

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0126	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 21:30

PART I - 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 BY 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: ST. ANTHONY MEDICAL CENTER 15-0126 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

*[Signature]*  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
Regional CEO  
TITLE  
05/29/2009  
DATE

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ECR ENCRYPTION INFORMATION  
DATE: 5/28/2009 TIME 21:30

:0SNsz5wxT7KnnKaGxkqdhUhdFZTH0  
B:50mOpOHQrFumeuQroQppDChmHcsz  
3OKKImQ5yL0b:QBP

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PI ENCRYPTION INFORMATION  
DATE: 5/28/2009 TIME 21:30

ILjG3AqQH0ief8i:H9PjzNy7:BTps0  
Xk:Tw0rx1Dsob4Qkk6whPK5kntFQIJ  
8t557c5mhw00eUKT

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1 HOSPITAL	0		325,482		206,074	0
2 SUBPROVIDER	0		-19,180		0	0
100 TOTAL	0		306,302		206,074	0

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 662 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: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 1201 SOUTH MAIN STREET  
 CITY: CROWN POINT

P.O. BOX:  
 STATE: IN ZIP CODE: 46307-8483 COUNTY: LAKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	ST. ANTHONY MEDICAL CENTER	15-0126		12/31/1973	4	5	6
03.00 SUBPROVIDER	ST. ANTHONY REHAB UNIT	15-T126		6/30/1985	N	P	O
					N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008 1 2  
 18 TYPE OF CONTROL 1

TYPE OF HOSPITAL/SUBPROVIDER  
 19 HOSPITAL 1  
 20 SUBPROVIDER 5

OTHER INFORMATION  
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.  
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N  
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).  
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974  
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1  
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1  
 22 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N  
 23 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N  
 23.01 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. // // // //  
 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. // // // //  
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. // // // //  
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. // // // //  
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. // // // //  
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. // // // //  
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. // // // //  
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. // // // //  
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) // //  
 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). // //  
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y  
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y  
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y  
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-2, PART I. N  
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-9. N  
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N  
 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.  
 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. BEGINNING: / / ENDING: / /  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.  
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4  
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000  
 0.00 0  
 A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)  
 28.03 STAFFING % Y/N  
 28.04 RECRUITMENT 0.00%  
 28.05 RETENTION 0.00%  
 28.06 TRAINING 0.00%  
 28.07 0.00%  
 28.08 0.00%  
 28.09 0.00%  
 28.10 0.00%  
 28.11 0.00%  
 28.12 0.00%  
 28.13 0.00%  
 28.14 0.00%  
 28.15 0.00%  
 28.16 0.00%  
 28.17 0.00%  
 29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N  
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N  
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70  
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N  
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N  
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N  
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 MISCELLANEOUS COST REPORT INFORMATION  
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N  
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N  
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N  
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 36.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 36.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 36.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 36.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 V XVIII XIX  
 1 2 3  
 N Y N  
 PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

7 WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N  
 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?  
 XIX INPATIENT SERVICES Y  
 18 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. Y 158014  
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE FI/CONTRACTOR #  
 40.01 NAME: SISTERS OF ST FRANCIS HEALTH SERVICE FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES  
 40.02 STREET: 1515 DRAGON TRAIL P.O. BOX:  
 40.03 CITY: MISHAWAKA STATE: IN ZIP CODE: 46546- Y  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N 00/00/0000  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
47.00 HOSPITAL	1	2	3	4	5
48.00 SUBPROVIDER	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 1,514,084  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N  
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0  
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0  
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.  
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y  
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N  
 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 4/30/2009

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS 5	TOTAL TITLE XIX 5
ADULTS & PEDIATRICS	196	74,520			26,244			3,626
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	196	74,520			26,244			3,626
6 INTENSIVE CARE UNIT	22	8,052			1,954			275
6 01 NEURO INTENSIVE								
7 CORONARY CARE UNIT								
11 NURSERY								726
12 TOTAL	218	82,572			28,198			4,627
13 RPCH VISITS								
14 SUBPROVIDER	20	7,320			1,971			16
20 AMBULATORY SURGICAL CENTER (								
25 TOTAL	238							
26 OBSERVATION BED DAYS								302
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	RES. FTES / LESS I&R REPL NON-PHYS ANES 8
ADULTS & PEDIATRICS	5.01	5.02	42,795	6.01	6.02	7	8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			42,795				
6 INTENSIVE CARE UNIT			3,591				
6 01 NEURO INTENSIVE							
7 CORONARY CARE UNIT							
11 NURSERY			2,894				
12 TOTAL			49,280			1.88	
13 RPCH VISITS							
14 SUBPROVIDER			2,653				
20 AMBULATORY SURGICAL CENTER (							
25 TOTAL						1.88	
26 OBSERVATION BED DAYS	12	290	3,043	365	2,678		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	EMPLOYEES ON PAYROLL 10	FULL TIME EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
ADULTS & PEDIATRICS					5,192	1,295	11,988
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 NEURO INTENSIVE							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	1.88	1,092.93			5,192	1,295	11,988
13 RPCH VISITS							
14 SUBPROVIDER		14.79			185	2	238
20 AMBULATORY SURGICAL CENTER (							
25 TOTAL	1.88	1,107.72					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET S-3  
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1	TOTAL SALARY					
2	67,654,538		67,654,538	2,655,184.00	25.48	
NON-PHYSICIAN ANESTHETIST						
PART A						
3	NON-PHYSICIAN ANESTHETIST					
PART B						
4	PHYSICIAN - PART A	220,632	220,632	1,375.00	160.46	
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
5	PHYSICIAN - PART B	2,568,731	2,568,731	16,003.00	160.52	
5.01	NON-PHYSICIAN - PART B					
INTERNS & RESIDENTS (APPRVD)						
6	6.01 CONTRACT SERVICES, I&R	163,274	163,274	3,925.00	41.60	
7	HOME OFFICE PERSONNEL					
8	SNF					
8.01	EXCLUDED AREA SALARIES	14,857,329	80,330	14,937,659	503,391.00	29.67
OTHER WAGES & RELATED COSTS						
CONTRACT LABOR:						
9	9.01 PHARMACY SERVICES UNDER CONTRACT	1,367,936		1,367,936	44,241.85	30.92
9.02	LABORATORY SERVICES UNDER CONTRACT					
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT					
10	CONTRACT LABOR: PHYS PART A	412,375	412,375	2,860.00	144.19	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)					
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	6,311,080	6,311,080	129,513.00	48.73	
12	HOME OFFICE: PHYS PART A					
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	14,082,705	14,082,705			CMS 339
14	WAGE-RELATED COSTS (OTHER)					CMS 339
EXCLUDED AREAS						
	3,682,363		3,682,363			CMS 339
NON-PHYS ANESTHETIST PART A						
NON-PHYS ANESTHETIST PART B						
18	PHYSICIAN PART A	31,277	31,277			CMS 339
18.01	PART A TEACHING PHYSICIANS					CMS 339
19	PHYSICIAN PART B	364,144	364,144			CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)					CMS 339
20	INTERNS & RESIDENTS (APPRVD)					CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	1,582,182	-334,140	1,248,042	31,912.71	39.11
22	ADMINISTRATIVE & GENERAL	3,213,488	54,917	3,268,405	167,990.02	19.46
22.01	A & G UNDER CONTRACT	28,369		28,369	1,376.45	20.61
23	MAINTENANCE & REPAIRS	576,698	2,880	579,578	24,897.44	23.28
24	OPERATION OF PLANT	971,997	-11,202	960,795	42,056.21	22.85
25	LAUNDRY & LINEN SERVICE	310,313	4,040	314,353	29,048.45	10.82
26	HOUSEKEEPING	1,194,288	13,380	1,207,668	106,850.24	11.30
26.01	HOUSEKEEPING UNDER CONTRACT					
27	DIETARY	1,428,624	-875,736	552,888	110,735.31	4.99
27.01	DIETARY UNDER CONTRACT					
28	CAFETERIA		884,176	884,176	110,735.31	7.98
29	MAINTENANCE OF PERSONNEL					
30	NURSING ADMINISTRATION	2,036,474	8,420	2,044,894	53,844.05	37.98
31	CENTRAL SERVICE AND SUPPLY				49,230.59	
32	PHARMACY		7,840	7,840	45,534.80	.17
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,456,801	8,280	1,465,081	77,347.60	18.94
34	SOCIAL SERVICE	859,832	5,080	864,912	28,602.28	30.24
35	OTHER GENERAL SERVICE					

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	64,950,902		64,950,902	2,636,632.45	24.63
2	EXCLUDED AREA SALARIES	14,857,329	80,330	14,937,659	503,391.00	29.67
3	SUBTOTAL SALARIES	50,093,573	-80,330	50,013,243	2,133,241.45	23.44
4	SUBTOTAL OTHER WAGES & RELATED COSTS	8,091,391		8,091,391	176,614.85	45.81
5	SUBTOTAL WAGE-RELATED COSTS	14,113,982		14,113,982		28.22
6	TOTAL	72,298,946	-80,330	72,218,616	2,309,856.30	31.27
7	NET SALARIES					
EXCLUDED AREA SALARIES						
SUBTOTAL SALARIES						
SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS					
12	TOTAL					
13	TOTAL OVERHEAD COSTS	13,659,066	-232,065	13,427,001	880,161.46	15.26

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	17,474,161
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	287,683
21	NON-RESTRICTED GRANTS	80,093
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	17,841,937
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	3,717,055
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.361094
	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	1,342,206
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	17,474,161

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0126 I FROM 1/ 1/2008 I WORKSHEET S-10  
I I TO 12/31/2008 I  
I I I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	6,309,815
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,025,279
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,425,538
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	7,652,021

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0126  
I

I PERIOD: I PREPARED 5/28/2009  
I FROM 1/ 1/2008 I WORKSHEET A  
I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
0100	OLD CAP REL COSTS-BLDG & FIXT		12,561,504	12,561,504	-9,101,846	3,459,658
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				20,469	20,469
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7,327,749	7,327,749
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,240,722	5,240,722
5	0500 EMPLOYEE BENEFITS	1,582,182	18,424,704	20,006,886	-179,986	19,826,900
6	0600 ADMINISTRATIVE & GENERAL	3,213,488	16,923,558	20,137,046	1,493,765	21,630,811
7	0700 MAINTENANCE & REPAIRS	576,698	906,197	1,482,895	2,880	1,485,775
8	0800 OPERATION OF PLANT	971,997	3,968,479	4,940,476	-12,515	4,927,961
8.01	0801 OPERATION OF PLANT FP		89,047	89,047		89,047
9	0900 LAUNDRY & LINEN SERVICE	310,313	196,065	506,378	4,040	510,418
10	1000 HOUSEKEEPING	1,194,288	244,901	1,439,189	13,380	1,452,569
10.01	1001 HOUSEKEEPING FP		12,079	12,079		12,079
11	1100 DIETARY	1,428,624	1,291,467	2,720,091	-1,614,507	1,105,584
12	1200 CAFETERIA				1,622,947	1,622,947
14	1400 NURSING ADMINISTRATION	2,036,474	90,715	2,127,189	8,420	2,135,609
15	1500 CENTRAL SERVICES & SUPPLY				10,713,990	10,713,990
16	1600 PHARMACY				7,840	7,840
17	1700 MEDICAL RECORDS & LIBRARY	1,456,801	973,016	2,429,817	8,280	2,438,097
18	1800 SOCIAL SERVICE	859,832	321,640	1,181,472	5,080	1,186,552
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				163,274	163,274
24	2400 PARAMED ED PRGM	146,275	129,448	275,723	734	276,457
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	14,589,812	1,324,943	15,914,755	-805,872	15,108,883
26.01	2601 INTENSIVE CARE UNIT	2,577,811	249,975	2,827,786	-19,352	2,808,434
27	2700 NEURO INTENSIVE					
31	3100 CORONARY CARE UNIT					
33	3300 SUBPROVIDER	1,072,136	143,060	1,215,196	2,967	1,218,163
	ANCILLARY SRVC COST CNTRS		-12,976	-12,976	765,522	752,546
37	3700 OPERATING ROOM	2,809,496	9,213,577	12,023,073	-7,059,938	4,963,135
38	3800 RECOVERY ROOM	1,362,819	194,392	1,557,211	-105,784	1,451,427
39	3900 DELIVERY ROOM & LABOR ROOM	127,029	7,116	134,145	-228	133,917
40	4000 ANESTHESIOLOGY		1,108,487	1,108,487	-56,741	1,051,746
41	4100 RADIOLOGY-DIAGNOSTIC	4,102,563	5,023,887	9,126,450	-90,614	9,035,836
41.01	4101 RADIOLOGY-FRANCISCAN POINT	119,594	129,373	248,967	-413	248,554
41.02	4102 RADIOLOGY-ST JOHN	72,692	30,180	102,872	-666	102,206
42	4200 RADIOLOGY-THERAPEUTIC					
42.01	4201 CATH LAB/EPS	611,216	3,662,262	4,273,478	-2,663,776	1,609,702
42.02	4202 NON INVASIVE LAB	347,092	94,385	441,477	-504	440,973
43	4203 NEURO DIAGNOSTIC	183,243	331,310	514,553	-18	514,535
44	4204 NEURO DIAGNOSTIC -FRANSICAN POINT					
44	4400 LABORATORY		6,686,654	6,686,654		6,686,654
49	4900 RESPIRATORY THERAPY	978,218	202,685	1,180,903	-3,294	1,177,609
50	5000 PHYSICAL THERAPY	1,067,847	108,424	1,176,271	-56,748	1,119,523
50.01	5001 PHYSICAL THERAPY -FRANSICAN POINT	192,359	7,695	200,054	-3,656	196,398
51	5100 OCCUPATIONAL THERAPY	348,542	5,930	354,472	-1,422	353,050
51.01	5101 OCCUPATIONAL THERAPY -FR POINT	26,024	284	26,308	-284	26,024
52	5200 SPEECH PATHOLOGY	226,093	4,747	230,840	-1,882	228,958
52.01	5201 REHAB PSYCHOLOGY	23,396	12,072	35,468	-950	34,518
53	5300 ELECTROCARDIOLOGY	396,464	36,258	432,722	1,604	434,326
53.01	5301 ELECTROCARDIOLOGY -FR POINT		354	354		354
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	704,621	872,783	1,577,404	-116,216	1,461,188
56	5600 DRUGS CHARGED TO PATIENTS	1,329,576	6,418,429	7,748,005	-1,079	7,746,926
57	5700 RENAL DIALYSIS		401,201	401,201	-356	400,845
59	3950 RADIATION THERAPY	403,207	398,856	802,063	-29,307	772,756
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	346,658	59,788	406,446	-3,055	403,391
60.01	6001 DIABETES CLINIC	45,551	2,640	48,191	255	48,446
60.02	6002 OUTPATIENT CLINIC	333,511	198,654	532,165	-143,707	388,458
60.03	6003 OCC MED CLINIC	100,681	311,244	411,925	-2,680	409,245
61	6100 EMERGENCY	5,740,397	690,824	6,431,221	-212,635	6,218,586
61.01	6101 EXPRESS CARE - FP					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		3,034,610	3,034,610	-5,154,511	-2,119,901
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)	4,252	198	4,450	62,342	66,792
95	SUBTOTALS	54,019,872	97,087,121	151,106,993	21,718	151,128,711
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	12,098,849	3,458,045	15,556,894	69,075	15,625,969
100	7950 CONVENT					
100.01	7951 TRI-CREEK					
100.02	7952 PHYSICIAN TIME SHARE	102,054	5,673	107,727	39,106	146,833
100.03	7953 VALPARASIO ADMINISTRATION	6,155	285,886	292,041	-139,659	152,382
100.04	7954 URGENT CARE	82,106	38,003	120,109		120,109
100.05	7955 ST. ANTHONY HEALTH NETWORK	298,229	74,041	372,270	2,380	374,650
100.06	7956 MEDICAL OFFICE BUILDINGS		1,526,912	1,526,912		1,526,912
100.07	7957 FHC	1,047,273	695,867	1,743,140	7,380	1,750,520
	TOTAL	67,654,538	103,171,548	170,826,086	-0-	170,826,086

