

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: 11-28-2012 TIME: 14:56
 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 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART 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		-225,496	-182,941			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		-225,496	-182,941			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:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
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: 07/01/2011				TO: 06/30/2012				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		OUT-OF-STATE		OTHER			
		IN-STATE	IN-STATE	OUT-OF-STATE	OUT-OF-STATE	MEDICAID	MEDICAID		
		MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID HMO	MEDICAID OTHER		
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS		
		1	2	3	4	5	6		
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	6,363	4,130			209			24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID 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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				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

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

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 2148? 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
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)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	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
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
		0.96	37.74	0.024806	
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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	
65	INTERNAL MEDICINE	1400	5.34	47.58	0.100907
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66
		1.73	39.88	0.041577	

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	
67 INTERNAL MEDICINE	1400	5.17	47.22	0.098683	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 XIX 1 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)?					1 2 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	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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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.	1 Y	2 148082	140
-----	--	--------	-------------	-----

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, LINE 74 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)

	TITLE XVIII		TITLE V	TITLE XIX
	PART A	PART B		
	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		156
157 SUBPROVIDER - IRF	N	N		157
158 SUBPROVIDER - (OTHER)	N	N		158
159 SNF	N	N		159
160 HHA	N	N		160
161 CMHC		N		161

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

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(n)? 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

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

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
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
		Y/N	DATE	V/I
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
			Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		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				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		Y	15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
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)	N		N	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	10/02/2012	Y	10/02/2012 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	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2	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.	N		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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: KEITH	LAST NAME: WINKLER	TITLE: DIRECTOR, REIMBURSEM	41
42	EMPLOYER: RESURRECTION HEALTH CARE			42
43	PHONE NUMBER: (847) 813-3734	E-MAIL ADDRESS: KWINKLER@PRESENCEHEALTH.ORG		43

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	51,593,573	51,593,573	1,779,614.00	28.99	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE		127,506	127,506	4,160.00	30.65	4
4.01	PHYSICIAN-PART A - TEACHING		803,622	803,622	10,878.00	73.88	4.01
5	PHYSICIAN-PART B		473,246	473,246	10,317.00	45.87	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	4,172,349	4,172,349	174,352.00	23.93	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		251,052	251,052	8,008.00	31.35	10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		12,226	12,226	188.00	65.03	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		9,892,685	9,892,685	270,575.00	36.56	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)		10,568,644	10,568,644			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		55,803	55,803			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		28,663	28,663			22
22.01	PHYSICIAN PART A - TEACHING		127,556	127,556			22.01
23	PHYSICIAN PART B		88,652	88,652			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		901,147	901,147			25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		92,777	-92,777			26
27	ADMINISTRATIVE & GENERAL		3,455,092	-172,225	3,282,867	90,833.00	36.14
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		1,720,719	12,496	1,733,215	82,505.00	21.01
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		1,449,624	10,249	1,459,873	107,938.00	13.53
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,234,357	-842,349	392,008	22,678.00	17.29
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA			845,780	845,780	48,929.00	17.29
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,252,651	48,818	1,301,469	28,847.00	45.12
39	CENTRAL SERVICES AND SUPPLY		224,998		224,998	15,229.00	14.77
40	PHARMACY		1,558,869		1,558,869	40,218.00	38.76
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		986,955		986,955	42,422.00	23.27
42	SOCIAL SERVICE			172,225	172,225	5,254.00	32.78
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	46,947,978		46,947,978	1,594,945.00	29.44	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	251,052		251,052	8,008.00	31.35	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	46,696,926		46,696,926	1,586,937.00	29.43	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	9,904,911		9,904,911	270,763.00	36.58	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	10,597,307		10,597,307		22.69	5
6	TOTAL (SUM OF LINES 3 THRU 5)	67,199,144		67,199,144	1,857,700.00	36.17	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	11,976,042	-17,783	11,958,259	484,853.00	24.66	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,921,701	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		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)	5,231,264	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	148,995	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	63,937	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	139,913	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	367,964	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	3,681,225	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	93,950	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	121,514	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	11,770,463	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 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

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	12,226	10,568,644	1
2	HOSPITAL	12,226	10,568,644	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 OLTIC			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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.189395	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				19,793,307	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				6,282,960	5
6	MEDICAID CHARGES				136,122,261	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				25,780,876	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					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				6,529	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	3,455,383	342,259	3,797,642		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	654,432	64,822	719,254		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	111,105	44,074	155,179		22
23	COST OF CHARITY CARE	543,327	20,748	564,075		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				23,086,066	26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				967,462	27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				22,118,604	28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				4,189,153	29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				4,753,228	30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				4,753,228	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		10,283,376	10,283,376	-2,876,682	1
2	00200				5,715,207	2
3	00300		117,913	117,913	-117,913	3
4	00400	92,777	-88,253	4,524	-86,207	4
5.01	00541					5.01
5.02	00551					5.02
5.03	00561					5.03
5.04	00571					5.04
5.05	00581					5.05
5.06	00590	3,455,092	29,286,707	32,741,799	-225,867	5.06
6	00600					6
7	00700	1,720,719	5,427,048	7,147,767	237,798	7
8	00800		774,392	774,392	-72,576	8
9	00900	1,449,624	1,031,215	2,480,839	10,844	9
10	01000	1,234,357	1,233,245	2,467,602	-1,524,224	10
11	01100				1,527,854	11
12	01200					12
13	01300	1,252,651	475,883	1,728,534	51,653	13
14	01400	224,998	-834,716	-609,718	-438	14
15	01500	1,558,869	4,223,938	5,782,807	-3,810,741	15
16	01600	986,955	523,337	1,510,292		16
17	01700				213,910	17
19	01900					19
20	02000					20
21	02100	4,172,349		4,172,349		21
22	02200	1,123,461	4,944,287	6,067,748		22
23	02300	196,060	112,691	308,751		23
23.01	02301		320	320		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	10,997,748	3,601,957	14,599,705	-1,746,825	30
31	03100	3,032,686	1,132,438	4,165,124	-45,121	31
32.02	03202	1,862,362	695,346	2,557,708	-22,427	32.02
43	04300	777,934	423,133	1,201,067		43
ANCILLARY SERVICE COST CENTERS						
50	05000	4,094,766	8,414,732	12,509,498	-3,698,360	50
50.01	05001					50.01
50.02	03340	412,104	321,983	734,087	-5,916	50.02
50.03	03950	150,433	565,064	715,497	-57,405	50.03
51	05100	1,622,257	382,135	2,004,392		51
52	05200				1,620,108	52
53	05300	102,569	1,400,237	1,502,806	-3,051	53
54	05400	2,530,735	1,197,321	3,728,056	-176,846	54
55	05500	278,115	111,872	389,987		55
56	05600	178,131	277,074	455,205		56
58	05800	177,107	86,848	263,955		58
59	05900	700,729	3,171,652	3,872,381	-2,485,797	59
60	06000	1,091,733	4,370,520	5,462,253	11,677	60
62	06200	165,746	1,173,255	1,339,001		62
62.30	06250					62.30
65	06500	984,085	368,202	1,352,287		65
66	06600	1,112,658	241,119	1,353,777	-510	66
69	06900	539,331	167,092	706,423		69
70	07000	57,918	16,688	74,606		70
71	07100				190,032	71
72	07200				6,440,859	72
73	07300				3,810,741	73
73.02	07302		402,924	402,924		73.02
76.97	07697	147,017	29,982	176,999		76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	692,503	367,575	1,060,078		90.01
91	09100	2,362,002	3,496,767	5,858,769	-1,165	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						
113	11300		2,766,834	2,766,834	-2,766,834	113
118		51,538,581	92,694,133	144,232,714	105,778	118
NONREIMBURSABLE COST CENTERS						
190	19000		11,225	11,225		190
190.01	19001					190.01
190.02	19002					190.02

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

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				7,988	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	54,992	1,302,511	1,357,503	-113,766	192.05
192.06 19206 ASBURY STREET SNF					192.06
200 TOTAL (SUM OF LINES 118-199)	51,593,573	94,007,869	145,601,442		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	7,406,694	-2,592,572	4,814,122	1
2	00200	5,715,207	682,379	6,397,586	2
3	00300				3
4	00400	-81,683	-490	-82,173	4
5.01	00541				5.01
5.02	00551				5.02
5.03	00561		376,686	376,686	5.03
5.04	00571		1,183,310	1,183,310	5.04
5.05	00581		2,372,789	2,372,789	5.05
5.06	00590	32,515,932	-8,351,284	24,164,648	5.06
6	00600				6
7	00700	7,385,565	-16,264	7,369,301	7
8	00800	701,816		701,816	8
9	00900	2,491,683	-5,253	2,486,430	9
10	01000	943,378		943,378	10
11	01100	1,527,854	-709,409	818,445	11
12	01200				12
13	01300	1,780,187		1,780,187	13
14	01400	-610,156	515,161	-94,995	14
15	01500	1,972,066	-39	1,972,027	15
16	01600	1,510,292	-7,523	1,502,769	16
17	01700	213,910		213,910	17
19	01900				19
20	02000				20
21	02100	4,172,349		4,172,349	21
22	02200	6,067,748	-75	6,067,673	22
23	02300	308,751	-181,702	127,049	23
23.01	02301	320	612,311	612,631	23.01
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	12,852,880	-224,123	12,628,757	30
31	03100	4,120,003	-125,000	3,995,003	31
32.02	03202	2,535,281	-125,000	2,410,281	32.02
43	04300	1,201,067	-224,123	976,944	43
ANCILLARY SERVICE COST CENTERS					
50	05000	8,811,138	-507,012	8,304,126	50
50.01	05001				50.01
50.02	03340	728,171		728,171	50.02
50.03	03950	658,092		658,092	50.03
51	05100	2,004,392		2,004,392	51
52	05200	1,620,108	-4,655	1,615,453	52
53	05300	1,499,755	-988,000	511,755	53
54	05400	3,551,210	-105	3,551,105	54
55	05500	389,987		389,987	55
56	05600	455,205	-6,898	448,307	56
58	05800	263,955		263,955	58
59	05900	1,386,584	-758	1,385,826	59
60	06000	5,473,930	-47,726	5,426,204	60
62	06200	1,339,001		1,339,001	62
62.30	06250				62.30
65	06500	1,352,287		1,352,287	65
66	06600	1,353,267	-211	1,353,056	66
69	06900	706,423	-4,500	701,923	69
70	07000	74,606		74,606	70
71	07100	190,032		190,032	71
72	07200	6,440,859		6,440,859	72
73	07300	3,810,741		3,810,741	73
73.02	07302	402,924		402,924	73.02
76.97	07697	176,999	-8,042	168,957	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	1,060,078	-8,000	1,052,078	90.01
91	09100	5,857,604	-1,854,128	4,003,476	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					
113	11300				113
118		144,338,492	-10,250,256	134,088,236	118
NONREIMBURSABLE COST CENTERS					
190	19000	11,225	-2,030	9,195	190
190.01	19001				190.01
190.02	19002				190.02

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

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	7,988		7,988	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	1,243,737	-167,372	1,076,365	192.05
192.06 19206 ASBURY STREET SNF				192.06
200 TOTAL (SUM OF LINES 118-199)	145,601,442	-10,419,658	135,181,784	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1	2	3	4	5		
1 SEVERANCE	A	OPERATION OF PLANT	7	12,496	726	1
2		HOUSEKEEPING	9	10,249	595	2
3		DIETARY	10	1,087	63	3
4		CAFETERIA	11	2,344	136	4
5		NURSING ADMINISTRATION	13	48,818	2,835	5
6		OPERATING ROOM	50	6,747	391	6
7		LABORATORY	60	11,036	641	7
500 TOTAL RECLASSIFICATIONS				92,777	5,387	500
CODE LETTER - A						
1 SOCIAL SERVICES	B	SOCIAL SERVICE	17	172,225	41,685	1
500 TOTAL RECLASSIFICATIONS				172,225	41,685	500
CODE LETTER - B						
1 CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHRGED TO PA	71		190,032	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					190,032	500
CODE LETTER - C						
1 CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	73		3,810,741	1
500 TOTAL RECLASSIFICATIONS					3,810,741	500
CODE LETTER - D						
1 CHARGEABLE IMPLANTS	E	IMPL. DEV. CHARGED TO PATIENT	72		6,440,859	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
500 TOTAL RECLASSIFICATIONS					6,440,859	500
CODE LETTER - E						
1 LABOR & DELIVERY	F	DELIVERY ROOM & LABOR ROOM	52	1,205,758	420,426	1
500 TOTAL RECLASSIFICATIONS				1,205,758	420,426	500
CODE LETTER - F						
1 CAFETERIA	G	CAFETERIA	11	843,436	681,938	1
500 TOTAL RECLASSIFICATIONS				843,436	681,938	500
CODE LETTER - G						
1 ALLOCATED UTILITIES	H	OPERATION OF PLANT	7		224,576	1
500 TOTAL RECLASSIFICATIONS					224,576	500
CODE LETTER - H						
1 OFFSITE BUILDING DEPRECIATION	I	PHYSICIANS' PRIVATE OFFICES	192		7,988	1
2		OTHER NRCC	192.05		38,234	2
500 TOTAL RECLASSIFICATIONS					46,222	500
CODE LETTER - I						
1 WORKERS COMP INSURANCE	J	EMPLOYEE BENEFITS	4		11,957	1
500 TOTAL RECLASSIFICATIONS					11,957	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						

