989,754		3,989,754		21
22	02200	884,060	5,206,370	6,090,430		22
23	02300	184,447	153,824	338,271		23
23.01	02301					23.01
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	12,020,122	3,978,248	15,998,370	-1,628,759	30
31	03100	3,334,956	1,113,039	4,447,995	-26,913	31
32	03200	510,003	169,934	679,937		32
32.02	03202	1,869,386	692,118	2,561,504		32.02
43	04300	729,619	407,743	1,137,362		43
ANCILLARY SERVICE COST CENTERS						
50	05000	4,108,392	8,731,622	12,840,014	-3,727,599	50
50.01	05001					50.01
50.02	03340	389,085	390,690	779,775	-28,852	50.02
50.03	03950	156,964	666,034	822,998		50.03
51	05100	1,610,524	392,161	2,002,685		51
52	05200				1,532,050	52
53	05300	106,900	1,473,667	1,580,567		53
54	05400	2,615,461	1,196,138	3,811,599	-34,180	54
55	05500	270,303	116,584	386,887		55
56	05600	168,237	262,025	430,262		56
58	05800	172,365	94,439	266,804		58
59	05900	726,666	3,440,749	4,167,415	-1,819,280	59
60	06000	2,063,762	3,295,465	5,359,227		60
62	06200	269,628	1,417,966	1,687,594		62
62.30	06250					62.30
65	06500	1,039,346	441,941	1,481,287		65
66	06600	1,112,033	259,919	1,371,952		66
69	06900	541,844	165,927	707,771		69
70	07000	66,164	19,235	85,399		70
71	07100				715,536	71
72	07200				5,609,911	72
73	07300				4,380,796	73
73.02	07302		408,597	408,597		73.02
76.97	07697	162,509	38,181	200,690		76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	746,329	388,214	1,134,543		90.01
91	09100	2,513,668	3,236,520	5,750,188		91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
SPECIAL PURPOSE COST CENTERS						
118		54,402,177	97,817,615	152,219,792	-39,256	118
NONREIMBURSABLE COST CENTERS						
190	19000		61,791	61,791		190
190.01	19001					190.01
190.02	19002					190.02

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
190.03 19003 ARTHRITIS CENTER					190.03
192 19200 PHYSICIANS' PRIVATE OFFICES	84,351	86,313	170,664	143,792	192
192.02 19202 OUTREACH TRANSPORTATION					192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER					192.03
192.04 19204 WOMENS HEALTH CENTER					192.04
192.05 19205 OTHER NRCC	52,000	1,345,784	1,397,784	-104,536	192.05
192.06 19206 ASBURY STREET SNF					192.06
200 TOTAL (SUM OF LINES 118-199)	54,538,528	99,311,503	153,850,031		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	9,927,821	-3,215,620	6,712,201	1
2	00200	5,894,027	928,245	6,822,272	2
3	00300				3
4	00400	650,934	-1,079	649,855	4
5.01	00541				5.01
5.02	00551				5.02
5.03	00561		498,996	498,996	5.03
5.04	00571		923,347	923,347	5.04
5.05	00581	489,859	2,813,208	3,303,067	5.05
5.06	00590	31,349,513	-6,274,713	25,074,800	5.06
6	00600				6
7	00700	7,643,075	-14,501	7,628,574	7
8	00800	817,333		817,333	8
9	00900	2,434,053	-3,107	2,430,946	9
10	01000	1,327,554		1,327,554	10
11	01100	1,275,411	-663,923	611,488	11
12	01200				12
13	01300	1,643,589	-1,500	1,642,089	13
14	01400	-613,596	624,225	10,629	14
15	01500	2,178,896	-21,476	2,157,420	15
16	01600	1,435,332	-9,679	1,425,653	16
17	01700	234,148		234,148	17
19	01900				19
20	02000				20
21	02100	3,989,754		3,989,754	21
22	02200	6,090,430	-75	6,090,355	22
23	02300	338,271	-152,867	185,404	23
23.01	02301		623,316	623,316	23.01
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	14,369,611	-219,099	14,150,512	30
31	03100	4,421,082	-83,334	4,337,748	31
32	03200	679,937	-83,334	596,603	32
32.02	03202	2,561,504	-90,278	2,471,226	32.02
43	04300	1,137,362	-217,331	920,031	43
ANCILLARY SERVICE COST CENTERS					
50	05000	9,112,415	-546,170	8,566,245	50
50.01	05001				50.01
50.02	03340	750,923		750,923	50.02
50.03	03950	822,998	-7,500	815,498	50.03
51	05100	2,002,685		2,002,685	51
52	05200	1,532,050	-3,212	1,528,838	52
53	05300	1,580,567	-988,000	592,567	53
54	05400	3,777,419	-355	3,777,064	54
55	05500	386,887		386,887	55
56	05600	430,262	-7,919	422,343	56
58	05800	266,804		266,804	58
59	05900	2,348,135	-3,090	2,345,045	59
60	06000	5,359,227	-55,268	5,303,959	60
62	06200	1,687,594		1,687,594	62
62.30	06250				62.30
65	06500	1,481,287		1,481,287	65
66	06600	1,371,952	-350	1,371,602	66
69	06900	707,771	-5,900	701,871	69
70	07000	85,399		85,399	70
71	07100	715,536		715,536	71
72	07200	5,609,911		5,609,911	72
73	07300	4,380,796		4,380,796	73
73.02	07302	408,597		408,597	73.02
76.97	07697	200,690	-8,460	192,230	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	1,134,543	-5,000	1,129,543	90.01
91	09100	5,750,188	-1,431,595	4,318,593	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
SPECIAL PURPOSE COST CENTERS					
118		152,180,536	-7,703,398	144,477,138	118
NONREIMBURSABLE COST CENTERS					
190	19000	61,791	-7,973	53,818	190
190.01	19001				190.01
190.02	19002				190.02

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
190.03 19003 ARTHRITIS CENTER				190.03
192 19200 PHYSICIANS' PRIVATE OFFICES	314,456	-80,760	233,696	192
192.02 19202 OUTREACH TRANSPORTATION				192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER				192.03
192.04 19204 WOMENS HEALTH CENTER				192.04
192.05 19205 OTHER NRCC	1,293,248	-183,160	1,110,088	192.05
192.06 19206 ASBURY STREET SNF				192.06
200 TOTAL (SUM OF LINES 118-199)	153,850,031	-7,975,291	145,874,740	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 PHYSICIAN PRACTICE SEVERENCE	A	PHYSICIANS' PRIVATE OFFICES	192	53,260	16,688	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS				53,260	16,688	500
CODE LETTER - A						
1 SOCIAL SERVICES	B	SOCIAL SERVICE	17	179,485	54,663	1
500 TOTAL RECLASSIFICATIONS				179,485	54,663	500
CODE LETTER - B						
1 CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHRGED TO PA	71		715,536	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					715,536	500
CODE LETTER - C						
1 CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	73		4,380,796	1
500 TOTAL RECLASSIFICATIONS					4,380,796	500
CODE LETTER - D						
1 CHARGEABLE IMPLANTS	E	IMPL. DEV. CHARGED TO PATIENT	72		5,609,911	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					5,609,911	500
CODE LETTER - E						
1 LABOR & DELIVERY	F	DELIVERY ROOM & LABOR ROOM	52	1,154,710	383,351	1
500 TOTAL RECLASSIFICATIONS				1,154,710	383,351	500
CODE LETTER - F						
1 CAFETERIA	G	CAFETERIA	11	820,718	454,693	1
500 TOTAL RECLASSIFICATIONS				820,718	454,693	500
CODE LETTER - G						
1 ALLOCATED UTILITIES	H	OPERATION OF PLANT	7		190,207	1
500 TOTAL RECLASSIFICATIONS					190,207	500
CODE LETTER - H						
1 OFFSITE BUILDING DEPRECIATION	I	PHYSICIANS' PRIVATE OFFICES	192		73,844	1
2		OTHER NRCC	192.05		47,464	2
500 TOTAL RECLASSIFICATIONS					121,308	500
CODE LETTER - I						
1 WORKERS COMP INSURANCE	J	EMPLOYEE BENEFITS	4		23,725	1
500 TOTAL RECLASSIFICATIONS					23,725	500
CODE LETTER - J						
1 CORP SURICAL PAK O/H CREDIT	K	LAUNDRY & LINEN SERVICE	8		152,000	1
500 TOTAL RECLASSIFICATIONS					152,000	500
CODE LETTER - K						
1 DEPART'L ERRONEOUS CHARGE	L	ADULTS & PEDIATRICS	30		859	1
500 TOTAL RECLASSIFICATIONS					859	500
CODE LETTER - L						
1 EQUIPMENT DEPRECIATION	M	CAP REL COSTS-MVBLE EQUIP	2		5,840,911	1
500 TOTAL RECLASSIFICATIONS					5,840,911	500
CODE LETTER - M						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 PATIENT FINANCIAL SVC CONSULTING	N	PATIENT FINANCIAL SVC	5.05		489,859	1
500 TOTAL RECLASSIFICATIONS					489,859	500
CODE LETTER - N						
GRAND TOTAL (INCREASES)				2,208,173	18,434,507	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PHYSICIAN PRACTICE SEVERENCE	A					1
2		EMPLOYEE BENEFITS	4	53,260	3,787	2
3		OTHER ADMINISTRATIVE & GENERA	5.06		12,901	3
500 TOTAL RECLASSIFICATIONS				53,260	16,688	500
CODE LETTER - A						
1 SOCIAL SERVICES	B	OTHER ADMINISTRATIVE & GENERA	5.06	179,485	54,663	1
500 TOTAL RECLASSIFICATIONS				179,485	54,663	500
CODE LETTER - B						
1 CHARGEABLE SUPPLIES	C	CENTRAL SERVICES & SUPPLY	14		591,055	1
2		ADULTS & PEDIATRICS	30		91,557	2
3		DELIVERY ROOM & LABOR ROOM	52		6,011	3
4		INTENSIVE CARE UNIT	31		26,913	4
500 TOTAL RECLASSIFICATIONS					715,536	500
CODE LETTER - C						
1 CHARGEABLE DRUGS	D	PHARMACY	15		4,380,796	1
500 TOTAL RECLASSIFICATIONS					4,380,796	500
CODE LETTER - D						
1 CHARGEABLE IMPLANTS	E	OPERATING ROOM	50		3,727,599	1
2		CARDIAC CATHETERIZATION	59		1,819,280	2
3		OP GI LAB	50.02		28,852	3
4		RADIOLOGY-DIAGNOSTIC	54		34,180	4
500 TOTAL RECLASSIFICATIONS					5,609,911	500
CODE LETTER - E						
1 LABOR & DELIVERY	F	ADULTS & PEDIATRICS	30	1,154,710	383,351	1
500 TOTAL RECLASSIFICATIONS				1,154,710	383,351	500
CODE LETTER - F						
1 CAFETERIA	G	DIETARY	10	820,718	454,693	1
500 TOTAL RECLASSIFICATIONS				820,718	454,693	500
CODE LETTER - G						
1 ALLOCATED UTILITIES	H	LAUNDRY & LINEN SERVICE	8		190,207	1
500 TOTAL RECLASSIFICATIONS					190,207	500
CODE LETTER - H						
1 OFFSITE BUILDING DEPRECIATION	I	CAP REL COSTS-BLDG & FIXT	1		121,308	9 1
2						2
500 TOTAL RECLASSIFICATIONS					121,308	500
CODE LETTER - I						
1 WORKERS COMP INSURANCE	J	OTHER ADMINISTRATIVE & GENERA	5.06		23,725	1
500 TOTAL RECLASSIFICATIONS					23,725	500
CODE LETTER - J						
1 CORP SURICAL PAK O/H CREDIT	K	OTHER NRCC	192.05		152,000	1
500 TOTAL RECLASSIFICATIONS					152,000	500
CODE LETTER - K						
1 DEPART'L ERRONEOUS CHARGE	L	CENTRAL SERVICES & SUPPLY	14		859	1
500 TOTAL RECLASSIFICATIONS					859	500
CODE LETTER - L						
1 EQUIPMENT DEPRECIATION	M	CAP REL COSTS-BLDG & FIXT	1		5,840,911	9 1
500 TOTAL RECLASSIFICATIONS					5,840,911	500
CODE LETTER - M						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		WKST A-7	
			LINE #	SALARY	OTHER	REF.
	1	6	7	8	9	10
1 PATIENT FINANCIAL SVC CONSULTING	N	OTHER ADMINISTRATIVE & GENERA	5.06		489,859	9 1
500 TOTAL RECLASSIFICATIONS					489,859	500
CODE LETTER - N						
GRAND TOTAL (DECREASES)				2,208,173	18,434,507	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	8,716,880					8,716,880		1
2 LAND IMPROVEMENTS	1,829,707				299,402	1,530,305	1,119,281	2
3 BUILDINGS AND FIXTURES	105,753,298				11,540,616	94,212,682	15,512,065	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	116,373,882	2,913,479		2,913,479	53,103,082	66,184,279	34,095,636	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	232,673,767	2,913,479		2,913,479	64,943,100	170,644,146	50,726,982	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	232,673,767	2,913,479		2,913,479	64,943,100	170,644,146	50,726,982	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)	
							(SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	15,836,957						15,836,957	1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	15,836,957						15,836,957	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL	
								(SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT	116,299,885		116,299,885	0.499841	53,083			53,083	1
2 CAP REL COSTS-MVBLE EQUIP	116,373,882		116,373,882	0.500159	53,116			53,116	2
3 TOTAL (SUM OF LINES 1-2)	232,673,767		232,673,767	1.000000	106,199			106,199	3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)	
							(SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	6,659,118			53,083			6,712,201	1
2 CAP REL COSTS-MVBLE EQUIP	6,769,156			53,116			6,822,272	2
3 TOTAL	13,428,274			106,199			13,534,473	3