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 15-0126  
II PERIOD:  
I FROM 1/ 1/2008 I PREPARED 5/28/2009  
I TO 12/31/2008 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
0100	OLD CAP REL COSTS-BLDG & FIXT	-918,057	2,541,601
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	68,408	88,877
3 0300	NEW CAP REL COSTS-BLDG & FIXT	1,455,053	8,782,802
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	14,426	5,255,148
5 0500	EMPLOYEE BENEFITS	-745,015	19,081,885
6 0600	ADMINISTRATIVE & GENERAL	-2,741,101	18,889,710
7 0700	MAINTENANCE & REPAIRS		1,485,775
8 0800	OPERATION OF PLANT	-278,722	4,649,239
8.01 0801	OPERATION OF PLANT FP		89,047
9 0900	LAUNDRY & LINEN SERVICE	-253,986	256,432
10 1000	HOUSEKEEPING	-16,459	1,436,110
10.01 1001	HOUSEKEEPING FP		12,079
11 1100	DIETARY		1,105,584
12 1200	CAFETERIA	-1,026,763	596,184
14 1400	NURSING ADMINISTRATION	-6,847	2,128,762
15 1500	CENTRAL SERVICES & SUPPLY	-62,306	10,651,684
16 1600	PHARMACY	189,320	197,160
17 1700	MEDICAL RECORDS & LIBRARY	-32,530	2,405,567
18 1800	SOCIAL SERVICE		1,186,552
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		163,274
24 2400	PARAMED ED PRGM	-125,950	150,507
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		15,108,883
26 2600	INTENSIVE CARE UNIT		2,808,434
26.01 2601	NEURO INTENSIVE		
27 2700	CORONARY CARE UNIT		
31 3100	SUBPROVIDER	-675	1,217,488
33 3300	NURSERY		752,546
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-1,112	4,962,023
38 3800	RECOVERY ROOM		1,451,427
39 3900	DELIVERY ROOM & LABOR ROOM	-77,157	56,760
40 4000	ANESTHESIOLOGY	-839,077	212,669
41 4100	RADIOLOGY-DIAGNOSTIC	-5,078	9,030,758
41.01 4101	RADIOLOGY-FRANCISCAN POINT		248,554
41.02 4102	RADIOLOGY-ST JOHN		102,206
42 4200	RADIOLOGY-THERAPEUTIC		
42.01 4201	CATH LAB/EPS	-18,105	1,591,597
02 4202	NON INVASIVE LAB	-8,668	432,305
03 4203	NEURO DIAGNOSTIC		514,535
04 4204	NEURO DIAGNOSTIC -FRANSICAN POINT		
44 4400	LABORATORY		6,686,654
49 4900	RESPIRATORY THERAPY	-9,014	1,168,595
50 5000	PHYSICAL THERAPY		1,119,523
50.01 5001	PHYSICAL THERAPY -FRANSICAN POINT		196,398
51 5100	OCCUPATIONAL THERAPY		353,050
51.01 5101	OCCUPATIONAL THERAPY -FR POINT		26,024
52 5200	SPEECH PATHOLOGY		228,958
52.01 5201	REHAB PSYCHOLOGY		34,518
53 5300	ELECTROCARDIOLOGY	-61,942	372,384
53.01 5301	ELECTROCARDIOLOGY -FR POINT		354
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,461,188
56 5600	DRUGS CHARGED TO PATIENTS		7,746,926
57 5700	RENAL DIALYSIS		400,845
59 3950	RADIATION THERAPY	-10,662	762,094
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-79,093	324,298
60.01 6001	DIABETES CLINIC		48,446
60.02 6002	OUTPATIENT CLINIC		388,458
60.03 6003	OCC MED CLINIC	-3,760	405,485
61 6100	EMERGENCY	-2,702,644	3,515,942
61.01 6101	EXPRESS CARE - FP		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	2,119,901	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
92 9200	AMBULATORY SURGICAL CENTER (D.P.)	40,141	106,933
95	SUBTOTALS	-6,137,474	144,991,237
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		15,625,969
100 7950	CONVENT		
100.01 7951	TRI-CREEK		
100.02 7952	PHYSICIAN TIME SHARE	68,287	215,120
100.03 7953	VALPARASIO ADMINISTRATION		152,382
100.04 7954	URGENT CARE		120,109
100.05 7955	ST. ANTHONY HEALTH NETWORK		374,650
06 7956	MEDICAL OFFICE BUILDINGS		1,526,912
07 7957	FHC		1,750,520
	TOTAL	-6,069,187	164,756,899

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
	OLD CAP REL COSTS-MVBLE EQUIP	0200	
	NEW CAP REL COSTS-BLDG & FIXT	0300	
	NEW CAP REL COSTS-MVBLE EQUIP	0400	
	EMPLOYEE BENEFITS	0500	
	ADMINISTRATIVE & GENERAL	0600	
	MAINTENANCE & REPAIRS	0700	
	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT FP	0801	OPERATION OF PLANT
	LAUNDRY & LINEN SERVICE	0900	
	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING FP	1001	HOUSEKEEPING
	DIETARY	1100	
	CAFETERIA	1200	
	NURSING ADMINISTRATION	1400	
	CENTRAL SERVICES & SUPPLY	1500	
	PHARMACY	1600	
	MEDICAL RECORDS & LIBRARY	1700	
	SOCIAL SERVICE	1800	
	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	INTENSIVE CARE UNIT	2600	
26.01	NEURO INTENSIVE	2601	INTENSIVE CARE UNIT
	CORONARY CARE UNIT	2700	
	SUBPROVIDER	3100	
	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
	RECOVERY ROOM	3800	
	DELIVERY ROOM & LABOR ROOM	3900	
	ANESTHESIOLOGY	4000	
	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY-FRANCISCAN POINT	4101	RADIOLOGY-DIAGNOSTIC
41.02	RADIOLOGY-ST JOHN	4102	RADIOLOGY-DIAGNOSTIC
	RADIOLOGY-THERAPEUTIC	4200	
42.01	CATH LAB/EPS	4201	RADIOLOGY-THERAPEUTIC
42.02	NON INVASIVE LAB	4202	RADIOLOGY-THERAPEUTIC
43.03	NEURO DIAGNOSTIC	4203	RADIOLOGY-THERAPEUTIC
44.04	NEURO DIAGNOSTIC -FRANSICAN POINT	4204	RADIOLOGY-THERAPEUTIC
	LABORATORY	4400	
	RESPIRATORY THERAPY	4900	
	PHYSICAL THERAPY	5000	
50.01	PHYSICAL THERAPY -FRANSICAN POINT	5001	PHYSICAL THERAPY
	OCCUPATIONAL THERAPY	5100	
51.01	OCCUPATIONAL THERAPY -FR POINT	5101	OCCUPATIONAL THERAPY
	SPEECH PATHOLOGY	5200	
52.01	REHAB PSYCHOLOGY	5201	SPEECH PATHOLOGY
	ELECTROCARDIOLOGY	5300	
53.01	ELECTROCARDIOLOGY -FR POINT	5301	ELECTROCARDIOLOGY
	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
	DRUGS CHARGED TO PATIENTS	5600	
	RENAL DIALYSIS	5700	
	RADIATION THERAPY	3950	
	OUTPAT SERVICE COST		OTHER ANCILLARY SERVICE COST CENTERS
60	CLINIC	6000	
60.01	DIABETES CLINIC	6001	CLINIC
60.02	OUTPATIENT CLINIC	6002	CLINIC
60.03	OCC MED CLINIC	6003	CLINIC
	EMERGENCY	6100	
61.01	EXPRESS CARE - FP	6101	EMERGENCY
	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS		
	NONREIMBURS COST CEN		OLD CAP REL COSTS-BLDG & FIXT
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	CONVENT	7950	
100.01	TRI-CREEK	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PHYSICIAN TIME SHARE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	VALPARASIO ADMINISTRATION	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	URGENT CARE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	ST. ANTHONY HEALTH NETWORK	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	MEDICAL OFFICE BUILDINGS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	FHC	7957	OTHER NONREIMBURSABLE COST CENTERS
	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 150126	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE			
	CODE (1) COST CENTER	LINE NO	SALARY	OTHER
1 CAFETERIA	A CAFETERIA	12	884,176	738,771
2 CENTRAL SUPPLY	B ADMINISTRATIVE & GENERAL	6	27,357	88,859
3 VALPO	C RADIOLOGY-DIAGNOSTIC	41	4,932	34,839
4	AMBULATORY SURGICAL CENTER (D.P.)	92	119	62,123
5	PHYSICIAN TIME SHARE	100.02	1,104	36,542
6 SECURITY	D PHYSICIANS' PRIVATE OFFICES	98	14,822	1,313
7 DEPRECIATION	E OLD CAP REL COSTS-MVBLE EQUIP	2		3,444
8	NEW CAP REL COSTS-BLDG & FIXT	3		4,197,173
9	NEW CAP REL COSTS-MVBLE EQUIP	4		5,202,527
10 INTEREST	F OLD CAP REL COSTS-BLDG & FIXT	1		2,080,601
11	NEW CAP REL COSTS-BLDG & FIXT	3		3,073,910
12 CHARGEABLE SUPPLIES	H CENTRAL SERVICES & SUPPLY	15		10,713,990
13				
14				
15				
16				
17				
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32				
33				
34				
35				

EXPLANATION OF RECLASSIFICATION	CODE	LINE NO	SALARY	OTHER
4				
5				
6				
7 PROPERTY INSURANCE	I OLD CAP REL COSTS-MVBLE EQUIP	2		17,025
8	NEW CAP REL COSTS-BLDG & FIXT	3		56,666
9	NEW CAP REL COSTS-MVBLE EQUIP	4		38,195
10 INTERNS & RESIDENTS	J I&R SERVICES-SALARY & FRINGES APPRVD	22		163,274
11 INSURANCE	K EMPLOYEE BENEFITS	5		47,603
12	EMPLOYEE BENEFITS	5		106,551
13	ADMINISTRATIVE & GENERAL	6		1,514,084
14	ADMINISTRATIVE & GENERAL	6		105,730
15 NURSERY	L NURSERY	33	702,011	63,511
16 WELLNESS	M EMPLOYEE BENEFITS	5	5,720	
17	ADMINISTRATIVE & GENERAL	6	27,560	
18	MAINTENANCE & REPAIRS	7	2,880	
19	OPERATION OF PLANT	8	3,620	
20	LAUNDRY & LINEN SERVICE	9	4,040	
21	HOUSEKEEPING	10	13,380	
22	DIETARY	11	8,440	
23	NURSING ADMINISTRATION	14	8,420	
24	PHARMACY	16	7,840	
25	MEDICAL RECORDS & LIBRARY	17	8,280	
26	SOCIAL SERVICE	18	5,080	
27	PARAMED ED PRGM	24	840	
28	ADULTS & PEDIATRICS	25	66,225	
29	INTENSIVE CARE UNIT	26	11,815	
30	SUBPROVIDER	31	5,340	
31	OPERATING ROOM	37	17,740	
32	RECOVERY ROOM	38	4,840	
33	RADIOLOGY-DIAGNOSTIC	41	26,940	
34	RADIOLOGY-FRANCISCAN POINT	41.01	140	
35	RADIOLOGY-ST JOHN	41.02	340	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150126	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	
	1	2	3	4	OTHER 5
1 WELLNESS	M	CATH LAB/EPS	42.01	2,340	
2		NON INVASIVE LAB	42.02	2,400	
3		RESPIRATORY THERAPY	49	6,980	
4		PHYSICAL THERAPY	50	6,540	
5		PHYSICAL THERAPY -FRANSICAN POINT	50.01	740	
6		OCCUPATIONAL THERAPY	51	1,580	
7		SPEECH PATHOLOGY	52	1,260	
8		ELECTROCARDIOLOGY	53	1,620	
9		RADIATION THERAPY	59	2,400	
10		CLINIC	60	2,200	
11		DIABETES CLINIC	60.01	400	
12		OUTPATIENT CLINIC	60.02	1,440	
13		OCC MED CLINIC	60.03	480	
14		EMERGENCY	61	15,740	
15		AMBULATORY SURGICAL CENTER (D.P.)	92	100	
16		PHYSICIANS' PRIVATE OFFICES	98	52,940	
17		PHYSICIAN TIME SHARE	100.02	1,460	
18		ST. ANTHONY HEALTH NETWORK	100.05	2,380	
19		FHC	100.07	7,380	
36 TOTAL RECLASSIFICATIONS				1,974,381	28,346,731

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 150126	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	DECREASE		A-7 REF
			SALARY	OTHER	
1 CAFETERIA	A	11	884,176	738,771	
2 CENTRAL SUPPLY	B	55	27,357	88,859	
3 VALPO	C	100.03	6,155	133,504	
4					
5					
6 SECURITY	D	8	14,822	1,313	
7 DEPRECIATION	E	1		9,403,144	9
8					9
9					9
10 INTEREST	F	88		5,154,511	11
11 CHARGEABLE SUPPLIES	H	24		106	11
12		25		106,575	
13		26		31,167	
14		31		2,373	
15		37		7,077,678	
16		38		110,624	
17		39		228	
18		40		56,741	
19		41		157,325	
20		41.01		553	
21		41.02		1,006	
22		42.01		2,666,116	
23		42.02		2,904	
24		42.03		18	
25		49		10,274	
26		50		63,288	
27		50.01		4,396	
28		51		3,002	
29		51.01		284	
30		52		3,142	
31		52.01		950	
32		53		16	
33		56		1,079	
34		57		356	
35					
4	H	59		31,707	
5		60		5,255	
6		60.01		145	
7		60.02		145,147	
8		60.03		3,160	
9		61		228,375	
10	I	1		111,886	14
11					14
12	J	6		163,274	14
13	K	1		1,667,417	
14		6		106,551	14
15	L	25	702,011	63,511	
16	M	5	339,860		
17					
18					
19					
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21					
22					
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33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO: 150126	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF 10
	CODE (1) COST CENTER	6	LINE NO 7	SALARY 8	
1 WELLNESS	M				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
36 TOTAL RECLASSIFICATIONS			1,974,381	28,346,731	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 150126  
 PERIOD: FROM 1/ 1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET A-6  
 NOT A CMS WORKSHEET

RECLASS CODE: A  
 EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,622,947
TOTAL RECLASSIFICATIONS FOR CODE A			1,622,947

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,622,947	
		1,622,947	

RECLASS CODE: B  
 EXPLANATION : CENTRAL SUPPLY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	116,216
TOTAL RECLASSIFICATIONS FOR CODE B			116,216

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	116,216	
		116,216	

RECLASS CODE: C  
 EXPLANATION : VALPO

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	39,771
2.00	AMBULATORY SURGICAL CENTER (D.	92	62,242
3.00	PHYSICIAN TIME SHARE	100.02	37,646
TOTAL RECLASSIFICATIONS FOR CODE C			139,659

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
VALPARASIO ADMINISTRATION	100.03	139,659	
		0	
		0	
		139,659	

RECLASS CODE: D  
 EXPLANATION : SECURITY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	16,135
TOTAL RECLASSIFICATIONS FOR CODE D			16,135

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	16,135	
		16,135	

RECLASS CODE: E  
 EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	3,444
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,197,173
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,202,527
TOTAL RECLASSIFICATIONS FOR CODE E			9,403,144

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	9,403,144	
		0	
		0	
		9,403,144	

RECLASS CODE: F  
 EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	2,080,601
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,073,910
TOTAL RECLASSIFICATIONS FOR CODE F			5,154,511

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	5,154,511	
		0	
		5,154,511	

RECLASS CODE: H  
 EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	10,713,990
2.00			0
3.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PARAMED ED PRGM	24	106	
ADULTS & PEDIATRICS	25	106,575	
INTENSIVE CARE UNIT	26	31,167	
SUBPROVIDER	31	2,373	
OPERATING ROOM	37	7,077,678	
RECOVERY ROOM	38	110,624	
DELIVERY ROOM & LABOR ROOM	39	228	
ANESTHESIOLOGY	40	56,741	
RADIOLOGY-DIAGNOSTIC	41	157,325	
RADIOLOGY-FRANCISCAN POINT	41.01	553	
RADIOLOGY-ST JOHN	41.02	1,006	
CATH LAB/EPS	42.01	2,666,116	
NON INVASIVE LAB	42.02	2,904	
NEURO DIAGNOSTIC	42.03	18	
RESPIRATORY THERAPY	49	10,274	
PHYSICAL THERAPY	50	63,288	



RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150126	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: M  
 EXPLANATION : WELLNESS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
13.00	ADULTS & PEDIATRICS	25	66,225
14.00	INTENSIVE CARE UNIT	26	11,815
15.00	SUBPROVIDER	31	5,340
16.00	OPERATING ROOM	37	17,740
17.00	RECOVERY ROOM	38	4,840
18.00	RADIOLOGY-DIAGNOSTIC	41	26,940
19.00	RADIOLOGY-FRANCISCAN POINT	41.01	140
20.00	RADIOLOGY-ST JOHN	41.02	340
21.00	CATH LAB/EPS	42.01	2,340
22.00	NON INVASIVE LAB	42.02	2,400
23.00	RESPIRATORY THERAPY	49	6,980
24.00	PHYSICAL THERAPY	50	6,540
25.00	PHYSICAL THERAPY -FRANSICAN PO	50.01	740
26.00	OCCUPATIONAL THERAPY	51	1,580
27.00	SPEECH PATHOLOGY	52	1,260
28.00	ELECTROCARDIOLOGY	53	1,620
29.00	RADIATION THERAPY	59	2,400
30.00	CLINIC	60	2,200
31.00	DIABETES CLINIC	60.01	400
32.00	OUTPATIENT CLINIC	60.02	1,440
33.00	OCC MED CLINIC	60.03	480
34.00	EMERGENCY	61	15,740
35.00	AMBULATORY SURGICAL CENTER (D.	92	100
36.00	PHYSICIANS' PRIVATE OFFICES	98	52,940
37.00	PHYSICIAN TIME SHARE	100.02	1,460
38.00	ST. ANTHONY HEALTH NETWORK	100.05	2,380
39.00	FHC	100.07	7,380
TOTAL RECLASSIFICATIONS FOR CODE M			339,860