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 EQUIPMENT DEPRECIATION	M	CAP REL COSTS-MVBLE EQUIP	2		5,668,273 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					5,668,273 500
1 INTEREST	O	CAP REL COSTS-BLDG & FIXT	1		2,766,834 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					2,766,834 500
GRAND TOTAL (INCREASES)				2,314,196	20,460,930

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 SEVERANCE	A	EMPLOYEE BENEFITS	4	92,777	5,387	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				92,777	5,387	500
CODE LETTER - A						
1 SOCIAL SERVICES	B	OTHER ADMINISTRATIVE & GENERA	5.06	172,225	41,685	1
500 TOTAL RECLASSIFICATIONS				172,225	41,685	500
CODE LETTER - B						
1 CHARGEABLE SUPPLIES	C	ADULTS & PEDIATRICS	30		120,641	1
2		INTENSIVE CARE UNIT	31		41,600	2
3		SURGICAL HEART UNIT	32.02		21,715	3
4		DELIVERY ROOM & LABOR ROOM	52		6,076	4
500 TOTAL RECLASSIFICATIONS					190,032	500
CODE LETTER - C						
1 CHARGEABLE DRUGS	D	PHARMACY	15		3,810,741	1
500 TOTAL RECLASSIFICATIONS					3,810,741	500
CODE LETTER - D						
1 CHARGEABLE IMPLANTS	E	CENTRAL SERVICES & SUPPLY	14		438	1
2		INTENSIVE CARE UNIT	31		3,521	2
3		SURGICAL HEART UNIT	32.02		33	3
4		SURGICAL HEART UNIT	32.02		679	4
5		OPERATING ROOM	50		3,705,498	5
6		OP GI LAB	50.02		5,916	6
7		WOUND CARE CENTER	50.03		57,405	7
8		ANESTHESIOLOGY	53		3,051	8
9		RADIOLOGY-DIAGNOSTIC	54		176,846	9
10		CARDIAC CATHETERIZATION	59		2,485,797	10
11		PHYSICAL THERAPY	66		510	11
12		EMERGENCY	91		1,165	12
500 TOTAL RECLASSIFICATIONS					6,440,859	500
CODE LETTER - E						
1 LABOR & DELIVERY	F	ADULTS & PEDIATRICS	30	1,205,758	420,426	1
500 TOTAL RECLASSIFICATIONS				1,205,758	420,426	500
CODE LETTER - F						
1 CAFETERIA	G	DIETARY	10	843,436	681,938	1
500 TOTAL RECLASSIFICATIONS				843,436	681,938	500
CODE LETTER - G						
1 ALLOCATED UTILITIES	H	LAUNDRY & LINEN SERVICE	8		224,576	1
500 TOTAL RECLASSIFICATIONS					224,576	500
CODE LETTER - H						
1 OFFSITE BUILDING DEPRECIATION	I	CAP REL COSTS-BLDG & FIXT	1		46,222	9 1
2						2
500 TOTAL RECLASSIFICATIONS					46,222	500
CODE LETTER - I						
1 WORKERS COMP INSURANCE	J	OTHER ADMINISTRATIVE & GENERA	5.06		11,957	1
500 TOTAL RECLASSIFICATIONS					11,957	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						

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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 EQUIPMENT DEPRECIATION	M	CAP REL COSTS-BLDG & FIXT	1		5,668,273	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					5,668,273	500
1 INTEREST	O	INTEREST EXPENSE	113		2,766,834	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					2,766,834	500
GRAND TOTAL (DECREASES)				2,314,196	20,460,930	

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	1,530,305					1,530,305	1,133,581	2
3 BUILDINGS AND FIXTURES	94,212,682					94,212,682	10,898,007	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	66,184,279	2,972,788		2,972,788	84,881	69,072,186	44,596,473	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	170,644,146	2,972,788		2,972,788	84,881	173,532,053	56,628,061	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	170,644,146	2,972,788		2,972,788	84,881	173,532,053	56,628,061	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 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	10,283,376						10,283,376
2 CAP REL COSTS-MVBLE EQUIP							
3 TOTAL (SUM OF LINES 1-2)	10,283,376						10,283,376

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

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	104,459,867		104,459,867	0.601963	70,979			70,979
2 CAP REL COSTS-MVBLE EQUIP	69,072,186		69,072,186	0.398037	46,934			46,934
3 TOTAL (SUM OF LINES 1-2)	173,532,053		173,532,053	1.000000	117,913			117,913

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 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	1,976,309		2,766,834	70,979			4,814,122
2 CAP REL COSTS-MVBLE EQUIP	6,350,652			46,934			6,397,586
3 TOTAL	8,326,961		2,766,834	117,913			11,211,708

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-2,766,834	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) TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-29,624	OTHER ADMINISTRATIVE & GENERAL	5.06	7 8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	B	-12,086	OPERATION OF PLANT	7	9
9 PARKING LOT (CHAPTER 21)	WKST				
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,059,136			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23) RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				12 13
12 LAUNDRY AND LINEN SERVICE	A-8-1	-2,108,964			14 15
13 CAFETERIA - EMPLOYEES AND GUESTS	B	-696,724	CAFETERIA	11	16 17
14 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					18 19
15 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					20 21
16 SALE OF DRUGS TO OTHER THAN PATIENTS					22 23
17 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-7,523	MEDICAL RECORDS & LIBRARY	16	24 25
18 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-12,685	CAFETERIA	11	26 27
19 VENDING MACHINES					28 29
20 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					30 31
21 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					32 33
22 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		RESPIRATORY THERAPY	65	34 35
23 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3		PHYSICAL THERAPY	66	36 37
24 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	38 39
25 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	40 41
26 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	42 43
27 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	44 45
28 PHYSICIANS' ASSISTANT					46 47
29 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		OCCUPATIONAL THERAPY	67	48 49
30 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		SPEECH PATHOLOGY	68	50 51
31 CAH HIT ADJ FOR DEPRECIATION AND REFERENCE LAB REVENUE	A-8-3				52 53
32	B	-47,306	LABORATORY	60	54 55
33					56 57
34 PBP-NRCC COST CENTER	A	-58,916	OTHER NRCC	192.05	58 59
35 INCOME/SALES TAX	A	-2,030	GIFT, FLOWER, COFFEE SHOP & CAN	190	60 61
36 INCOME/SALES TAX	A	-4,178	OPERATION OF PLANT	7	62 63
37 INCOME/SALES TAX	A	-28,517	OTHER ADMINISTRATIVE & GENERAL	5.06	64 65
38 INCOME/SALES TAX	A	-108,456	OTHER NRCC	192.05	66 67
39 CHARITY CARE TO NURSING HOMES	A	-54,800	OTHER ADMINISTRATIVE & GENERAL	5.06	68 69
40					70 71
41.02 COMMUNITY OUTREACH	A	-28,108	OTHER ADMINISTRATIVE & GENERAL	5.06	72 73
41.03 SAVE THE DAY PROGRAM	A	-8,743	OTHER ADMINISTRATIVE & GENERAL	5.06	74 75
41.04 MISC REVENUE	B	-490	EMPLOYEE BENEFITS	4	76 77
41.06 MISC REVENUE	B	-169,084	OTHER ADMINISTRATIVE & GENERAL	5.06	78 79
41.08 MISC REVENUE	B	-5,253	HOUSEKEEPING	9	80 81
41.11 MISC REVENUE	B	-39	PHARMACY	15	82 83
41.12 MISC REVENUE	B	-75	I&R SRVCES-OTHER PRGM COSTS APP	22	84 85
41.13 MISC REVENUE	B	-181,702	PARAMEDICAL EDUCATION PROGRAM	23	86 87
41.15 MISC REVENUE	B	-4,655	DELIVERY ROOM & LABOR ROOM	52	88 89
41.16 MISC REVENUE	B	-758	CARDIAC CATHETERIZATION	59	90 91
41.17 MISC REVENUE	B	-105	RADIOLOGY-DIAGNOSTIC	54	92 93
41.18 MISC REVENUE	B	-6,898	RADIOISOTOPE	56	94 95
41.19 MISC REVENUE	B	-420	LABORATORY	60	96 97
41.20 MISC REVENUE	B	-211	PHYSICAL THERAPY	66	98 99
41.21 MISC REVENUE	B	-8,042	CARDIAC REHABILITATION	76.97	100 101
41.22 MISC REVENUE	B	-750	OPD	90.01	102 103
41.23 AHA/MCHC LOBBY EXPENSE	A	-6,546	OTHER ADMINISTRATIVE & GENERAL	5.06	104 105
42					106 107
43					108 109
44					110 111

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
				COST CENTER 3	LINE NO. 4	
45						45
46						46
47						47
48						48
49						49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-10,419,658			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.06	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	13,886,204	21,912,066	-8,025,862	1
2	5.03	PURCHASING	HOME OFFICE COSTS	376,686		376,686	2
3	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	174,262		174,262	9 3
4	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	682,379		682,379	9 4
4.01	23.01	RADIOLOGY SCHOOL	HOME OFFICE INTEREST	612,311		612,311	9 4.01
4.02	5.05	PATIENT FINANCIAL SVC	HOME OFFICE COSTS	2,372,789		2,372,789	4.02
4.03	5.04	ADMITTING	HOME OFFICE COSTS	1,183,310		1,183,310	4.03
4.04	14	CENTRAL SERVICES & SUPPLY	HOME OFFICE COSTS	515,161		515,161	4.04
5		TOTALS (SUM OF LINES 1-4)		19,803,102	21,912,066	-2,108,964	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	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	224,123	224,123					1
2	31	INTENSIVE CARE UNIT	50680	125,000	125,000					2
3	32.02	SURGICAL HEART UNIT	50710	125,000	125,000					3
4	5.06	OTHER ADMINISTRATIVE & G	AGGREGATE	239,423		239,423	168,000	4,160	336,000	16,800
5	43	NURSERY	50820	224,123	224,123					4
6	50	OPERATING ROOM	61960	507,012	507,012					5
7	53	ANESTHESIOLOGY	60060	988,000	988,000					6
9	69	ELECTROCARDIOLOGY	60380	4,500	4,500					7
10	90.01	OPD	60740	7,250	7,250					9
11	91	EMERGENCY	60180	1,854,128	1,854,128					10
200		TOTAL		4,298,559	4,059,136	239,423		4,160	336,000	16,800