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-BUILDINGS & FIXTURES (CHAPTER 2)	B	-3,520,973	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-28,883	OTHER ADMINISTRATIVE & GENERAL	5.06	8 9
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	B	-11,719	OPERATION OF PLANT	7	10 11
9 PARKING LOT (CHAPTER 21)	WKST				12 13
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,670,863			14 15
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	WKST				16 17
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	A-8-1	444,156			18 19
13 LAUNDRY AND LINEN SERVICE	B	-644,946	CAFETERIA	11	20 21
14 CAFETERIA - EMPLOYEES AND GUESTS					22 23
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					24 25
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					26 27
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-9,679	MEDICAL RECORDS & LIBRARY	16	28 29
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-18,977	CAFETERIA	11	30 31
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					32 33
20 VENDING MACHINES					34 35
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					36 37
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					38 39
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				40 41
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3				42 43
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	44 45
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	46 47
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	48 49
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	50 51
29 PHYSICIANS' ASSISTANT					52 53
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				54 55
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3				56 57
32 CAH HIT ADJ FOR DEPRECIATION AND					58 59
33 REFERENCE LAB REVENUE	B	-54,838	LABORATORY	60	60 61
34 PBP-PRIMARY CARE PRACTICES	A	-4,760	PHYSICIANS' PRIVATE OFFICES	192	62 63
35 PBP-NRCC COST CENTER	A	-52,000	OTHER NRCC	192.05	64 65
36 INCOME/SALES TAX	A	-7,973	GIFT, FLOWER, COFFEE SHOP & CAN	190	66 67
37 INCOME/SALES TAX	A	-2,772	OPERATION OF PLANT	7	68 69
38 INCOME/SALES TAX	A	-25,896	OTHER ADMINISTRATIVE & GENERAL	5.06	70 71
39 INCOME/SALES TAX	A	-131,160	OTHER NRCC	192.05	72 73
40 CHARITY CARE TO NURSING HOMES	A	-1,200	OTHER ADMINISTRATIVE & GENERAL	5.06	74 75
41 COMMUNITY OUTREACH	A	-1,500	NURSING ADMINISTRATION	13	76 77
41.01 COMMUNITY OUTREACH	A	-76,000	PHYSICIANS' PRIVATE OFFICES	192	78 79
41.02 COMMUNITY OUTREACH	A	-36,067	OTHER ADMINISTRATIVE & GENERAL	5.06	80 81
41.03 SAVE THE DAY PROGRAM	A	-4,213	OTHER ADMINISTRATIVE & GENERAL	5.06	82 83
41.04 MISC REVENUE	B	-1,079	EMPLOYEE BENEFITS	4	84 85
41.05 MISC REVENUE	B	-350	PATIENT FINANCIAL SVC	5.05	86 87
41.06 MISC REVENUE	B	-87,119	OTHER ADMINISTRATIVE & GENERAL	5.06	88 89
41.07 MISC REVENUE	B	-10	OPERATION OF PLANT	7	90 91
41.08 MISC REVENUE	B	-3,107	HOUSEKEEPING	9	92 93
41.09 MISC REVENUE	B	-9,911	CENTRAL SERVICES & SUPPLY	14	94 95
41.10 MISC REVENUE	B	-10	CENTRAL SERVICES & SUPPLY	14	96 97
41.11 MISC REVENUE	B	-21,476	PHARMACY	15	98 99
41.12 MISC REVENUE	B	-75	I&R SRVCES-OTHER PRGM COSTS APP	22	100 101
41.13 MISC REVENUE	B	-152,867	PARAMEDICAL EDUCATION PROGRAM	23	102 103
41.14 MISC REVENUE	B	-1,768	ADULTS & PEDIATRICS	30	104 105
41.15 MISC REVENUE	B	-3,212	DELIVERY ROOM & LABOR ROOM	52	106 107
41.16 MISC REVENUE	B	-7,500	WOUND CARE CENTER	50.03	108 109
41.17 MISC REVENUE	B	-355	RADIOLOGY-DIAGNOSTIC	54	110 111
41.18 MISC REVENUE	B	-7,919	RADIOISOTOPE	56	112 113
41.19 MISC REVENUE	B	-430	LABORATORY	60	114 115
41.20 MISC REVENUE	B	-350	PHYSICAL THERAPY	66	116 117

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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
41.21 MISC REVENUE	B	-8,460	CARDIAC REHABILITATION	76.97	41.21
41.22 MISC REVENUE	B	-500	OPD	90.01	41.22
41.23 AHA/MCHC LOBBY EXPENSE	A	-8,604	OTHER ADMINISTRATIVE & GENERAL	5.06	41.23
41.24 AUDIT ADJUST: ICP TRUE-UP (ACCRUED	A	99,217	OTHER ADMINISTRATIVE & GENERAL	5.06	41.24
42 AUDIT ADJUST: PRINCIPLE VALUATION	A	100,857	CAP REL COSTS-BLDG & FIXT	1	9 42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,975,291			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	5.06	OTHER ADMINISTRATIVE & GENERAL	11,695,431	17,877,379	-6,181,948	1
2	5.03	PURCHASING	498,996		498,996	2
3	1	CAP REL COSTS-BLDG & FIXT	204,496		204,496	9 3
4	2	CAP REL COSTS-MVBLE EQUIP	928,245		928,245	9 4
4.01	23.01	RADIOLOGY SCHOOL	623,316		623,316	4.01
4.02	5.05	PATIENT FINANCIAL SVC	2,813,558		2,813,558	4.02
4.03	5.04	ADMITTING	923,347		923,347	4.03
4.04	14	CENTRAL SERVICES & SUPPLY	634,146		634,146	4.04
5		TOTALS (SUM OF LINES 1-4)	18,321,535	17,877,379	444,156	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP		
1	2	3	4	5	6
6	B		RESURRECTION HEALTH		SOLE CORPORATE MEMBER
7					
8					
9					
10					

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2		3	4	5	6	7	8	9	
1	30	ADULTS & PEDIATRICS	50800	217,331	217,331						1
2	31	INTENSIVE CARE UNIT	50680	83,334	83,334						2
3	32	CORONARY CARE UNIT	50710	83,334	83,334						3
4	32.02	SURGICAL HEART UNIT	50730	90,278	90,278						4
5	43	NURSERY	50820	217,331	217,331						5
6	50	OPERATING ROOM	61960	546,170	546,170						6
7	53	ANESTHESIOLOGY	60060	988,000	988,000						7
8	59	CARDIAC CATHETERIZATION	60370	3,090	3,090						8
9	69	ELECTROCARDIOLOGY	60380	5,900	5,900						9
10	90.01	OPD	60740	4,500	4,500						10
11	91	EMERGENCY	60180	1,431,595	1,431,595						11
200		TOTAL		3,670,863	3,670,863						200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.			12	13	14	15	16	17	18	
10	11									
1	30	ADULTS & PEDIATRICS	50800						217,331	1
2	31	INTENSIVE CARE UNIT	50680						83,334	2
3	32	CORONARY CARE UNIT	50710						83,334	3
4	32.02	SURGICAL HEART UNIT	50730						90,278	4
5	43	NURSERY	50820						217,331	5
6	50	OPERATING ROOM	61960						546,170	6
7	53	ANESTHESIOLOGY	60060						988,000	7
8	59	CARDIAC CATHETERIZATION	60370						3,090	8
9	69	ELECTROCARDIOLOGY	60380						5,900	9
10	90.01	OPD	60740						4,500	10
11	91	EMERGENCY	60180						1,431,595	11
200		TOTAL							3,670,863	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	PURCHASING 5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,712,201	6,712,201				1
2 CAP REL COSTS-MVBLE EQUIP	6,822,272		6,822,272			2
4 EMPLOYEE BENEFITS	649,855	29,119	1,043	680,017		4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	498,996				498,996	5.03
5.04 ADMITTING	923,347	21,090	2,272			5.04
5.05 PATIENT FINANCIAL SVC	3,303,067	108,740	973			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	25,074,800	653,421	68,884	40,894	1,429	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,628,574	99,797	619,269	21,973	1,229	7
8 LAUNDRY & LINEN SERVICE	817,333	219,909	25,052			8
9 HOUSEKEEPING	2,430,946		25,468	17,416	7,640	9
10 DIETARY	1,327,554	107,224	23,733	5,513	1,561	10
11 CAFETERIA	611,488	199,061	44,076	10,234	2,898	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,642,089	47,073	69,128	14,367	415	13
14 CENTRAL SERVICES & SUPPLY	10,629	287,796	58,882	3,036	5,259	14
15 PHARMACY	2,157,420	51,070	78,903	22,266	1,003	15
16 MEDICAL RECORDS & LIBRARY	1,425,653	81,240	1,680	11,523	511	16
17 SOCIAL SERVICE	234,148	33,496		2,238		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,989,754			49,748		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	6,090,355	309,868	1,109	11,023	1,038	22
23 PARAMEDICAL EDUCATION PROGRAM	185,404	19,091	2,595	2,300	777	23
23.01 RADIOLOGY SCHOOL	623,316	22,485				23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	14,150,512	1,511,709	431,854	135,455	13,383	30
31 INTENSIVE CARE UNIT	4,337,748	147,801	60,652	41,584	7,711	31
32 CORONARY CARE UNIT	596,603	75,778	169,739	6,359	841	32
32.02 SURGICAL HEART UNIT	2,471,226	67,939	129,301	23,309	3,393	32.02
43 NURSERY	920,031	18,678	35,655	9,098	1,188	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,566,245	333,990	759,986	51,228	112,609	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	750,923	43,076	44,948	4,852	5,971	50.02
50.03 WOUND CARE CENTER	815,498		23,299	1,957	3,633	50.03
51 RECOVERY ROOM	2,002,685	206,263	119,644	20,082	723	51
52 DELIVERY ROOM & LABOR ROOM	1,528,838	108,619	137,133	14,398	3,789	52
53 ANESTHESIOLOGY	592,567	13,664	279,903	1,333	12,505	53
54 RADIOLOGY-DIAGNOSTIC	3,777,064	328,201	1,259,214	32,612	12,506	54
55 RADIOLOGY-THERAPEUTIC	386,887	123,041	55,922	3,370	192	55
56 RADIOISOTOPE	422,343	53,328	144,163	2,098	124	56
58 MAGNETIC RESONANCE IMAGING (MRI)	266,804	86,065	157,639	2,149	1,429	58
59 CARDIAC CATHETERIZATION	2,345,045	132,483	954,156	9,061	43,271	59
60 LABORATORY	5,303,959	283,299	112,163	25,733	26,708	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,687,594	70,937		3,362	4,135	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,481,287	58,238	85,610	12,960	3,725	65
66 PHYSICAL THERAPY	1,371,602	77,725	30,652	13,866	360	66
69 ELECTROCARDIOLOGY	701,871	68,490	84,732	6,756	907	69
70 ELECTROENCEPHALOGRAPHY	85,399	12,716	11,111	825	93	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	715,536				17,174	71
72 IMPL. DEV. CHARGED TO PATIENT	5,609,911				169,301	72
73 DRUGS CHARGED TO PATIENTS	4,380,796					73
73.02 INPT RENAL DIALYSIS	408,597	7,667	24,210		628	73.02
76.97 CARDIAC REHABILITATION	192,230	38,596	6,841	2,026	136	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	1,129,543	12,613	305,839	9,306	2,653	90.01
91 EMERGENCY	4,318,593	167,960	325,971	31,343	23,867	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	144,477,138	6,339,356	6,773,404	677,653	496,715	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,818	32,755	73		1,608	190
190.01 POB RX						190.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	PURCHASING 5.03	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES	233,696		7,122	1,716	18	192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	1,110,088	340,090	41,673	648	655	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	145,874,740	6,712,201	6,822,272	680,017	498,996	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	PATIENT	SUBTOTAL (COLS.0-4) 4A	ADMN & GEN	OPERATION	
	5.04	FIN SVC 5.05		5.06	OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING	946,709					5.04
5.05 PATIENT FINANCIAL SVC		3,412,780				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			25,839,428	25,839,428		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			8,370,842	1,801,949	10,172,791	7
8 LAUNDRY & LINEN SERVICE			1,062,294	228,675	385,703	8
9 HOUSEKEEPING			2,481,470	534,174		9
10 DIETARY			1,465,585	315,489	188,062	10
11 CAFETERIA			867,757	186,798	349,136	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,773,072	381,680	82,562	13
14 CENTRAL SERVICES & SUPPLY			365,602	78,701	504,771	14
15 PHARMACY			2,310,662	497,405	89,573	15
16 MEDICAL RECORDS & LIBRARY			1,520,607	327,333	142,489	16
17 SOCIAL SERVICE			269,882	58,096	58,748	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			4,039,502	869,563		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			6,413,393	1,380,579	543,484	22
23 PARAMEDICAL EDUCATION PROGRAM			210,167	45,242	33,484	23
23.01 RADIOLOGY SCHOOL			645,801	139,018	39,438	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	115,059	414,591	16,772,563	3,610,573	2,651,419	30
31 INTENSIVE CARE UNIT	23,820	85,831	4,705,147	1,012,853	259,231	31
32 CORONARY CARE UNIT	4,394	15,833	869,547	187,183	132,909	32
32.02 SURGICAL HEART UNIT	11,738	42,297	2,749,203	591,807	119,159	32.02
43 NURSERY	6,588	23,737	1,014,975	218,489	32,759	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	85,235	307,127	10,216,420	2,199,238	585,792	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	9,490	34,197	893,457	192,330	75,551	50.02
50.03 WOUND CARE CENTER	6,582	23,715	874,684	188,289		50.03
51 RECOVERY ROOM	23,682	85,332	2,458,411	529,210	361,768	51
52 DELIVERY ROOM & LABOR ROOM	9,438	34,008	1,836,223	395,275	190,509	52
53 ANESTHESIOLOGY	14,082	50,741	964,795	207,687	23,965	53
54 RADIOLOGY-DIAGNOSTIC	81,513	293,718	5,784,828	1,245,271	575,638	54
55 RADIOLOGY-THERAPEUTIC	5,021	18,094	592,527	127,550	215,804	55
56 RADIOISOTOPE	6,928	24,965	653,949	140,772	93,532	56
58 MAGNETIC RESONANCE IMAGING (MRI)	13,717	49,428	577,231	124,258	150,951	58
59 CARDIAC CATHETERIZATION	55,287	199,215	3,738,518	804,772	232,365	59
60 LABORATORY	107,739	388,216	6,247,817	1,344,936	496,884	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	11,676	42,073	1,819,777	391,734	124,417	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	27,401	98,734	1,767,955	380,579	102,145	65
66 PHYSICAL THERAPY	8,441	30,417	1,533,063	330,015	136,324	66
69 ELECTROCARDIOLOGY	28,351	102,158	993,265	213,815	120,126	69
70 ELECTROENCEPHALOGRAPHY	1,881	6,779	118,804	25,574	22,303	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	23,203	83,607	839,520	180,719		71
72 IMPL. DEV. CHARGED TO PATIENT	29,927	107,836	5,916,975	1,273,718		72
73 DRUGS CHARGED TO PATIENTS	101,579	366,019	4,848,394	1,043,690		73
73.02 INPT RENAL DIALYSIS	2,523	9,092	452,717	97,454	13,448	73.02
76.97 CARDIAC REHABILITATION	353	1,273	241,455	51,977	67,694	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	13,091	47,171	1,520,216	327,249	22,121	90.01
91 EMERGENCY	117,970	424,938	5,410,642	1,164,722	294,588	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	946,709	3,411,142	144,049,142	25,446,441	9,518,852	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			88,254	18,998	57,449	190
190.01 POB RX						190.01