339,860

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,104,761					1,104,761	
2	LAND IMPROVEMENTS	3,066,224				537,198	2,529,026	
3	BUILDINGS & FIXTURE	69,020,631					69,020,631	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	756,896					756,896	
6	MOVABLE EQUIPMENT	22,823,006					22,823,006	
7	SUBTOTAL	96,771,518				537,198	96,234,320	
8	RECONCILING ITEMS							
9	TOTAL	96,771,518				537,198	96,234,320	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	5,418,248	1,069,697		1,069,697		6,487,945	
2	LAND IMPROVEMENTS	1,628,717	4,022,959		4,022,959	40,750	5,610,926	
3	BUILDINGS & FIXTURE	59,325,898	24,263,749		24,263,749		83,589,647	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	5,613,042	5,962,896		5,962,896		11,575,938	
6	MOVABLE EQUIPMENT	40,781,453	7,084,231		7,084,231		47,865,684	
7	SUBTOTAL	112,767,358	42,403,532		42,403,532	40,750	155,130,140	
8	RECONCILING ITEMS							
9	TOTAL	112,767,358	42,403,532		42,403,532	40,750	155,130,140	

III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	733,264		2,065,623	1,837,658		-2,094,944	2,541,601
2	OLD CAP REL COSTS-MV	3,444					85,433	88,877
3	NEW CAP REL COSTS-BL	4,197,173		2,907,103			1,678,526	8,782,802
4	NEW CAP REL COSTS-MV	5,202,527					52,621	5,255,148
5	TOTAL	10,136,408		4,972,726	1,837,658		-278,364	16,668,428

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	10,723,846			1,837,658			12,561,504
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	10,723,846			1,837,658			12,561,504

\* All lines numbers except line 5 are to be consistent with workshheet A line numbers for capital cost centers.  
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
 Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 15-0126  
I

I PERIOD:  
I FROM 1/ 1/2008 I PREPARED 5/28/2009  
I TO 12/31/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER			
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-14,978	OLD CAP REL COSTS-BLDG &		1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-166,807	NEW CAP REL COSTS-BLDG &		3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-47,564	ADMINISTRATIVE & GENERAL		6	
7 REFUNDS AND REBATES OF EXPENSES	B	-569,169	ADMINISTRATIVE & GENERAL		6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,591,808				
13 SALE OF SCRAP, WASTE, ETC.	B	-2,484	RADIOLOGY-DIAGNOSTIC		41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	9,339,786				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-991,340	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES	B	-6,423	OPERATION OF PLANT		8	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIANS ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 DIETARY REVENUE	B	-35,423	CAFETERIA		12	
37.02 PENSION EXPENSE	A	-188,295	EMPLOYEE BENEFITS		5	
37.03 MEDICAL RECORDS TRANSCRIPTION	A	-32,430	MEDICAL RECORDS & LIBRARY		17	
37.04 MEDICAL RECORDS TRANSCRIPTION	A	-10,444	EMPLOYEE BENEFITS		5	
37.05 HBP BILLING	A	-26,979	ADMINISTRATIVE & GENERAL		6	
37.06 HBP BILLING	A	-8,688	EMPLOYEE BENEFITS		5	
37.07 ADVERTISING	A	-751,696	ADMINISTRATIVE & GENERAL		6	
37.08 NON ALLOWABLE INTEREST EXPENSE	A	-6,253,104	INTEREST EXPENSE		88	
37.09 VALPO NEW BUILDING	A	-125,878	NEW CAP REL COSTS-BLDG &		3	14
37.10						
37.11 DIRECTLY ASSIGNED CAPITAL	A	17,450	RADIOLOGY-DIAGNOSTIC		41	
37.12 DIRECTLY ASSIGNED CAPITAL	A	68,287	PHYSICIAN TIME SHARE		100.02	
37.13 DIRECTLY ASSIGNED CAPITAL	A	40,141	AMBULATORY SURGICAL CENTE		92	
37.14						
37.15						
37.16						
37.17 CAPITAL CARRYFORWARD -OLD	A	68,408	OLD CAP REL COSTS-MVBLE E		2	14
37.18 CAPITAL CARRYFORWARD -NEW	A	14,426	NEW CAP REL COSTS-MVBLE E		4	14
37.19						
37.20						
37.21						
37.22 LOBBYING DUES	A	-2,119	ADMINISTRATIVE & GENERAL		6	
37.23 PATIENT /PHYSICIAN TELEPHONE	A	-92,114	ADMINISTRATIVE & GENERAL		6	
37.24 PATIENT ACCOUNTING MISC REV	B	-7,726	ADMINISTRATIVE & GENERAL		6	
37.25 HEALTH PROMOTION/WELLNESS REVENUE	B	-11,369	EMPLOYEE BENEFITS		5	
37.26 EDUCATION MISC REVENUE	B	-3,813	ADMINISTRATIVE & GENERAL		6	
37.27 EMT PROGRAM REVENUE	B	-59,036	PARAMED ED PRGM		24	
37.28 HUMAN RESOURCES MISC REV	B	-48,108	EMPLOYEE BENEFITS		5	
37.29 OTHER OPER REV- PHYSICIAN	B	-39,350	ADMINISTRATIVE & GENERAL		6	
37.30 REST HOME UTILITIES	B	-272,299	OPERATION OF PLANT		8	
37.31 MESSAGE THERAPY REVENUE	B	-13,370	RADIOLOGY-DIAGNOSTIC		41	
37.32 EMPLOYEE ASSISTANCE PROG- MISC	B	-478,111	EMPLOYEE BENEFITS		5	
37.33						
37.34 PRENATAL ASSISTANCE REVENUE	B	-54,502	DELIVERY ROOM & LABOR ROO		39	
37.35 MISC INCOME	B	-25,464	ADMINISTRATIVE & GENERAL		6	
37.36 DME REVENUE	B	-9,472	ADMINISTRATIVE & GENERAL		6	
37.37 SPIRATUAL CARE MISC REVENUE	B	-9,067	ADMINISTRATIVE & GENERAL		6	
37.38 SOCIAL ACCOUNTABILITY (DEPT 9910)	A	-126,954	ADMINISTRATIVE & GENERAL		6	
37.39 OTHER REVENUE (LIBRARY)	B	-100	MEDICAL RECORDS & LIBRARY		17	
37.40 EDUCATIONAL RENTAL INCOME	B	-476	ADMINISTRATIVE & GENERAL		6	
37.41 CHILDBIRTH CLASS REVENUE	B	-22,655	DELIVERY ROOM & LABOR ROO		39	
37.42 PROPERTY RENTAL	B	-321,321	OLD CAP REL COSTS-BLDG &		1	14
37.43						
37.44 EKG MISC REV	B	-56,700	ELECTROCARDIOLOGY		53	
37.45 ENVIRONMENTAL SCVS RENTAL	B	-16,459	HOUSEKEEPING		10	
37.46 PARAMEDIC PROGRAM REVENUE	B	-66,914	PARAMED ED PRGM		24	
37.47						
37.48 EMPLOYEE PHARMACY REVENUE	B	-510	PHARMACY		16	
37.49						

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I  
I 15-0126 I  
I I

I PERIOD: I I PREPARED 5/28/2009  
I FROM 1/ 1/2008 I WORKSHEET A-8  
I TO 12/31/2008 I

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	
	1	2	3	4	
37.50 MAILROOM	B	-95,740	ADMINISTRATIVE & GENERAL	6	
37.51 CLINIC MISC REVENUE	B	-79,093	CLINIC	60	
37.52 OTHER NURSING REVENUE	B	-6,847	NURSING ADMINISTRATION	14	
37.53 NURSING HOME LAUNDRY	B	-173,970	LAUNDRY & LINEN SERVICE	9	
37.54 OTHER REVENUE RADIOLOGY	B	-6,674	RADIOLOGY-DIAGNOSTIC	41	
37.55 OTHER REVENUE LAUNDRY	B	-47,105	LAUNDRY & LINEN SERVICE	9	
37.56 OTHER REVENUE OCC MED	B	-3,760	OCC MED CLINIC	60.03	
37.57 EMERGENCY ROOM -OTHER REVENUE	B	-759	EMERGENCY	61	
37.58					
37.59					
37.60 CHANDANA / LAKE PARK LAUNDRY	B	-32,911	LAUNDRY & LINEN SERVICE	9	
37.61 OTHER MISC REVENUE SURGERY	B	-1,112	OPERATING ROOM	37	
37.62 OTHER MISC REVENUE REHAB	B	-675	SUBPROVIDER	31	
38 OTHER REVENUE CARDIAC REHAB	B	-845	ELECTROCARDIOLOGY	53	
39 ADJUST TO MEDICARE DEP	A	-587,438	OLD CAP REL COSTS-BLDG &	1	9
40 MISC REVENUE - MISSION	B	-1,904	ADMINISTRATIVE & GENERAL	6	
41 DONATIONS EXPENSE	A	-17,333	ADMINISTRATIVE & GENERAL	6	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,069,187			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

- A. Costs - if cost, including applicable overhead, can be determined.
- B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

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	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	1	OLD CAP REL COSTS-BLDG &	OLD CAPITAL - BLDG	5,680		5,680	14
2	3	NEW CAP REL COSTS-BLDG &	NEW CAPITAL - BLDG	1,747,738		1,747,738	14
3	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	8,593,814	9,388,664	-794,850	
4	15	CENTRAL SERVICES & SUPPLY	PURCHASING		62,306	-62,306	
4.01	88	INTEREST EXPENSE	INTEREST	12,084,803	3,711,798	8,373,005	9
4.02	16	PHARMACY	COEP	428,608	238,778	189,830	
4.03	6	ADMINISTRATIVE & GENERAL	GOVERNANCE		119,311	-119,311	
5		TOTALS		22,860,643	13,520,857	9,339,786	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO 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.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES 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	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	SISTERS OF ST FRANCIS HEA	100.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 15-0126  
I

I PERIOD:  
I FROM 1/ 1/2008 I PREPARED 5/28/2009  
I TO 12/31/2008 I WORKSHEET A-8-2  
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	40 ANESTHESIA	839,077	839,077		200,300			
2	42 1 CATHERIZATION LAB	55,992		55,992	231,100	341	37,887	1,894
3	42 2 NON INVASIVE LAB	45,000		45,000	231,100	327	36,332	1,817
4	42 3 NEURO-DIAGNOSTICS	15,000		15,000	231,100	208	23,110	1,156
5	49 RESPIRATORY THERAPY	25,000		25,000	171,400	194	15,986	799
6	53 CARDIO PULMONARY REHAB	10,000		10,000	171,400	68	5,603	280
7	59 RADIATION THERAPY	25,000		25,000	171,400	174	14,338	717
8	61 EMERGENCY RM	26,321	25,570	751	171,400	6	494	25
9	61 EMERGENCY RM	2,789,363	2,568,731	220,632	171,400	1,375	113,305	5,665
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,830,753	3,433,378	397,375		2,693	247,055	12,353

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 15-0126  
I

I PERIOD: I PREPARED 5/28/2009  
I FROM 1/ 1/2008 I WORKSHEET A-8-2  
I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 40	ANESTHESIA							839,077
2 42 1	CATHERIZATION LAB					37,887	18,105	18,105
3 42 2	NON INVASIVE LAB					36,332	8,668	8,668
4 42 3	NEURO-DIAGNOSTICS					23,110		
5 49	RESPIRATORY THERAPY					15,986	9,014	9,014
6 53	CARDIO PULMONARY REHAB					5,603	4,397	4,397
7 59	RADIATION THERAPY					14,338	10,662	10,662
8 61	EMERGENCY RM					494	257	25,827
9 61	EMERGENCY RM					113,305	107,327	2,676,058
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					247,055	158,430	3,591,808

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	5	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	5	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT FP	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	5	SQUARE	FEET	ENTERED
10.01	HOUSEKEEPING FP	7	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	FTE'S		ENTERED
14	NURSING ADMINISTRATION	10	FTE'S		ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED	REQUIS.	ENTERED
16	PHARMACY	12	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	C	GROSS	CHARGES	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	14	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	14	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:  
I 15-0126  
I

I PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008

I PREPARED 5/28/2009  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	2,541,601	2,541,601					
003 OLD CAP REL COSTS-MVBLE E	88,877		88,877				
004 NEW CAP REL COSTS-BLDG &	8,782,802			8,782,802			
005 NEW CAP REL COSTS-MVBLE E	5,255,148				5,255,148		
006 EMPLOYEE BENEFITS	19,081,885	28,238	118	97,581	6,971	19,214,793	
007 ADMINISTRATIVE & GENERAL	18,889,710	683,044	10,914	2,360,319	645,328	945,716	23,535,031
008 MAINTENANCE & REPAIRS	1,485,775	5,247	114	18,131	6,741	167,701	1,683,709
009 OPERATION OF PLANT	4,649,239	416,001	1,801	1,437,541	106,502	278,007	6,889,091
010 01 OPERATION OF PLANT FP	89,047						89,047
011 LAUNDRY & LINEN SERVICE	256,432	30,657	90	105,940	5,324	90,958	489,401
012 HOUSEKEEPING	1,436,110	16,604	74	57,376	4,383	349,440	1,863,987
013 01 HOUSEKEEPING FP	12,079						12,079
014 DIETARY	1,105,584	55,941	106	193,312	6,266	159,979	1,521,188
015 CAFETERIA	596,184	28,652		99,012		255,837	979,685
016 NURSING ADMINISTRATION	2,128,762	15,225	4,702	52,612	278,021	591,692	3,071,014
017 CENTRAL SERVICES & SUPPLY	10,651,684	74,828	1,585	258,576	93,726		11,080,399
018 PHARMACY	197,160	19,320	52	66,764	3,075	2,269	288,640
019 MEDICAL RECORDS & LIBRARY	2,405,567	53,098	586	183,488	34,643	423,923	3,101,305
020 SOCIAL SERVICE	1,186,552	11,069		38,251		250,263	1,486,135
021 I&R SERVICES-SALARY & FRI	163,274						163,274
022 PARAMED ED PRGM	150,507		85		5,016	42,568	198,176
023 INPAT ROUTINE SRVC CNTRS							
024 ADULTS & PEDIATRICS	15,108,883	353,924	1,155	1,223,026	68,300	4,037,618	20,792,906
025 INTENSIVE CARE UNIT	2,808,434	50,973	2,847	176,142	168,313	749,311	3,956,020
026 01 NEURO INTENSIVE							
027 CORONARY CARE UNIT							
028 SUBPROVIDER	1,217,488	34,096	673	117,823	39,769	311,769	1,721,618
029 NURSERY	752,546	7,842	139	27,100	8,248	203,128	999,003
030 ANCILLARY SRVC COST CNTRS							
031 OPERATING ROOM	4,962,023	105,919	8,209	366,016	485,354	818,064	6,745,585
032 RECOVERY ROOM	1,451,427	45,499	683	157,226	40,407	395,733	2,090,975
033 DELIVERY ROOM & LABOR ROO	56,760	30,864	12	106,655	700	36,756	231,747
034 ANESTHESIOLOGY	212,669	6,418	593	22,179	35,091		276,950
035 RADIOLOGY-DIAGNOSTIC	9,030,758	92,916	22,511	321,082	1,331,058	1,196,303	11,994,628
036 01 RADIOLOGY-FRANCISCAN POIN	248,554					34,645	283,199
037 02 RADIOLOGY-ST JOHN	102,206					21,132	123,338
038 RADIOLOGY-THERAPEUTIC							
039 01 CATH LAB/EPS	1,591,597	28,935	9,663	99,989	571,330	177,533	2,479,047
040 02 NON INVASIVE LAB	432,305	16,785	1,807	58,004	106,841	101,126	716,868
041 03 NEURO DIAGNOSTIC	514,535	7,751	751	26,786	44,413	53,022	647,258
042 04 NEURO DIAGNOSTIC -FRANSIC							
043 LABORATORY	6,686,654	44,817	178	154,870	10,502		6,897,021
044 RESPIRATORY THERAPY	1,168,595	4,474	380	15,461	22,456	285,068	1,496,434
045 PHYSICAL THERAPY	1,119,523	30,137	152	104,142	9,013	310,875	1,573,842
046 01 PHYSICAL THERAPY -FRANSIC	196,398					55,873	252,271
047 01 OCCUPATIONAL THERAPY	353,050	14,735	12	50,919	693	101,308	520,717
048 01 OCCUPATIONAL THERAPY -FR	26,024					7,530	33,554
049 SPEECH PATHOLOGY	228,958	1,626	11	5,619	671	65,785	302,670
050 01 REHAB PSYCHOLOGY	34,518					6,770	41,288
051 ELECTROCARDIOLOGY	372,384	21,042	1,269	72,715	75,012	115,186	657,608
052 01 ELECTROCARDIOLOGY -FR PO	354						354
053 MEDICAL SUPPLIES CHARGED	1,461,188						1,461,188
054 DRUGS CHARGED TO PATIENTS	7,746,926					195,967	1,657,155
055 RENAL DIALYSIS	400,845	3,035		10,488		384,714	8,131,640
056 RADIATION THERAPY	762,094	47,130	1,666	162,862	98,479	117,363	414,368
057 OUTPAT SERVICE COST CNTRS							1,189,594
058 CLINIC	324,298		45		2,642	100,942	427,927
059 01 DIABETES CLINIC	48,446	606	10	2,094	580	13,296	65,032
060 02 OUTPATIENT CLINIC	388,458	16,972	25	58,650	1,495	96,918	562,518
061 03 OCC MED CLINIC	405,485	4,136	4	14,292	237	29,271	453,425
062 EMERGENCY	3,515,942	85,740	1,245	296,286	73,642	1,665,544	5,638,399
063 01 EXPRESS CARE - FP							
064 OBSERVATION BEDS (NON-DIS							
065 SPEC PURPOSE COST CENTERS							
066 AMBULATORY SURGICAL CENTE	106,933					1,294	108,227
067 SUBTOTALS	144,991,237	2,494,296	74,267	8,619,329	4,391,242	15,248,197	139,935,347
068 NONREIMBURS COST CENTERS							
069 GIFT, FLOWER, COFFEE SHOP		7,226		24,971			32,197
070 PHYSICIANS' PRIVATE OFFIC	15,625,969	17,366	14,033	60,011	829,732	3,520,421	20,067,532
071 CONVENT							
072 01 TRI-CREEK							
073 02 PHYSICIAN TIME SHARE	215,120		13		779	30,271	246,183
074 03 VALPARASIO ADMINISTRATION	152,382		8		473		152,863
075 04 URGENT CARE	120,109					23,757	143,866
076 05 ST. ANTHONY HEALTH NETWOR	374,650	3,802		13,140		86,982	478,574
077 06 MEDICAL OFFICE BUILDINGS	1,526,912		402		23,796		1,551,110
078 07 FHC	1,750,520	18,911	154	65,351	9,126	305,165	2,149,227
079 CROSS FOOT ADJUSTMENT							
080 NEGATIVE COST CENTER							
081 TOTAL	164,756,899	2,541,601	88,877	8,782,802	5,255,148	19,214,793	164,756,899