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.	11		12	13	14	15	16	17	18	
1	30	ADULTS & PEDIATRICS	50800						224,123	1
2	31	INTENSIVE CARE UNIT	50680						125,000	2
3	32.02	SURGICAL HEART UNIT	50710						125,000	3
4	5.06	OTHER ADMINISTRATIVE & G	AGGREGATE				336,000			4
5	43	NURSERY	50820						224,123	5
6	50	OPERATING ROOM	61960						507,012	6
7	53	ANESTHESIOLOGY	60060						988,000	7
9	69	ELECTROCARDIOLOGY	60380						4,500	9
10	90.01	OPD	60740						7,250	10
11	91	EMERGENCY	60180						1,854,128	11
200		TOTAL					336,000		4,059,136	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	4,814,122	4,814,122				1
2 CAP REL COSTS-MVBLE EQUIP	6,397,586		6,397,586			2
4 EMPLOYEE BENEFITS	-82,173	20,885	1,045	-60,243		4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	376,686				376,686	5.03
5.04 ADMITTING	1,183,310	15,126	1,311			5.04
5.05 PATIENT FINANCIAL SVC	2,372,789	77,990	915			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	24,164,648	468,647	90,745		697	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,369,301	71,577	676,459		3,777	7
8 LAUNDRY & LINEN SERVICE	701,816	157,723	24,434			8
9 HOUSEKEEPING	2,486,430		28,788		6,006	9
10 DIETARY	943,378	69,575	24,981		1,110	10
11 CAFETERIA	818,445	150,098	53,898		1,654	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,780,187	33,762	46,796		364	13
14 CENTRAL SERVICES & SUPPLY	-94,995	206,413	82,568			14
15 PHARMACY	1,972,027	36,629	81,953		1,180	15
16 MEDICAL RECORDS & LIBRARY	1,502,769	58,267	876		258	16
17 SOCIAL SERVICE	213,910	24,024				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,172,349					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	6,067,673	222,243	3,683		871	22
23 PARAMEDICAL EDUCATION PROGRAM	127,049	13,692	14,160		396	23
23.01 RADIOLOGY SCHOOL	612,631	16,127				23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,628,757	1,123,687	397,678		11,525	30
31 INTENSIVE CARE UNIT	3,995,003	106,006	72,080		7,791	31
32.02 SURGICAL HEART UNIT	2,410,281	103,077	321,333		3,504	32.02
43 NURSERY	976,944	13,396	36,512		1,122	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,304,126	239,544	649,206		85,655	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	728,171	30,895	37,892		4,173	50.02
50.03 WOUND CARE CENTER	658,092		24,332		882	50.03
51 RECOVERY ROOM	2,004,392	154,683	152,978		621	51
52 DELIVERY ROOM & LABOR ROOM	1,615,453	77,904	144,788		3,418	52
53 ANESTHESIOLOGY	511,755	9,800	278,288		8,437	53
54 RADIOLOGY-DIAGNOSTIC	3,551,105	235,392	947,005		7,452	54
55 RADIOLOGY-THERAPEUTIC	389,987	88,247	44,024		338	55
56 RADIOISOTOPE	448,307	38,248	77,562		109	56
58 MAGNETIC RESONANCE IMAGING (MRI)	263,955	61,727	175,666		920	58
59 CARDIAC CATHETERIZATION	1,385,826	95,019	787,590		10,767	59
60 LABORATORY	5,426,204	203,188	148,707		9,836	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,339,001	50,877	1,898		26,025	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,352,287	41,770	79,590		2,797	65
66 PHYSICAL THERAPY	1,353,056	55,746	25,768		168	66
69 ELECTROCARDIOLOGY	701,923	49,122	127,106		400	69
70 ELECTROENCEPHALOGRAPHY	74,606	9,120	11,905		74	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	190,032				4,723	71
72 IMPL. DEV. CHARGED TO PATIENT	6,440,859				146,226	72
73 DRUGS CHARGED TO PATIENTS	3,810,741				3,465	73
73.02 INPT RENAL DIALYSIS	402,924	5,499	25,282		490	73.02
76.97 CARDIAC REHABILITATION	168,957	27,682	5,418		18	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	1,052,078	9,046	321,317		1,909	90.01
91 EMERGENCY	4,003,476	120,464	323,690		16,977	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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	134,088,236	4,592,917	6,350,227		376,135	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,195	23,492	76			190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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	7,988		7,399		33	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	1,076,365	197,713	39,884		518	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER				-60,243		201
202 TOTAL (SUM OF LINES 118-201)	135,181,784	4,814,122	6,397,586	-60,243	376,686	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	1,199,747					5.04
5.05 PATIENT FINANCIAL SVC		2,451,694				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			24,724,737	24,724,737		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			8,121,114	1,816,839	9,937,953	7
8 LAUNDRY & LINEN SERVICE			883,973	197,761	376,799	8
9 HOUSEKEEPING			2,521,224	564,043		9
10 DIETARY			1,039,044	232,453	166,213	10
11 CAFETERIA			1,024,095	229,108	358,584	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,861,109	416,364	80,656	13
14 CENTRAL SERVICES & SUPPLY			193,986	43,398	493,119	14
15 PHARMACY			2,091,789	467,971	87,505	15
16 MEDICAL RECORDS & LIBRARY			1,562,170	349,486	139,200	16
17 SOCIAL SERVICE			237,934	53,230	57,392	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			4,172,349	933,430		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			6,294,470	1,408,186	530,937	22
23 PARAMEDICAL EDUCATION PROGRAM			155,297	34,743	32,711	23
23.01 RADIOLOGY SCHOOL			628,758	140,664	38,527	23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	132,512	270,782	14,564,941	3,258,467	2,684,475	30
31 INTENSIVE CARE UNIT	30,273	61,861	4,273,014	955,950	253,246	31
32.02 SURGICAL HEART UNIT	17,389	35,534	2,891,118	646,795	246,249	32.02
43 NURSERY	9,652	19,723	1,057,349	236,548	32,003	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	125,542	256,539	9,660,612	2,161,253	572,269	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	15,957	32,608	849,696	190,092	73,807	50.02
50.03 WOUND CARE CENTER	7,968	16,283	707,557	158,293		50.03
51 RECOVERY ROOM	31,273	63,906	2,407,853	538,680	369,536	51
52 DELIVERY ROOM & LABOR ROOM	14,401	29,428	1,885,392	421,796	186,112	52
53 ANESTHESIOLOGY	25,353	51,808	885,441	198,089	23,412	53
54 RADIOLOGY-DIAGNOSTIC	102,243	208,930	5,052,127	1,130,252	562,350	54
55 RADIOLOGY-THERAPEUTIC	7,454	15,233	545,283	121,990	210,822	55
56 RADIOISOTOPE	9,212	18,825	592,263	132,500	91,373	56
58 MAGNETIC RESONANCE IMAGING (MRI)	16,159	33,021	551,448	123,369	147,466	58
59 CARDIAC CATHETERIZATION	59,000	120,564	2,458,766	550,070	227,001	59
60 LABORATORY	131,656	269,033	6,188,624	1,384,507	485,413	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	17,434	35,627	1,470,862	329,058	121,545	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	41,865	85,549	1,603,858	358,812	99,787	65
66 PHYSICAL THERAPY	11,191	22,869	1,468,798	328,597	133,177	66
69 ELECTROCARDIOLOGY	36,935	75,474	990,960	221,696	117,353	69
70 ELECTROENCEPHALOGRAPHY	1,062	2,169	98,936	22,134	21,788	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	17,840	36,455	249,050	55,717		71
72 IMPL. DEV. CHARGED TO PATIENT	39,019	79,734	6,705,838	1,500,217		72
73 DRUGS CHARGED TO PATIENTS	125,556	256,568	4,196,330	938,795		73
73.02 INPT RENAL DIALYSIS	3,135	6,407	443,737	99,272	13,138	73.02
76.97 CARDIAC REHABILITATION	425	869	203,369	45,497	66,131	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	12,741	26,036	1,423,127	318,379	21,611	90.01
91 EMERGENCY	156,500	319,859	4,940,966	1,105,383	287,788	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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,199,747	2,451,694	133,879,364	24,419,884	9,409,495	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			32,763	7,330	56,123	190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	PATIENT FIN SVC	SUBTOTAL (COLS.0-4) 4A	ADMN & GEN 5.06	OPERATION OF PLANT 7	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES			15,420	3,450		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			1,314,480	294,073	472,335	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER			-60,243			201
202 TOTAL (SUM OF LINES 118-201)	1,199,747	2,451,694	135,181,784	24,724,737	9,937,953	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	1,458,533					8
9 HOUSEKEEPING		3,085,267				9
10 DIETARY		61,410	1,499,120			10
11 CAFETERIA		132,585		1,744,372		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,828		32,451	2,400,408	13
14 CENTRAL SERVICES & SUPPLY	8,660	7,825		51,028		14
15 PHARMACY		12,269		45,385		15
16 MEDICAL RECORDS & LIBRARY		19,594		47,971		16
17 SOCIAL SERVICE		4,883		5,879		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				197,059		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	22,033	70,424		25,867		22
23 PARAMEDICAL EDUCATION PROGRAM		5,258		6,819	2,080	23
23.01 RADIOLOGY SCHOOL		10,078		70,076		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	615,413	1,326,855	1,249,180	403,993	872,591	30
31 INTENSIVE CARE UNIT	145,932	118,125	166,130	94,297	324,492	31
32.02 SURGICAL HEART UNIT	80,784	186,546	83,810	57,613	188,247	32.02
43 NURSERY	27,840	9,703		20,223	88,403	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	92,213	243,198		128,629	248,569	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	6,217	5,008		13,404	41,602	50.02
50.03 WOUND CARE CENTER	12,588			5,879	15,601	50.03
51 RECOVERY ROOM	47,118	55,901		50,558	161,206	51
52 DELIVERY ROOM & LABOR ROOM	41,330	66,668		39,741	112,324	52
53 ANESTHESIOLOGY		6,448		5,879		53
54 RADIOLOGY-DIAGNOSTIC	81,252	136,466		89,123	20,801	54
55 RADIOLOGY-THERAPEUTIC	7,027	53,835		6,819		55
56 RADIOISOTOPE	5,846	19,594		5,409		56
58 MAGNETIC RESONANCE IMAGING (MRI)	9,510	16,338		5,644		58
59 CARDIAC CATHETERIZATION	17,002	94,587		22,810	34,321	59
60 LABORATORY	2,399	34,805		51,734		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		54,962		5,644	8,320	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		20,908		38,095		65
66 PHYSICAL THERAPY	10,951	9,953		33,627		66
69 ELECTROCARDIOLOGY	7,010	20,032		20,694		69
70 ELECTROENCEPHALOGRAPHY		5,008		2,587		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		6,886				73.02
76.97 CARDIAC REHABILITATION	318	5,008		4,468	15,601	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	19,662	6,949		23,986	18,721	90.01
91 EMERGENCY	195,361	190,364		101,587	247,529	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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,456,466	3,028,301	1,499,120	1,714,978	2,400,408	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,883				190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