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WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	PATIENT FIN SVC	SUBTOTAL (COLS.0-4) 4A	ADMN & GEN	OPERATION OF PLANT 7	
190.02 MOBILE MEDICAL CARE	5.04	5.05		5.06		190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES			242,552	52,213		192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC		1,638	1,494,792	321,776	596,490	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	946,709	3,412,780	145,874,740	25,839,428	10,172,791	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINI- STRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT FINANCIAL SVC						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,676,672					8
9 HOUSEKEEPING		3,015,644				9
10 DIETARY		67,722	2,036,858			10
11 CAFETERIA		125,744		1,529,435		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,762		25,472	2,272,548	13
14 CENTRAL SERVICES & SUPPLY	10,824	7,859		45,431		14
15 PHARMACY		12,218		42,579		15
16 MEDICAL RECORDS & LIBRARY		19,586		36,687		16
17 SOCIAL SERVICE		4,850		5,322		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				157,011		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	23,996	70,240		16,918		22
23 PARAMEDICAL EDUCATION PROGRAM		5,219		5,703	1,861	23
23.01 RADIOLOGY SCHOOL		10,008		57,406		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	677,345	1,263,949	1,662,090	360,591	854,300	30
31 INTENSIVE CARE UNIT	159,338	117,824	221,044	82,878	319,199	31
32 CORONARY CARE UNIT	57,047	137,594	42,211	12,736	32,571	32
32.02 SURGICAL HEART UNIT	72,887	48,443	111,513	47,522	156,342	32.02
43 NURSERY	30,627	9,701		15,777	76,310	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	104,027	242,524		104,357	221,485	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	10,407	4,973		10,075	36,294	50.02
50.03 WOUND CARE CENTER	12,184			5,132	14,890	50.03
51 RECOVERY ROOM	52,572	53,724		40,869	149,828	51
52 DELIVERY ROOM & LABOR ROOM	44,058	66,494		29,844	95,853	52
53 ANESTHESIOLOGY		6,447		4,942		53
54 RADIOLOGY-DIAGNOSTIC	107,724	136,059		77,175	13,959	54
55 RADIOLOGY-THERAPEUTIC	5,999	53,662		5,703		55
56 RADIOISOTOPE	6,115	19,586		4,182		56
58 MAGNETIC RESONANCE IMAGING (MRI)	7,573	16,271		4,562		58
59 CARDIAC CATHETERIZATION	20,202	94,308		19,769	29,779	59
60 LABORATORY	2,840	34,690		77,555		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		54,890		7,794	7,445	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		20,875		33,075		65
66 PHYSICAL THERAPY	11,307	10,008		26,992		66
69 ELECTROCARDIOLOGY	7,584	19,954		15,207		69
70 ELECTROENCEPHALOGRAPHY	1,347	4,973		2,281		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.02 INPT RENAL DIALYSIS		6,877				73.02
76.97 CARDIAC REHABILITATION	302	5,035		3,802	14,890	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	18,674	6,938		22,430	16,751	90.01
91 EMERGENCY	224,070	189,844		84,969	230,791	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,669,049	2,958,851	2,036,858	1,492,748	2,272,548	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,850				190
190.01 POB RX						190.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINI- STRATION 13	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES						192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	7,623			36,687		192.05
192.06 ASBURY STREET SNF		51,943				192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,676,672	3,015,644	2,036,858	1,529,435	2,272,548	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT FINANCIAL SVC						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	1,013,188					14
15 PHARMACY	32,339	2,984,776				15
16 MEDICAL RECORDS & LIBRARY	1		2,046,703			16
17 SOCIAL SERVICE				396,898		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					5,066,076	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	19					22
23 PARAMEDICAL EDUCATION PROGRAM	179	6,908				23
23.01 RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	105,430	146	248,769	286,084	2,000,272	30
31 INTENSIVE CARE UNIT	58,160	766	51,501	31,117	313,275	31
32 CORONARY CARE UNIT	5,056		9,501	5,715		32
32.02 SURGICAL HEART UNIT	18,603		25,380	41,317	107,768	32.02
43 NURSERY	3,185	90	14,243			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	211,534		184,287		355,083	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	15,797	14	20,519		107,768	50.02
50.03 WOUND CARE CENTER	4,127	3,606	14,230			50.03
51 RECOVERY ROOM	4,723	3,273	51,202			51
52 DELIVERY ROOM & LABOR ROOM	24,165	97	20,406		248,163	52
53 ANESTHESIOLOGY	67,045	11,126	30,447		58,616	53
54 RADIOLOGY-DIAGNOSTIC	30,945	8	176,241		361,721	54
55 RADIOLOGY-THERAPEUTIC	169	232	10,857		56,214	55
56 RADIOISOTOPE	596	90	14,980		15,819	56
58 MAGNETIC RESONANCE IMAGING (MRI)	460		29,659			58
59 CARDIAC CATHETERIZATION	76,829	321	119,536		72,881	59
60 LABORATORY	32,077		232,943		81,214	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,388	312	25,245			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,126	22,674	59,244		97,457	65
66 PHYSICAL THERAPY	124	236	18,251			66
69 ELECTROCARDIOLOGY	2,782	186	61,299			69
70 ELECTROENCEPHALOGRAPHY	57		4,068			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	150,811		50,167			71
72 IMPL. DEV. CHARGED TO PATIENT			64,706			72
73 DRUGS CHARGED TO PATIENTS		2,859,139	219,624			73
73.02 INPT RENAL DIALYSIS	3,313	292	5,456			73.02
76.97 CARDIAC REHABILITATION	400	45	764			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	1,311	6,571	28,305		27,825	90.01
91 EMERGENCY	120,348	8,405	254,873	32,665	614,262	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	978,099	2,924,537	2,046,703	396,898	4,518,338	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 POB RX						190.01

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES		1,537			256,920	192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	35,089				290,818	192.05
192.06 ASBURY STREET SNF		58,702				192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,013,188	2,984,776	2,046,703	396,898	5,066,076	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-OTHER	PARAMED	RADIOLOGY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
	PROGRAM COSTS	ED	SCHOOL			
	22	23	23.01	24	25	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT FINANCIAL SVC						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	8,448,629					22
23 PARAMEDICAL EDUCATION PROGRAM		308,763				23
23.01 RADIOLOGY SCHOOL			891,671			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,335,829			33,829,360	-5,336,101	30
31 INTENSIVE CARE UNIT	522,445			7,854,778	-835,720	31
32 CORONARY CARE UNIT				1,492,070		32
32.02 SURGICAL HEART UNIT	179,723			4,269,667	-287,491	32.02
43 NURSERY				1,416,156		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	592,167			15,016,914	-947,250	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	179,723			1,546,908	-287,491	50.02
50.03 WOUND CARE CENTER				1,117,142		50.03
51 RECOVERY ROOM				3,705,580		51
52 DELIVERY ROOM & LABOR ROOM	413,858			3,364,945	-662,021	52
53 ANESTHESIOLOGY	97,752			1,472,822	-156,368	53
54 RADIOLOGY-DIAGNOSTIC	603,238		577,851	9,690,658	-964,959	54
55 RADIOLOGY-THERAPEUTIC	93,748			1,162,465	-149,962	55
56 RADIOISOTOPE	26,381			976,002	-42,200	56
58 MAGNETIC RESONANCE IMAGING (MRI)				910,965		58
59 CARDIAC CATHETERIZATION	121,543			5,330,823	-194,424	59
60 LABORATORY	135,440			8,686,396	-216,654	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				2,434,002		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	162,528			2,651,658	-259,985	65
66 PHYSICAL THERAPY				2,066,320		66
69 ELECTROCARDIOLOGY				1,434,218		69
70 ELECTROENCEPHALOGRAPHY				179,407		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,221,217		71
72 IMPL. DEV. CHARGED TO PATIENT				7,255,399		72
73 DRUGS CHARGED TO PATIENTS				8,970,847		73
73.02 INPT RENAL DIALYSIS				579,557		73.02
76.97 CARDIAC REHABILITATION				386,364		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	46,403			2,044,794	-74,228	90.01
91 EMERGENCY	1,024,397	308,763		9,963,339	-1,638,659	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	7,535,175	308,763	577,851	141,030,773	-12,053,513	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				169,551		190
190.01 POB RX						190.01

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COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS 22	PARAMED ED 23	RADIOLOGY SCHOOL 23.01	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES	428,461			981,683	-685,381	192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	484,993		313,820	3,692,733	-775,811	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,448,629	308,763	891,671	145,874,740	-13,514,705	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	ADMITTING		5.04
5.05	PATIENT FINANCIAL SVC		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMEDICAL EDUCATION PROGRAM		23
23.01	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	28,493,259	30
31	INTENSIVE CARE UNIT	7,019,058	31
32	CORONARY CARE UNIT	1,492,070	32
32.02	SURGICAL HEART UNIT	3,982,176	32.02
43	NURSERY	1,416,156	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	14,069,664	50
50.01	AMBULATORY PRE/POST OP		50.01
50.02	OP GI LAB	1,259,417	50.02
50.03	WOUND CARE CENTER	1,117,142	50.03
51	RECOVERY ROOM	3,705,580	51
52	DELIVERY ROOM & LABOR ROOM	2,702,924	52
53	ANESTHESIOLOGY	1,316,454	53
54	RADIOLOGY-DIAGNOSTIC	8,725,699	54
55	RADIOLOGY-THERAPEUTIC	1,012,503	55
56	RADIOISOTOPE	933,802	56
58	MAGNETIC RESONANCE IMAGING (MRI)	910,965	58
59	CARDIAC CATHETERIZATION	5,136,399	59
60	LABORATORY	8,469,742	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,434,002	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	2,391,673	65
66	PHYSICAL THERAPY	2,066,320	66
69	ELECTROCARDIOLOGY	1,434,218	69
70	ELECTROENCEPHALOGRAPHY	179,407	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,221,217	71
72	IMPL. DEV. CHARGED TO PATIENT	7,255,399	72
73	DRUGS CHARGED TO PATIENTS	8,970,847	73
73.02	INPT RENAL DIALYSIS	579,557	73.02
76.97	CARDIAC REHABILITATION	386,364	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	OPD	1,970,566	90.01
91	EMERGENCY	8,324,680	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS			
118	SUBTOTALS (SUM OF LINES 1-117)	128,977,260	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	169,551	190
190.01	POB RX		190.01