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT FP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING FP
	6	7	8	8.01	9	10	10.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	23,535,031						
007 MAINTENANCE & REPAIRS	280,595	1,964,304					
008 OPERATION OF PLANT	1,148,088	447,737	8,484,916				
008 01 OPERATION OF PLANT FP	14,840			103,887			
009 LAUNDRY & LINEN SERVICE	81,560	32,996	184,606	10,325	798,888		
010 HOUSEKEEPING	310,639	17,870	99,981			2,292,477	
010 01 HOUSEKEEPING FP	2,013				80,034		94,126
011 DIETARY	253,511	60,209	336,858		13,555	94,172	
012 CAFETERIA	163,267	30,838	172,534			48,234	
014 NURSING ADMINISTRATION	511,794	16,387	91,680			25,630	
015 CENTRAL SERVICES & SUPPLY	1,846,582	80,536	450,584		3,276	125,965	
016 PHARMACY	48,103	20,794	116,340			32,524	
017 MEDICAL RECORDS & LIBRARY	516,842	57,149	319,739			89,386	
018 SOCIAL SERVICE	247,669	11,914	66,654			18,634	
022 I&R SERVICES-SALARY & FRI	27,210						
024 PARAMED ED PRGM	33,027						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,465,182	380,923	2,131,195		390,071	595,792	
026 INTENSIVE CARE UNIT	659,283	54,861	306,937		38,186	85,807	
026 01 NEURO INTENSIVE							
027 CORONARY CARE UNIT							
031 SUBPROVIDER	286,913	36,697	205,314		23,436	57,397	
033 NURSERY	166,487	8,441	47,223		9,187	13,202	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,124,172	113,999	637,805		105,294	178,304	
038 RECOVERY ROOM	348,467	48,969	273,975			76,592	
039 DELIVERY ROOM & LABOR ROO	38,621	33,219	185,853			51,957	
040 ANESTHESIOLOGY	46,155	6,908	38,648			10,805	
041 RADIOLOGY-DIAGNOSTIC	1,998,941	100,004	559,504		44,341	156,415	
041 01 RADIOLOGY-FRANCISCAN POIN	47,196			16,748			16,849
041 02 RADIOLOGY-ST JOHN	20,555						
042 RADIOLOGY-THERAPEUTIC							
042 01 CATH LAB/EPS	413,141	31,143	174,237		9,816	48,710	
042 02 NON INVASIVE LAB	119,468	18,066	101,076			28,257	
042 03 NEURO DIAGNOSTIC	107,867	8,343	46,676		8,133	13,049	
042 04 NEURO DIAGNOSTIC -FRANSIC							
044 LABORATORY	1,149,409	48,236	269,870		475	75,445	
049 RESPIRATORY THERAPY	249,385	4,815	26,941			7,532	
050 PHYSICAL THERAPY	262,285	32,436	181,474		1,825	50,733	
050 01 PHYSICAL THERAPY -FRANSIC	42,042			26,385			26,544
051 OCCUPATIONAL THERAPY	86,779	15,859	88,730			24,805	
051 01 OCCUPATIONAL THERAPY -FR	5,592						
052 SPEECH PATHOLOGY	50,441	1,750	9,791			2,737	
052 01 REHAB PSYCHOLOGY	6,881						
053 ELECTROCARDIOLOGY	109,592	22,648	126,710		6,052	35,423	
053 01 ELECTROCARDIOLOGY -FR PO	59						
055 MEDICAL SUPPLIES CHARGED	276,170						
056 DRUGS CHARGED TO PATIENTS	1,355,162						
057 RENAL DIALYSIS	69,056	3,266	18,275			5,109	
059 RADIATION THERAPY	198,249	50,725	283,796			79,338	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	71,315						
060 01 DIABETES CLINIC	10,838	652	3,649			1,020	
060 02 OUTPATIENT CLINIC	93,745	18,267	102,201		4,587	28,571	
060 03 OCC MED CLINIC	75,565	4,451	24,904			6,962	
061 EMERGENCY	939,656	92,281	516,295		60,620	144,335	
061 01 EXPRESS CARE - FP				11,394			11,462
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE	18,036						
095 SUBTOTALS	19,398,445	1,913,389	8,200,055	64,852	798,888	2,212,842	54,855
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	5,366	7,777	43,514			12,165	
098 PHYSICIANS' PRIVATE OFFIC	3,344,314	18,691	104,573	39,035		29,234	39,271
100 CONVENT							
100 01 TRI-CREEK							
100 02 PHYSICIAN TIME SHARE	41,027						
100 03 VALPARASIO ADMINISTRATION	25,475						
100 04 URGENT CARE	23,976						
100 05 ST. ANTHONY HEALTH NETWOR	79,756	4,093	22,897			6,401	
100 06 MEDICAL OFFICE BUILDINGS	258,497						
100 07 FHC	358,175	20,354	113,877			31,835	
CROSS FOOT ADJUSTMENT							
NEGATIVE COST CENTER							
TOTAL	23,535,031	1,964,304	8,484,916	103,887	798,888	2,292,477	94,126

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT FP							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING FP							
011 DIETARY	2,279,493						
012 CAFETERIA		1,394,558					
014 NURSING ADMINISTRATION		45,239	3,761,744				
015 CENTRAL SERVICES & SUPPLY		43,283	56,994	13,687,619			
016 PHARMACY		38,820	174,498		719,719		
017 MEDICAL RECORDS & LIBRARY		64,640			76	4,149,137	
018 SOCIAL SERVICE		21,837					1,852,843
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM		5,495		13,922			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,973,562	458,651	2,061,685	546,078		362,098	161,704
026 INTENSIVE CARE UNIT	165,602	84,735	380,891	71,173		59,886	26,743
026 01 NEURO INTENSIVE				33			
027 CORONARY CARE UNIT							
031 SUBPROVIDER	122,349	34,285	122,700	12,952		22,380	9,994
033 NURSERY				132		18,212	8,133
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		89,501	402,313	914,130		312,279	139,456
038 RECOVERY ROOM		35,139	157,952	60,542		63,122	28,189
039 DELIVERY ROOM & LABOR ROO		3,966		17		42,872	19,146
040 ANESTHESIOLOGY				40,149		93,813	41,895
041 RADIOLOGY-DIAGNOSTIC		132,268		99,814		888,878	396,894
041 01 RADIOLOGY-FRANCISCAN POIN				4,060		25,901	11,567
041 02 RADIOLOGY-ST JOHN				1,209		4,939	2,206
042 RADIOLOGY-THERAPEUTIC							
01 CATH LAB/EPS		14,849		88,679		217,806	97,267
02 NON INVASIVE LAB		13,284		7,330		71,780	32,055
03 NEURO DIAGNOSTIC		5,904		11,339		47,771	21,333
042 04 NEURO DIAGNOSTIC -FRANSIC						353	157
044 LABORATORY						554,055	247,427
049 RESPIRATORY THERAPY		35,068		108,777		68,297	30,500
050 PHYSICAL THERAPY		19,561		5,920		49,853	22,263
050 01 PHYSICAL THERAPY -FRANSIC				144		13,470	6,015
051 OCCUPATIONAL THERAPY		8,678		40		16,959	7,573
051 01 OCCUPATIONAL THERAPY -FR						1,960	875
052 SPEECH PATHOLOGY		4,268		119		7,211	3,220
052 01 REHAB PSYCHOLOGY		11,185		527		1,625	726
053 ELECTROCARDIOLOGY				4,548		39,975	17,852
053 01 ELECTROCARDIOLOGY -FR PO				143		125	56
055 MEDICAL SUPPLIES CHARGED				11,364,592		383,579	171,297
056 DRUGS CHARGED TO PATIENTS				53,105	719,719	430,103	192,073
057 RENAL DIALYSIS				591		8,750	3,907
059 RADIATION THERAPY		11,879		2,867		71,125	31,763
OUTPAT SERVICE COST CNTRS							
060 CLINIC				1,061		1,654	738
060 01 DIABETES CLINIC		1,387	6,235			640	286
060 02 OUTPATIENT CLINIC		10,687		32,569		23,621	10,549
060 03 OCC MED CLINIC		5,548		3,630		7,211	3,220
061 EMERGENCY		104,065	389,763	237,351		232,064	103,634
061 01 EXPRESS CARE - FP						4,770	2,130
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE		1,938	8,713				
095 SUBTOTALS	2,261,513	1,306,160	3,761,744	13,687,619	719,719	4,149,137	1,852,843
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		34,783					
100 CONVENT	17,980						
100 01 TRI-CREEK							
100 02 PHYSICIAN TIME SHARE							
100 03 VALPARASIO ADMINISTRATION							
100 04 URGENT CARE							
100 05 ST. ANTHONY HEALTH NETWORK		12,555					
100 06 MEDICAL OFFICE BUILDINGS							
100 07 FHC		41,060					
CROSS FOOT ADJUSTMENT							
NEGATIVE COST CENTER							
TOTAL	2,279,493	1,394,558	3,761,744	13,687,619	719,719	4,149,137	1,852,843

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR SUBTOTAL			I&R COST POST STEP-DOWN ADJ	TOTAL
	SALARY & FRI	GM			
	22	24	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
008 01 OPERATION OF PLANT					
009 01 OPERATION OF PLANT FP					
010 LAUNDRY & LINEN SERVICE					
010 01 HOUSEKEEPING					
011 01 HOUSEKEEPING FP					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY & FRI	190,484				
024 PARAMED ED PRGM		250,620			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	190	250	33,320,287	-190	33,320,097
026 01 INTENSIVE CARE UNIT			5,890,124		5,890,124
026 01 NEURO INTENSIVE			33		33
027 CORONARY CARE UNIT					
031 SUBPROVIDER			2,656,035		2,656,035
033 NURSERY			1,270,020		1,270,020
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM			10,762,838		10,762,838
039 RECOVERY ROOM			3,183,922		3,183,922
040 DELIVERY ROOM & LABOR ROO			607,398		607,398
041 ANESTHESIOLOGY			555,323		555,323
041 01 RADIOLOGY-DIAGNOSTIC			16,371,687		16,371,687
041 01 RADIOLOGY-FRANCISCAN POIN			405,520		405,520
041 02 RADIOLOGY-ST JOHN			152,247		152,247
042 RADIOLOGY-THERAPEUTIC					
042 01 CATH LAB/EPS			3,574,695		3,574,695
042 02 NON INVASIVE LAB			1,108,184		1,108,184
042 03 NEURO DIAGNOSTIC			917,673		917,673
042 04 NEURO DIAGNOSTIC -FRANSIC			510		510
044 LABORATORY			9,241,938		9,241,938
049 RESPIRATORY THERAPY			2,027,749		2,027,749
050 PHYSICAL THERAPY			2,200,192		2,200,192
050 01 PHYSICAL THERAPY -FRANSIC			366,871		366,871
051 OCCUPATIONAL THERAPY			770,140		770,140
051 01 OCCUPATIONAL THERAPY -FR			41,981		41,981
052 SPEECH PATHOLOGY			382,207		382,207
052 01 REHAB PSYCHOLOGY			62,232		62,232
053 ELECTROCARDIOLOGY			1,020,408		1,020,408
053 01 ELECTROCARDIOLOGY -FR PO			737		737
055 MEDICAL SUPPLIES CHARGED			13,852,793		13,852,793
056 DRUGS CHARGED TO PATIENTS			10,881,802		10,881,802
057 RENAL DIALYSIS			523,322		523,322
059 RADIATION THERAPY			1,919,336		1,919,336
060 OUTPAT SERVICE COST CNTRS					
060 01 CLINIC			502,695		502,695
060 01 DIABETES CLINIC			89,739		89,739
060 02 OUTPATIENT CLINIC			887,315		887,315
060 03 OCC MED CLINIC			584,916		584,916
061 EMERGENCY	190,294	250,370	8,899,127	-190,294	8,708,833
061 01 EXPRESS CARE - FP			29,756		29,756
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
092 AMBULATORY SURGICAL CENTE			136,914		136,914
095 SUBTOTALS	190,484	250,620	135,198,666	-190,484	135,008,182
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			101,019		101,019
098 PHYSICIANS' PRIVATE OFFIC			23,677,433		23,677,433
100 CONVENT			17,980		17,980
100 01 TRI-CREEK					
100 02 PHYSICIAN TIME SHARE			287,210		287,210
100 03 VALPARASIO ADMINISTRATION			178,338		178,338
100 04 URGENT CARE			167,842		167,842
100 05 ST. ANTHONY HEALTH NETWORK			604,276		604,276
100 06 MEDICAL OFFICE BUILDINGS			1,809,607		1,809,607
07 FHC			2,714,528		2,714,528
CROSS FOOT ADJUSTMENT					
NEGATIVE COST CENTER					
TOTAL	190,484	250,620	164,756,899	-190,484	164,566,415

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE E 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		28,238	118			28,356	28,356
007 ADMINISTRATIVE & GENERAL		683,044	10,914			693,958	1,396
008 MAINTENANCE & REPAIRS		5,247	114			5,361	247
009 OPERATION OF PLANT		416,001	1,801			417,802	410
010 01 OPERATION OF PLANT FP							
011 LAUNDRY & LINEN SERVICE		30,657	90			30,747	134
012 HOUSEKEEPING		16,604	74			16,678	516
013 01 HOUSEKEEPING FP							
014 DIETARY		55,941	106			56,047	236
015 CAFETERIA		28,652				28,652	378
016 NURSING ADMINISTRATION		15,225	4,702			19,927	873
017 CENTRAL SERVICES & SUPPLY		74,828	1,585			76,413	
018 PHARMACY		19,320	52			19,372	3
019 MEDICAL RECORDS & LIBRARY		53,098	586			53,684	626
020 SOCIAL SERVICE		11,069				11,069	369
021 I&R SERVICES-SALARY & FRI							
022 PARAMED ED PRGM			85			85	63
023 INPAT ROUTINE SRVC CNTRS							
024 ADULTS & PEDIATRICS		353,924	1,155			355,079	5,960
025 INTENSIVE CARE UNIT		50,973	2,847			53,820	1,106
026 01 NEURO INTENSIVE							
027 CORONARY CARE UNIT							
028 SUBPROVIDER		34,096	673			34,769	460
029 NURSERY		7,842	139			7,981	300
030 ANCILLARY SRVC COST CNTRS							
031 OPERATING ROOM		105,919	8,209			114,128	1,207
032 RECOVERY ROOM		45,499	683			46,182	584
033 DELIVERY ROOM & LABOR ROO		30,864	12			30,876	54
034 ANESTHESIOLOGY		6,418	593			7,011	
035 RADIOLOGY-DIAGNOSTIC		92,916	22,511			115,427	1,765
036 01 RADIOLOGY-FRANCISCAN POIN							51
037 02 RADIOLOGY-ST JOHN							31
038 RADIOLOGY-THERAPEUTIC							
039 01 CATH LAB/EPS		28,935	9,663			38,598	262
040 02 NON INVASIVE LAB		16,785	1,807			18,592	149
041 03 NEURO DIAGNOSTIC		7,751	751			8,502	78
042 04 NEURO DIAGNOSTIC -FRANSIC							
043 LABORATORY		44,817	178			44,995	
044 RESPIRATORY THERAPY		4,474	380			4,854	421
045 PHYSICAL THERAPY		30,137	152			30,289	459
046 01 PHYSICAL THERAPY -FRANSIC							82
047 OCCUPATIONAL THERAPY		14,735	12			14,747	150
048 01 OCCUPATIONAL THERAPY -FR							11
049 SPEECH PATHOLOGY		1,626	11			1,637	97
050 01 REHAB PSYCHOLOGY							10
051 ELECTROCARDIOLOGY		21,042	1,269			22,311	170
052 01 ELECTROCARDIOLOGY -FR PO							
053 MEDICAL SUPPLIES CHARGED							289
054 DRUGS CHARGED TO PATIENTS							568
055 RENAL DIALYSIS		3,035				3,035	
056 RADIATION THERAPY		47,130	1,666			48,796	173
057 OUTPAT SERVICE COST CNTRS							
058 CLINIC			45			45	149
059 01 DIABETES CLINIC		606	10			616	20
060 02 OUTPATIENT CLINIC		16,972	25			16,997	143
061 03 OCC MED CLINIC		4,136	4			4,140	43
062 EMERGENCY		85,740	1,245			86,985	2,458
063 01 EXPRESS CARE - FP							
064 OBSERVATION BEDS (NON-DIS							
065 SPEC PURPOSE COST CENTERS							
066 AMBULATORY SURGICAL CENTE							2
067 SUBTOTALS		2,494,296	74,267			2,568,563	22,503
068 NONREIMBURS COST CENTERS							
069 GIFT, FLOWER, COFFEE SHOP		7,226				7,226	
070 PHYSICIANS' PRIVATE OFFIC		17,366	14,033			31,399	5,195
071 CONVENT							
072 01 TRI-CREEK							
073 02 PHYSICIAN TIME SHARE			13			13	45
074 03 VALPARASIO ADMINISTRATION			8			8	
075 04 URGENT CARE							35
076 05 ST. ANTHONY HEALTH NETWORK		3,802				3,802	128
077 06 MEDICAL OFFICE BUILDINGS			402			402	
078 07 FHC		18,911	154			19,065	450
079 CROSS FOOT ADJUSTMENTS							
080 NEGATIVE COST CENTER							
081 TOTAL		2,541,601	88,877			2,630,478	28,356