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	
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	2,067			29,394		192.05
192.06 ASBURY STREET SNF		52,083				192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,458,533	3,085,267	1,499,120	1,744,372	2,400,408	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	798,016					14
15 PHARMACY	15,136	2,720,055				15
16 MEDICAL RECORDS & LIBRARY	4		2,118,425			16
17 SOCIAL SERVICE				359,318		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					5,302,838	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	13					22
23 PARAMEDICAL EDUCATION PROGRAM	396	10,086				23
23.01 RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	104,898	813	234,012	262,780	2,110,908	30
31 INTENSIVE CARE UNIT	52,235	376	53,461	28,582	323,349	31
32.02 SURGICAL HEART UNIT	22,331	9	30,709	37,952	57,478	32.02
43 NURSERY	4,642	2,095	17,045			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	165,598	1,232	221,703		358,867	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	8,663	382	28,180		101,102	50.02
50.03 WOUND CARE CENTER	2,446	6,726	14,072			50.03
51 RECOVERY ROOM	4,769	3,544	55,228			51
52 DELIVERY ROOM & LABOR ROOM	25,468	272	25,431		269,851	52
53 ANESTHESIOLOGY	56,191	9,462	44,773		46,277	53
54 RADIOLOGY-DIAGNOSTIC	21,347	83	180,558		411,334	54
55 RADIOLOGY-THERAPEUTIC	1	159	13,164		73,100	55
56 RADIOISOTOPE	642	197	16,269		16,506	56
58 MAGNETIC RESONANCE IMAGING (MRI)	469		28,537			58
59 CARDIAC CATHETERIZATION	59,687	299	104,193		84,743	59
60 LABORATORY	28,826	74	232,501		97,417	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,651		30,789			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,789	1,138	73,932		78,700	65
66 PHYSICAL THERAPY	81	138	19,763			66
69 ELECTROCARDIOLOGY	2,507	587	65,225			69
70 ELECTROENCEPHALOGRAPHY	28		1,875			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	85,892		31,505			71
72 IMPL. DEV. CHARGED TO PATIENT			68,907			72
73 DRUGS CHARGED TO PATIENTS	15,136	2,646,679	221,727			73
73.02 INPT RENAL DIALYSIS	2,538	229	5,537			73.02
76.97 CARDIAC REHABILITATION	373		751			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	1,345	941	22,501		30,655	90.01
91 EMERGENCY	109,244	3,188	276,077	30,004	633,434	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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	796,346	2,688,709	2,118,425	359,318	4,693,721	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES					371,984	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	1,670					192.05
192.06 ASBURY STREET SNF		31,346			237,133	192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	798,016	2,720,055	2,118,425	359,318	5,302,838	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	8,351,930					22
23 PARAMEDICAL EDUCATION PROGRAM		247,390				23
23.01 RADIOLOGY SCHOOL			888,103			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,324,662			31,013,988	-5,435,570	30
31 INTENSIVE CARE UNIT	509,273			7,298,462	-832,622	31
32.02 SURGICAL HEART UNIT	90,527			4,620,168	-148,005	32.02
43 NURSERY				1,495,851		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	565,214			14,419,357	-924,081	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	159,235			1,477,388	-260,337	50.02
50.03 WOUND CARE CENTER				923,162		50.03
51 RECOVERY ROOM				3,694,393		51
52 DELIVERY ROOM & LABOR ROOM	425,013			3,499,398	-694,864	52
53 ANESTHESIOLOGY	72,886			1,348,858	-119,163	53
54 RADIOLOGY-DIAGNOSTIC	647,848		575,539	8,909,080	-1,059,182	54
55 RADIOLOGY-THERAPEUTIC	115,132			1,147,332	-188,232	55
56 RADIOISOTOPE	25,998			906,597	-42,504	56
58 MAGNETIC RESONANCE IMAGING (MRI)				882,781		58
59 CARDIAC CATHETERIZATION	133,469			3,786,948	-218,212	59
60 LABORATORY	153,432			8,659,732	-250,849	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				2,022,831		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	123,952			2,402,971	-202,652	65
66 PHYSICAL THERAPY				2,005,085		66
69 ELECTROCARDIOLOGY				1,446,064		69
70 ELECTROENCEPHALOGRAPHY				152,356		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				422,164		71
72 IMPL. DEV. CHARGED TO PATIENT				8,274,962		72
73 DRUGS CHARGED TO PATIENTS				8,018,667		73
73.02 INPT RENAL DIALYSIS				571,337		73.02
76.97 CARDIAC REHABILITATION				341,516		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	48,281			1,936,158	-78,936	90.01
91 EMERGENCY	997,654	247,390		9,365,969	-1,631,088	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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	7,392,576	247,390	575,539	131,043,575	-12,086,297	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				101,099		190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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	585,872			976,726	-957,856	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	373,482		312,564	3,120,627	-610,615	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER				-60,243		201
202 TOTAL (SUM OF LINES 118-201)	8,351,930	247,390	888,103	135,181,784	-13,654,768	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	25,578,418	30
31	INTENSIVE CARE UNIT	6,465,840	31
32.02	SURGICAL HEART UNIT	4,472,163	32.02
43	NURSERY	1,495,851	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	13,495,276	50
50.01	AMBULATORY PRE/POST OP		50.01
50.02	OP GI LAB	1,217,051	50.02
50.03	WOUND CARE CENTER	923,162	50.03
51	RECOVERY ROOM	3,694,393	51
52	DELIVERY ROOM & LABOR ROOM	2,804,534	52
53	ANESTHESIOLOGY	1,229,695	53
54	RADIOLOGY-DIAGNOSTIC	7,849,898	54
55	RADIOLOGY-THERAPEUTIC	959,100	55
56	RADIOISOTOPE	864,093	56
58	MAGNETIC RESONANCE IMAGING (MRI)	882,781	58
59	CARDIAC CATHETERIZATION	3,568,736	59
60	LABORATORY	8,408,883	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,022,831	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	2,200,319	65
66	PHYSICAL THERAPY	2,005,085	66
69	ELECTROCARDIOLOGY	1,446,064	69
70	ELECTROENCEPHALOGRAPHY	152,356	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	422,164	71
72	IMPL. DEV. CHARGED TO PATIENT	8,274,962	72
73	DRUGS CHARGED TO PATIENTS	8,018,667	73
73.02	INPT RENAL DIALYSIS	571,337	73.02
76.97	CARDIAC REHABILITATION	341,516	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	OPD	1,857,222	90.01
91	EMERGENCY	7,734,881	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			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	118,957,278	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,099	190
190.01	POB RX		190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	26	
190.02 MOBILE MEDICAL CARE		190.02
190.03 ARTHRITIS CENTER		190.03
192 PHYSICIANS' PRIVATE OFFICES	18,870	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	2,510,012	192.05
192.06 ASBURY STREET SNF		192.06
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER	-60,243	201
202 TOTAL (SUM OF LINES 118-201)	121,527,016	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	2,407	20,885	1,045	24,337	24,337	4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING		15,126	1,311	16,437		5.04
5.05 PATIENT FINANCIAL SVC		77,990	915	78,905		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	25,357	468,647	90,745	584,749		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	8,622	71,577	676,459	756,658		7
8 LAUNDRY & LINEN SERVICE		157,723	24,434	182,157		8
9 HOUSEKEEPING	232		28,788	29,020		9
10 DIETARY	6,684	69,575	24,981	101,240		10
11 CAFETERIA	14,421	150,098	53,898	218,417		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,421	33,762	46,796	86,979		13
14 CENTRAL SERVICES & SUPPLY		206,413	82,568	288,981		14
15 PHARMACY	5,248	36,629	81,953	123,830		15
16 MEDICAL RECORDS & LIBRARY	2,583	58,267	876	61,726		16
17 SOCIAL SERVICE		24,024		24,024		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	3,352	222,243	3,683	229,278		22
23 PARAMEDICAL EDUCATION PROGRAM	14,835	13,692	14,160	42,687		23
23.01 RADIOLOGY SCHOOL	320	16,127		16,447		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,029	1,123,687	397,678	1,538,394		30
31 INTENSIVE CARE UNIT	6,138	106,006	72,080	184,224		31
32.02 SURGICAL HEART UNIT	8,019	103,077	321,333	432,429		32.02
43 NURSERY	502	13,396	36,512	50,410		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,503	239,544	649,206	933,253		50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	2,386	30,895	37,892	71,173		50.02
50.03 WOUND CARE CENTER	40,742		24,332	65,074		50.03
51 RECOVERY ROOM	2,709	154,683	152,978	310,370		51
52 DELIVERY ROOM & LABOR ROOM	2,485	77,904	144,788	225,177		52
53 ANESTHESIOLOGY		9,800	278,288	288,088		53
54 RADIOLOGY-DIAGNOSTIC	5,651	235,392	947,005	1,188,048		54
55 RADIOLOGY-THERAPEUTIC	612	88,247	44,024	132,883		55
56 RADIOISOTOPE		38,248	77,562	115,810		56
58 MAGNETIC RESONANCE IMAGING (MRI)	1,556	61,727	175,666	238,949		58
59 CARDIAC CATHETERIZATION	2,662	95,019	787,590	885,271		59
60 LABORATORY	37,026	203,188	148,707	388,921		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	9,800	50,877	1,898	62,575		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	19,874	41,770	79,590	141,234		65
66 PHYSICAL THERAPY	2,503	55,746	25,768	84,017		66
69 ELECTROCARDIOLOGY	3,767	49,122	127,106	179,995		69
70 ELECTROENCEPHALOGRAPHY		9,120	11,905	21,025		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	138,471			138,471		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.02 INPT RENAL DIALYSIS		5,499	25,282	30,781		73.02
76.97 CARDIAC REHABILITATION		27,682	5,418	33,100		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	76,008	9,046	321,317	406,371		90.01
91 EMERGENCY	27	120,464	323,690	444,181		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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	512,952	4,592,917	6,350,227	11,456,096		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		23,492	76	23,568		190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES			7,399	7,399		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	872	197,713	39,884	238,469		192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER					24,337	201
202 TOTAL (SUM OF LINES 118-201)	513,824	4,814,122	6,397,586	11,725,532	24,337	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	16,437					5.04
5.05 PATIENT FINANCIAL SVC		78,905				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			584,749			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			42,969	799,627		7
8 LAUNDRY & LINEN SERVICE			4,677	30,318	217,152	8
9 HOUSEKEEPING			13,340			9
10 DIETARY			5,498	13,374		10
11 CAFETERIA			5,418	28,852		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			9,847	6,490		13
14 CENTRAL SERVICES & SUPPLY			1,026	39,677	1,289	14
15 PHARMACY			11,068	7,041		15
16 MEDICAL RECORDS & LIBRARY			8,265	11,200		16
17 SOCIAL SERVICE			1,259	4,618		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			22,076			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			33,304	42,720	3,280	22
23 PARAMEDICAL EDUCATION PROGRAM			822	2,632		23
23.01 RADIOLOGY SCHOOL			3,327	3,100		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,804	8,742	77,063	215,997	91,628	30
31 INTENSIVE CARE UNIT	412	1,997	22,609	20,377	21,727	31
32.02 SURGICAL HEART UNIT	237	1,147	15,297	19,814	12,027	32.02
43 NURSERY	131	637	5,594	2,575	4,145	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,709	8,282	51,114	46,046	13,729	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	217	1,053	4,496	5,939	926	50.02
50.03 WOUND CARE CENTER	108	526	3,744		1,874	50.03
51 RECOVERY ROOM	426	2,063	12,740	29,734	7,015	51
52 DELIVERY ROOM & LABOR ROOM	196	950	9,976	14,975	6,153	52
53 ANESTHESIOLOGY	345	1,673	4,685	1,884		53
54 RADIOLOGY-DIAGNOSTIC	1,392	6,745	26,731	45,248	12,097	54
55 RADIOLOGY-THERAPEUTIC	101	492	2,885	16,963	1,046	55
56 RADIOISOTOPE	125	608	3,134	7,352	870	56
58 MAGNETIC RESONANCE IMAGING (MRI)	220	1,066	2,918	11,865	1,416	58
59 CARDIAC CATHETERIZATION	803	3,892	13,009	18,265	2,531	59
60 LABORATORY	1,792	8,685	32,744	39,057	357	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	237	1,150	7,782	9,780		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	570	2,762	8,486	8,029		65
66 PHYSICAL THERAPY	152	738	7,771	10,716	1,630	66
69 ELECTROCARDIOLOGY	503	2,437	5,243	9,442	1,044	69
70 ELECTROENCEPHALOGRAPHY	14	70	523	1,753		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	243	1,177	1,318			71
72 IMPL. DEV. CHARGED TO PATIENT	531	2,574	35,481			72
73 DRUGS CHARGED TO PATIENTS	1,709	8,283	22,203			73
73.02 INPT RENAL DIALYSIS	43	207	2,348	1,057		73.02
76.97 CARDIAC REHABILITATION	6	28	1,076	5,321	47	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	173	841	7,530	1,739	2,927	90.01
91 EMERGENCY	2,238	10,080	26,143	23,156	29,086	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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	16,437	78,905	577,539	757,106	216,844	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			173	4,516		190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

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			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			6,955	38,005	308	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)	16,437	78,905	584,749	799,627	217,152	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	42,360					9
10 DIETARY	843	120,955				10
11 CAFETERIA	1,820		254,507			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	135		4,735	108,186		13
14 CENTRAL SERVICES & SUPPLY	107		7,445		302,514	14
15 PHARMACY	168		6,622		5,738	15
16 MEDICAL RECORDS & LIBRARY	269		6,999		2	16
17 SOCIAL SERVICE	67		858			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			28,751			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	967		3,774		5	22
23 PARAMEDICAL EDUCATION PROGRAM	72		995	94	150	23
23.01 RADIOLOGY SCHOOL	138		10,224			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,217	100,789	58,943	39,328	39,765	30
31 INTENSIVE CARE UNIT	1,622	13,404	13,758	14,625	19,801	31
32.02 SURGICAL HEART UNIT	2,561	6,762	8,406	8,484	8,465	32.02
43 NURSERY	133		2,951	3,984	1,760	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,339		18,767	11,203	62,777	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	69		1,956	1,875	3,284	50.02
50.03 WOUND CARE CENTER			858	703	927	50.03
51 RECOVERY ROOM	768		7,377	7,266	1,808	51
52 DELIVERY ROOM & LABOR ROOM	915		5,798	5,062	9,654	52
53 ANESTHESIOLOGY	89		858		21,301	53
54 RADIOLOGY-DIAGNOSTIC	1,874		13,003	937	8,092	54
55 RADIOLOGY-THERAPEUTIC	739		995			55
56 RADIOISOTOPE	269		789		243	56
58 MAGNETIC RESONANCE IMAGING (MRI)	224		823		178	58
59 CARDIAC CATHETERIZATION	1,299		3,328	1,547	22,626	59
60 LABORATORY	478		7,548		10,927	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	755		823	375	626	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	287		5,558		1,436	65
66 PHYSICAL THERAPY	137		4,906		31	66
69 ELECTROCARDIOLOGY	275		3,019		950	69
70 ELECTROENCEPHALOGRAPHY	69		377		11	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					32,560	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					5,738	73
73.02 INPT RENAL DIALYSIS	95				962	73.02
76.97 CARDIAC REHABILITATION	69		652	703	141	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	95		3,500	844	510	90.01
91 EMERGENCY	2,614		14,822	11,156	41,413	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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	41,578	120,955	250,218	108,186	301,881	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	67					190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