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PART I

COST CENTER DESCRIPTION	TOTAL	
	26	
190.02 MOBILE MEDICAL CARE		190.02
190.03 ARTHRITIS CENTER		190.03
192 PHYSICIANS' PRIVATE OFFICES	296,302	192
192.02 OUTREACH TRANSPORTATION		192.02
192.03 SAINT FRANCIS HEALTH CENTER		192.03
192.04 WOMENS HEALTH CENTER		192.04
192.05 OTHER NRCC	2,916,922	192.05
192.06 ASBURY STREET SNF		192.06
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	132,360,035	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	2,290	29,119	1,043	32,452	32,452	4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING		21,090	2,272	23,362		5.04
5.05 PATIENT FINANCIAL SVC		108,740	973	109,713		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	20,420	653,421	68,884	742,725	1,951	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	9,468	99,797	619,269	728,534	1,048	7
8 LAUNDRY & LINEN SERVICE		219,909	25,052	244,961		8
9 HOUSEKEEPING	4,379		25,468	29,847	831	9
10 DIETARY	12,434	107,224	23,733	143,391	263	10
11 CAFETERIA	23,082	199,061	44,076	266,219	488	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,676	47,073	69,128	120,877	686	13
14 CENTRAL SERVICES & SUPPLY	2,375	287,796	58,882	349,053	145	14
15 PHARMACY	4,368	51,070	78,903	134,341	1,063	15
16 MEDICAL RECORDS & LIBRARY	3,550	81,240	1,680	86,470	550	16
17 SOCIAL SERVICE		33,496		33,496	107	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					2,374	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,205	309,868	1,109	314,182	526	22
23 PARAMEDICAL EDUCATION PROGRAM	14,941	19,091	2,595	36,627	110	23
23.01 RADIOLOGY SCHOOL		22,485		22,485		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,040	1,511,709	431,854	1,958,603	6,468	30
31 INTENSIVE CARE UNIT	3,252	147,801	60,652	211,705	1,984	31
32 CORONARY CARE UNIT	1,621	75,778	169,739	247,138	303	32
32.02 SURGICAL HEART UNIT		67,939	129,301	197,240	1,112	32.02
43 NURSERY		18,678	35,655	54,333	434	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,971	333,990	759,986	1,139,947	2,444	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	2,229	43,076	44,948	90,253	232	50.02
50.03 WOUND CARE CENTER	38,665		23,299	61,964	93	50.03
51 RECOVERY ROOM	2,412	206,263	119,644	328,319	958	51
52 DELIVERY ROOM & LABOR ROOM	2,220	108,619	137,133	247,972	687	52
53 ANESTHESIOLOGY		13,664	279,903	293,567	64	53
54 RADIOLOGY-DIAGNOSTIC	3,591	328,201	1,259,214	1,591,006	1,556	54
55 RADIOLOGY-THERAPEUTIC	907	123,041	55,922	179,870	161	55
56 RADIOISOTOPE		53,328	144,163	197,491	100	56
58 MAGNETIC RESONANCE IMAGING (MRI)	1,505	86,065	157,639	245,209	103	58
59 CARDIAC CATHETERIZATION	2,592	132,483	954,156	1,089,231	432	59
60 LABORATORY	38,735	283,299	112,163	434,197	1,228	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,880	70,937		76,817	160	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	27,651	58,238	85,610	171,499	618	65
66 PHYSICAL THERAPY	2,680	77,725	30,652	111,057	662	66
69 ELECTROCARDIOLOGY	3,665	68,490	84,732	156,887	322	69
70 ELECTROENCEPHALOGRAPHY		12,716	11,111	23,827	39	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	146,472			146,472		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.02 INPT RENAL DIALYSIS		7,667	24,210	31,877		73.02
76.97 CARDIAC REHABILITATION		38,596	6,841	45,437	97	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	66,855	12,613	305,839	385,307	444	90.01
91 EMERGENCY	3,319	167,960	325,971	497,250	1,496	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	520,450	6,339,356	6,773,404	13,633,210	32,339	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		32,755	73	32,828		190
190.01 POB RX						190.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
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COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES			7,122	7,122	82	192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	879				31	192.05
192.06 ASBURY STREET SNF		340,090	41,673	382,642		192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	521,329	6,712,201	6,822,272	14,055,802	32,452	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING	PATIENT	ADMN & GEN	OPERATION	LAUNDRY	
	5.04	FIN SVC 5.05	5.06	OF PLANT 7	AND LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING	23,362					5.04
5.05 PATIENT FINANCIAL SVC		109,713				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			744,676			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT				51,933	781,515	7
8 LAUNDRY & LINEN SERVICE				6,590	29,631	281,182
9 HOUSEKEEPING				15,395		9
10 DIETARY				9,092	14,448	10
11 CAFETERIA				5,384	26,822	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				11,000	6,343	13
14 CENTRAL SERVICES & SUPPLY				2,268	38,779	1,815
15 PHARMACY				14,335	6,881	15
16 MEDICAL RECORDS & LIBRARY				9,434	10,947	16
17 SOCIAL SERVICE				1,674	4,513	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			25,061			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			39,789	41,753	4,024	22
23 PARAMEDICAL EDUCATION PROGRAM			1,304	2,572		23
23.01 RADIOLOGY SCHOOL			4,007	3,030		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,853	13,313	104,033	203,691	113,592	30
31 INTENSIVE CARE UNIT	591	2,756	29,191	19,915	26,721	31
32 CORONARY CARE UNIT	109	508	5,395	10,211	9,567	32
32.02 SURGICAL HEART UNIT	291	1,358	17,056	9,154	12,223	32.02
43 NURSERY	163	762	6,297	2,517	5,136	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,113	9,862	63,383	45,003	17,446	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	235	1,098	5,543	5,804	1,745	50.02
50.03 WOUND CARE CENTER	163	762	5,427		2,043	50.03
51 RECOVERY ROOM	587	2,740	15,252	27,793	8,817	51
52 DELIVERY ROOM & LABOR ROOM	234	1,092	11,392	14,636	7,389	52
53 ANESTHESIOLOGY	349	1,629	5,986	1,841		53
54 RADIOLOGY-DIAGNOSTIC	2,021	9,431	35,889	44,223	18,066	54
55 RADIOLOGY-THERAPEUTIC	124	581	3,676	16,579	1,006	55
56 RADIOISOTOPE	172	802	4,057	7,186	1,026	56
58 MAGNETIC RESONANCE IMAGING (MRI)	340	1,587	3,581	11,597	1,270	58
59 CARDIAC CATHETERIZATION	1,371	6,397	23,194	17,851	3,388	59
60 LABORATORY	2,671	12,466	38,761	38,173	476	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	289	1,351	11,290	9,558		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	679	3,170	10,968	7,847		65
66 PHYSICAL THERAPY	209	977	9,511	10,473	1,896	66
69 ELECTROCARDIOLOGY	703	3,280	6,162	9,229	1,272	69
70 ELECTROENCEPHALOGRAPHY	47	218	737	1,713	226	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	575	2,685	5,208			71
72 IMPL. DEV. CHARGED TO PATIENT	742	3,463	36,709			72
73 DRUGS CHARGED TO PATIENTS	2,518	11,753	30,079			73
73.02 INPT RENAL DIALYSIS	63	292	2,809	1,033		73.02
76.97 CARDIAC REHABILITATION	9	41	1,498	5,201	51	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	325	1,515	9,431	1,699	3,132	90.01
91 EMERGENCY	2,816	13,771	33,568	22,631	37,577	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	23,362	109,660	733,349	731,277	279,904	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			548	4,413		190
190.01 POB RX						190.01

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COST CENTER DESCRIPTION	ADMITTING	PATIENT FIN SVC	ADMN & GEN	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
	5.04	5.05	5.06	7	8	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES			1,505			192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC		53	9,274	45,825	1,278	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,362	109,713	744,676	781,515	281,182	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINI-	SERVICES	
	9	10	11	STRATION	& SUPPLY	
				13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT FINANCIAL SVC						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	46,073					9
10 DIETARY	1,035	168,229				10
11 CAFETERIA	1,921		300,834			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	149		5,010	144,065		13
14 CENTRAL SERVICES & SUPPLY	120		8,936		401,116	14
15 PHARMACY	187		8,375		12,803	15
16 MEDICAL RECORDS & LIBRARY	299		7,216			16
17 SOCIAL SERVICE	74		1,047			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			30,884			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,073		3,328		7	22
23 PARAMEDICAL EDUCATION PROGRAM	80		1,122	118	71	23
23.01 RADIOLOGY SCHOOL	153		11,292			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,310	137,276	70,925	54,156	41,739	30
31 INTENSIVE CARE UNIT	1,800	18,257	16,302	20,235	23,025	31
32 CORONARY CARE UNIT	2,102	3,486	2,505	2,065	2,002	32
32.02 SURGICAL HEART UNIT	740	9,210	9,347	9,911	7,365	32.02
43 NURSERY	148		3,103	4,838	1,261	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,705		20,527	14,041	83,744	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	76		1,982	2,301	6,254	50.02
50.03 WOUND CARE CENTER			1,010	944	1,634	50.03
51 RECOVERY ROOM	821		8,039	9,498	1,870	51
52 DELIVERY ROOM & LABOR ROOM	1,016		5,870	6,076	9,567	52
53 ANESTHESIOLOGY	98		972		26,543	53
54 RADIOLOGY-DIAGNOSTIC	2,079		15,180	885	12,251	54
55 RADIOLOGY-THERAPEUTIC	820		1,122		67	55
56 RADIOISOTOPE	299		823		236	56
58 MAGNETIC RESONANCE IMAGING (MRI)	249		897		182	58
59 CARDIAC CATHETERIZATION	1,441		3,888	1,888	30,416	59
60 LABORATORY	530		15,255		12,699	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	839		1,533	472	945	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	319		6,506		2,030	65
66 PHYSICAL THERAPY	153		5,309		49	66
69 ELECTROCARDIOLOGY	305		2,991		1,101	69
70 ELECTROENCEPHALOGRAPHY	76		449		23	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					59,706	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.02 INPT RENAL DIALYSIS	105				1,312	73.02
76.97 CARDIAC REHABILITATION	77		748	944	158	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	106		4,412	1,062	519	90.01
91 EMERGENCY	2,900		16,713	14,631	47,645	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	45,205	168,229	293,618	144,065	387,224	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	74					190
190.01 POB RX						190.01

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COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES						192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	794		7,216		13,892	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	46,073	168,229	300,834	144,065	401,116	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT FINANCIAL SVC						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	177,985					15
16 MEDICAL RECORDS & LIBRARY		114,916				16
17 SOCIAL SERVICE			40,911			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				58,319		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					404,682	22
23 PARAMEDICAL EDUCATION PROGRAM	412					23
23.01 RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	9	13,971	29,489			30
31 INTENSIVE CARE UNIT	46	2,892	3,207			31
32 CORONARY CARE UNIT		534	589			32
32.02 SURGICAL HEART UNIT		1,425	4,259			32.02
43 NURSERY	5	800				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		10,350				50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	1	1,152				50.02
50.03 WOUND CARE CENTER	215	799				50.03
51 RECOVERY ROOM	195	2,876				51
52 DELIVERY ROOM & LABOR ROOM	6	1,146				52
53 ANESTHESIOLOGY	663	1,710				53
54 RADIOLOGY-DIAGNOSTIC		9,898				54
55 RADIOLOGY-THERAPEUTIC	14	610				55
56 RADIOISOTOPE	5	841				56
58 MAGNETIC RESONANCE IMAGING (MRI)		1,666				58
59 CARDIAC CATHETERIZATION	19	6,713				59
60 LABORATORY		13,082				60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	19	1,418				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,352	3,327				65
66 PHYSICAL THERAPY	14	1,025				66
69 ELECTROCARDIOLOGY	11	3,443				69
70 ELECTROENCEPHALOGRAPHY		228				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,817				71
72 IMPL. DEV. CHARGED TO PATIENT		3,634				72
73 DRUGS CHARGED TO PATIENTS	170,494	12,334				73
73.02 INPT RENAL DIALYSIS	17	306				73.02
76.97 CARDIAC REHABILITATION	3	43				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	392	1,590				90.01
91 EMERGENCY	501	14,286	3,367			91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	174,393	114,916	40,911			118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 POB RX						190.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	
	15	16	17	21	22	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES	92					192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	3,500					192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS				58,319	404,682	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	177,985	114,916	40,911	58,319	404,682	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED ED	RADIOLOGY SCHOOL	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT FINANCIAL SVC						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMEDICAL EDUCATION PROGRAM	42,416					23
23.01 RADIOLOGY SCHOOL		40,967				23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			2,769,428		2,769,428	30
31 INTENSIVE CARE UNIT			378,627		378,627	31
32 CORONARY CARE UNIT			286,514		286,514	32
32.02 SURGICAL HEART UNIT			280,691		280,691	32.02
43 NURSERY			79,797		79,797	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			1,412,565		1,412,565	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB			116,676		116,676	50.02
50.03 WOUND CARE CENTER			75,054		75,054	50.03
51 RECOVERY ROOM			407,765		407,765	51
52 DELIVERY ROOM & LABOR ROOM			307,083		307,083	52
53 ANESTHESIOLOGY			333,422		333,422	53
54 RADIOLOGY-DIAGNOSTIC			1,742,485		1,742,485	54
55 RADIOLOGY-THERAPEUTIC			204,630		204,630	55
56 RADIOISOTOPE			213,038		213,038	56
58 MAGNETIC RESONANCE IMAGING (MRI)			266,681		266,681	58
59 CARDIAC CATHETERIZATION			1,186,229		1,186,229	59
60 LABORATORY			569,538		569,538	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			104,691		104,691	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			208,315		208,315	65
66 PHYSICAL THERAPY			141,335		141,335	66
69 ELECTROCARDIOLOGY			185,706		185,706	69
70 ELECTROENCEPHALOGRAPHY			27,583		27,583	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			217,463		217,463	71
72 IMPL. DEV. CHARGED TO PATIENT			44,548		44,548	72
73 DRUGS CHARGED TO PATIENTS			227,178		227,178	73
73.02 INPT RENAL DIALYSIS			37,814		37,814	73.02
76.97 CARDIAC REHABILITATION			54,307		54,307	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD			409,934		409,934	90.01
91 EMERGENCY			709,152		709,152	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)			12,998,249		12,998,249	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			37,863		37,863	190
190.01 POB RX						190.01