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT FP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING FP
	6	7	8	8.01	9	10	10.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	695,354						
007 MAINTENANCE & REPAIRS	8,291	13,899					
008 OPERATION OF PLANT	33,922	3,171	455,305				
008 01 OPERATION OF PLANT FP	438			438			
009 LAUNDRY & LINEN SERVICE	2,410	233	9,906	44	43,474		
010 HOUSEKEEPING	9,178	126	5,365			31,863	
010 01 HOUSEKEEPING FP	59				4,355		4,414
011 DIETARY	7,490	426	18,076		738	1,309	
012 CAFETERIA	4,824	218	9,258			670	
014 NURSING ADMINISTRATION	15,122	116	4,920			356	
015 CENTRAL SERVICES & SUPPLY	54,560	570	24,179		178	1,751	
016 PHARMACY	1,421	147	6,243			452	
017 MEDICAL RECORDS & LIBRARY	15,271	404	17,157			1,242	
018 SOCIAL SERVICE	7,318	84	3,577			259	
022 I&R SERVICES-SALARY & FRI	804						
024 PARAMED ED PRGM	976						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	102,363	2,695	114,360		21,227	8,282	
026 INTENSIVE CARE UNIT	19,479	388	16,470		2,078	1,193	
026 01 NEURO INTENSIVE							
027 CORONARY CARE UNIT							
031 SUBPROVIDER	8,477	260	11,017		1,275	798	
033 NURSERY	4,919	60	2,534		500	183	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	33,215	807	34,225		5,730	2,478	
038 RECOVERY ROOM	10,296	346	14,702			1,065	
039 DELIVERY ROOM & LABOR ROO	1,141	235	9,973			722	
040 ANESTHESIOLOGY	1,364	49	2,074			150	
041 RADIOLOGY-DIAGNOSTIC	59,062	708	30,023		2,413	2,174	
041 01 RADIOLOGY-FRANCISCAN POIN	1,394			71			790
041 02 RADIOLOGY-ST JOHN	607						
042 RADIOLOGY-THERAPEUTIC							
042 01 CATH LAB/EPS	12,207	220	9,350		534	677	
042 02 NON INVASIVE LAB	3,530	128	5,424			393	
043 NEURO DIAGNOSTIC	3,187	59	2,505		443	181	
043 04 NEURO DIAGNOSTIC -FRANSIC							
044 LABORATORY	33,961	341	14,481		26	1,049	
049 RESPIRATORY THERAPY	7,368	34	1,446			105	
050 PHYSICAL THERAPY	7,750	230	9,738		99	705	
050 01 PHYSICAL THERAPY -FRANSIC	1,242			111			1,245
051 OCCUPATIONAL THERAPY	2,564	112	4,761			345	
051 01 OCCUPATIONAL THERAPY -FR	165						
052 SPEECH PATHOLOGY	1,490	12	525			38	
052 01 REHAB PSYCHOLOGY	203						
053 ELECTROCARDIOLOGY	3,238	160	6,799		329	492	
053 01 ELECTROCARDIOLOGY -FR PO	2						
055 MEDICAL SUPPLIES CHARGED	8,160						
056 DRUGS CHARGED TO PATIENTS	40,040						
057 RENAL DIALYSIS	2,040	23	981			71	
059 RADIATION THERAPY	5,858	359	15,229			1,103	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,107						
060 01 DIABETES CLINIC	320	5	196			14	
060 02 OUTPATIENT CLINIC	2,770	129	5,484		250	397	
060 03 OCC MED CLINIC	2,233	31	1,336			97	
061 EMERGENCY	27,763	653	27,705		3,299	2,006	
061 01 EXPRESS CARE - FP				48			538
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE	533						
095 SUBTOTALS	573,132	13,539	440,019	274	43,474	30,757	2,573
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	159	55	2,335			169	
098 PHYSICIANS' PRIVATE OFFIC	98,813	132	5,611	164		406	1,841
100 CONVENT							
100 01 TRI-CREEK							
100 02 PHYSICIAN TIME SHARE	1,212						
100 03 VALPARASIO ADMINISTRATION	753						
100 04 URGENT CARE	708						
100 05 ST. ANTHONY HEALTH NETWORK	2,356	29	1,229			89	
100 06 MEDICAL OFFICE BUILDINGS	7,638						
100 07 FHC	10,583	144	6,111			442	
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	695,354	13,899	455,305	438	43,474	31,863	4,414

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
	11	12	14	15	16	17	18
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT FP							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING FP							
011 DIETARY	84,322						
012 CAFETERIA		44,000					
014 NURSING ADMINISTRATION		1,427	42,741				
015 CENTRAL SERVICES & SUPPLY		1,366	648	159,665			
016 PHARMACY		1,225	1,983		30,846		
017 MEDICAL RECORDS & LIBRARY		2,039			1	90,424	
018 SOCIAL SERVICE		689					23,365
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM		173		162			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	73,005	14,473	23,423	6,370		7,888	2,053
026 INTENSIVE CARE UNIT	6,126	2,673	4,328	830		1,305	340
026 01 NEURO INTENSIVE							
027 CORONARY CARE UNIT							
031 SUBPROVIDER	4,526	1,082	1,394	151		488	127
033 NURSERY				2		397	103
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2,824	4,571	10,663		6,803	1,771
038 RECOVERY ROOM		1,109	1,795	706		1,375	358
039 DELIVERY ROOM & LABOR ROO		125				934	243
040 ANESTHESIOLOGY				468		2,044	532
041 RADIOLOGY-DIAGNOSTIC		4,173		1,164		19,399	4,877
041 01 RADIOLOGY-FRANCISCAN POIN				47		564	147
041 02 RADIOLOGY-ST JOHN				14		108	28
041 RADIOLOGY-THERAPEUTIC							
01 CATH LAB/EPS		468		1,034		4,745	1,235
02 NON INVASIVE LAB		419		86		1,564	407
03 NEURO DIAGNOSTIC		186		132		1,041	271
042 04 NEURO DIAGNOSTIC -FRANSIC						8	2
044 LABORATORY						12,070	3,142
049 RESPIRATORY THERAPY		1,106		1,269		1,488	387
050 PHYSICAL THERAPY		617		69		1,086	283
050 01 PHYSICAL THERAPY -FRANSIC				2		293	76
051 OCCUPATIONAL THERAPY		274				369	96
051 01 OCCUPATIONAL THERAPY -FR						43	11
052 SPEECH PATHOLOGY		135		1		157	41
052 01 REHAB PSYCHOLOGY		353		6		35	9
053 ELECTROCARDIOLOGY				53		871	227
053 01 ELECTROCARDIOLOGY -FR PO				2		3	1
055 MEDICAL SUPPLIES CHARGED				132,571		8,356	2,175
056 DRUGS CHARGED TO PATIENTS				619	30,846	9,369	2,439
057 RENAL DIALYSIS				7		191	50
059 RADIATION THERAPY		375		33		1,549	403
OUTPAT SERVICE COST CNTRS							
060 CLINIC				12		36	9
060 01 DIABETES CLINIC		44	71			14	4
060 02 OUTPATIENT CLINIC		337		380		515	134
060 03 OCC MED CLINIC		175		42		157	41
061 EMERGENCY		3,283	4,429	2,769		5,055	1,316
061 01 EXPRESS CARE - FP						104	27
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE		61	99				
095 SUBTOTALS	83,657	41,211	42,741	159,665	30,846	90,424	23,365
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		1,097					
100 CONVENT	665						
100 01 TRI-CREEK							
100 02 PHYSICIAN TIME SHARE							
100 03 VALPARASIO ADMINISTRATION							
100 04 URGENT CARE							
100 05 ST. ANTHONY HEALTH NETWORK		396					
100 06 MEDICAL OFFICE BUILDINGS							
07 FHC		1,296					
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	84,322	44,000	42,741	159,665	30,846	90,424	23,365

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	24	25	26	27
GENERAL SERVICE COST CNTR					
001 OLD CAP REL COSTS-BLDG &					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT FP					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING FP					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY & FRI	804				
024 PARAMED ED PRGM		1,459			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			737,178		737,178
026 INTENSIVE CARE UNIT			110,136		110,136
026 01 NEURO INTENSIVE					
027 CORONARY CARE UNIT					
031 SUBPROVIDER			64,824		64,824
033 NURSERY			16,979		16,979
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			218,422		218,422
038 RECOVERY ROOM			78,518		78,518
039 DELIVERY ROOM & LABOR ROO			44,303		44,303
040 ANESTHESIOLOGY			13,692		13,692
041 RADIOLOGY-DIAGNOSTIC			241,185		241,185
041 01 RADIOLOGY-FRANCISCAN POIN			3,064		3,064
041 02 RADIOLOGY-ST JOHN			788		788
042 RADIOLOGY-THERAPEUTIC					
042 01 CATH LAB/EPS			69,330		69,330
042 02 NON INVASIVE LAB			30,692		30,692
042 03 NEURO DIAGNOSTIC			16,585		16,585
042 04 NEURO DIAGNOSTIC -FRANSIC			10		10
044 LABORATORY			110,065		110,065
049 RESPIRATORY THERAPY			18,478		18,478
050 PHYSICAL THERAPY			51,325		51,325
050 01 PHYSICAL THERAPY -FRANSIC			3,051		3,051
051 OCCUPATIONAL THERAPY			23,418		23,418
051 01 OCCUPATIONAL THERAPY -FR			230		230
052 SPEECH PATHOLOGY			4,133		4,133
052 01 REHAB PSYCHOLOGY			616		616
053 ELECTROCARDIOLOGY			34,650		34,650
053 01 ELECTROCARDIOLOGY -FR PO			8		8
055 MEDICAL SUPPLIES CHARGED			151,551		151,551
056 DRUGS CHARGED TO PATIENTS			83,881		83,881
057 RENAL DIALYSIS			6,398		6,398
059 RADIATION THERAPY			73,878		73,878
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			2,358		2,358
060 01 DIABETES CLINIC			1,304		1,304
060 02 OUTPATIENT CLINIC			27,536		27,536
060 03 OCC MED CLINIC			8,295		8,295
061 EMERGENCY			167,721		167,721
061 01 EXPRESS CARE - FP			717		717
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
092 AMBULATORY SURGICAL CENTE			695		695
095 SUBTOTALS			2,416,014		2,416,014
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			9,944		9,944
098 PHYSICIANS' PRIVATE OFFIC			144,658		144,658
100 CONVENT			665		665
100 01 TRI-CREEK					
100 02 PHYSICIAN TIME SHARE			1,270		1,270
100 03 VALPARASIO ADMINISTRATION			761		761
100 04 URGENT CARE			743		743
100 05 ST. ANTHONY HEALTH NETWOR			8,029		8,029
100 06 MEDICAL OFFICE BUILDINGS			8,040		8,040
07 FHC			38,091		38,091
CROSS FOOT ADJUSTMENTS	804	1,459	2,263		2,263
NEGATIVE COST CENTER					
TOTAL	804	1,459	2,630,478		2,630,478

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4		
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	40,910			97,581	6,971	145,462	145,462
006 ADMINISTRATIVE & GENERAL	451,055			2,360,319	645,328	3,456,702	7,158
007 MAINTENANCE & REPAIRS	1,148			18,131	6,741	26,020	1,269
008 OPERATION OF PLANT	6,008			1,437,541	106,502	1,550,051	2,104
008 01 OPERATION OF PLANT FP							
009 LAUNDRY & LINEN SERVICE				105,940	5,324	111,264	688
010 HOUSEKEEPING				57,376	4,383	61,759	2,645
010 01 HOUSEKEEPING FP							
011 DIETARY	2,597			193,312	6,266	202,175	1,211
012 CAFETERIA				99,012		99,012	1,936
014 NURSING ADMINISTRATION				52,612	278,021	330,633	4,478
015 CENTRAL SERVICES & SUPPLY	242,361			258,576	93,726	594,663	
016 PHARMACY	320,924			66,764	3,075	390,763	17
017 MEDICAL RECORDS & LIBRARY	164,462			183,488	34,643	382,593	3,209
018 SOCIAL SERVICE	998			38,251		39,249	1,894
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM	327				5,016	5,343	322
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,792			1,223,026	68,300	1,298,118	30,591
026 01 INTENSIVE CARE UNIT				176,142	168,313	344,455	5,671
026 01 NEURO INTENSIVE							
027 CORONARY CARE UNIT							
031 SUBPROVIDER				117,823	39,769	157,592	2,360
033 NURSERY				27,100	8,248	35,348	1,537
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	311,501			366,016	485,354	1,162,871	6,192
038 RECOVERY ROOM				157,226	40,407	197,633	2,995
039 DELIVERY ROOM & LABOR ROO				106,655	700	107,355	278
040 ANESTHESIOLOGY				22,179	35,091	57,270	
041 RADIOLOGY-DIAGNOSTIC	308,754			321,082	1,331,058	1,960,894	9,054
041 01 RADIOLOGY-FRANCISCAN POIN	61,449					61,449	262
041 02 RADIOLOGY-ST JOHN							160
042 RADIOLOGY-THERAPEUTIC							
042 01 CATH LAB/EPS	289			99,989	571,330	671,608	1,344
042 02 NON INVASIVE LAB				58,004	106,841	164,845	765
042 03 NEURO DIAGNOSTIC	27,780			26,786	44,413	98,979	401
042 04 NEURO DIAGNOSTIC -FRANSIC							
044 LABORATORY				154,870	10,502	165,372	
049 RESPIRATORY THERAPY	647			15,461	22,456	38,564	2,158
050 PHYSICAL THERAPY	20,915			104,142	9,013	134,070	2,353
050 01 PHYSICAL THERAPY -FRANSIC							423
051 OCCUPATIONAL THERAPY				50,919	693	51,612	767
051 01 OCCUPATIONAL THERAPY -FR							57
052 SPEECH PATHOLOGY				5,619	671	6,290	498
052 01 REHAB PSYCHOLOGY							51
053 ELECTROCARDIOLOGY				72,715	75,012	147,727	872
053 01 ELECTROCARDIOLOGY -FR PO							
055 MEDICAL SUPPLIES CHARGED							1,483
056 DRUGS CHARGED TO PATIENTS	320,924					320,924	2,912
057 RENAL DIALYSIS	7,572			10,488		18,060	
059 RADIATION THERAPY				162,862	98,479	261,341	888
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC					2,642	2,642	764
060 01 DIABETES CLINIC				2,094	580	2,674	101
060 02 OUTPATIENT CLINIC	11,500			58,650	1,495	71,645	734
060 03 OCC MED CLINIC				14,292	237	14,529	222
061 EMERGENCY	6,346			296,286	73,642	376,274	12,606
061 01 EXPRESS CARE - FP							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							10
095 SUBTOTALS	2,315,259			8,619,329	4,391,242	15,325,830	115,440
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				24,971		24,971	
098 PHYSICIANS' PRIVATE OFFIC	611,259			60,011	829,732	1,501,002	26,645
100 CONVENT							
100 01 TRI-CREEK					779	799	229
100 02 PHYSICIAN TIME SHARE	20				473	473	
100 03 VALPARASIO ADMINISTRATION							180
100 04 URGENT CARE							658
100 05 ST. ANTHONY HEALTH NETWOR				13,140		13,140	
100 06 MEDICAL OFFICE BUILDINGS	526,471				23,796	550,267	
100 07 FHC	8,769			65,351	9,126	83,246	2,310
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	3,461,778			8,782,802	5,255,148	17,499,728	145,462