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	715		4,289		633	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER					36,011	201
202 TOTAL (SUM OF LINES 118-201)	42,360	120,955	254,507	108,186	338,525	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	154,467					15
16 MEDICAL RECORDS & LIBRARY		88,461				16
17 SOCIAL SERVICE			30,826			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				50,827		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					313,328	22
23 PARAMEDICAL EDUCATION PROGRAM	573					23
23.01 RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	46	9,782	22,544			30
31 INTENSIVE CARE UNIT	21	2,235	2,452			31
32.02 SURGICAL HEART UNIT		1,284	3,256			32.02
43 NURSERY	119	713				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	70	9,268				50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	22	1,178				50.02
50.03 WOUND CARE CENTER	382	588				50.03
51 RECOVERY ROOM	201	2,309				51
52 DELIVERY ROOM & LABOR ROOM	15	1,063				52
53 ANESTHESIOLOGY	537	1,872				53
54 RADIOLOGY-DIAGNOSTIC	5	7,548				54
55 RADIOLOGY-THERAPEUTIC	9	550				55
56 RADIOISOTOPE	11	680				56
58 MAGNETIC RESONANCE IMAGING (MRI)		1,193				58
59 CARDIAC CATHETERIZATION	17	4,356				59
60 LABORATORY	4	9,719				60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,287				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	65	3,091				65
66 PHYSICAL THERAPY	8	826				66
69 ELECTROCARDIOLOGY	33	2,727				69
70 ELECTROENCEPHALOGRAPHY		78				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,317				71
72 IMPL. DEV. CHARGED TO PATIENT		2,880				72
73 DRUGS CHARGED TO PATIENTS	150,302	9,269				73
73.02 INPT RENAL DIALYSIS	13	231				73.02
76.97 CARDIAC REHABILITATION		31				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	53	941				90.01
91 EMERGENCY	181	11,445	2,574			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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	152,687	88,461	30,826			118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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	
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						192.05
192.06 ASBURY STREET SNF	1,780					192.06
200 CROSS FOOT ADJUSTMENTS				50,827	313,328	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	154,467	88,461	30,826	50,827	313,328	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED ED	RADIOLOGY SCHOOL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	23.01	24	25	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	48,025					23
23.01 RADIOLOGY SCHOOL		33,236				23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			2,223,042		2,223,042	30
31 INTENSIVE CARE UNIT			319,264		319,264	31
32.02 SURGICAL HEART UNIT			520,169		520,169	32.02
43 NURSERY			73,152		73,152	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			1,159,557		1,159,557	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB			92,188		92,188	50.02
50.03 WOUND CARE CENTER			74,784		74,784	50.03
51 RECOVERY ROOM			382,077		382,077	51
52 DELIVERY ROOM & LABOR ROOM			279,934		279,934	52
53 ANESTHESIOLOGY			321,332		321,332	53
54 RADIOLOGY-DIAGNOSTIC			1,311,720		1,311,720	54
55 RADIOLOGY-THERAPEUTIC			156,663		156,663	55
56 RADIOISOTOPE			129,891		129,891	56
58 MAGNETIC RESONANCE IMAGING (MRI)			258,852		258,852	58
59 CARDIAC CATHETERIZATION			956,944		956,944	59
60 LABORATORY			500,232		500,232	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			85,390		85,390	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			171,518		171,518	65
66 PHYSICAL THERAPY			110,932		110,932	66
69 ELECTROCARDIOLOGY			205,668		205,668	69
70 ELECTROENCEPHALOGRAPHY			23,920		23,920	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			175,086		175,086	71
72 IMPL. DEV. CHARGED TO PATIENT			41,466		41,466	72
73 DRUGS CHARGED TO PATIENTS			197,504		197,504	73
73.02 INPT RENAL DIALYSIS			35,737		35,737	73.02
76.97 CARDIAC REHABILITATION			41,174		41,174	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD			425,524		425,524	90.01
91 EMERGENCY			619,089		619,089	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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)			10,892,809		10,892,809	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			28,324		28,324	190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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	
190.02 MOBILE MEDICAL CARE	23	23.01				190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES			7,481		7,481	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			291,154		291,154	192.05
192.06 ASBURY STREET SNF						192.06
200 CROSS FOOT ADJUSTMENTS	48,025	33,236	445,416		445,416	200
201 NEGATIVE COST CENTER			60,348		60,348	201
202 TOTAL (SUM OF LINES 118-201)	48,025	33,236	11,725,532		11,725,532	202

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 REVENUE	
	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		3,795,953				2
4 EMPLOYEE BENEFITS	1,690	620	51,593,573			4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING				16,175,927		5.03
5.04 ADMITTING	1,224	778			628,089,302	5.04
5.05 PATIENT FINANCIAL SVC	6,311	543				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	37,923	53,843	3,282,867	29,949		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,792	401,371	1,733,215	162,175		7
8 LAUNDRY & LINEN SERVICE	12,763	14,498				8
9 HOUSEKEEPING		17,081	1,459,873	257,893		9
10 DIETARY	5,630	14,822	392,008	47,687		10
11 CAFETERIA	12,146	31,980	845,780	71,008		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,732	27,766	1,301,469	15,625		13
14 CENTRAL SERVICES & SUPPLY	16,703	48,991	224,998			14
15 PHARMACY	2,964	48,626	1,558,869	50,673		15
16 MEDICAL RECORDS & LIBRARY	4,715	520	986,955	11,066		16
17 SOCIAL SERVICE	1,944		172,225			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			4,172,349			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	17,984	2,185	1,123,461	37,409		22
23 PARAMEDICAL EDUCATION PROGRAM	1,108	8,402	196,060	16,991		23
23.01 RADIOLOGY SCHOOL	1,305					23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	90,929	235,959	9,791,990	494,927	69,377,854	30
31 INTENSIVE CARE UNIT	8,578	42,768	3,032,686	334,566	15,849,568	31
32.02 SURGICAL HEART UNIT	8,341	190,660	1,862,362	150,474	9,104,334	32.02
43 NURSERY	1,084	21,664	777,934	48,200	5,053,420	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,384	385,201	4,101,513	3,678,215	65,728,616	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	2,500	22,483	412,104	179,204	8,354,698	50.02
50.03 WOUND CARE CENTER		14,437	150,433	37,869	4,171,831	50.03
51 RECOVERY ROOM	12,517	90,768	1,622,257	26,653	16,373,538	51
52 DELIVERY ROOM & LABOR ROOM	6,304	85,909	1,205,758	146,789	7,539,718	52
53 ANESTHESIOLOGY	793	165,120	102,569	362,304	13,273,816	53
54 RADIOLOGY-DIAGNOSTIC	19,048	561,896	2,530,735	319,992	53,530,519	54
55 RADIOLOGY-THERAPEUTIC	7,141	26,121	278,115	14,498	3,902,842	55
56 RADIOISOTOPE	3,095	46,021	178,131	4,695	4,823,191	56
58 MAGNETIC RESONANCE IMAGING (MRI)	4,995	104,230	177,107	39,487	8,460,306	58
59 CARDIAC CATHETERIZATION	7,689	467,310	700,729	462,352	30,890,174	59
60 LABORATORY	16,442	88,234	1,102,769	422,401	68,929,886	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,117	1,126	165,746	1,117,580	9,127,993	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,380	47,224	984,085	120,118	21,918,673	65
66 PHYSICAL THERAPY	4,511	15,289	1,112,658	7,223	5,859,231	66
69 ELECTROCARDIOLOGY	3,975	75,417	539,331	17,188	19,337,458	69
70 ELECTROENCEPHALOGRAPHY	738	7,064	57,918	3,165	555,842	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				202,796	9,340,332	71
72 IMPL. DEV. CHARGED TO PATIENT				6,279,473	20,428,980	72
73 DRUGS CHARGED TO PATIENTS				148,785	65,735,979	73
73.02 INPT RENAL DIALYSIS	445	15,001		21,046	1,641,556	73.02
76.97 CARDIAC REHABILITATION	2,240	3,215	147,017	775	222,718	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	732	190,651	692,503	81,962	6,670,788	90.01
91 EMERGENCY	9,748	192,059	2,362,002	729,036	81,885,441	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)	371,660	3,767,853	51,538,581	16,152,249	628,089,302	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	45				190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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 REVENUE	
	1	2	4	5.03	5.04	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES		4,390		1,431		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	15,999	23,665	54,992	22,247		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	4,814,122	6,397,586		376,686	1,199,747	202
203 UNIT COST MULT-WS B PT I	12.357845	1.685370		0.023287	0.001910	203
204 COST TO BE ALLOC PER B PT II					16,437	204
205 UNIT COST MULT-WS B PT II					0.000026	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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	
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	628,089,302					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		-24,724,737	110,517,290			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			8,121,114	336,620		7
8 LAUNDRY & LINEN SERVICE			883,973	12,763	1,519,035	8
9 HOUSEKEEPING			2,521,224			9
10 DIETARY			1,039,044	5,630		10
11 CAFETERIA			1,024,095	12,146		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,861,109	2,732		13
14 CENTRAL SERVICES & SUPPLY			193,986	16,703	9,019	14
15 PHARMACY			2,091,789	2,964		15
16 MEDICAL RECORDS & LIBRARY			1,562,170	4,715		16
17 SOCIAL SERVICE			237,934	1,944		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			4,172,349			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			6,294,470	17,984	22,947	22
23 PARAMEDICAL EDUCATION PROGRAM			155,297	1,108		23
23.01 RADIOLOGY SCHOOL			628,758	1,305		23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	69,377,854		14,564,941	90,929	640,944	30
31 INTENSIVE CARE UNIT	15,849,568		4,273,014	8,578	151,985	31
32.02 SURGICAL HEART UNIT	9,104,334		2,891,118	8,341	84,135	32.02
43 NURSERY	5,053,420		1,057,349	1,084	28,995	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	65,728,616		9,660,612	19,384	96,038	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	8,354,698		849,696	2,500	6,475	50.02
50.03 WOUND CARE CENTER	4,171,831		707,557		13,110	50.03
51 RECOVERY ROOM	16,373,538		2,407,853	12,517	49,072	51
52 DELIVERY ROOM & LABOR ROOM	7,539,718		1,885,392	6,304	43,044	52
53 ANESTHESIOLOGY	13,273,816		885,441	793		53
54 RADIOLOGY-DIAGNOSTIC	53,530,519		5,052,127	19,048	84,622	54
55 RADIOLOGY-THERAPEUTIC	3,902,842		545,283	7,141	7,319	55
56 RADIOISOTOPE	4,823,191		592,263	3,095	6,088	56
58 MAGNETIC RESONANCE IMAGING (MRI)	8,460,306		551,448	4,995	9,904	58
59 CARDIAC CATHETERIZATION	30,890,174		2,458,766	7,689	17,707	59
60 LABORATORY	68,929,886		6,188,624	16,442	2,498	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	9,127,993		1,470,862	4,117		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	21,918,673		1,603,858	3,380		65
66 PHYSICAL THERAPY	5,859,231		1,468,798	4,511	11,405	66
69 ELECTROCARDIOLOGY	19,337,458		990,960	3,975	7,301	69
70 ELECTROENCEPHALOGRAPHY	555,842		98,936	738		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	9,340,332		249,050			71
72 IMPL. DEV. CHARGED TO PATIENT	20,428,980		6,705,838			72
73 DRUGS CHARGED TO PATIENTS	65,735,979		4,196,330			73
73.02 INPT RENAL DIALYSIS	1,641,556		443,737	445		73.02
76.97 CARDIAC REHABILITATION	222,718		203,369	2,240	331	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	6,670,788		1,423,127	732	20,478	90.01
91 EMERGENCY	81,885,441		4,940,966	9,748	203,465	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)	628,089,302	-24,724,737	109,154,627	318,720	1,516,882	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			32,763	1,901		190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES			15,420			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			1,314,480	15,999	2,153	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	2,451,694		24,724,737	9,937,953	1,458,533	202
203 UNIT COST MULT-WS B PT I	0.003903		0.223718	29.522765	0.960171	203
204 COST TO BE ALLOC PER B PT II	78,905		584,749	799,627	217,152	204
205 UNIT COST MULT-WS B PT II	0.000126		0.005291	2.375459	0.142954	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINI-STRATION (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	49,286					9
10 DIETARY	981	195,256				10
11 CAFETERIA	2,118		7,418			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	157		138	2,308		13
14 CENTRAL SERVICES & SUPPLY	125		217		3,131,939	14
15 PHARMACY	196		193		59,405	15
16 MEDICAL RECORDS & LIBRARY	313		204		16	16
17 SOCIAL SERVICE	78		25			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			838			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,125		110		52	22
23 PARAMEDICAL EDUCATION PROGRAM	84		29	2	1,555	23
23.01 RADIOLOGY SCHOOL	161		298			23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,196	162,702	1,718	839	411,688	30
31 INTENSIVE CARE UNIT	1,887	21,638	401	312	205,005	31
32.02 SURGICAL HEART UNIT	2,980	10,916	245	181	87,640	32.02
43 NURSERY	155		86	85	18,220	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,885		547	239	649,918	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	80		57	40	34,000	50.02
50.03 WOUND CARE CENTER			25	15	9,599	50.03
51 RECOVERY ROOM	893		215	155	18,715	51
52 DELIVERY ROOM & LABOR ROOM	1,065		169	108	99,953	52
53 ANESTHESIOLOGY	103		25		220,530	53
54 RADIOLOGY-DIAGNOSTIC	2,180		379	20	83,779	54
55 RADIOLOGY-THERAPEUTIC	860		29		2	55
56 RADIOISOTOPE	313		23		2,519	56
58 MAGNETIC RESONANCE IMAGING (MRI)	261		24		1,839	58
59 CARDIAC CATHETERIZATION	1,511		97	33	234,250	59
60 LABORATORY	556		220		113,131	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	878		24	8	6,481	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	334		162		14,872	65
66 PHYSICAL THERAPY	159		143		316	66
69 ELECTROCARDIOLOGY	320		88		9,839	69
70 ELECTROENCEPHALOGRAPHY	80		11		111	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					337,096	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					59,405	73
73.02 INPT RENAL DIALYSIS	110				9,961	73.02
76.97 CARDIAC REHABILITATION	80		19	15	1,463	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	111		102	18	5,278	90.01
91 EMERGENCY	3,041		432	238	428,746	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)	48,376	195,256	7,293	2,308	3,125,384	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	78					190
190.01 POB RX						190.01