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	PARAMED ED	RADIOLOGY SCHOOL	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
190.02 MOBILE MEDICAL CARE	23	23.01				190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES			8,801		8,801	192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC			464,505		464,505	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS	42,416	40,967	546,384		546,384	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	42,416	40,967	14,055,802		14,055,802	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS	NEW CAP-REL COSTS	EMPLOYEE BENEFITS	PURCHASING	ADMITTING	
	BLDG&FIXT SQUARE FEET	MOV EQUIP DOLLAR VALUE	GROSS SALARIES	SUPPLIES EXPENSE	GROSS CHARGES	
	1	2	4	5.03	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	389,560					1
2 CAP REL COSTS-MVBLE EQUIP		4,227,300				2
4 EMPLOYEE BENEFITS	1,690	646	54,538,528			4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING				16,534,486		5.03
5.04 ADMITTING	1,224	1,408			601,772,945	5.04
5.05 PATIENT FINANCIAL SVC	6,311	603				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	37,923	42,683	3,279,624	47,349		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,792	383,719	1,762,178	40,723		7
8 LAUNDRY & LINEN SERVICE	12,763	15,523				8
9 HOUSEKEEPING		15,781	1,396,756	253,150		9
10 DIETARY	6,223	14,706	442,119	51,728		10
11 CAFETERIA	11,553	27,311	820,718	96,025		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,732	42,834	1,152,180	13,740		13
14 CENTRAL SERVICES & SUPPLY	16,703	36,485	243,502	174,255		14
15 PHARMACY	2,964	48,891	1,785,725	33,251		15
16 MEDICAL RECORDS & LIBRARY	4,715	1,041	924,103	16,941		16
17 SOCIAL SERVICE	1,944		179,485			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			3,989,754			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	17,984	687	884,060	34,402		22
23 PARAMEDICAL EDUCATION PROGRAM	1,108	1,608	184,447	25,753		23
23.01 RADIOLOGY SCHOOL	1,305					23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	87,736	267,591	10,865,412	443,443	73,145,933	30
31 INTENSIVE CARE UNIT	8,578	37,582	3,334,956	255,508	15,143,020	31
32 CORONARY CARE UNIT	4,398	105,176	510,003	27,861	2,793,459	32
32.02 SURGICAL HEART UNIT	3,943	80,119	1,869,386	112,414	7,462,372	32.02
43 NURSERY	1,084	22,093	729,619	39,361	4,187,978	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,384	470,912	4,108,392	3,731,364	54,186,203	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	2,500	27,851	389,085	197,842	6,033,365	50.02
50.03 WOUND CARE CENTER		14,437	156,964	120,381	4,184,073	50.03
51 RECOVERY ROOM	11,971	74,135	1,610,524	23,973	15,055,116	51
52 DELIVERY ROOM & LABOR ROOM	6,304	84,972	1,154,710	125,540	6,000,052	52
53 ANESTHESIOLOGY	793	173,437	106,900	414,345	8,952,269	53
54 RADIOLOGY-DIAGNOSTIC	19,048	780,248	2,615,461	414,407	51,820,313	54
55 RADIOLOGY-THERAPEUTIC	7,141	34,651	270,303	6,376	3,192,237	55
56 RADIOISOTOPE	3,095	89,328	168,237	4,100	4,404,540	56
58 MAGNETIC RESONANCE IMAGING (MRI)	4,995	97,678	172,365	47,349	8,720,530	58
59 CARDIAC CATHETERIZATION	7,689	591,226	726,666	1,433,819	35,147,269	59
60 LABORATORY	16,442	69,500	2,063,762	884,973	68,492,560	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,117		269,628	137,019	7,422,828	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,380	53,047	1,039,346	123,416	17,419,553	65
66 PHYSICAL THERAPY	4,511	18,993	1,112,033	11,937	5,366,433	66
69 ELECTROCARDIOLOGY	3,975	52,503	541,844	30,043	18,023,704	69
70 ELECTROENCEPHALOGRAPHY	738	6,885	66,164	3,072	1,196,058	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				569,064	14,750,748	71
72 IMPL. DEV. CHARGED TO PATIENT				5,609,911	19,025,465	72
73 DRUGS CHARGED TO PATIENTS					64,576,422	73
73.02 INPT RENAL DIALYSIS	445	15,001		20,819	1,604,125	73.02
76.97 CARDIAC REHABILITATION	2,240	4,239	162,509	4,517	224,592	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	732	189,508	746,329	87,924	8,322,418	90.01
91 EMERGENCY	9,748	201,982	2,513,668	790,850	74,919,310	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	367,921	4,197,020	54,348,917	16,458,945	601,772,945	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	45		53,268		190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	PURCHASING SUPPLIES EXPENSE	ADMITTING GROSS CHARGES	
	1	2	4	5.03	5.04	
190.01 POB RX						190.01
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES		4,413	137,611	580		192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	19,738	25,822	52,000	21,693		192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,712,201	6,822,272	680,017	498,996	946,709	202
203 UNIT COST MULT-WS B PT I	17.230211	1.613860	0.012469	0.030179	0.001573	203
204 COST TO BE ALLOC PER B PT II			32,452		23,362	204
205 UNIT COST MULT-WS B PT II			0.000595		0.000039	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT FIN SVC	RECON- CILIATION	ADMN & GEN	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
	GROSS CHARGES 5.05	5A.06	ACCUM COST 5.06	7	8	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06	602,061,985	-25,839,428	120,035,312			5.06
6						6
7			8,370,842	336,620		7
8			1,062,294	12,763	1,703,516	8
9			2,481,470			9
10			1,465,585	6,223		10
11			867,757	11,553		11
12						12
13			1,773,072	2,732		13
14			365,602	16,703	10,997	14
15			2,310,662	2,964		15
16			1,520,607	4,715		16
17			269,882	1,944		17
19						19
20						20
21			4,039,502			21
22			6,413,393	17,984	24,380	22
23			210,167	1,108		23
23.01			645,801	1,305		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30	73,145,933		16,772,563	87,736	688,191	30
31	15,143,020		4,705,147	8,578	161,889	31
32	2,793,459		869,547	4,398	57,960	32
32.02	7,462,372		2,749,203	3,943	74,054	32.02
43	4,187,978		1,014,975	1,084	31,117	43
ANCILLARY SERVICE COST CENTERS						
50	54,186,203		10,216,420	19,384	105,693	50
50.01						50.01
50.02	6,033,365		893,457	2,500	10,574	50.02
50.03	4,184,073		874,684		12,379	50.03
51	15,055,116		2,458,411	11,971	53,414	51
52	6,000,052		1,836,223	6,304	44,763	52
53	8,952,269		964,795	793		53
54	51,820,313		5,784,828	19,048	109,449	54
55	3,192,237		592,527	7,141	6,095	55
56	4,404,540		653,949	3,095	6,213	56
58	8,720,530		577,231	4,995	7,694	58
59	35,147,269		3,738,518	7,689	20,525	59
60	68,492,560		6,247,817	16,442	2,885	60
62	7,422,828		1,819,777	4,117		62
62.30						62.30
65	17,419,553		1,767,955	3,380		65
66	5,366,433		1,533,063	4,511	11,488	66
69	18,023,704		993,265	3,975	7,705	69
70	1,196,058		118,804	738	1,369	70
71	14,750,748		839,520			71
72	19,025,465		5,916,975			72
73	64,576,422		4,848,394			73
73.02	1,604,125		452,717	445		73.02
76.97	224,592		241,455	2,240	307	76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	8,322,418		1,520,216	732	18,973	90.01
91	74,919,310		5,410,642	9,748	227,657	91
92						92
OTHER REIMBURSABLE COST CENTERS						
99.10						99.10
99.20						99.20
99.30						99.30
99.40						99.40
118	601,772,945	-25,839,428	118,209,714	314,981	1,695,771	118
NONREIMBURSABLE COST CENTERS						
190			88,254	1,901		190

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	PATIENT FIN SVC	RECON- CILIATION	ADMN & GEN ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.05	5A.06	5.06	7	8	
190.01 POB RX						190.01
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES			242,552			192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	289,040		1,494,792	19,738	7,745	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,412,780		25,839,428	10,172,791	1,676,672	202
203 UNIT COST MULT-WS B PT I	0.005668		0.215265	30.220400	0.984242	203
204 COST TO BE ALLOC PER B PT II	109,713		744,676	781,515	281,182	204
205 UNIT COST MULT-WS B PT II	0.000182		0.006204	2.321653	0.165060	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION (DIRECT NRSNG FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	(HOURS OF SERVICE) 9	(MEALS SERVED) 10	FTES SERVED) 11	13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT FINANCIAL SVC						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	49,116					9
10 DIETARY	1,103	199,388				10
11 CAFETERIA	2,048		8,046			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	159			134	2,442	13
14 CENTRAL SERVICES & SUPPLY	128			239	3,441,294	14
15 PHARMACY	199			224	109,838	15
16 MEDICAL RECORDS & LIBRARY	319			193	2	16
17 SOCIAL SERVICE	79			28		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			826			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,144		89		64	22
23 PARAMEDICAL EDUCATION PROGRAM	85		30		2	23
23.01 RADIOLOGY SCHOOL	163		302		609	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,586	162,702	1,897	918	358,091	30
31 INTENSIVE CARE UNIT	1,919	21,638	436	343	197,540	31
32 CORONARY CARE UNIT	2,241	4,132	67	35	17,174	32
32.02 SURGICAL HEART UNIT	789	10,916	250	168	63,185	32.02
43 NURSERY	158		83	82	10,819	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,950		549	238	718,475	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	81		53	39	53,654	50.02
50.03 WOUND CARE CENTER			27	16	14,018	50.03
51 RECOVERY ROOM	875		215	161	16,043	51
52 DELIVERY ROOM & LABOR ROOM	1,083		157	103	82,077	52
53 ANESTHESIOLOGY	105		26		227,719	53
54 RADIOLOGY-DIAGNOSTIC	2,216		406	15	105,105	54
55 RADIOLOGY-THERAPEUTIC	874		30		574	55
56 RADIOISOTOPE	319		22		2,025	56
58 MAGNETIC RESONANCE IMAGING (MRI)	265		24		1,561	58
59 CARDIAC CATHETERIZATION	1,536		104	32	260,949	59
60 LABORATORY	565		408		108,951	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	894		41	8	8,111	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	340		174		17,412	65
66 PHYSICAL THERAPY	163		142		421	66
69 ELECTROCARDIOLOGY	325		80		9,449	69
70 ELECTROENCEPHALOGRAPHY	81		12		194	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					512,230	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.02 INPT RENAL DIALYSIS	112				11,252	73.02
76.97 CARDIAC REHABILITATION	82		20	16	1,358	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	113		118	18	4,454	90.01
91 EMERGENCY	3,092		447	248	408,760	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	48,191	199,388	7,853	2,442	3,322,114	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	79					190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	CAFETERIA FTES SERVED) 11	NURSING ADMINISTRATION (DIRECT NRSNG FTES) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	
190.01 POB RX						190.01
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES						192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	846					192.05
192.06 ASBURY STREET SNF			193		119,180	192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,015,644	2,036,858	1,529,435	2,272,548	1,013,188	202
203 UNIT COST MULT-WS B PT I	61.398404	10.215550	190.086378	930.609337	0.294421	203
204 COST TO BE ALLOC PER B PT II	46,073	168,229	300,834	144,065	401,116	204
205 UNIT COST MULT-WS B PT II	0.938045	0.843727	37.389262	58.994676	0.116560	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY GROSS CHARGES	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	(COSTED REQUIS) 15	16	17	21	22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT FINANCIAL SVC						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	4,395,117					15
16 MEDICAL RECORDS & LIBRARY		601,772,945				16
17 SOCIAL SERVICE			10,000			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				35,868		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					35,868	22
23 PARAMEDICAL EDUCATION PROGRAM	10,172					23
23.01 RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	215	73,145,933	7,208	14,162	14,162	30
31 INTENSIVE CARE UNIT	1,128	15,143,020	784	2,218	2,218	31
32 CORONARY CARE UNIT		2,793,459	144			32
32.02 SURGICAL HEART UNIT		7,462,372	1,041	763	763	32.02
43 NURSERY	132	4,187,978				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		54,186,203		2,514	2,514	50
50.01 AMBULATORY PRE/POST OP				763	763	50.01
50.02 OP GI LAB	21	6,033,365				50.02
50.03 WOUND CARE CENTER	5,310	4,184,073				50.03
51 RECOVERY ROOM	4,820	15,055,116				51
52 DELIVERY ROOM & LABOR ROOM	143	6,000,052		1,757	1,757	52
53 ANESTHESIOLOGY	16,383	8,952,269		415	415	53
54 RADIOLOGY-DIAGNOSTIC	12	51,820,313		2,561	2,561	54
55 RADIOLOGY-THERAPEUTIC	341	3,192,237		398	398	55
56 RADIOISOTOPE	132	4,404,540		112	112	56
58 MAGNETIC RESONANCE IMAGING (MRI)		8,720,530				58
59 CARDIAC CATHETERIZATION	472	35,147,269		516	516	59
60 LABORATORY		68,492,560		575	575	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	459	7,422,828				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	33,388	17,419,553		690	690	65
66 PHYSICAL THERAPY	348	5,366,433				66
69 ELECTROCARDIOLOGY	274	18,023,704				69
70 ELECTROENCEPHALOGRAPHY		1,196,058				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		14,750,748				71
72 IMPL. DEV. CHARGED TO PATIENT		19,025,465				72
73 DRUGS CHARGED TO PATIENTS	4,210,115	64,576,422				73
73.02 INPT RENAL DIALYSIS	430	1,604,125				73.02
76.97 CARDIAC REHABILITATION	66	224,592				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	9,676	8,322,418		197	197	90.01
91 EMERGENCY	12,377	74,919,310	823	4,349	4,349	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	4,306,414	601,772,945	10,000	31,990	31,990	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS CHARGES 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	
190.01 POB RX						190.01
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES	2,263			1,819	1,819	192
192.02 OUTREACH TRANSPORTATION						192.02
192.03 SAINT FRANCIS HEALTH CENTER						192.03
192.04 WOMENS HEALTH CENTER						192.04
192.05 OTHER NRCC	86,440			2,059	2,059	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,984,776	2,046,703	396,898	5,066,076	8,448,629	202
203 UNIT COST MULT-WS B PT I	0.679112	0.003401	39.689800	141.242221	235.547814	203
204 COST TO BE ALLOC PER B PT II	177,985	114,916	40,911	58,319	404,682	204
205 UNIT COST MULT-WS B PT II	0.040496	0.000191	4.091100	1.625934	11.282536	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	RADIOLOGY	
	ED	SCHOOL	
	(ASSIGNED	(ASSIGNED	
	TIME)	TIME)	
	23	23.01	
GENERAL SERVICE COST CENTERS			
1			1
2			2
4			4
5.01			5.01
5.02			5.02
5.03			5.03
5.04			5.04
5.05			5.05
5.06			5.06
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
19			19
20			20
21			21
22			22
23	1,000		23
23.01		70,920	23.01
INPATIENT ROUTINE SERV COST CENTERS			
30			30
31			31
32			32
32.02			32.02
43			43
ANCILLARY SERVICE COST CENTERS			
50			50
50.01			50.01
50.02			50.02
50.03			50.03
51			51
52			52
53			53
54		45,960	54
55			55
56			56
58			58
59			59
60			60
62			62
62.30			62.30
65			65
66			66
69			69
70			70
71			71
72			72
73			73
73.02			73.02
76.97			76.97
76.98			76.98
76.99			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01			90.01
91	1,000		91
92			92
OTHER REIMBURSABLE COST CENTERS			
99.10			99.10
99.20			99.20
99.30			99.30
99.40			99.40
SPECIAL PURPOSE COST CENTERS			
118	1,000	45,960	118
NONREIMBURSABLE COST CENTERS			
190			190

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	PARAMED ED (ASSIGNED TIME) 23	RADIOLOGY SCHOOL (ASSIGNED TIME) 23.01	
190.01 POB RX			190.01
190.02 MOBILE MEDICAL CARE			190.02
190.03 ARTHRITIS CENTER			190.03
192 PHYSICIANS' PRIVATE OFFICES			192
192.02 OUTREACH TRANSPORTATION			192.02
192.03 SAINT FRANCIS HEALTH CENTER			192.03
192.04 WOMENS HEALTH CENTER			192.04
192.05 OTHER NRCC		24,960	192.05
192.06 ASBURY STREET SNF			192.06
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	308,763	891,671	202
203 UNIT COST MULT-WS B PT I	308.763000	12.572913	203
204 COST TO BE ALLOC PER B PT II	42,416	40,967	204
205 UNIT COST MULT-WS B PT II	42.416000	0.577651	205