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT FP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING FP	HOUSEKEEPING FP
	6	7	8	8.01	9	10	10.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	3,463,860						
007 MAINTENANCE & REPAIRS	41,298	68,587					
008 OPERATION OF PLANT	168,976	15,633	1,736,764				
008 01 OPERATION OF PLANT FP	2,184			2,184			
009 LAUNDRY & LINEN SERVICE	12,004	1,152	37,787	217	163,112		
010 HOUSEKEEPING	45,720	624	20,465			131,213	
010 01 HOUSEKEEPING FP	296				16,341		16,637
011 DIETARY	37,312	2,102	68,951		2,768	5,390	
012 CAFETERIA	24,030	1,077	35,316			2,761	
014 NURSING ADMINISTRATION	75,326	572	18,766			1,467	
015 CENTRAL SERVICES & SUPPLY	271,780	2,812	92,229		669	7,210	
016 PHARMACY	7,080	726	23,814			1,862	
017 MEDICAL RECORDS & LIBRARY	76,069	1,995	65,447			5,116	
018 SOCIAL SERVICE	36,452	416	13,643			1,067	
022 I&R SERVICES-SALARY & FRI	4,005						
024 PARAMED ED PRGM	4,861						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	509,977	13,301	436,230		79,640	34,103	
026 INTENSIVE CARE UNIT	97,033	1,916	62,826		7,797	4,911	
026 01 NEURO INTENSIVE							
027 CORONARY CARE UNIT							
031 SUBPROVIDER	42,228	1,281	42,025		4,785	3,285	
033 NURSERY	24,504	295	9,666		1,876	756	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	165,456	3,980	130,551		21,498	10,205	
038 RECOVERY ROOM	51,287	1,710	56,079			4,384	
039 DELIVERY ROOM & LABOR ROO	5,684	1,160	38,042			2,974	
040 ANESTHESIOLOGY	6,793	241	7,911			618	
041 RADIOLOGY-DIAGNOSTIC	294,204	3,492	114,524		9,053	8,953	
041 01 RADIOLOGY-FRANCISCAN POIN	6,946			352			2,978
041 02 RADIOLOGY-ST JOHN	3,025						
042 RADIOLOGY-THERAPEUTIC							
042 01 CATH LAB/EPS	60,806	1,087	35,664		2,004	2,788	
042 02 NON INVASIVE LAB	17,583	631	20,689			1,617	
042 03 NEURO DIAGNOSTIC	15,876	291	9,554		1,661	747	
042 04 NEURO DIAGNOSTIC -FRANSIC							
044 LABORATORY	169,170	1,684	55,239		97	4,318	
049 RESPIRATORY THERAPY	36,705	168	5,515			431	
050 PHYSICAL THERAPY	38,603	1,133	37,146		373	2,904	
050 01 PHYSICAL THERAPY -FRANSIC	6,188			555			4,692
051 OCCUPATIONAL THERAPY	12,772	554	18,162			1,420	
051 01 OCCUPATIONAL THERAPY -FR	823						
052 SPEECH PATHOLOGY	7,424	61	2,004			157	
052 01 REHAB PSYCHOLOGY	1,013						
053 ELECTROCARDIOLOGY	16,130	791	25,936		1,236	2,027	
053 01 ELECTROCARDIOLOGY -FR PO	9						
055 MEDICAL SUPPLIES CHARGED	40,647						
056 DRUGS CHARGED TO PATIENTS	199,453						
057 RENAL DIALYSIS	10,164	114	3,741			292	
059 RADIATION THERAPY	29,178	1,771	58,090			4,541	
OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,496						
060 01 DIABETES CLINIC	1,595	23	747			58	
060 02 OUTPATIENT CLINIC	13,797	638	20,919		937	1,635	
060 03 OCC MED CLINIC	11,122	155	5,098			398	
061 EMERGENCY	138,299	3,222	105,680		12,377	8,261	
061 01 EXPRESS CARE - FP				240			2,026
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE	2,655						
095 SUBTOTALS	2,855,038	66,808	1,678,456	1,364	163,112	126,656	9,696
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	790	272	8,907			696	
098 PHYSICIANS' PRIVATE OFFIC	492,216	653	21,405	820		1,673	6,941
100 CONVENT							
100 01 TRI-CREEK							
100 02 PHYSICIAN TIME SHARE	6,038						
100 03 VALPARASIO ADMINISTRATION	3,749						
100 04 URGENT CARE	3,529						
100 05 ST. ANTHONY HEALTH NETWOR	11,738	143	4,687			366	
100 06 MEDICAL OFFICE BUILDINGS	38,046						
100 07 FHC	52,716	711	23,309			1,822	
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
105 TOTAL	3,463,860	68,587	1,736,764	2,184	163,112	131,213	16,637

ALLOCATION OF NEW CAPITAL RELATED COSTS		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
COST CENTER DESCRIPTION		11	12	14	15	16	17	18
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	01 OPERATION OF PLANT FP							
011	LAUNDRY & LINEN SERVICE							
012	HOUSEKEEPING							
013	01 HOUSEKEEPING FP							
014	DIETARY	319,909						
015	CAFETERIA		164,132					
016	NURSING ADMINISTRATION		5,324	436,566				
017	CENTRAL SERVICES & SUPPLY		5,094	6,614	981,071			
018	PHARMACY		4,569	20,251		449,082		
019	MEDICAL RECORDS & LIBRARY		7,608				542,042	
020	SOCIAL SERVICE		2,570					95,291
021	I&R SERVICES-SALARY & FRI							
022	PARAMED ED PRGM		647		998			
023	INPAT ROUTINE SRVC CNTRS							
024	ADULTS & PEDIATRICS	276,974	53,981	239,267	39,140		47,295	8,312
025	INTENSIVE CARE UNIT	23,241	9,973	44,204	5,101		7,822	1,375
026	01 NEURO INTENSIVE				2			
027	CORONARY CARE UNIT						2,923	514
028	SUBPROVIDER	17,171	4,035	14,240	928		2,379	418
029	NURSERY				9			
030	ANCILLARY SRVC COST CNTRS							
031	OPERATING ROOM		10,534	46,690	65,521		40,788	7,168
032	RECOVERY ROOM		4,136	18,331	4,339		8,245	1,449
033	DELIVERY ROOM & LABOR ROO		467		1		5,600	984
034	ANESTHESIOLOGY				2,878		12,253	2,153
035	RADIOLOGY-DIAGNOSTIC		15,567		7,154		116,203	20,451
036	01 RADIOLOGY-FRANCISCAN POIN				291		3,383	595
037	02 RADIOLOGY-ST JOHN				87		645	113
038	RADIOLOGY-THERAPEUTIC							
039	01 CATH LAB/EPS		1,748		6,356		28,449	5,000
040	02 NON INVASIVE LAB		1,563		525		9,376	1,648
041	03 NEURO DIAGNOSTIC		695		813		6,240	1,097
042	04 NEURO DIAGNOSTIC -FRANSIC						46	8
043	LABORATORY						72,368	12,718
044	RESPIRATORY THERAPY		4,127		7,797		8,921	1,568
045	PHYSICAL THERAPY		2,302		424		6,512	1,144
046	01 PHYSICAL THERAPY -FRANSIC				10		1,759	309
047	OCCUPATIONAL THERAPY		1,021		3		2,215	389
048	01 OCCUPATIONAL THERAPY -FR						256	45
049	SPEECH PATHOLOGY		502		8		942	166
050	01 REHAB PSYCHOLOGY		1,316		38		212	37
051	ELECTROCARDIOLOGY				326		5,221	918
052	01 ELECTROCARDIOLOGY -FR PO				10		16	3
053	MEDICAL SUPPLIES CHARGED				814,571		50,101	8,805
054	DRUGS CHARGED TO PATIENTS				3,806	449,082	56,178	9,873
055	RENAL DIALYSIS				42		1,143	201
056	RADIATION THERAPY		1,398		206		9,290	1,633
057	OUTPAT SERVICE COST CNTRS							
058	CLINIC				76		216	38
059	01 DIABETES CLINIC		163	724			84	15
060	02 OUTPATIENT CLINIC		1,258		2,334		3,085	542
061	03 OCC MED CLINIC		653		260		942	166
062	EMERGENCY		12,248	45,234	17,012		30,311	5,327
063	01 EXPRESS CARE - FP						623	109
064	OBSERVATION BEDS (NON-DIS							
065	SPEC PURPOSE COST CENTERS							
066	AMBULATORY SURGICAL CENTE		228	1,011				
067	SUBTOTALS	317,386	153,727	436,566	981,071	449,082	542,042	95,291
068	NONREIMBURS COST CENTERS							
069	GIFT, FLOWER, COFFEE SHOP							
070	PHYSICIANS' PRIVATE OFFIC		4,094					
071	CONVENT	2,523						
072	01 TRI-CREEK							
073	02 PHYSICIAN TIME SHARE							
074	03 VALPARASIO ADMINISTRATION							
075	04 URGENT CARE							
076	05 ST. ANTHONY HEALTH NETWORK		1,478					
077	06 MEDICAL OFFICE BUILDINGS							
078	07 FHC		4,833					
079	CROSS FOOT ADJUSTMENTS							
080	NEGATIVE COST CENTER							
081	TOTAL	319,909	164,132	436,566	981,071	449,082	542,042	95,291

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	24	25	26	27
GENERAL SERVICE COST CNTR					
001 OLD CAP REL COSTS-BLDG &					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT FP					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING FP					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY & FRI	4,005				
024 PARAMED ED PRGM		12,171			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			3,066,929		3,066,929
026 INTENSIVE CARE UNIT			616,325		616,325
026 01 NEURO INTENSIVE			2		2
027 CORONARY CARE UNIT					
031 SUBPROVIDER			293,367		293,367
033 NURSERY			76,788		76,788
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			1,671,454		1,671,454
038 RECOVERY ROOM			350,588		350,588
039 DELIVERY ROOM & LABOR ROO			162,545		162,545
040 ANESTHESIOLOGY			90,117		90,117
041 RADIOLOGY-DIAGNOSTIC			2,559,549		2,559,549
041 01 RADIOLOGY-FRANCISCAN POIN			76,256		76,256
041 02 RADIOLOGY-ST JOHN			4,030		4,030
042 RADIOLOGY-THERAPEUTIC					
042 01 CATH LAB/EPS			816,854		816,854
042 02 NON INVASIVE LAB			219,242		219,242
042 03 NEURO DIAGNOSTIC			136,354		136,354
042 04 NEURO DIAGNOSTIC -FRANSIC			54		54
044 LABORATORY			480,966		480,966
049 RESPIRATORY THERAPY			105,954		105,954
050 PHYSICAL THERAPY			226,964		226,964
050 01 PHYSICAL THERAPY -FRANSIC			13,936		13,936
051 OCCUPATIONAL THERAPY			88,915		88,915
051 01 OCCUPATIONAL THERAPY -FR			1,181		1,181
052 SPEECH PATHOLOGY			18,052		18,052
052 01 REHAB PSYCHOLOGY			2,667		2,667
053 ELECTROCARDIOLOGY			201,184		201,184
053 01 ELECTROCARDIOLOGY -FR PO			38		38
055 MEDICAL SUPPLIES CHARGED			915,607		915,607
056 DRUGS CHARGED TO PATIENTS			1,042,228		1,042,228
057 RENAL DIALYSIS			33,757		33,757
059 RADIATION THERAPY			368,336		368,336
OUTPAT SERVICE COST CNTRS					
060 CLINIC			14,232		14,232
060 01 DIABETES CLINIC			6,184		6,184
060 02 OUTPATIENT CLINIC			117,524		117,524
060 03 OCC MED CLINIC			33,545		33,545
061 EMERGENCY			766,851		766,851
061 01 EXPRESS CARE - FP			2,998		2,998
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
092 AMBULATORY SURGICAL CENTE			3,904		3,904
095 SUBTOTALS			14,585,477		14,585,477
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			35,636		35,636
098 PHYSICIANS' PRIVATE OFFIC			2,055,449		2,055,449
100 CONVENT			2,523		2,523
100 01 TRI-CREEK			7,066		7,066
100 02 PHYSICIAN TIME SHARE			4,222		4,222
100 03 VALPARASIO ADMINISTRATION			3,709		3,709
100 04 URGENT CARE			32,210		32,210
100 05 ST. ANTHONY HEALTH NETWORK			588,313		588,313
100 06 MEDICAL OFFICE BUILDINGS			168,947		168,947
100 07 FHC			16,176		16,176
CROSS FOOT ADJUSTMENTS	4,005	12,171			
NEGATIVE COST CENTER					
TOTAL	4,005	12,171	17,499,728		17,499,728

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST	503,309					
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB		5,445,673				
004 NEW CAP REL COSTS-BLD			503,309			
005 NEW CAP REL COSTS-MVB				5,445,673		
006 EMPLOYEE BENEFITS	5,592	7,224	5,592	7,224	66,406,496	
007 ADMINISTRATIVE & GENE	135,261	668,724	135,261	668,724	3,268,405	-23,535,031
008 MAINTENANCE & REPAIRS	1,039	6,985	1,039	6,985	579,578	
008 OPERATION OF PLANT	82,380	110,363	82,380	110,363	960,795	
008 01 OPERATION OF PLANT FP						
009 LAUNDRY & LINEN SERVI	6,071	5,517	6,071	5,517	314,353	
010 HOUSEKEEPING	3,288	4,542	3,288	4,542	1,207,668	
010 01 HOUSEKEEPING FP						
011 DIETARY	11,078	6,493	11,078	6,493	552,888	
012 CAFETERIA	5,674		5,674		884,176	
014 NURSING ADMINISTRATIO	3,015	288,101	3,015	288,101	2,044,894	
015 CENTRAL SERVICES & SU	14,818	97,124	14,818	97,124		
016 PHARMACY	3,826	3,187	3,826	3,187	7,840	
017 MEDICAL RECORDS & LIB	10,515	35,899	10,515	35,899	1,465,081	
018 SOCIAL SERVICE	2,192		2,192		864,912	
022 I&R SERVICES-SALARY &						
024 PARAMED ED PRGM		5,198		5,198	147,115	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	70,087	70,776	70,087	70,776	13,954,026	
026 INTENSIVE CARE UNIT	10,094	174,415	10,094	174,415	2,589,626	
026 01 NEURO INTENSIVE						
027 CORONARY CARE UNIT						
031 SUBPROVIDER	6,752	41,211	6,752	41,211	1,077,476	
033 NURSERY	1,553	8,547	1,553	8,547	702,011	
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	20,975	502,950	20,975	502,950	2,827,236	
038 RECOVERY ROOM	9,010	41,872	9,010	41,872	1,367,659	
039 DELIVERY ROOM & LABOR	6,112	725	6,112	725	127,029	
040 ANESTHESIOLOGY	1,271	36,363	1,271	36,363		
040 RADIOLOGY-DIAGNOSTIC	18,400	1,379,318	18,400	1,379,318	4,134,435	
041 01 RADIOLOGY-FRANCISCAN					119,734	
041 02 RADIOLOGY-ST JOHN					73,032	
042 RADIOLOGY-THERAPEUTIC						
042 01 CATH LAB/EPS	5,730	592,043	5,730	592,043	613,556	
042 02 NON INVASIVE LAB	3,324	110,714	3,324	110,714	349,492	
042 03 NEURO DIAGNOSTIC	1,535	46,023	1,535	46,023	183,243	
042 04 NEURO DIAGNOSTIC -FRA						
044 LABORATORY	8,875	10,883	8,875	10,883		
049 RESPIRATORY THERAPY	886	23,270	886	23,270	985,198	
050 PHYSICAL THERAPY	5,968	9,340	5,968	9,340	1,074,387	
050 01 PHYSICAL THERAPY -FRA					193,099	
051 OCCUPATIONAL THERAPY	2,918	718	2,918	718	350,122	
051 01 OCCUPATIONAL THERAPY					26,024	
052 SPEECH PATHOLOGY	322	695	322	695	227,353	
052 01 REHAB PSYCHOLOGY					23,396	
053 ELECTROCARDIOLOGY	4,167	77,732	4,167	77,732	398,084	
053 01 ELECTROCARDIOLOGY -F					677,264	
055 MEDICAL SUPPLIES CHAR					1,329,576	
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	601		601			
059 RADIATION THERAPY	9,333	102,049	9,333	102,049	405,607	
060 OUTPAT SERVICE COST C						
060 CLINIC		2,738		2,738	348,858	
060 01 DIABETES CLINIC	120	601	120	601	45,951	
060 02 OUTPATIENT CLINIC	3,361	1,549	3,361	1,549	334,951	
060 03 OCC MED CLINIC	819	246	819	246	101,161	
061 EMERGENCY	16,979	76,312	16,979	76,312	5,756,137	
061 01 EXPRESS CARE - FP						
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C					4,471	
095 SUBTOTALS	493,941	4,550,447	493,941	4,550,447	52,697,899	-23,535,031
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,431		1,431			
098 PHYSICIANS' PRIVATE O	3,439	859,813	3,439	859,813	12,166,611	
100 CONVENT						
100 01 TRI-CREEK						
100 02 PHYSICIAN TIME SHARE		807		807	104,618	
100 03 VALPARASIO ADMINISTRA		490		490		
100 04 URGENT CARE					82,106	
100 05 ST. ANTHONY HEALTH NE	753		753		300,609	
100 06 MEDICAL OFFICE BUILDI		24,659		24,659		
100 07 FHC	3,745	9,457	3,745	9,457	1,054,653	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,541,601	88,877	8,782,802	5,255,148	19,214,793	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 15-0126  
I

I PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008 I

I PREPARED 5/28/2009  
I WORKSHEET B-1  
I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR )VALUE	(SQUARE )FEET	(DOLLAR )VALUE	( GROSS ) SALARIES	6a.00
	1	2	3	4	5	
104 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.049783		17.450119		.289351	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		.016321		.965014	28,356	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000427	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					145,462	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.002190	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT FP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING FP
	( ACCUM. COST )	(SQUARE FEET )	(SQUARE FEET )	(SQUARE FEET )	(POUNDS OF )LAUNDRY	(SQUARE FEET )	(SQUARE FEET )
	6	7	8	8.01	9	10	10.01
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	141,221,868						
007 MAINTENANCE & REPAIRS	1,683,709	361,417					
008 OPERATION OF PLANT	6,889,091	82,380	279,037				
008 01 OPERATION OF PLANT FP	89,047			38,688			
009 LAUNDRY & LINEN SERVI	489,401	6,071	6,071	3,845	62,177		
010 HOUSEKEEPING	1,863,987	3,288	3,288			269,678	
010 01 HOUSEKEEPING FP	12,079				6,229		34,843
011 DIETARY	1,521,188	11,078	11,078		1,055		
012 CAFETERIA	979,685	5,674	5,674				5,674
014 NURSING ADMINISTRATIO	3,071,014	3,015	3,015				3,015
015 CENTRAL SERVICES & SU	11,080,399	14,818	14,818		255		14,818
016 PHARMACY	288,640	3,826	3,826				3,826
017 MEDICAL RECORDS & LIB	3,101,305	10,515	10,515				10,515
018 SOCIAL SERVICE	1,486,135	2,192	2,192				2,192
022 I&R SERVICES-SALARY &	163,274						
024 PARAMED ED PRGM	198,176						
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	20,792,906	70,087	70,087		30,359	70,087	
026 01 INTENSIVE CARE UNIT	3,956,020	10,094	10,094		2,972	10,094	
027 NEURO INTENSIVE							
031 CORONARY CARE UNIT							
033 SUBPROVIDER	1,721,618	6,752	6,752		1,824	6,752	
033 NURSERY	999,003	1,553	1,553		715	1,553	
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	6,745,585	20,975	20,975		8,195	20,975	
038 RECOVERY ROOM	2,090,975	9,010	9,010			9,010	
039 DELIVERY ROOM & LABOR	231,747	6,112	6,112			6,112	
040 ANESTHESIOLOGY	276,950	1,271	1,271			1,271	
01 RADIOLOGY-DIAGNOSTIC	11,994,628	18,400	18,400		3,451	18,400	
01 RADIOLOGY-FRANCISCAN	283,199			6,237			6,237
02 RADIOLOGY-ST JOHN	123,338						
042 RADIOLOGY-THERAPEUTIC							
042 01 CATH LAB/EPS	2,479,047	5,730	5,730		764	5,730	
042 02 NON INVASIVE LAB	716,868	3,324	3,324			3,324	
042 03 NEURO DIAGNOSTIC	647,258	1,535	1,535		633	1,535	
042 04 NEURO DIAGNOSTIC -FRA							
044 LABORATORY	6,897,021	8,875	8,875		37	8,875	
049 RESPIRATORY THERAPY	1,496,434	886	886			886	
050 PHYSICAL THERAPY	1,573,842	5,968	5,968		142	5,968	
050 01 PHYSICAL THERAPY -FRA	252,271			9,826			9,826
051 OCCUPATIONAL THERAPY	520,717	2,918	2,918			2,918	
051 01 OCCUPATIONAL THERAPY	33,554						
052 SPEECH PATHOLOGY	302,670	322	322			322	
052 01 REHAB PSYCHOLOGY	41,288						
053 ELECTROCARDIOLOGY	657,608	4,167	4,167		471	4,167	
053 01 ELECTROCARDIOLOGY -F	354						
055 MEDICAL SUPPLIES CHAR	1,657,155						
056 DRUGS CHARGED TO PATI	8,131,640						
057 RENAL DIALYSIS	414,368	601	601			601	
059 RADIATION THERAPY	1,189,594	9,333	9,333			9,333	
060 OUTPAT SERVICE COST C							
060 CLINIC	427,927						
060 01 DIABETES CLINIC	65,032	120	120			120	
060 02 OUTPATIENT CLINIC	562,518	3,361	3,361		357	3,361	
060 03 OCC MED CLINIC	453,425	819	819			819	
061 EMERGENCY	5,638,399	16,979	16,979		4,718	16,979	
061 01 EXPRESS CARE - FP				4,243			4,243
062 OBSERVATION BEDS (NON							
092 SPEC PURPOSE COST CEN							
095 AMBULATORY SURGICAL C	108,227						
095 SUBTOTALS	116,400,316	352,049	269,669	24,151	62,177	260,310	20,306
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	32,197	1,431	1,431			1,431	
098 PHYSICIANS' PRIVATE O	20,067,532	3,439	3,439	14,537		3,439	14,537
100 CONVENT							
100 01 TRI-CREEK							
100 02 PHYSICIAN TIME SHARE	246,183						
100 03 VALPARASIO ADMINISTRA	152,863						
100 04 URGENT CARE	143,866						
100 05 ST. ANTHONY HEALTH NE	478,574	753	753			753	
100 06 MEDICAL OFFICE BUILDI	1,551,110						
100 07 FHC	2,149,227	3,745	3,745			3,745	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	23,535,031	1,964,304	8,484,916	103,887	798,888	2,292,477	94,126

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT FP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING FP	HOUSEKEEPING FP
	( ACCUM. COST )	(SQUARE FEET )	(SQUARE FEET )	(SQUARE FEET )	(POUNDS OF )LAUNDRY	(SQUARE FEET )	(SQUARE FEET )
	6	7	8	8.01	9	10	10.01
104 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	.166653	5.435007	30.407853	2.685251	12.848610	8.500794	2.701432
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	695,354	13,899	455,305	438	43,474	31,863	4,414
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.004924	.038457	1.631701	.011321	.699197	.118152	.126683
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	3,463,860	68,587	1,736,764	2,184	163,112	131,213	16,637
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.024528	.189772	6.224135	.056452	2.623349	.486554	.477485

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 15-0126  
I

I PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008 I

I PREPARED 5/28/2009  
I WORKSHEET 8-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(MEALS SERVED)	(FTE'S)	(FTE'S)	(COSTED) REQUIS.	(COSTED) REQUIS.	(GROSS) CHARGES	(GROSS) CHARGES
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT FP							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING FP							
011 DIETARY	336,346						
012 CAFETERIA		78,422					
014 NURSING ADMINISTRATIO		2,544	47,060				
015 CENTRAL SERVICES & SU		2,434	713	11,891,162			
016 PHARMACY		2,183	2,183		1,000		
017 MEDICAL RECORDS & LIB		3,635		66		373,507,337	
018 SOCIAL SERVICE		1,228					373,507,337
022 I&R SERVICES-SALARY &							
024 PARAMED ED PRGM		309		12,095			
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	291,205	25,792	25,792	474,407		32,595,056	32,595,056
026 INTENSIVE CARE UNIT	24,435	4,765	4,765	61,832		5,390,721	5,390,721
026 01 NEURO INTENSIVE				29			
027 CORONARY CARE UNIT							
031 SUBPROVIDER	18,053	1,928	1,535	11,252		2,014,609	2,014,609
033 NURSERY				115		1,639,354	1,639,354
ANCILLARY SRVC COST C							
037 OPERATING ROOM		5,033	5,033	794,153		28,110,451	28,110,451
038 RECOVERY ROOM		1,976	1,976	52,596		5,682,084	5,682,084
039 DELIVERY ROOM & LABOR		223		15		3,859,233	3,859,233
040 ANESTHESIOLOGY				34,880		8,444,809	8,444,809
RADIOLOGY-DIAGNOSTIC		7,438		86,714		80,028,401	80,028,401
01 RADIOLOGY-FRANCISCAN				3,527		2,331,530	2,331,530
042 02 RADIOLOGY-ST JOHN				1,050		444,571	444,571
042 RADIOLOGY-THERAPEUTIC							
042 01 CATH LAB/EPS		835		77,040		19,606,237	19,606,237
042 02 NON INVASIVE LAB		747		6,368		6,461,470	6,461,470
042 03 NEURO DIAGNOSTIC		332		9,851		4,300,219	4,300,219
042 04 NEURO DIAGNOSTIC -FRA						31,740	31,740
044 LABORATORY						49,874,469	49,874,469
049 RESPIRATORY THERAPY		1,972		94,500		6,147,874	6,147,874
050 PHYSICAL THERAPY		1,100		5,143		4,487,606	4,487,606
050 01 PHYSICAL THERAPY -FRA				125		1,212,534	1,212,534
051 OCCUPATIONAL THERAPY		488		35		1,526,580	1,526,580
051 01 OCCUPATIONAL THERAPY						176,428	176,428
052 SPEECH PATHOLOGY		240		103		649,127	649,127
052 01 REHAB PSYCHOLOGY		629		458		146,289	146,289
053 ELECTROCARDIOLOGY				3,951		3,598,395	3,598,395
053 01 ELECTROCARDIOLOGY -F				124		11,220	11,220
055 MEDICAL SUPPLIES CHAR				9,873,025		34,528,698	34,528,698
056 DRUGS CHARGED TO PATI				46,135	1,000	38,716,594	38,716,594
057 RENAL DIALYSIS				513		787,635	787,635
059 RADIATION THERAPY		668		2,491		6,402,451	6,402,451
OUTPAT SERVICE COST C							
060 CLINIC				922		148,856	148,856
060 01 DIABETES CLINIC		78	78			57,582	57,582
060 02 OUTPATIENT CLINIC		601		28,294		2,126,329	2,126,329
060 03 OCC MED CLINIC		312		3,154		649,072	649,072
061 EMERGENCY		5,852	4,876	206,199		20,889,720	20,889,720
061 01 EXPRESS CARE - FP						429,393	429,393
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C		109	109				
095 SUBTOTALS	333,693	73,451	47,060	11,891,162	1,000	373,507,337	373,507,337
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O		1,956					
100 CONVENT	2,653						
100 01 TRI-CREEK							
100 02 PHYSICIAN TIME SHARE							
100 03 VALPARASIO ADMINISTRA							
100 04 URGENT CARE							
100 05 ST. ANTHONY HEALTH NE		706					
100 06 MEDICAL OFFICE BUILDI							
100 07 FHC		2,309					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,279,493	1,394,558	3,761,744	13,687,619	719,719	4,149,137	1,852,843
(WRKSHT B, PART I)							

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
		(MEALS SERVED)	(FTE'S)	(FTE'S)	(COSTED) REQUIS.	(COSTED) REQUIS.	( GROSS CHARGES )	( GROSS CHARGES )
		11	12	14	15	16	17	18
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.777226	17.782740	79.935062	1.151075	719.719000	.011109	.004961
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	84,322	44,000	42,741	159,665	30,846	90,424	23,365
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.250700	.561067	.908224	.013427	30.846000	.000242	.000063
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	319,909	164,132	436,566	981,071	449,082	542,042	95,291
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.951131	2.092933	9.276796	.082504	449.082000	.001451	.000255

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 15-0126  
I

I PERIOD:  
I FROM 1/ 1/2008 I  
I TO 12/31/2008 I

I PREPARED 5/28/2009  
I WORKSHEET 8-1  
I

COST CENTER I&R SERVICES- PARAMED ED PR  
DESCRIPTION SALARY & FRI GM  
(ASSIGNED (ASSIGNED  
TIME )TIME )

22 24

	GENERAL SERVICE COST		
001	OLD CAP REL COSTS-BLD		
002	OLD CAP REL COSTS-MVB		
003	NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENE		
007	MAINTENANCE & REPAIRS		
008	OPERATION OF PLANT		
008 01	OPERATION OF PLANT FP		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
010 01	HOUSEKEEPING FP		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB		
018	SOCIAL SERVICE		
022	I&R SERVICES-SALARY &	1,001	
024	PARAMED ED PRGM		1,001
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	1	1
026	INTENSIVE CARE UNIT		
026 01	NEURO INTENSIVE		
027	CORONARY CARE UNIT		
031	SUBPROVIDER		
033	NURSERY		
	ANCILLARY SRVC COST C		
037	OPERATING ROOM		
038	RECOVERY ROOM		
039	DELIVERY ROOM & LABOR		
040	ANESTHESIOLOGY		
	RADIOLOGY-DIAGNOSTIC		
041 01	RADIOLOGY-FRANCISCAN		
041 02	RADIOLOGY-ST JOHN		
042	RADIOLOGY-THERAPEUTIC		
042 01	CATH LAB/EPS		
042 02	NON INVASIVE LAB		
042 03	NEURO DIAGNOSTIC		
042 04	NEURO DIAGNOSTIC -FRA		
044	LABORATORY		
049	RESPIRATORY THERAPY		
050	PHYSICAL THERAPY		
050 01	PHYSICAL THERAPY -FRA		
051	OCCUPATIONAL THERAPY		
051 01	OCCUPATIONAL THERAPY		
052	SPEECH PATHOLOGY		
052 01	REHAB PSYCHOLOGY		
053	ELECTROCARDIOLOGY		
053 01	ELECTROCARDIOLOGY -F		
055	MEDICAL SUPPLIES CHAR		
056	DRUGS CHARGED TO PATI		
057	RENAL DIALYSIS		
059	RADIATION THERAPY		
	OUTPAT SERVICE COST C		
060	CLINIC		
060 01	DIABETES CLINIC		
060 02	OUTPATIENT CLINIC		
060 03	OCC MED CLINIC		
061	EMERGENCY	1,000	1,000
061 01	EXPRESS CARE - FP		
062	OBSERVATION BEDS (NON		
	SPEC PURPOSE COST CEN		
092	AMBULATORY SURGICAL C		
095	SUBTOTALS	1,001	1,001
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
098	PHYSICIANS' PRIVATE O		
100	CONVENT		
100 01	TRI-CREEK		
100 02	PHYSICIAN TIME SHARE		
100 03	VALPARASIO ADMINISTRA		
100 04	URGENT CARE		
100 05	ST. ANTHONY HEALTH NE		
100 06	MEDICAL OFFICE BUILDI		
100 07	FHC		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	190,484	250,620
	(PER WRKSHT B, PART		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

	COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR SALARY & FRI GM	
		(ASSIGNED TIME )	(ASSIGNED TIME )
		22	24
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)		250.369630
105	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)	190.293706 804	1,459
106	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	.803197 4,005	12,171
107			12.158841
108		4.000999	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	33,320,097		33,320,097		33,320,097
26	INTENSIVE CARE UNIT	5,890,124		5,890,124		5,890,124
26 01	NEURO INTENSIVE		33	33		33
27	CORONARY CARE UNIT					
31	SUBPROVIDER	2,656,035		2,656,035		2,656,035
33	NURSERY	1,270,020		1,270,020		1,270,020
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,762,838		10,762,838		10,762,838
38	RECOVERY ROOM	3,183,922		3,183,922		3,183,922
39	DELIVERY ROOM & LABOR ROO	607,398		607,398		607,398
40	ANESTHESIOLOGY	555,323		555,323		555,323
41	RADIOLOGY-DIAGNOSTIC	16,371,687		16,371,687		16,371,687
41 01	RADIOLOGY-FRANCISCAN POIN	405,520		405,520		405,520
41 02	RADIOLOGY-ST JOHN	152,247		152,247		152,247
42	RADIOLOGY-THERAPEUTIC					
42 01	CATH LAB/EPS	3,574,695		3,574,695	18,105	3,592,800
42 02	NON INVASIVE LAB	1,108,184		1,108,184	8,668	1,116,852
42 03	NEURO DIAGNOSTIC	917,673		917,673		917,673
42 04	NEURO DIAGNOSTIC -FRANSIC	510		510		510
44	LABORATORY	9,241,938		9,241,938		9,241,938
49	RESPIRATORY THERAPY	2,027,749		2,027,749	9,014	2,036,763
50	PHYSICAL THERAPY	2,200,192		2,200,192		2,200,192
50 01	PHYSICAL THERAPY -FRANSIC	366,871		366,871		366,871
51	OCCUPATIONAL THERAPY	770,140		770,140		770,140
51 01	OCCUPATIONAL THERAPY -FR	41,981		41,981		41,981
52	SPEECH PATHOLOGY	382,207		382,207		382,207
52 01	REHAB PSYCHOLOGY	62,232		62,232		62,232
53	ELECTROCARDIOLOGY	1,020,408		1,020,408	4,397	1,024,805
53 01	ELECTROCARDIOLOGY -FR PO	737		737		737
55	MEDICAL SUPPLIES CHARGED	13,852,793		13,852,793		13,852,793
56	DRUGS CHARGED TO PATIENTS	10,881,802		10,881,802		10,881,802
57	RENAL DIALYSIS	523,322		523,322		523,322
59	RADIATION THERAPY	1,919,336		1,919,336	10,662	1,929,998
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	502,695		502,695		502,695
60 01	DIABETES CLINIC	89,739		89,739		89,739
60 02	OUTPATIENT CLINIC	887,315		887,315		887,315
60 03	OCC MED CLINIC	584,916		584,916		584,916
	EMERGENCY	8,708,833		8,708,833	107,584	8,816,417
01	EXPRESS CARE - FP	29,756		29,756		29,756
	OBSERVATION BEDS (NON-DIS	2,211,987		2,211,987		2,211,987
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	137,083,255		137,083,255	158,430	137,241,685
102	LESS OBSERVATION BEDS	2,211,987		2,211,987		2,211,987
103	TOTAL	134,871,268		134,871,268	158,430	135,029,698