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 NRSg FTEs) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 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	832				6,555	192.05
192.06 ASBURY STREET SNF			125			192.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,085,267	1,499,120	1,744,372	2,400,408	798,016	202
203 UNIT COST MULT-WS B PT I	62.599257	7.677715	235.153950	1,040.038128	0.254799	203
204 COST TO BE ALLOC PER B PT II	42,360	120,955	254,507	108,186	302,514	204
205 UNIT COST MULT-WS B PT II	0.859473	0.619469	34.309383	46.874350	0.096590	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY GROSS REVENUE	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	3,765,532					15
16 MEDICAL RECORDS & LIBRARY		628,089,302				16
17 SOCIAL SERVICE			9,856			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				35,981		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					35,981	22
23 PARAMEDICAL EDUCATION PROGRAM	13,962					23
23.01 RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,126	69,377,854	7,208	14,323	14,323	30
31 INTENSIVE CARE UNIT	521	15,849,568	784	2,194	2,194	31
32.02 SURGICAL HEART UNIT	12	9,104,334	1,041	390	390	32.02
43 NURSERY	2,900	5,053,420				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,705	65,728,616		2,435	2,435	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	529	8,354,698		686	686	50.02
50.03 WOUND CARE CENTER	9,311	4,171,831				50.03
51 RECOVERY ROOM	4,906	16,373,538				51
52 DELIVERY ROOM & LABOR ROOM	377	7,539,718		1,831	1,831	52
53 ANESTHESIOLOGY	13,099	13,273,816		314	314	53
54 RADIOLOGY-DIAGNOSTIC	115	53,530,519		2,791	2,791	54
55 RADIOLOGY-THERAPEUTIC	220	3,902,842		496	496	55
56 RADIOISOTOPE	273	4,823,191		112	112	56
58 MAGNETIC RESONANCE IMAGING (MRI)		8,460,306				58
59 CARDIAC CATHETERIZATION	414	30,890,174		575	575	59
60 LABORATORY	102	68,929,886		661	661	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		9,127,993				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,575	21,918,673		534	534	65
66 PHYSICAL THERAPY	191	5,859,231				66
69 ELECTROCARDIOLOGY	813	19,337,458				69
70 ELECTROENCEPHALOGRAPHY		555,842				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		9,340,332				71
72 IMPL. DEV. CHARGED TO PATIENT		20,428,980				72
73 DRUGS CHARGED TO PATIENTS	3,663,955	65,735,979				73
73.02 INPT RENAL DIALYSIS	317	1,641,556				73.02
76.97 CARDIAC REHABILITATION		222,718				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	1,302	6,670,788		208	208	90.01
91 EMERGENCY	4,413	81,885,441	823	4,298	4,298	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)	3,722,138	628,089,302	9,856	31,848	31,848	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 POB RX						190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	
190.02 MOBILE MEDICAL CARE						190.02
190.03 ARTHRITIS CENTER						190.03
192 PHYSICIANS' PRIVATE OFFICES				2,524	2,524	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	43,394			1,609	1,609	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	2,720,055	2,118,425	359,318	5,302,838	8,351,930	202
203 UNIT COST MULT-WS B PT I	0.722356	0.003373	36.456778	147.378839	232.120564	203
204 COST TO BE ALLOC PER B PT II	154,467	88,461	30,826	50,827	313,328	204
205 UNIT COST MULT-WS B PT II	0.041021	0.000141	3.127638	1.412607	8.708152	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED	RADIOLOGY SCHOOL	
	(ASSIGNED TIME)	(ASSIGNED TIME)	
	23	23.01	
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	1,000		23
23.01 RADIOLOGY SCHOOL		70,920	23.01
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
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		45,960	54
55 RADIOLOGY-THERAPEUTIC			55
56 RADIOISOTOPE			56
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			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			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	1,000		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)	1,000	45,960	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
190.01 POB RX			190.01

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED (ASSIGNED TIME) 23	RADIOLOGY SCHOOL (ASSIGNED TIME) 23.01	
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	247,390	888,103	202
203 UNIT COST MULT-WS B PT I	247.390000	12.522603	203
204 COST TO BE ALLOC PER B PT II	48,025	33,236	204
205 UNIT COST MULT-WS B PT II	48.025000	0.468641	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	25,578,418		25,578,418		25,578,418	30
31 INTENSIVE CARE UNIT	6,465,840		6,465,840		6,465,840	31
32.02 SURGICAL HEART UNIT	4,472,163		4,472,163		4,472,163	32.02
43 NURSERY	1,495,851		1,495,851		1,495,851	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,495,276		13,495,276		13,495,276	50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	1,217,051		1,217,051		1,217,051	50.02
50.03 WOUND CARE CENTER	923,162		923,162		923,162	50.03
51 RECOVERY ROOM	3,694,393		3,694,393		3,694,393	51
52 DELIVERY ROOM & LABOR ROOM	2,804,534		2,804,534		2,804,534	52
53 ANESTHESIOLOGY	1,229,695		1,229,695		1,229,695	53
54 RADIOLOGY-DIAGNOSTIC	7,849,898		7,849,898		7,849,898	54
55 RADIOLOGY-THERAPEUTIC	959,100		959,100		959,100	55
56 RADIOISOTOPE	864,093		864,093		864,093	56
58 MAGNETIC RESONANCE IMAGING	882,781		882,781		882,781	58
59 CARDIAC CATHETERIZATION	3,568,736		3,568,736		3,568,736	59
60 LABORATORY	8,408,883		8,408,883		8,408,883	60
62 WHOLE BLOOD & PACKED RED BL	2,022,831		2,022,831		2,022,831	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,200,319		2,200,319		2,200,319	65
66 PHYSICAL THERAPY	2,005,085		2,005,085		2,005,085	66
69 ELECTROCARDIOLOGY	1,446,064		1,446,064		1,446,064	69
70 ELECTROENCEPHALOGRAPHY	152,356		152,356		152,356	70
71 MEDICAL SUPPLIES CHRGED TO	422,164		422,164		422,164	71
72 IMPL. DEV. CHARGED TO PATIE	8,274,962		8,274,962		8,274,962	72
73 DRUGS CHARGED TO PATIENTS	8,018,667		8,018,667		8,018,667	73
73.02 INPT RENAL DIALYSIS	571,337		571,337		571,337	73.02
76.97 CARDIAC REHABILITATION	341,516		341,516		341,516	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	1,857,222		1,857,222		1,857,222	90.01
91 EMERGENCY	7,734,881		7,734,881		7,734,881	91
92 OBSERVATION BEDS	3,251,903		3,251,903		3,251,903	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
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	122,209,181		122,209,181		122,209,181	200
201 LESS OBSERVATION BEDS	3,251,903		3,251,903		3,251,903	201
202 TOTAL (SEE INSTRUCTIONS)	118,957,278		118,957,278		118,957,278	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	60,725,189		60,725,189			30
31 INTENSIVE CARE UNIT	15,849,568		15,849,568			31
32.02 SURGICAL HEART UNIT	9,104,334		9,104,334			32.02
43 NURSERY	5,053,420		5,053,420			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,959,354	28,769,262	65,728,616	0.205318	0.205318	0.205318 50
50.01 AMBULATORY PRE/POST OP						50.01
50.02 OP GI LAB	1,961,855	6,392,843	8,354,698	0.145673	0.145673	0.145673 50.02
50.03 WOUND CARE CENTER	83,987	4,087,844	4,171,831	0.221285	0.221285	0.221285 50.03
51 RECOVERY ROOM	6,330,480	10,043,058	16,373,538	0.225632	0.225632	0.225632 51
52 DELIVERY ROOM & LABOR ROOM	6,911,256	628,462	7,539,718	0.371968	0.371968	0.371968 52
53 ANESTHESIOLOGY	7,225,384	6,048,432	13,273,816	0.092641	0.092641	0.092641 53
54 RADIOLOGY-DIAGNOSTIC	22,250,708	31,279,811	53,530,519	0.146643	0.146643	0.146643 54
55 RADIOLOGY-THERAPEUTIC	481,635	3,421,207	3,902,842	0.245744	0.245744	0.245744 55
56 RADIOISOTOPE	1,747,694	3,075,497	4,823,191	0.179154	0.179154	0.179154 56
58 MAGNETIC RESONANCE IMAGING	2,960,835	5,499,471	8,460,306	0.104344	0.104344	0.104344 58
59 CARDIAC CATHETERIZATION	19,875,807	11,014,367	30,890,174	0.115530	0.115530	0.115530 59
60 LABORATORY	42,054,710	26,875,176	68,929,886	0.121992	0.121992	0.121992 60
62 WHOLE BLOOD & PACKED RED BL	4,998,925	4,129,068	9,127,993	0.221607	0.221607	0.221607 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	21,112,152	806,521	21,918,673	0.100386	0.100386	0.100386 65
66 PHYSICAL THERAPY	3,029,824	2,829,407	5,859,231	0.342210	0.342210	0.342210 66
69 ELECTROCARDIOLOGY	10,205,139	9,132,319	19,337,458	0.074780	0.074780	0.074780 69
70 ELECTROENCEPHALOGRAPHY	209,093	346,749	555,842	0.274099	0.274099	0.274099 70
71 MEDICAL SUPPLIES CHRGED TO	5,816,344	3,523,988	9,340,332	0.045198	0.045198	0.045198 71
72 IMPL. DEV. CHARGED TO PATIEE	15,977,247	4,451,733	20,428,980	0.405060	0.405060	0.405060 72
73 DRUGS CHARGED TO PATIENTS	52,759,308	12,976,671	65,735,979	0.121983	0.121983	0.121983 73
73.02 INPT RENAL DIALYSIS	1,574,079	67,477	1,641,556	0.348046	0.348046	0.348046 73.02
76.97 CARDIAC REHABILITATION	8	222,710	222,718	1.533401	1.533401	1.533401 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OPD	47,454	6,623,334	6,670,788	0.278411	0.278411	0.278411 90.01
91 EMERGENCY	27,521,327	54,364,114	81,885,441	0.094460	0.094460	0.094460 91
92 OBSERVATION BEDS	295,975	8,356,690	8,652,665	0.375827	0.375827	0.375827 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
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	383,123,091	244,966,211	628,089,302			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	383,123,091	244,966,211	628,089,302			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	2,223,042		2,223,042	67.79	14,823	1,004,851	30
31 INTENSIVE CARE UNIT	319,264		319,264	69.83	2,385	166,545	31
32 CORONARY CARE UNIT							32
32.02 SURGICAL HEART UNIT	520,169		520,169	193.59	1,265	244,891	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	73,152		73,152	25.69			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,135,627		3,135,627		18,473	1,416,287	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0080) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
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	1,159,557	65,728,616	0.017642	15,915,987	280,790	50
50.01	AMBULATORY PRE/POST OP						50.01
50.02	OP GI LAB	92,188	8,354,698	0.011034	1,114,848	12,301	50.02
50.03	WOUND CARE CENTER	74,784	4,171,831	0.017926	33,051	592	50.03
51	RECOVERY ROOM	382,077	16,373,538	0.023335	2,770,245	64,644	51
52	DELIVERY ROOM & LABOR ROOM	279,934	7,539,718	0.037128			52
53	ANESTHESIOLOGY	321,332	13,273,816	0.024208	2,937,652	71,115	53
54	RADIOLOGY-DIAGNOSTIC	1,311,720	53,530,519	0.024504	11,465,584	280,953	54
55	RADIOLOGY-THERAPEUTIC	156,663	3,902,842	0.040141	234,346	9,407	55
56	RADIOISOTOPE	129,891	4,823,191	0.026931	1,000,263	26,938	56
58	MAGNETIC RESONANCE IMAGING (M	258,852	8,460,306	0.030596	1,508,106	46,142	58
59	CARDIAC CATHETERIZATION	956,944	30,890,174	0.030979	11,056,246	342,511	59
60	LABORATORY	500,232	68,929,886	0.007257	22,122,830	160,545	60
62	WHOLE BLOOD & PACKED RED BLOO	85,390	9,127,993	0.009355	2,472,765	23,133	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	171,518	21,918,673	0.007825	11,259,567	88,106	65
66	PHYSICAL THERAPY	110,932	5,859,231	0.018933	1,873,130	35,464	66
69	ELECTROCARDIOLOGY	205,668	19,337,458	0.010636	6,238,416	66,352	69
70	ELECTROENCEPHALOGRAPHY	23,920	555,842	0.043034	129,376	5,568	70
71	MEDICAL SUPPLIES CHRGD TO PA	175,086	9,340,332	0.018745	1,563,654	29,311	71
72	IMPL. DEV. CHARGED TO PATIENT	41,466	20,428,980	0.002030	8,222,859	16,692	72
73	DRUGS CHARGED TO PATIENTS	197,504	65,735,979	0.003005	28,366,911	85,243	73
73.02	INPT RENAL DIALYSIS	35,737	1,641,556	0.021770	925,785	20,154	73.02
76.97	CARDIAC REHABILITATION	41,174	222,718	0.184871			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OPD	425,524	6,670,788	0.063789	1,237	79	90.01
91	EMERGENCY	619,089	81,885,441	0.007560	13,686,711	103,472	91
92	OBSERVATION BEDS	282,626	8,652,665	0.032663	108,169	3,533	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	8,039,808	537,356,791		145,007,738	1,773,045	200