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 26)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	28,493,259		28,493,259		28,493,259	30
31 INTENSIVE CARE UNIT	7,019,058		7,019,058		7,019,058	31
32 CORONARY CARE UNIT	1,492,070		1,492,070		1,492,070	32
32.02 SURGICAL HEART UNIT	3,982,176		3,982,176		3,982,176	32.02
43 NURSERY	1,416,156		1,416,156		1,416,156	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,069,664		14,069,664		14,069,664	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	1,259,417		1,259,417		1,259,417	50.02
50.03 WOUND CARE CENTER	1,117,142		1,117,142		1,117,142	50.03
51 RECOVERY ROOM	3,705,580		3,705,580		3,705,580	51
52 DELIVERY ROOM & LABOR ROOM	2,702,924		2,702,924		2,702,924	52
53 ANESTHESIOLOGY	1,316,454		1,316,454		1,316,454	53
54 RADIOLOGY-DIAGNOSTIC	8,725,699		8,725,699		8,725,699	54
55 RADIOLOGY-THERAPEUTIC	1,012,503		1,012,503		1,012,503	55
56 RADIOISOTOPE	933,802		933,802		933,802	56
58 MAGNETIC RESONANCE IMAGING	910,965		910,965		910,965	58
59 CARDIAC CATHETERIZATION	5,136,399		5,136,399		5,136,399	59
60 LABORATORY	8,469,742		8,469,742		8,469,742	60
62 WHOLE BLOOD & PACKED RED BL	2,434,002		2,434,002		2,434,002	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,391,673		2,391,673		2,391,673	65
66 PHYSICAL THERAPY	2,066,320		2,066,320		2,066,320	66
69 ELECTROCARDIOLOGY	1,434,218		1,434,218		1,434,218	69
70 ELECTROENCEPHALOGRAPHY	179,407		179,407		179,407	70
71 MEDICAL SUPPLIES CHRGD TO	1,221,217		1,221,217		1,221,217	71
72 IMPL. DEV. CHARGED TO PATIE	7,255,399		7,255,399		7,255,399	72
73 DRUGS CHARGED TO PATIENTS	8,970,847		8,970,847		8,970,847	73
73.02 INPT RENAL DIALYSIS	579,557		579,557		579,557	73.02
76.97 CARDIAC REHABILITATION	386,364		386,364		386,364	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	1,970,566		1,970,566		1,970,566	90.01
91 EMERGENCY	8,324,680		8,324,680		8,324,680	91
92 OBSERVATION BEDS	3,388,620		3,388,620		3,388,620	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	132,365,880		132,365,880		132,365,880	200
201 LESS OBSERVATION BEDS	3,388,620		3,388,620		3,388,620	201
202 TOTAL (SEE INSTRUCTIONS)	128,977,260		128,977,260		128,977,260	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	64,659,564		64,659,564			30
31 INTENSIVE CARE UNIT	15,143,020		15,143,020			31
32 CORONARY CARE UNIT	2,793,459		2,793,459			32
32.02 SURGICAL HEART UNIT	7,462,372		7,462,372			32.02
43 NURSERY	4,187,978		4,187,978			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	30,378,895	23,807,308	54,186,203	0.259654	0.259654	0.259654 50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	1,767,035	4,266,330	6,033,365	0.208742	0.208742	0.208742 50.02
50.03 WOUND CARE CENTER	36,897	4,147,176	4,184,073	0.266999	0.266999	0.266999 50.03
51 RECOVERY ROOM	5,868,181	9,186,935	15,055,116	0.246134	0.246134	0.246134 51
52 DELIVERY ROOM & LABOR ROOM	5,282,698	717,354	6,000,052	0.450483	0.450483	0.450483 52
53 ANESTHESIOLOGY	4,971,323	3,980,946	8,952,269	0.147053	0.147053	0.147053 53
54 RADIOLOGY-DIAGNOSTIC	19,943,019	31,877,294	51,820,313	0.168384	0.168384	0.168384 54
55 RADIOLOGY-THERAPEUTIC	690,910	2,501,327	3,192,237	0.317177	0.317177	0.317177 55
56 RADIOISOTOPE	1,775,804	2,628,736	4,404,540	0.212009	0.212009	0.212009 56
58 MAGNETIC RESONANCE IMAGING	3,200,177	5,520,353	8,720,530	0.104462	0.104462	0.104462 58
59 CARDIAC CATHETERIZATION	23,210,931	11,936,338	35,147,269	0.146139	0.146139	0.146139 59
60 LABORATORY	41,449,896	27,042,664	68,492,560	0.123659	0.123659	0.123659 60
62 WHOLE BLOOD & PACKED RED BL	6,007,110	1,415,718	7,422,828	0.327908	0.327908	0.327908 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	16,837,395	582,158	17,419,553	0.137298	0.137298	0.137298 65
66 PHYSICAL THERAPY	3,044,111	2,322,322	5,366,433	0.385045	0.385045	0.385045 66
69 ELECTROCARDIOLOGY	9,342,310	8,681,394	18,023,704	0.079574	0.079574	0.079574 69
70 ELECTROENCEPHALOGRAPHY	371,030	825,028	1,196,058	0.149999	0.149999	0.149999 70
71 MEDICAL SUPPLIES CHRGD TO	8,612,969	6,137,779	14,750,748	0.082790	0.082790	0.082790 71
72 IMPL. DEV. CHARGED TO PATIE	15,285,328	3,740,137	19,025,465	0.381352	0.381352	0.381352 72
73 DRUGS CHARGED TO PATIENTS	51,340,166	13,236,256	64,576,422	0.138918	0.138918	0.138918 73
73.02 INPT RENAL DIALYSIS	1,559,603	44,522	1,604,125	0.361292	0.361292	0.361292 73.02
76.97 CARDIAC REHABILITATION		224,592	224,592	1.720293	1.720293	1.720293 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	21,515	8,300,903	8,322,418	0.236778	0.236778	0.236778 90.01
91 EMERGENCY	28,408,824	46,510,486	74,919,310	0.111115	0.111115	0.111115 91
92 OBSERVATION BEDS	112,669	8,373,700	8,486,369	0.399302	0.399302	0.399302 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	373,765,189	228,007,756	601,772,945			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	373,765,189	228,007,756	601,772,945			202

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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL. 1 MINUS COL. 2)	(COL. 1 MINUS COL. 2)	(COL. 3 + COL. 4)	PGM DAYS	(COL. 5 x COL. 6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,769,428		2,769,428	77.51	16,434	1,273,799	30
31 INTENSIVE CARE UNIT	378,627		378,627	80.06	2,579	206,475	31
32 CORONARY CARE UNIT	286,514		286,514	325.58	436	141,953	32
32.02 SURGICAL HEART UNIT	280,691		280,691	119.60	1,328	158,829	32.02
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	79,797		79,797	30.61			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,795,057		3,795,057		20,777	1,781,056	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,412,565	54,186,203	0.026069	12,749,071	332,356	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	116,676	6,033,365	0.019338	1,053,931	20,381	50.02
50.03 WOUND CARE CENTER	75,054	4,184,073	0.017938	23,294	418	50.03
51 RECOVERY ROOM	407,765	15,055,116	0.027085	2,603,208	70,508	51
52 DELIVERY ROOM & LABOR ROOM	307,083	6,000,052	0.051180	30,688	1,571	52
53 ANESTHESIOLOGY	333,422	8,952,269	0.037244	2,096,665	78,088	53
54 RADIOLOGY-DIAGNOSTIC	1,742,485	51,820,313	0.033626	11,115,707	373,777	54
55 RADIOLOGY-THERAPEUTIC	204,630	3,192,237	0.064102	357,062	22,888	55
56 RADIOISOTOPE	213,038	4,404,540	0.048368	914,171	44,217	56
58 MAGNETIC RESONANCE IMAGING (M	266,681	8,720,530	0.030581	1,580,186	48,324	58
59 CARDIAC CATHETERIZATION	1,186,229	35,147,269	0.033750	13,107,025	442,362	59
60 LABORATORY	569,538	68,492,560	0.008315	22,437,547	186,568	60
62 WHOLE BLOOD & PACKED RED BLOO	104,691	7,422,828	0.014104	3,258,110	45,952	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	208,315	17,419,553	0.011959	9,765,169	116,782	65
66 PHYSICAL THERAPY	141,335	5,366,433	0.026337	1,871,346	49,286	66
69 ELECTROCARDIOLOGY	185,706	18,023,704	0.010303	5,551,446	57,197	69
70 ELECTROENCEPHALOGRAPHY	27,583	1,196,058	0.023062	182,981	4,220	70
71 MEDICAL SUPPLIES CHRGD TO PA	217,463	14,750,748	0.014743	4,489,309	66,186	71
72 IMPL. DEV. CHARGED TO PATIENT	44,548	19,025,465	0.002341	8,004,965	18,740	72
73 DRUGS CHARGED TO PATIENTS	227,178	64,576,422	0.003518	26,939,182	94,772	73
73.02 INPT RENAL DIALYSIS	37,814	1,604,125	0.023573	945,482	22,288	73.02
76.97 CARDIAC REHABILITATION	54,307	224,592	0.241803			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	409,934	8,322,418	0.049257	406	20	90.01
91 EMERGENCY	709,152	74,919,310	0.009466	13,655,848	129,266	91
92 OBSERVATION BEDS	329,360	8,486,369	0.038810	64,417	2,500	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	9,532,552	507,526,552	507,526,552	142,797,216	2,228,667	200

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.02 SURGICAL HEART UNIT					32.02
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	35,728		16,434		30
31 INTENSIVE CARE UNIT	4,729		2,579		31
32 CORONARY CARE UNIT	880		436		32
32.02 SURGICAL HEART UNIT	2,347		1,328		32.02
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,607				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	46,291		20,777		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.01 AMBULATORY PRE/POST OP							50.01
50.02 OP GI LAB							50.02
50.03 WOUND CARE CENTER							50.03
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			577,851		577,851	577,851	54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.02 INPT RENAL DIALYSIS							73.02
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OPD							90.01
91 EMERGENCY			308,763		308,763	308,763	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			886,614		886,614	886,614	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0080)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	54,186,203			12,749,071		6,808,385	50
50.01 AMBULATORY PRE/POST OP							50.01
50.02 OP GI LAB	6,033,365			1,053,931		1,561,945	50.02
50.03 WOUND CARE CENTER	4,184,073			23,294		1,652,474	50.03
51 RECOVERY ROOM	15,055,116			2,603,208		2,567,655	51
52 DELIVERY ROOM & LABOR ROOM	6,000,052			30,688		2,972	52
53 ANESTHESIOLOGY	8,952,269			2,096,665		1,164,390	53
54 RADIOLOGY-DIAGNOSTIC	51,820,313	0.011151	0.011151	11,115,707	123,951	9,292,835	103,624 54
55 RADIOLOGY-THERAPEUTIC	3,192,237			357,062		1,204,302	55
56 RADIOISOTOPE	4,404,540			914,171		1,094,416	56
58 MAGNETIC RESONANCE IMAGING (8,720,530			1,580,186		1,856,853	58
59 CARDIAC CATHETERIZATION	35,147,269			13,107,025		6,233,592	59
60 LABORATORY	68,492,560			22,437,547		1,201,303	60
62 WHOLE BLOOD & PACKED RED BLO	7,422,828			3,258,110		642,507	62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	17,419,553			9,765,169		278,553	65
66 PHYSICAL THERAPY	5,366,433			1,871,346		9,371	66
69 ELECTROCARDIOLOGY	18,023,704			5,551,446		3,747,827	69
70 ELECTROENCEPHALOGRAPHY	1,196,058			182,981		250,369	70
71 MEDICAL SUPPLIES CHRGD TO P	14,750,748			4,489,309		2,149,618	71
72 IMPL. DEV. CHARGED TO PATIEN	19,025,465			8,004,965		2,196,427	72
73 DRUGS CHARGED TO PATIENTS	64,576,422			26,939,182		6,448,373	73
73.02 INPT RENAL DIALYSIS	1,604,125			945,482		22,126	73.02
76.97 CARDIAC REHABILITATION	224,592					97,534	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OPD	8,322,418			406		586,557	90.01
91 EMERGENCY	74,919,310	0.004121	0.004121	13,655,848	56,276	6,854,287	28,247 91
92 OBSERVATION BEDS	8,486,369			64,417		3,288,226	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	507,526,552			142,797,216	180,227	61,212,897	131,871 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0080) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.259654	6,808,385			1,767,824			50
50.01 AMBULATORY PRE/POST OP								50.01
50.02 OP GI LAB	0.208742	1,561,945			326,044			50.02
50.03 WOUND CARE CENTER	0.266999	1,652,474			441,209			50.03
51 RECOVERY ROOM	0.246134	2,567,655			631,987			51
52 DELIVERY ROOM & LABOR ROOM	0.450483	2,972			1,339			52
53 ANESTHESIOLOGY	0.147053	1,164,390			171,227			53
54 RADIOLOGY-DIAGNOSTIC	0.168384	9,292,835			1,564,765			54
55 RADIOLOGY-THERAPEUTIC	0.317177	1,204,302			381,977			55
56 RADIOISOTOPE	0.212009	1,094,416			232,026			56
58 MAGNETIC RESONANCE IMAGING (MRI)	0.104462	1,856,853			193,971			58
59 CARDIAC CATHETERIZATION	0.146139	6,233,592			910,971			59
60 LABORATORY	0.123659	1,201,303			148,552			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.327908	642,507			210,683			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.137298	278,553			38,245			65
66 PHYSICAL THERAPY	0.385045	9,371			3,608			66
69 ELECTROCARDIOLOGY	0.079574	3,747,827			298,230			69
70 ELECTROENCEPHALOGRAPHY	0.149999	250,369			37,555			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.082790	2,149,618			177,967			71
72 IMPL. DEV. CHARGED TO PATIENT	0.381352	2,196,427	8,303		837,612	3,166		72
73 DRUGS CHARGED TO PATIENTS	0.138918	6,448,373		249,561	895,795		34,669	73
73.02 INPT RENAL DIALYSIS	0.361292	22,126			7,994			73.02
76.97 CARDIAC REHABILITATION	1.720293	97,534			167,787			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 OPD	0.236778	586,557			138,884			90.01
91 EMERGENCY	0.111115	6,854,287			761,614			91
92 OBSERVATION BEDS	0.399302	3,288,226			1,312,995			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		61,212,897	8,303	249,561	11,660,861	3,166	34,669	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		61,212,897	8,303	249,561	11,660,861	3,166	34,669	202

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
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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	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	4	(COL. 3 + COL. 4)	6	(COL. 5 x COL. 6)
	1	2	3		5		7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
32.02 SURGICAL HEART UNIT							32.02
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL
	COST (FROM WKST B, PT. II, COL. 26) 1	CHARGES (FROM WKST C, PT. I, COL. 8) 2	COST TO CHARGES (COL.1 ÷ COL.2) 3		(COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 AMBULATORY PRE/POST OP					50.01
50.02 OP GI LAB					50.02
50.03 WOUND CARE CENTER					50.03
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
58 MAGNETIC RESONANCE IMAGING (M					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOO					62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.02 INPT RENAL DIALYSIS					73.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OPD					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.02 SURGICAL HEART UNIT					32.02
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.02 SURGICAL HEART UNIT					32.02
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	(SUM OF COLS. 1-4) 5	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.01 AMBULATORY PRE/POST OP							50.01
50.02 OP GI LAB							50.02
50.03 WOUND CARE CENTER							50.03
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			577,851		577,851	577,851	54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.02 INPT RENAL DIALYSIS							73.02
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OPD							90.01
91 EMERGENCY			308,763		308,763	308,763	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			886,614		886,614	886,614	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)	
	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	54,186,203							50
50.01 AMBULATORY PRE/POST OP								50.01
50.02 OP GI LAB	6,033,365							50.02
50.03 WOUND CARE CENTER	4,184,073							50.03
51 RECOVERY ROOM	15,055,116							51
52 DELIVERY ROOM & LABOR ROOM	6,000,052							52
53 ANESTHESIOLOGY	8,952,269							53
54 RADIOLOGY-DIAGNOSTIC	51,820,313	0.011151	0.011151					54
55 RADIOLOGY-THERAPEUTIC	3,192,237							55
56 RADIOISOTOPE	4,404,540							56
58 MAGNETIC RESONANCE IMAGING (8,720,530							58
59 CARDIAC CATHETERIZATION	35,147,269							59
60 LABORATORY	68,492,560							60
62 WHOLE BLOOD & PACKED RED BLO	7,422,828							62
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
65 RESPIRATORY THERAPY	17,419,553							65
66 PHYSICAL THERAPY	5,366,433							66
69 ELECTROCARDIOLOGY	18,023,704							69
70 ELECTROENCEPHALOGRAPHY	1,196,058							70
71 MEDICAL SUPPLIES CHRGD TO P	14,750,748							71
72 IMPL. DEV. CHARGED TO PATIEN	19,025,465							72
73 DRUGS CHARGED TO PATIENTS	64,576,422							73
73.02 INPT RENAL DIALYSIS	1,604,125							73.02
76.97 CARDIAC REHABILITATION	224,592							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 OPD	8,322,418							90.01
91 EMERGENCY	74,919,310	0.004121	0.004121					91
92 OBSERVATION BEDS	8,486,369							92
OTHER REIMBURSABLE COST CENTERS								
200 TOTAL (SUM OF LINES 50-199)	507,526,552							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0080) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.259654						50
50.01 AMBULATORY PRE/POST OP							50.01
50.02 OP GI LAB	0.208742						50.02
50.03 WOUND CARE CENTER	0.266999						50.03
51 RECOVERY ROOM	0.246134						51
52 DELIVERY ROOM & LABOR ROOM	0.450483						52
53 ANESTHESIOLOGY	0.147053						53
54 RADIOLOGY-DIAGNOSTIC	0.168384						54
55 RADIOLOGY-THERAPEUTIC	0.317177						55
56 RADIOISOTOPE	0.212009						56
58 MAGNETIC RESONANCE IMAGING (MRI)	0.104462						58
59 CARDIAC CATHETERIZATION	0.146139						59
60 LABORATORY	0.123659						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.327908						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.137298						65
66 PHYSICAL THERAPY	0.385045						66
69 ELECTROCARDIOLOGY	0.079574						69
70 ELECTROENCEPHALOGRAPHY	0.149999						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.082790						71
72 IMPL. DEV. CHARGED TO PATIENT	0.381352						72
73 DRUGS CHARGED TO PATIENTS	0.138918						73
73.02 INPT RENAL DIALYSIS	0.361292						73.02
76.97 CARDIAC REHABILITATION	1.720293						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OPD	0.236778						90.01
91 EMERGENCY	0.111115						91
92 OBSERVATION BEDS	0.399302						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0080) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	35,728	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	35,728	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,003	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,725	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	16,434	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	28,493,259	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	28,493,259	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	73,145,933	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,921,587	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,224,346	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.389540	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	2,147.32	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,990.07	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	157.25	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	61.26	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	796,564	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	27,696,695	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0080) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 797.51 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 13,106,279 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 13,106,279 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7,019,058	4,729	1,484.26	2,579	3,827,907	43
44 CORONARY CARE UNIT	1,492,070	880	1,695.53	436	739,251	44
44.02 SURGICAL HEART UNIT	3,982,176	2,347	1,696.71	1,328	2,253,231	44.02
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					24,183,689	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					44,110,357	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,781,056	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					2,408,894	51
52 TOTAL PROGRAM EXCLUDABLE COST					4,189,950	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					39,920,407	53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,249 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 797.51 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,388,620 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,769,428	28,493,259	0.097196	3,388,620	329,360	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0080) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	35,728	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	35,728	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,003	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,725	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,584	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,607	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,947	16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	28,493,259	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	28,493,259	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	73,145,933	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,921,587	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,224,346	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.389540	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	2,147.32	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,990.07	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	157.25	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	61.26	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	796,564	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	27,696,695	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0080) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 775.21 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,879,193 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 5,879,193 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)	1,416,156	2,607	543.21	1,947	1,057,630	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7,019,058	4,729	1,484.26	959	1,423,405	43
44 CORONARY CARE UNIT	1,492,070	880	1,695.53	166	281,458	44
44.02 SURGICAL HEART UNIT	3,982,176	2,347	1,696.71	321	544,644	44.02
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					9,186,330	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,249 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1				
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		35,400,971			30
31 INTENSIVE CARE UNIT		8,192,819			31
32 CORONARY CARE UNIT		1,383,334			32
32.02 SURGICAL HEART UNIT		4,221,308			32.02
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.259654	12,749,071	3,310,347		50
50.01 AMBULATORY PRE/POST OP					50.01
50.02 OP GI LAB	0.208742	1,053,931	220,000		50.02
50.03 WOUND CARE CENTER	0.266999	23,294	6,219		50.03
51 RECOVERY ROOM	0.246134	2,603,208	640,738		51
52 DELIVERY ROOM & LABOR ROOM	0.450483	30,688	13,824		52
53 ANESTHESIOLOGY	0.147053	2,096,665	308,321		53
54 RADIOLOGY-DIAGNOSTIC	0.168384	11,115,707	1,871,707		54
55 RADIOLOGY-THERAPEUTIC	0.317177	357,062	113,252		55
56 RADIOISOTOPE	0.212009	914,171	193,812		56
58 MAGNETIC RESONANCE IMAGING (MRI)	0.104462	1,580,186	165,069		58
59 CARDIAC CATHETERIZATION	0.146139	13,107,025	1,915,448		59
60 LABORATORY	0.123659	22,437,547	2,774,605		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.327908	3,258,110	1,068,360		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.137298	9,765,169	1,340,738		65
66 PHYSICAL THERAPY	0.385045	1,871,346	720,552		66
69 ELECTROCARDIOLOGY	0.079574	5,551,446	441,751		69
70 ELECTROENCEPHALOGRAPHY	0.149999	182,981	27,447		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.082790	4,489,309	371,670		71
72 IMPL. DEV. CHARGED TO PATIENT	0.381352	8,004,965	3,052,709		72
73 DRUGS CHARGED TO PATIENTS	0.138918	26,939,182	3,742,337		73
73.02 INPT RENAL DIALYSIS	0.361292	945,482	341,595		73.02
76.97 CARDIAC REHABILITATION	1.720293				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OPD	0.236778	406	96		90.01
91 EMERGENCY	0.111115	13,655,848	1,517,370		91
92 OBSERVATION BEDS	0.399302	64,417	25,722		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		142,797,216	24,183,689		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		142,797,216			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
32.02 SURGICAL HEART UNIT				32.02
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.259654			50
50.01 AMBULATORY PRE/POST OP				50.01
50.02 OP GI LAB	0.208742			50.02
50.03 WOUND CARE CENTER	0.266999			50.03
51 RECOVERY ROOM	0.246134			51
52 DELIVERY ROOM & LABOR ROOM	0.450483			52
53 ANESTHESIOLOGY	0.147053			53
54 RADIOLOGY-DIAGNOSTIC	0.168384			54
55 RADIOLOGY-THERAPEUTIC	0.317177			55
56 RADIOISOTOPE	0.212009			56
58 MAGNETIC RESONANCE IMAGING (MRI)	0.104462			58
59 CARDIAC CATHETERIZATION	0.146139			59
60 LABORATORY	0.123659			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.327908			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.137298			65
66 PHYSICAL THERAPY	0.385045			66
69 ELECTROCARDIOLOGY	0.079574			69
70 ELECTROENCEPHALOGRAPHY	0.149999			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.082790			71
72 IMPL. DEV. CHARGED TO PATIENT	0.381352			72
73 DRUGS CHARGED TO PATIENTS	0.138918			73
73.02 INPT RENAL DIALYSIS	0.361292			73.02
76.97 CARDIAC REHABILITATION	1.720293			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OPD	0.236778			90.01
91 EMERGENCY	0.111115			91
92 OBSERVATION BEDS	0.399302			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0080)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	31,523,631	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	913,211	2
3	MANAGED CARE SIMULATED PAYMENTS	1,089,203	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	244.27	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	100.42	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	12.07	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)	9.31	7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.	0.72	7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.	-6.76	8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	95.70	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	93.78	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	93.78	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	91.62	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	91.37	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	92.26	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	92.26	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.377697	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.400560	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.377697	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	6,100,557	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	-1.92	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	6,100,557	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0800	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2689	31
32	SUM OF LINES 30 AND 31	0.3489	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1800	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	5,674,254	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	44,211,653	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	44,211,653	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,575,371	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0080)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,770,639	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	23,335	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	180,227	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	51,761,225	59
60	PRIMARY PAYER PAYMENTS	30,748	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	51,730,477	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,768,588	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	311,144	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	959,613	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	671,729	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	882,990	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	49,322,474	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	49,322,474	71
72	INTERIM PAYMENTS	50,744,620	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-1,422,146	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	715,112	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:07

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0080) CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	8,449 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	20,777 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	803 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	39,435 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	601,772,945 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	5,928,556 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0080) [] SNF [] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [XX] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	9,186,330 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	9,186,330 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	9,186,330 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	9,186,330 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII
 BOX: [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		100.42 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		12.07 2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		11.15 3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		1.36 3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		-4.57 4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		95.41 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		93.78 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		93.78 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	58.39	35.07	93.46 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	58.39	35.07	93.46 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	58.39	35.07	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	49.74	41.50	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	51.70	38.51	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	53.28	38.36	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	53.28	38.36	17
18	PER RESIDENT AMOUNT	97,821.66	92,628.49	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	5,211,938	3,553,229	8,765,167 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			8,765,167 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	20,777	803	26
27	TOTAL INPATIENT DAYS	39,435	39,435	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.526867	0.020363	28
29	PROGRAM DIRECT GME AMOUNT	4,618,077	178,485	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		25,220	30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			4,771,342 31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			44,110,357 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			30,748 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			44,079,609 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			11,698,696 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			283 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			11,698,413 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			55,778,022 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.790268 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.209732 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,771,342 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,770,639 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,000,703 50

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

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII
 BOX: [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7
		PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR		8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6		9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		10
11	TOTAL WEIGHTED FTE COUNT		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT		17
18	PER RESIDENT AMOUNT		18
19	APPROVED AMOUNT FOR RESIDENT COSTS		19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		23
24	MULTIPLY LINE 22 TIMES LINE 23		24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)		25
COMPUTATION OF PROGRAM PATIENT LOAD			
		INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	9,030	327
27	TOTAL INPATIENT DAYS	39,435	39,435
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.228984	0.008292
29	PROGRAM DIRECT GME AMOUNT		29
30	REDUCTION FOR NURSING/ALLIED HEALTH		30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
31	NET PROGRAM DIRECT GME AMOUNT		31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)		32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)		34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)		35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)		36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)		37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)		38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)		41
PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)		42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		50

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	2,850,243			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	17,274,446			4
5	OTHER RECEIVABLES	609,081			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1,689,115			7
8	PREPAID EXPENSES	189,764			8
9	OTHER CURRENT ASSETS	33,768,562			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	56,381,211			11
FIXED ASSETS					
12	LAND	8,716,880			12
13	LAND IMPROVEMENTS	1,530,305			13
14	ACCUMULATED DEPRECIATION	-1,391,726			14
15	BUILDINGS	94,212,682			15
16	ACCUMULATED DEPRECIATION	-54,952,060			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	66,184,278			23
24	ACCUMULATED DEPRECIATION	-51,959,705			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	62,340,654			30
OTHER ASSETS					
31	INVESTMENTS	89,041,197			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	89,041,197			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	207,763,062			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	1,652,363			37
38	SALARIES, WAGES & FEES PAYABLE	51,576			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	16,592,667			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	18,296,606			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	42,940,469			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	42,940,469			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	61,237,075			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	146,525,987			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	146,525,987			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	207,763,062			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		139,685,030							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		2,022,929							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		141,707,959							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFER FROM AFFILIATES		4,818,028							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		4,818,028							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		146,525,987							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFERS TO AFFILIATES									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		146,525,987							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				
2 HOSPITAL	68,847,542		68,847,542	1
3 SUBPROVIDER IPF				2
4 SUBPROVIDER IRF				3
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 (SUM OF LINES 1-9)	68,847,542		68,847,542	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	15,143,020		15,143,020	11
13 CORONARY CARE UNIT	2,793,459		2,793,459	12
14 SURGICAL HEART UNIT	7,462,372		7,462,372	12.02
15 BURN INTENSIVE CARE UNIT				13
16 SURGICAL INTENSIVE CARE UNIT				14
17 OTHER SPECIAL CARE (SPECIFY)				15
18 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	25,398,851		25,398,851	16
19 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	94,246,393		94,246,393	17
20 ANCILLARY SERVICES	279,518,796	228,446,667	507,965,463	18
21 OUTPATIENT SERVICES				19
22 RHC				20
23 FQHC				21
24 HOME HEALTH AGENCY				22
25 AMBULANCE				23
26 ASC				25
27 HOSPICE				26
28 OTHER (SPECIFY)				27
29 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	373,765,189	228,446,667	602,211,856	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		153,850,031	29
30 ADD (SPECIFY)			30
31 BAD DEBTS	22,079,881		31
32 AUDIT ADJUST: ACCRUED BONUSES	99,217		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		22,179,098	36
37 DEDUCT (SPECIFY)			37
38 CHILD CARE CENTER EXPENSES	-1,311,688		38
39 GIFT SHOP	-61,791		39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-1,373,479		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		174,655,650	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	602,211,856	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	431,808,351	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	170,403,505	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	174,655,650	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-4,252,145	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	458,310	6
7	INCOME FROM INVESTMENTS	4,170,312	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	11,719	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	644,946	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE 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	9,679	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	110,488	20
21	RENTAL OF VENDING MACHINES	18,977	21
22	RENTAL OF HOSPITAL SPACE	59,209	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (DAY CARE REVENUE)	1,633,040	24
24.01	OTHER (MD STAFF APPLICATION FEES)		24.01
24.02	OTHER (GRANTS)	94,716	24.02
24.03	OTHER (CORPORATE OVERHEAD RECOVERY)	50,000	24.03
24.04	OTHER (MISCELLANEOUS REVENUE)	154,640	24.04
24.05	OTHER (REFERENCE LAB)	54,838	24.05
24.06	OTHER (COMMUNITY HEALTH CENTER RENTAL)	94,717	24.06
24.07	OTHER (INTEREST-3RD PARTY PAYMENTS)	154,806	24.07
24.08	OTHER (EMS REVENUE)	152,867	24.08
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	7,873,264	25
26	TOTAL (LINE 5 PLUS LINE 25)	3,621,119	26
27	OTHER EXPENSES (CHILD CARE CENTER EXPENSES)	1,311,688	27
27.01	OTHER EXPENSES (GIFT SHOP)	61,791	27.01
27.02	OTHER EXPENSES (ASSET DISPOSALS)	224,711	27.02
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	1,598,190	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	2,022,929	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-008) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	2,571,197		1
3	CAPITAL DRG OUTLIER PAYMENTS	115,311		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	108.04		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	92.26		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.2725		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	700,651		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0800		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2689		8
10	SUM OF LINES 7 AND 8	0.3489		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0732		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	188,212		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,575,371		12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)			1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)			2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)			3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)			4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)			5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)			1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)			2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)			3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)			4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)			5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)			6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)			7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)			8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)			9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)			10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)			11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)			12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)			13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)			14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)			15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)			16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)			17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	I&R COST &		TOTAL
	NARY CAP- REL COSTS 0	(COLS.0-4) 2A	SUBTOTAL 24	POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 PATIENT FINANCIAL SVC					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMEDICAL EDUCATION PROGRAM					23
23.01 RADIOLOGY SCHOOL					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.02 SURGICAL HEART UNIT					32.02
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 AMBULATORY PRE/POST OP					50.01
50.02 OP GI LAB					50.02
50.03 WOUND CARE CENTER					50.03
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.02 INPT RENAL DIALYSIS					73.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OPD					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
190.01 POB RX					190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:07