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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
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 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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	32,792		14,823		30
31 INTENSIVE CARE UNIT	4,572		2,385		31
32 CORONARY CARE UNIT					32
32.02 SURGICAL HEART UNIT	2,687		1,265		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	2,848				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	42,899		18,473		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 PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P 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		575,539		575,539	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		247,390		247,390	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		822,929		822,929	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	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	65,728,616			15,915,987	7,969,673	50	
50.01	AMBULATORY PRE/POST OP						50.01	
50.02	OP GI LAB	8,354,698			1,114,848	2,392,311	50.02	
50.03	WOUND CARE CENTER	4,171,831			33,051	2,326,013	50.03	
51	RECOVERY ROOM	16,373,538			2,770,245	2,836,323	51	
52	DELIVERY ROOM & LABOR ROOM	7,539,718					52	
53	ANESTHESIOLOGY	13,273,816			2,937,652	1,748,454	53	
54	RADIOLOGY-DIAGNOSTIC	53,530,519	0.010752	0.010752	11,465,584	123,278	105,153	
55	RADIOLOGY-THERAPEUTIC	3,902,842			234,346	1,486,057	55	
56	RADIOISOTOPE	4,823,191			1,000,263	1,132,296	56	
58	MAGNETIC RESONANCE IMAGING (8,460,306			1,508,106	1,718,303	58	
59	CARDIAC CATHETERIZATION	30,890,174			11,056,246	6,115,447	59	
60	LABORATORY	68,929,886			22,122,830	1,189,499	60	
62	WHOLE BLOOD & PACKED RED BLO	9,127,993			2,472,765	2,219,148	62	
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30	
65	RESPIRATORY THERAPY	21,918,673			11,259,567	358,578	65	
66	PHYSICAL THERAPY	5,859,231			1,873,130	8,499	66	
69	ELECTROCARDIOLOGY	19,337,458			6,238,416	3,672,988	69	
70	ELECTROENCEPHALOGRAPHY	555,842			129,376	108,022	70	
71	MEDICAL SUPPLIES CHRGD TO P	9,340,332			1,563,654	84,310	71	
72	IMPL. DEV. CHARGED TO PATIEN	20,428,980			8,222,859	2,258,502	72	
73	DRUGS CHARGED TO PATIENTS	65,735,979			28,366,911	6,282,403	73	
73.02	INPT RENAL DIALYSIS	1,641,556			925,785	48,133	73.02	
76.97	CARDIAC REHABILITATION	222,718				74,560	76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01	OPD	6,670,788			1,237	578,701	90.01	
91	EMERGENCY	81,885,441	0.003021	0.003021	13,686,711	41,348	24,522	
92	OBSERVATION BEDS	8,652,665			108,169	2,500,451	92	
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	537,356,791			145,007,738	164,626	65,005,782	129,675

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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST	COST			
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS		
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.205318	7,969,673			1,636,317				50
50.01 AMBULATORY PRE/POST OP									50.01
50.02 OP GI LAB	0.145673	2,392,311			348,495				50.02
50.03 WOUND CARE CENTER	0.221285	2,326,013			514,712				50.03
51 RECOVERY ROOM	0.225632	2,836,323			639,965				51
52 DELIVERY ROOM & LABOR ROOM	0.371968								52
53 ANESTHESIOLOGY	0.092641	1,748,454			161,979				53
54 RADIOLOGY-DIAGNOSTIC	0.146643	9,779,882			1,434,151				54
55 RADIOLOGY-THERAPEUTIC	0.245744	1,486,057			365,190				55
56 RADIOISOTOPE	0.179154	1,132,296			202,855				56
58 MAGNETIC RESONANCE IMAGING (MRI)	0.104344	1,718,303			179,295				58
59 CARDIAC CATHETERIZATION	0.115530	6,115,447			706,518				59
60 LABORATORY	0.121992	1,189,499			145,109				60
62 WHOLE BLOOD & PACKED RED BLOOD	0.221607	2,219,148			491,779				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.100386	358,578			35,996				65
66 PHYSICAL THERAPY	0.342210	8,499			2,908				66
69 ELECTROCARDIOLOGY	0.074780	3,672,988			274,666				69
70 ELECTROENCEPHALOGRAPHY	0.274099	108,022			29,609				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.045198	84,310			3,811				71
72 IMPL. DEV. CHARGED TO PATIENT	0.405060	2,258,502	8,303		914,829	3,363			72
73 DRUGS CHARGED TO PATIENTS	0.121983	6,282,403		249,561	766,346		30,442		73
73.02 INPT RENAL DIALYSIS	0.348046	48,133			16,752				73.02
76.97 CARDIAC REHABILITATION	1.533401	74,560			114,330				76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90.01 OPD	0.278411	578,701			161,117				90.01
91 EMERGENCY	0.094460	8,117,229			766,753				91
92 OBSERVATION BEDS	0.375827	2,500,451			939,737				92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		65,005,782	8,303	249,561	10,853,219	3,363	30,442		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		65,005,782	8,303	249,561	10,853,219	3,363	30,442		202

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)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,223,042		2,223,042	32,792	67.79	5,738	388,979 30
31 INTENSIVE CARE UNIT	319,264		319,264	4,572	69.83	992	69,271 31
32 CORONARY CARE UNIT							32
32.02 SURGICAL HEART UNIT	520,169		520,169	2,687	193.59	485	93,891 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	73,152		73,152	2,848	25.69	2,167	55,670 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,135,627		3,135,627	42,899		9,382	607,811 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0080) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
		1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,159,557	65,728,616	0.017642				50
50.01	AMBULATORY PRE/POST OP							50.01
50.02	OP GI LAB	92,188	8,354,698	0.011034				50.02
50.03	WOUND CARE CENTER	74,784	4,171,831	0.017926				50.03
51	RECOVERY ROOM	382,077	16,373,538	0.023335				51
52	DELIVERY ROOM & LABOR ROOM	279,934	7,539,718	0.037128				52
53	ANESTHESIOLOGY	321,332	13,273,816	0.024208				53
54	RADIOLOGY-DIAGNOSTIC	1,311,720	53,530,519	0.024504				54
55	RADIOLOGY-THERAPEUTIC	156,663	3,902,842	0.040141				55
56	RADIOISOTOPE	129,891	4,823,191	0.026931				56
58	MAGNETIC RESONANCE IMAGING (M	258,852	8,460,306	0.030596				58
59	CARDIAC CATHETERIZATION	956,944	30,890,174	0.030979				59
60	LABORATORY	500,232	68,929,886	0.007257				60
62	WHOLE BLOOD & PACKED RED BLOO	85,390	9,127,993	0.009355				62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	171,518	21,918,673	0.007825				65
66	PHYSICAL THERAPY	110,932	5,859,231	0.018933				66
69	ELECTROCARDIOLOGY	205,668	19,337,458	0.010636				69
70	ELECTROENCEPHALOGRAPHY	23,920	555,842	0.043034				70
71	MEDICAL SUPPLIES CHRGD TO PA	175,086	9,340,332	0.018745				71
72	IMPL. DEV. CHARGED TO PATIENT	41,466	20,428,980	0.002030				72
73	DRUGS CHARGED TO PATIENTS	197,504	65,735,979	0.003005				73
73.02	INPT RENAL DIALYSIS	35,737	1,641,556	0.021770				73.02
76.97	CARDIAC REHABILITATION	41,174	222,718	0.184871				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OPD	425,524	6,670,788	0.063789				90.01
91	EMERGENCY	619,089	81,885,441	0.007560				91
92	OBSERVATION BEDS	282,626	8,652,665	0.032663				92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	8,039,808	537,356,791					200

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

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
30 ADULTS & PEDIATRICS					31
31 INTENSIVE CARE UNIT					32
32 CORONARY CARE UNIT					32.02
32.02 SURGICAL HEART UNIT					33
33 BURN INTENSIVE CARE UNIT					34
34 SURGICAL INTENSIVE CARE UNIT					35
35 OTHER SPECIAL CARE (SPECIFY)					40
40 SUBPROVIDER - IPF					41
41 SUBPROVIDER - IRF					42
42 SUBPROVIDER I					43
43 NURSERY					44
44 SKILLED NURSING FACILITY					45
45 NURSING FACILITY					200
200 TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/28/2012 14:56

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	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	32,792		5,738	30
31 INTENSIVE CARE UNIT	4,572		992	31
32 CORONARY CARE UNIT				32
32.02 SURGICAL HEART UNIT	2,687		485	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	2,848		2,167	43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	42,899		9,382	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 PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P 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		575,539		575,539	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		247,390		247,390	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		822,929		822,929	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	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 + COL. 7)	(COL. 6 + COL. 7)	PGM CHARGES	(COL. 8 x COL. 10)	CHARGES	(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	65,728,616						50
50.01 AMBULATORY PRE/POST OP							50.01
50.02 OP GI LAB	8,354,698						50.02
50.03 WOUND CARE CENTER	4,171,831						50.03
51 RECOVERY ROOM	16,373,538						51
52 DELIVERY ROOM & LABOR ROOM	7,539,718						52
53 ANESTHESIOLOGY	13,273,816						53
54 RADIOLOGY-DIAGNOSTIC	53,530,519	0.010752	0.010752				54
55 RADIOLOGY-THERAPEUTIC	3,902,842						55
56 RADIOISOTOPE	4,823,191						56
58 MAGNETIC RESONANCE IMAGING (8,460,306						58
59 CARDIAC CATHETERIZATION	30,890,174						59
60 LABORATORY	68,929,886						60
62 WHOLE BLOOD & PACKED RED BLO	9,127,993						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	21,918,673						65
66 PHYSICAL THERAPY	5,859,231						66
69 ELECTROCARDIOLOGY	19,337,458						69
70 ELECTROENCEPHALOGRAPHY	555,842						70
71 MEDICAL SUPPLIES CHRGD TO P	9,340,332						71
72 IMPL. DEV. CHARGED TO PATIEN	20,428,980						72
73 DRUGS CHARGED TO PATIENTS	65,735,979						73
73.02 INPT RENAL DIALYSIS	1,641,556						73.02
76.97 CARDIAC REHABILITATION	222,718						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OPD	6,670,788						90.01
91 EMERGENCY	81,885,441	0.003021	0.003021				91
92 OBSERVATION BEDS	8,652,665						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	537,356,791						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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.205318						50
50.01 AMBULATORY PRE/POST OP							50.01
50.02 OP GI LAB	0.145673						50.02
50.03 WOUND CARE CENTER	0.221285						50.03
51 RECOVERY ROOM	0.225632						51
52 DELIVERY ROOM & LABOR ROOM	0.371968						52
53 ANESTHESIOLOGY	0.092641						53
54 RADIOLOGY-DIAGNOSTIC	0.146643						54
55 RADIOLOGY-THERAPEUTIC	0.245744						55
56 RADIOISOTOPE	0.179154						56
58 MAGNETIC RESONANCE IMAGING (MRI)	0.104344						58
59 CARDIAC CATHETERIZATION	0.115530						59
60 LABORATORY	0.121992						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.221607						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.100386						65
66 PHYSICAL THERAPY	0.342210						66
69 ELECTROCARDIOLOGY	0.074780						69
70 ELECTROENCEPHALOGRAPHY	0.274099						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.045198						71
72 IMPL. DEV. CHARGED TO PATIENT	0.405060						72
73 DRUGS CHARGED TO PATIENTS	0.121983						73
73.02 INPT RENAL DIALYSIS	0.348046						73.02
76.97 CARDIAC REHABILITATION	1.533401						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OPD	0.278411						90.01
91 EMERGENCY	0.094460						91
92 OBSERVATION BEDS	0.375827						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