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	I&R COST &	TOTAL
	NARY CAP- REL COSTS	(COLS.0-4) 2A	POST STEP- DOWN ADJS	
190.02 MOBILE MEDICAL CARE	0			190.02
190.03 ARTHRITIS CENTER				190.03
192 PHYSICIANS' PRIVATE OFFICES				192
192.02 OUTREACH TRANSPORTATION				192.02
192.03 SAINT FRANCIS HEALTH CENTER				192.03
192.04 WOMENS HEALTH CENTER				192.04
192.05 OTHER NRCC				192.05
192.06 ASBURY STREET SNF				192.06
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)				202
203 TOTAL STATISTICAL BASIS				203
204 UNIT COST MULTIPLIER				204
204 UNIT COST MULTIPLIER				204

***** 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							
30 ADULTS & PEDIATRICS	46.00		21.23				67.23 30
31 INTENSIVE CARE UNIT	54.54		20.28				74.82 31
32 CORONARY CARE UNIT	49.55		18.86				68.41 32
32.02 SURGICAL HEART UNIT	56.58		13.68				70.26 32.02
43 NURSERY			74.68				74.68 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	23.53	12.56					36.09 50
50.02 OP GI LAB	17.47	25.89					43.36 50.02
50.03 WOUND CARE CENTER	0.56	39.49					40.05 50.03
51 RECOVERY ROOM	17.29	17.06					34.35 51
52 DELIVERY ROOM & LABOR ROOM	0.51	0.05					0.56 52
53 ANESTHESIOLOGY	23.42	13.01					36.43 53
54 RADIOLOGY-DIAGNOSTIC	21.45	17.93					39.38 54
55 RADIOLOGY-THERAPEUTIC	11.19	37.73					48.92 55
56 RADIOISOTOPE	20.76	24.85					45.61 56
58 MAGNETIC RESONANCE IMAGING (MRI)	18.12	21.29					39.41 58
59 CARDIAC CATHETERIZATION	37.29	17.74					55.03 59
60 LABORATORY	32.76	1.75					34.51 60
62 WHOLE BLOOD & PACKED RED BLOOD	43.89	8.66					52.55 62
65 RESPIRATORY THERAPY	56.06	1.60					57.66 65
66 PHYSICAL THERAPY	34.87	0.17					35.04 66
69 ELECTROCARDIOLOGY	30.80	20.79					51.59 69
70 ELECTROENCEPHALOGRAPHY	15.30	20.93					36.23 70
71 MEDICAL SUPPLIES CHRGED TO PATI	30.43	14.57					45.00 71
72 IMPL. DEV. CHARGED TO PATIENT	42.08	11.54					53.62 72
73 DRUGS CHARGED TO PATIENTS	41.72	9.99					51.71 73
73.02 INPT RENAL DIALYSIS	58.94	1.38					60.32 73.02
76.97 CARDIAC REHABILITATION		43.43					43.43 76.97
90.01 OPD		7.05					7.05 90.01
91 EMERGENCY	18.23	9.15					27.38 91
92 OBSERVATION BEDS	0.76	38.75					39.51 92
200 TOTAL CHARGES	28.14	12.06					40.20 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	6,712,201	4.60	-6,712,201	-9.17		1
2	CAP REL COSTS-MVBLE EQUIP	6,822,272	4.68	-6,822,272	-9.33		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	649,855	0.45	-649,855	-0.89		4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING	498,996	0.34	-498,996	-0.68		5.03
5.04	ADMITTING	923,347	0.63	-923,347	-1.26		5.04
5.05	PATIENT FINANCIAL SVC	3,303,067	2.26	-3,303,067	-4.51		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	25,074,800	17.19	-25,074,800	-34.27		5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	7,628,574	5.23	-7,628,574	-10.43		7
8	LAUNDRY & LINEN SERVICE	817,333	0.56	-817,333	-1.12		8
9	HOUSEKEEPING	2,430,946	1.67	-2,430,946	-3.32		9
10	DIETARY	1,327,554	0.91	-1,327,554	-1.81		10
11	CAFETERIA	611,488	0.42	-611,488	-0.84		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,642,089	1.13	-1,642,089	-2.24		13
14	CENTRAL SERVICES & SUPPLY	10,629	0.01	-10,629	-0.01		14
15	PHARMACY	2,157,420	1.48	-2,157,420	-2.95		15
16	MEDICAL RECORDS & LIBRARY	1,425,653	0.98	-1,425,653	-1.95		16
17	SOCIAL SERVICE	234,148	0.16	-234,148	-0.32		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP	3,989,754	2.74	-3,989,754	-5.45		21
22	I&R SRVCES-OTHER PRGM COSTS APP	6,090,355	4.18	-6,090,355	-8.32		22
23	PARAMEDICAL EDUCATION PROGRAM	185,404	0.13	-185,404	-0.25		23
23.01	RADIOLOGY SCHOOL	623,316	0.43	-623,316	-0.85		23.01
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	14,150,512	9.70	19,678,848	26.90	33,829,360	23.19
31	INTENSIVE CARE UNIT	4,337,748	2.97	3,517,030	4.81	7,854,778	5.38
32	CORONARY CARE UNIT	596,603	0.41	895,467	1.22	1,492,070	1.02
32.02	SURGICAL HEART UNIT	2,471,226	1.69	1,798,441	2.46	4,269,667	2.93
43	NURSERY	920,031	0.63	496,125	0.68	1,416,156	0.97
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,566,245	5.87	6,450,669	8.82	15,016,914	10.29
50.01	AMBULATORY PRE/POST OP						50.01
50.02	OP GI LAB	750,923	0.51	795,985	1.09	1,546,908	1.06
50.03	WOUND CARE CENTER	815,498	0.56	301,644	0.41	1,117,142	0.77
51	RECOVERY ROOM	2,002,685	1.37	1,702,895	2.33	3,705,580	2.54
52	DELIVERY ROOM & LABOR ROOM	1,528,838	1.05	1,836,107	2.51	3,364,945	2.31
53	ANESTHESIOLOGY	592,567	0.41	880,255	1.20	1,472,822	1.01
54	RADIOLOGY-DIAGNOSTIC	3,777,064	2.59	5,913,594	8.08	9,690,658	6.64
55	RADIOLOGY-THERAPEUTIC	386,887	0.27	775,578	1.06	1,162,465	0.80
56	RADIOISOTOPE	422,343	0.29	553,659	0.76	976,002	0.67
58	MAGNETIC RESONANCE IMAGING (MRI)	266,804	0.18	644,161	0.88	910,965	0.62
59	CARDIAC CATHETERIZATION	2,345,045	1.61	2,985,778	4.08	5,330,823	3.65
60	LABORATORY	5,303,959	3.64	3,382,437	4.62	8,686,396	5.95
62	WHOLE BLOOD & PACKED RED BLOOD	1,687,594	1.16	746,408	1.02	2,434,002	1.67
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,481,287	1.02	1,170,371	1.60	2,651,658	1.82
66	PHYSICAL THERAPY	1,371,602	0.94	694,718	0.95	2,066,320	1.42
69	ELECTROCARDIOLOGY	701,871	0.48	732,347	1.00	1,434,218	0.98
70	ELECTROENCEPHALOGRAPHY	85,399	0.06	94,008	0.13	179,407	0.12
71	MEDICAL SUPPLIES CHRGD TO PATI	715,536	0.49	505,681	0.69	1,221,217	0.84
72	IMPL. DEV. CHARGED TO PATIENT	5,609,911	3.85	1,645,488	2.25	7,255,399	4.97
73	DRUGS CHARGED TO PATIENTS	4,380,796	3.00	4,590,051	6.27	8,970,847	6.15
73.02	INPT RENAL DIALYSIS	408,597	0.28	170,960	0.23	579,557	0.40
76.97	CARDIAC REHABILITATION	192,230	0.13	194,134	0.27	386,364	0.26
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90.01	OPD	1,129,543	0.77	915,251	1.25	2,044,794	1.40
91	EMERGENCY	4,318,593	2.96	5,644,746	7.72	9,963,339	6.83
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	53,818	0.04	115,733	0.16	169,551	0.12
190.01	POB RX						190.01
190.02	MOBILE MEDICAL CARE						190.02
190.03	ARTHRITIS CENTER						190.03

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
192	PHYSICIANS' PRIVATE OFFICES	233,696	0.16	747,987	1.02	981,683	0.67	192
192.02	OUTREACH TRANSPORTATION							192.02
192.03	SAINTE FRANCIS HEALTH CENTER							192.03
192.04	WOMENS HEALTH CENTER							192.04
192.05	OTHER NRCC	1,110,088	0.76	2,582,645	3.53	3,692,733	2.53	192.05
192.06	ASBURY STREET SNF							192.06
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	145,874,740	100.00			145,874,740	100.00	202

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						
50 OPERATING ROOM	1,412,565	54,186,203	0.026069	12,749,071	332,356	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	116,676	6,033,365	0.019338	1,053,931	20,381	50.02
50.03 WOUND CARE CENTER	75,054	4,184,073	0.017938	23,294	418	50.03
51 RECOVERY ROOM	407,765	15,055,116	0.027085	2,603,208	70,508	51
52 DELIVERY ROOM & LABOR ROOM	307,083	6,000,052	0.051180	30,688	1,571	52
53 ANESTHESIOLOGY	333,422	8,952,269	0.037244	2,096,665	78,088	53
54 RADIOLOGY-DIAGNOSTIC	1,742,485	51,820,313	0.033626	11,115,707	373,777	54
55 RADIOLOGY-THERAPEUTIC	204,630	3,192,237	0.064102	357,062	22,888	55
56 RADIOISOTOPE	213,038	4,404,540	0.048368	914,171	44,217	56
58 MAGNETIC RESONANCE IMAGING (MRI)	266,681	8,720,530	0.030581	1,580,186	48,324	58
59 CARDIAC CATHETERIZATION	1,186,229	35,147,269	0.033750	13,107,025	442,362	59
60 LABORATORY	569,538	68,492,560	0.008315	22,437,547	186,568	60
62 WHOLE BLOOD & PACKED RED BLOOD	104,691	7,422,828	0.014104	3,258,110	45,952	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	208,315	17,419,553	0.011959	9,765,169	116,782	65
66 PHYSICAL THERAPY	141,335	5,366,433	0.026337	1,871,346	49,286	66
69 ELECTROCARDIOLOGY	185,706	18,023,704	0.010303	5,551,446	57,197	69
70 ELECTROENCEPHALOGRAPHY	27,583	1,196,058	0.023062	182,981	4,220	70
71 MEDICAL SUPPLIES CHRGD TO PATI	217,463	14,750,748	0.014743	4,489,309	66,186	71
72 IMPL. DEV. CHARGED TO PATIENT	44,548	19,025,465	0.002341	8,004,965	18,740	72
73 DRUGS CHARGED TO PATIENTS	227,178	64,576,422	0.003518	26,939,182	94,772	73
73.02 INPT RENAL DIALYSIS	37,814	1,604,125	0.023573	945,482	22,288	73.02
76.97 CARDIAC REHABILITATION	54,307	224,592	0.241803			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	409,934	8,322,418	0.049257	406	20	90.01
91 EMERGENCY	709,152	74,919,310	0.009466	13,655,848	129,266	91
92 OBSERVATION BEDS	329,360	8,486,369	0.038810	64,417	2,500	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	9,532,552	507,526,552		142,797,216	2,228,667	200

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE	
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT	
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	COSTS	
	1	2	COST	4	5	DAYS	7	
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	2,769,428		2,769,428	35,728	77.51	16,434	1,273,799	30
31 INTENSIVE CARE UNIT	378,627		378,627	4,729	80.06	2,579	206,475	31
32 CORONARY CARE UNIT	286,514		286,514	880	325.58	436	141,953	32
32.02 SURGICAL HEART UNIT	280,691		280,691	2,347	119.60	1,328	158,829	32.02
200 TOTAL	3,715,260		3,715,260	43,684		20,777	1,781,056	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,781,056
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	2,228,667
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	4,009,723
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	3,818
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	20,777
PER DISCHARGE CAPITAL COSTS	1,050.22
PER DIEM CAPITAL COSTS	192.99

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)	39,920,407
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	191,995,648
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.208

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	4,009,723
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.021

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	11,525,382
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	61,203,526
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.188