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)	32,792	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	32,792	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,085	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,538	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)	14,823	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)	25,578,418	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	25,578,418	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60,725,189	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	33,375,401	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,349,788	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.421216	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	2,212.49	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	2,020.22	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	192.27	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	80.99	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	1,221,734	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	24,356,684	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) 780.02 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 11,562,236 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) 11,562,236 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	6,465,840	4,572	1,414.23	2,385	3,372,939	43
44 CORONARY CARE UNIT						44
44.02 SURGICAL HEART UNIT	4,472,163	2,687	1,664.37	1,265	2,105,428	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)					21,725,421	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					38,766,024	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,416,287 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,937,671 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,353,958 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 35,412,066 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 4,169 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 780.02 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,251,903 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	2,223,042	25,578,418	0.086911	3,251,903	282,626	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

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)	32,792	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	32,792	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,085	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,538	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)	5,738	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)	2,848	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,167	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)	25,578,418	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	25,578,418	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60,725,189	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	33,375,401	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,349,788	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.421216	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	2,212.49	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	2,020.22	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	192.27	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	80.99	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	1,221,734	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	24,356,684	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) 742.76 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,261,957 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) 4,261,957 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,495,851	2,848	525.23	2,167	1,138,173 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,465,840	4,572	1,414.23	992	1,402,916 43
44 CORONARY CARE UNIT					44
44.02 SURGICAL HEART UNIT	4,472,163	2,687	1,664.37	485	807,219 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)					7,610,265 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 607,811 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 607,811 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 4,169 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

	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
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		50,114,604		30
31 INTENSIVE CARE UNIT		8,219,551		31
32.02 SURGICAL HEART UNIT		4,278,490		32.02
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.205318	15,915,987	3,267,839	50
50.01 AMBULATORY PRE/POST OP				50.01
50.02 OP GI LAB	0.145673	1,114,848	162,403	50.02
50.03 WOUND CARE CENTER	0.221285	33,051	7,314	50.03
51 RECOVERY ROOM	0.225632	2,770,245	625,056	51
52 DELIVERY ROOM & LABOR ROOM	0.371968			52
53 ANESTHESIOLOGY	0.092641	2,937,652	272,147	53
54 RADIOLOGY-DIAGNOSTIC	0.146643	11,465,584	1,681,348	54
55 RADIOLOGY-THERAPEUTIC	0.245744	234,346	57,589	55
56 RADIOISOTOPE	0.179154	1,000,263	179,201	56
58 MAGNETIC RESONANCE IMAGING (MRI)	0.104344	1,508,106	157,362	58
59 CARDIAC CATHETERIZATION	0.115530	11,056,246	1,277,328	59
60 LABORATORY	0.121992	22,122,830	2,698,808	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.221607	2,472,765	547,982	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.100386	11,259,567	1,130,303	65
66 PHYSICAL THERAPY	0.342210	1,873,130	641,004	66
69 ELECTROCARDIOLOGY	0.074780	6,238,416	466,509	69
70 ELECTROENCEPHALOGRAPHY	0.274099	129,376	35,462	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.045198	1,563,654	70,674	71
72 IMPL. DEV. CHARGED TO PATIENT	0.405060	8,222,859	3,330,751	72
73 DRUGS CHARGED TO PATIENTS	0.121983	28,366,911	3,460,281	73
73.02 INPT RENAL DIALYSIS	0.348046	925,785	322,216	73.02
76.97 CARDIAC REHABILITATION	1.533401			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OPD	0.278411	1,237	344	90.01
91 EMERGENCY	0.094460	13,686,711	1,292,847	91
92 OBSERVATION BEDS	0.375827	108,169	40,653	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		145,007,738	21,725,421	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		145,007,738		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
32.02 SURGICAL HEART UNIT					32.02
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.205318				50
50.01 AMBULATORY PRE/POST OP					50.01
50.02 OP GI LAB	0.145673				50.02
50.03 WOUND CARE CENTER	0.221285				50.03
51 RECOVERY ROOM	0.225632				51
52 DELIVERY ROOM & LABOR ROOM	0.371968				52
53 ANESTHESIOLOGY	0.092641				53
54 RADIOLOGY-DIAGNOSTIC	0.146643				54
55 RADIOLOGY-THERAPEUTIC	0.245744				55
56 RADIOISOTOPE	0.179154				56
58 MAGNETIC RESONANCE IMAGING (MRI)	0.104344				58
59 CARDIAC CATHETERIZATION	0.115530				59
60 LABORATORY	0.121992				60
62 WHOLE BLOOD & PACKED RED BLOOD	0.221607				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.100386				65
66 PHYSICAL THERAPY	0.342210				66
69 ELECTROCARDIOLOGY	0.074780				69
70 ELECTROENCEPHALOGRAPHY	0.274099				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.045198				71
72 IMPL. DEV. CHARGED TO PATIENT	0.405060				72
73 DRUGS CHARGED TO PATIENTS	0.121983				73
73.02 INPT RENAL DIALYSIS	0.348046				73.02
76.97 CARDIAC REHABILITATION	1.533401				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OPD	0.278411				90.01
91 EMERGENCY	0.094460				91
92 OBSERVATION BEDS	0.375827				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	30,563,758	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	480,197	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	1,370,864	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	187.42	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)	92.64	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.		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)	94.68	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	94.00	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	94.00	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	93.78	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	91.62	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	93.13	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	93.13	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.496905	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.383919	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.383919	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	6,063,363	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)	-0.68	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)	6,063,363	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0708	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2763	31
32	SUM OF LINES 30 AND 31	0.3471	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1785	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	5,455,631	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)	42,562,949	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)	42,562,949	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,489,927	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,833,962	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	27,317	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)	164,626	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	50,078,781	59
60	PRIMARY PAYER PAYMENTS	30,748	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	50,048,033	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)	877,007	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	613,905	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	830,946	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	47,582,206	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)	47,582,206	71
72	INTERIM PAYMENTS	47,807,702	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-225,496	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	574,599	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0080) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		47,423,252		9,251,284	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/20/2012	294,370	04/20/2012	25,267	3.01
	.02 06/29/2012	90,080	06/29/2012	9,140	3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	384,450		34,407	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		47,807,702		9,285,691	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				6.03
	TO .04				6.04
	PROGRAM .05				6.05
	.06				6.06
	.07				6.07
	.08				6.08
	.09				6.09
	PROVIDER .50	NONE		NONE	6.50
	TO .51				6.51
	PROGRAM .52				6.52
	.53				6.53
	.54				6.54
	.55				6.55
	.56				6.56
	.57				6.57
	.58				6.58
	.59				6.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				6.99
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		47,582,206		9,102,750	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0080 SAINT FRANCIS HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/28/2012 14:56

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL (14-0080) CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	8,360	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	18,473	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	906	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	35,882	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	628,089,302	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	3,797,642	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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	7,610,265	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	7,610,265	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7,610,265	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	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))	7,610,265	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) (FOR CAH, SEE INSTRUCTIONS)		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			95.01 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
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 ADJUSTED 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)			94.57 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			94.00 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			94.00 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	58.23	35.77	94.00 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	58.23	35.77	94.00 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	58.23	35.77	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	58.39	35.07	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	49.74	41.50	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	55.45	37.45	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	55.45	37.45	17
18	PER RESIDENT AMOUNT	100,697.62	95,351.77	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	5,583,683	3,570,924	9,154,607 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 UNWEIGHTED 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)			9,154,607 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	18,473	906	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	35,882	35,882	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.514826	0.025249	28
29	PROGRAM DIRECT GME AMOUNT	4,713,030	231,145	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		32,661	30
31	NET PROGRAM DIRECT GME AMOUNT			4,911,514 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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)			38,766,024 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)			38,735,276 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			10,887,024 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			283 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			10,886,741 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			49,622,017 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.780607 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.219393 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,911,514 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,833,962 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,077,552 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 ADJUSTED 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	OTHER 2	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 UNWEIGHTED 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	7,215	1,320	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	35,882	35,882	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.201076	0.036787	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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	502,872			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	73,882,285			4
5	OTHER RECEIVABLES	425,193			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4,207,730			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	913,033			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	79,931,113			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	86,015,907			15
16	ACCUMULATED DEPRECIATION	-58,905,991			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	77,268,053			23
24	ACCUMULATED DEPRECIATION	-56,086,419			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)	57,147,009			30
OTHER ASSETS					
31	INVESTMENTS	94,534,258			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)	94,534,258			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	231,612,380			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	146,577			37
38	SALARIES, WAGES & FEES PAYABLE	9,898			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	17,636,201			43
44	OTHER CURRENT LIABILITIES	14,402,131			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	32,194,807			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	43,832,976			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	43,832,976			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	76,027,783			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	155,584,597			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)	155,584,597			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	231,612,380			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		146,525,987							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		9,058,610							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		155,584,597							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFER FROM AFFILIATES									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		155,584,597							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)		155,584,597							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	111,534,394		111,534,394	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				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)	111,534,394		111,534,394	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	16,399,324		16,399,324	11
12 CORONARY CARE UNIT				12
12.02 SURGICAL HEART UNIT	9,322,367		9,322,367	12.02
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	25,721,691		25,721,691	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	137,256,085		137,256,085	17
18 ANCILLARY SERVICES	245,917,206	245,917,206	491,834,412	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	383,173,291	245,917,206	629,090,497	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		145,601,442	29
30 ADD (SPECIFY)			30
31 BAD DEBTS			31
32 AUDIT ADJUST: ACCRUED BONUSES			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38 CHILD CARE CENTER EXPENSES			38
39 GIFT SHOP			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		145,601,442	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	629,090,497	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	483,790,849	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	145,299,648	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	145,601,442	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-301,794	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	374,328	6
7	INCOME FROM INVESTMENTS	5,243,249	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	12,086	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	7,523	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	12,685	21
22	RENTAL OF HOSPITAL SPACE	59,209	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (DAY CARE REVENUE)	1,539,494	24
24.02	OTHER (GRANTS)	68,973	24.02
24.03	OTHER (CORPORATE OVERHEAD RECOVERY)	50,000	24.03
24.04	OTHER (MISCELLANEOUS REVENUE)	89,750	24.04
24.05	OTHER (REFERENCE LAB)	47,306	24.05
24.06	OTHER (COMMUNITY HEALTH CENTER RENTAL)	106,261	24.06
24.07	OTHER (INTEREST-3RD PARTY PAYMENTS)		24.07
24.08	OTHER (EMS REVENUE)	181,701	24.08
24.09	OTHER (MEDICAID EHR REVENUE)	322,565	24.09
24.10	OTHER (BLUE CROSS INCOME)	489,840	24.10
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	9,360,404	25
26	TOTAL (LINE 5 PLUS LINE 25)	9,058,610	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	9,058,610	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

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	2,474,785	1
2	CAPITAL DRG OUTLIER PAYMENTS	74,229	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	98.04	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	93.13	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.3074	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	760,749	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0708	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2763	8
9	SUM OF LINES 7 AND 8	0.3471	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0728	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	180,164	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,489,927	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- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
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						23
23.01						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30						30
31						31
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						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						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						
113						113
118						118
NONREIMBURSABLE COST CENTERS						
190						190
190.01						190.01

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
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						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