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	30,496,881		30,496,881			
26	INTENSIVE CARE UNIT	5,390,721		5,390,721			
26	01 NEURO INTENSIVE						
27	CORONARY CARE UNIT						
31	SUBPROVIDER	2,014,609		2,014,609			
33	NURSERY	1,639,354		1,639,354			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,782,405	13,328,046	28,110,451	.382877	.382877	.382877
38	RECOVERY ROOM	1,820,025	3,862,059	5,682,084	.560344	.560344	.560344
39	DELIVERY ROOM & LABOR ROO	3,511,057	348,176	3,859,233	.157388	.157388	.157388
40	ANESTHESIOLOGY	4,524,051	3,920,758	8,444,809	.065759	.065759	.065759
41	RADIOLOGY-DIAGNOSTIC	23,880,830	56,147,571	80,028,401	.204573	.204573	.204573
41	01 RADIOLOGY-FRANCISCAN POIN		2,331,530	2,331,530	.173929	.173929	.173929
41	02 RADIOLOGY-ST JOHN		444,571	444,571	.342458	.342458	.342458
42	RADIOLOGY-THERAPEUTIC						
42	01 CATH LAB/EPS	13,659,635	5,946,602	19,606,237	.182324	.182324	.182324
42	02 NON INVASIVE LAB	3,971,459	2,490,011	6,461,470	.171506	.171506	.172848
42	03 NEURO DIAGNOSTIC	902,117	3,398,102	4,300,219	.213401	.213401	.213401
42	04 NEURO DIAGNOSTIC -FRANSIC		31,740	31,740	.016068	.016068	.016068
44	LABORATORY	23,037,979	26,836,490	49,874,469	.185304	.185304	.185304
49	RESPIRATORY THERAPY	5,113,981	1,033,893	6,147,874	.329829	.329829	.331296
50	PHYSICAL THERAPY	2,038,046	2,449,560	4,487,606	.490282	.490282	.490282
50	01 PHYSICAL THERAPY -FRANSIC		1,212,534	1,212,534	.302566	.302566	.302566
51	OCCUPATIONAL THERAPY	1,268,069	258,511	1,526,580	.504487	.504487	.504487
51	01 OCCUPATIONAL THERAPY -FR		176,428	176,428	.237950	.237950	.237950
52	SPEECH PATHOLOGY	452,224	196,903	649,127	.588802	.588802	.588802
52	01 REHAB PSYCHOLOGY	21,248	125,041	146,289	.425405	.425405	.425405
53	ELECTROCARDIOLOGY	1,864,574	1,733,821	3,598,395	.283573	.283573	.284795
53	01 ELECTROCARDIOLOGY -FR PO		11,220	11,220	.065686	.065686	.065686
55	MEDICAL SUPPLIES CHARGED	27,212,789	7,315,909	34,528,698	.401197	.401197	.401197
56	DRUGS CHARGED TO PATIENTS	27,597,834	11,118,760	38,716,594	.281063	.281063	.281063
57	RENAL DIALYSIS	781,020	6,615	787,635	.664422	.664422	.664422
59	RADIATION THERAPY	248,417	6,154,034	6,402,451	.299781	.299781	.301447
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		148,856	148,856	3.377056	3.377056	3.377056
60	01 DIABETES CLINIC	132	57,450	57,582	1.558456	1.558456	1.558456
60	02 OUTPATIENT CLINIC	513,206	1,613,123	2,126,329	.417299	.417299	.417299
60	03 OCC MED CLINIC		649,072	649,072	.901157	.901157	.901157
	EMERGENCY	7,403,773	13,485,947	20,889,720	.416896	.416896	.422046
01	EXPRESS CARE - FP		429,393	429,393	.069298	.069298	.069298
	OBSERVATION BEDS (NON-DIS	288,090	1,810,085	2,098,175	1.054243	1.054243	1.054243
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	204,434,526	169,072,811	373,507,337			
102	LESS OBSERVATION BEDS						
103	TOTAL	204,434,526	169,072,811	373,507,337			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	33,320,287		33,320,287		33,320,287
26	INTENSIVE CARE UNIT	5,890,124		5,890,124		5,890,124
26	01 NEURO INTENSIVE	33		33		33
27	CORONARY CARE UNIT					
31	SUBPROVIDER	2,656,035		2,656,035		2,656,035
33	NURSERY	1,270,020		1,270,020		1,270,020
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,762,838		10,762,838		10,762,838
38	RECOVERY ROOM	3,183,922		3,183,922		3,183,922
39	DELIVERY ROOM & LABOR ROO	607,398		607,398		607,398
40	ANESTHESIOLOGY	555,323		555,323		555,323
41	RADIOLOGY-DIAGNOSTIC	16,371,687		16,371,687		16,371,687
41	01 RADIOLOGY-FRANCISCAN POIN	405,520		405,520		405,520
41	02 RADIOLOGY-ST JOHN	152,247		152,247		152,247
42	RADIOLOGY-THERAPEUTIC					
42	01 CATH LAB/EPS	3,574,695		3,574,695	18,105	3,592,800
42	02 NON INVASIVE LAB	1,108,184		1,108,184	8,668	1,116,852
42	03 NEURO DIAGNOSTIC	917,673		917,673		917,673
42	04 NEURO DIAGNOSTIC -FRANSIC	510		510		510
44	LABORATORY	9,241,938		9,241,938		9,241,938
49	RESPIRATORY THERAPY	2,027,749		2,027,749	9,014	2,036,763
50	PHYSICAL THERAPY	2,200,192		2,200,192		2,200,192
50	01 PHYSICAL THERAPY -FRANSIC	366,871		366,871		366,871
51	OCCUPATIONAL THERAPY	770,140		770,140		770,140
51	01 OCCUPATIONAL THERAPY -FR	41,981		41,981		41,981
52	SPEECH PATHOLOGY	382,207		382,207		382,207
52	01 REHAB PSYCHOLOGY	62,232		62,232		62,232
53	ELECTROCARDIOLOGY	1,020,408		1,020,408	4,397	1,024,805
53	01 ELECTROCARDIOLOGY -FR PO	737		737		737
55	MEDICAL SUPPLIES CHARGED	13,852,793		13,852,793		13,852,793
56	DRUGS CHARGED TO PATIENTS	10,881,802		10,881,802		10,881,802
57	RENAL DIALYSIS	523,322		523,322		523,322
59	RADIATION THERAPY	1,919,336		1,919,336	10,662	1,929,998
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	502,695		502,695		502,695
60	01 DIABETES CLINIC	89,739		89,739		89,739
60	02 OUTPATIENT CLINIC	887,315		887,315		887,315
60	03 OCC MED CLINIC	584,916		584,916		584,916
	EMERGENCY	8,899,127		8,899,127	107,584	9,006,711
01	EXPRESS CARE - FP	29,756		29,756		29,756
	OBSERVATION BEDS (NON-DIS	2,211,987		2,211,987		2,211,987
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	137,273,739		137,273,739	158,430	137,432,169
102	LESS OBSERVATION BEDS	2,211,987		2,211,987		2,211,987
103	TOTAL	135,061,752		135,061,752	158,430	135,220,182

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	30,496,881		30,496,881			
26	INTENSIVE CARE UNIT	5,390,721		5,390,721			
26 01	NEURO INTENSIVE						
27	CORONARY CARE UNIT						
31	SUBPROVIDER	2,014,609		2,014,609			
33	NURSERY	1,639,354		1,639,354			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,782,405	13,328,046	28,110,451	.382877	.382877	.382877
38	RECOVERY ROOM	1,820,025	3,862,059	5,682,084	.560344	.560344	.560344
39	DELIVERY ROOM & LABOR ROO	3,511,057	348,176	3,859,233	.157388	.157388	.157388
40	ANESTHESIOLOGY	4,524,051	3,920,758	8,444,809	.065759	.065759	.065759
41	RADIOLOGY-DIAGNOSTIC	23,880,830	56,147,571	80,028,401	.204573	.204573	.204573
41 01	RADIOLOGY-FRANCISCAN POIN		2,331,530	2,331,530	.173929	.173929	.173929
41 02	RADIOLOGY-ST JOHN		444,571	444,571	.342458	.342458	.342458
42	RADIOLOGY-THERAPEUTIC						
42 01	CATH LAB/EPS	13,659,635	5,946,602	19,606,237	.182324	.182324	.183248
42 02	NON INVASIVE LAB	3,971,459	2,490,011	6,461,470	.171506	.171506	.172848
42 03	NEURO DIAGNOSTIC	902,117	3,398,102	4,300,219	.213401	.213401	.213401
42 04	NEURO DIAGNOSTIC -FRANSIC		31,740	31,740	.016068	.016068	.016068
44	LABORATORY	23,037,979	26,836,490	49,874,469	.185304	.185304	.185304
49	RESPIRATORY THERAPY	5,113,981	1,033,893	6,147,874	.329829	.329829	.331296
50	PHYSICAL THERAPY	2,038,046	2,449,560	4,487,606	.490282	.490282	.490282
50 01	PHYSICAL THERAPY -FRANSIC		1,212,534	1,212,534	.302566	.302566	.302566
51	OCCUPATIONAL THERAPY	1,268,069	258,511	1,526,580	.504487	.504487	.504487
51 01	OCCUPATIONAL THERAPY -FR		176,428	176,428	.237950	.237950	.237950
52	SPEECH PATHOLOGY	452,224	196,903	649,127	.588802	.588802	.588802
52 01	REHAB PSYCHOLOGY	21,248	125,041	146,289	.425405	.425405	.425405
53	ELECTROCARDIOLOGY	1,864,574	1,733,821	3,598,395	.283573	.283573	.284795
53 01	ELECTROCARDIOLOGY -FR PO		11,220	11,220	.065686	.065686	.065686
55	MEDICAL SUPPLIES CHARGED	27,212,789	7,315,909	34,528,698	.401197	.401197	.401197
56	DRUGS CHARGED TO PATIENTS	27,597,834	11,118,760	38,716,594	.281063	.281063	.281063
57	RENAL DIALYSIS	781,020	6,615	787,635	.664422	.664422	.664422
59	RADIATION THERAPY	248,417	6,154,034	6,402,451	.299781	.299781	.301447
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		148,856	148,856	3.377056	3.377056	3.377056
60 01	DIABETES CLINIC	132	57,450	57,582	1.558456	1.558456	1.558456
60 02	OUTPATIENT CLINIC	513,206	1,613,123	2,126,329	.417299	.417299	.417299
60 03	OCC MED CLINIC		649,072	649,072	.901157	.901157	.901157
	EMERGENCY	7,403,773	13,485,947	20,889,720	.426005	.426005	.431155
01	EXPRESS CARE - FP		429,393	429,393	.069298	.069298	.069298
	OBSERVATION BEDS (NON-DIS	288,090	1,810,085	2,098,175	1.054243	1.054243	1.054243
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	204,434,526	169,072,811	373,507,337			
102	LESS OBSERVATION BEDS						
103	TOTAL	204,434,526	169,072,811	373,507,337			

WKST A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,762,838	1,889,876	8,872,962			10,762,838
38	RECOVERY ROOM	3,183,922	429,106	2,754,816			3,183,922
39	DELIVERY ROOM & LABOR ROO	607,398	206,848	400,550			607,398
40	ANESTHESIOLOGY	555,323	103,809	451,514			555,323
41	RADIOLOGY-DIAGNOSTIC	16,371,687	2,800,734	13,570,953			16,371,687
41 01	RADIOLOGY-FRANCISCAN POIN	405,520	79,320	326,200			405,520
41 02	RADIOLOGY-ST JOHN	152,247	4,818	147,429			152,247
42	RADIOLOGY-THERAPEUTIC						
42 01	CATH LAB/EPS	3,574,695	886,184	2,688,511			3,574,695
42 02	NON INVASIVE LAB	1,108,184	249,934	858,250			1,108,184
42 03	NEURO DIAGNOSTIC	917,673	152,939	764,734			917,673
42 04	NEURO DIAGNOSTIC -FRANSIC	510	64	446			510
44	LABORATORY	9,241,938	591,031	8,650,907			9,241,938
49	RESPIRATORY THERAPY	2,027,749	124,432	1,903,317			2,027,749
50	PHYSICAL THERAPY	2,200,192	278,289	1,921,903			2,200,192
50 01	PHYSICAL THERAPY -FRANSIC	366,871	16,987	349,884			366,871
51	OCCUPATIONAL THERAPY	770,140	112,333	657,807			770,140
51 01	OCCUPATIONAL THERAPY -FR	41,981	1,411	40,570			41,981
52	SPEECH PATHOLOGY	382,207	22,185	360,022			382,207
52 01	REHAB PSYCHOLOGY	62,232	3,283	58,949			62,232
53	ELECTROCARDIOLOGY	1,020,408	235,834	784,574			1,020,408
53 01	ELECTROCARDIOLOGY -FR PO	737	46	691			737
55	MEDICAL SUPPLIES CHARGED	13,852,793	1,067,158	12,785,635			13,852,793
56	DRUGS CHARGED TO PATIENTS	10,881,802	1,126,109	9,755,693			10,881,802
57	RENAL DIALYSIS	523,322	40,155	483,167			523,322
59	RADIATION THERAPY	1,919,336	442,214	1,477,122			1,919,336
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	502,695	16,590	486,105			502,695
60 01	DIABETES CLINIC	89,739	7,488	82,251			89,739
60 02	OUTPATIENT CLINIC	887,315	145,060	742,255			887,315
60 03	OCC MED CLINIC	584,916	41,840	543,076			584,916
61	EMERGENCY	8,708,833	934,572	7,774,261			8,708,833
61 01	EXPRESS CARE - FP	29,756	3,715	26,041			29,756
62	OBSERVATION BEDS (NON-DIS	2,211,987	252,538	1,959,449			2,211,987
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	93,946,946	12,266,902	81,680,044			93,946,946
102	LESS OBSERVATION BEDS	2,211,987	252,538	1,959,449			2,211,987
	TOTAL	91,734,959	12,014,364	79,720,595			91,734,959

WKST A NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	28,110,451	.382877	.382877
38	RECOVERY ROOM	5,682,084	.560344	.560344
39	DELIVERY ROOM & LABOR ROO	3,859,233	.157388	.157388
40	ANESTHESIOLOGY	8,444,809	.065759	.065759
41	RADIOLOGY-DIAGNOSTIC	80,028,401	.204573	.204573
41 01	RADIOLOGY-FRANCISCAN POIN	2,331,530	.173929	.173929
41 02	RADIOLOGY-ST JOHN	444,571	.342458	.342458
42	RADIOLOGY-THERAPEUTIC			
42 01	CATH LAB/EPS	19,606,237	.182324	.182324
42 02	NON INVASIVE LAB	6,461,470	.171506	.171506
42 03	NEURO DIAGNOSTIC	4,300,219	.213401	.213401
42 04	NEURO DIAGNOSTIC -FRANSIC	31,740	.016068	.016068
44	LABORATORY	49,874,469	.185304	.185304
49	RESPIRATORY THERAPY	6,147,874	.329829	.329829
50	PHYSICAL THERAPY	4,487,606	.490282	.490282
50 01	PHYSICAL THERAPY -FRANSIC	1,212,534	.302566	.302566
51	OCCUPATIONAL THERAPY	1,526,580	.504487	.504487
51 01	OCCUPATIONAL THERAPY -FR	176,428	.237950	.237950
52	SPEECH PATHOLOGY	649,127	.588802	.588802
52 01	REHAB PSYCHOLOGY	146,289	.425405	.425405
53	ELECTROCARDIOLOGY	3,598,395	.283573	.283573
53 01	ELECTROCARDIOLOGY -FR PO	11,220	.065686	.065686
55	MEDICAL SUPPLIES CHARGED	34,528,698	.401197	.401197
56	DRUGS CHARGED TO PATIENTS	38,716,594	.281063	.281063
57	RENAL DIALYSIS	787,635	.664422	.664422
59	RADIATION THERAPY	6,402,451	.299781	.299781
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	148,856	3.377056	3.377056
60 01	DIABETES CLINIC	57,582	1.558456	1.558456
60 02	OUTPATIENT CLINIC	2,126,329	.417299	.417299
60 03	OCC MED CLINIC	649,072	.901157	.901157
61	EMERGENCY	20,889,720	.416896	.416896
61 01	EXPRESS CARE - FP	429,393	.069298	.069298
62	OBSERVATION BEDS (NON-DIS	2,098,175	1.054243	1.054243
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	333,965,772		
102	LESS OBSERVATION BEDS	2,098,175		
	TOTAL	331,867,597		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,762,838	1,889,876	8,872,962			10,762,838
38	RECOVERY ROOM	3,183,922	429,106	2,754,816			3,183,922
39	DELIVERY ROOM & LABOR ROO	607,398	206,848	400,550			607,398
40	ANESTHESIOLOGY	555,323	103,809	451,514			555,323
41	RADIOLOGY-DIAGNOSTIC	16,371,687	2,800,734	13,570,953			16,371,687
41 01	RADIOLOGY-FRANCISCAN POIN	405,520	79,320	326,200			405,520
41 02	RADIOLOGY-ST JOHN	152,247	4,818	147,429			152,247
42	RADIOLOGY-THERAPEUTIC						
42 01	CATH LAB/EPS	3,574,695	886,184	2,688,511			3,574,695
42 02	NON INVASIVE LAB	1,108,184	249,934	858,250			1,108,184
42 03	NEURO DIAGNOSTIC	917,673	152,939	764,734			917,673
42 04	NEURO DIAGNOSTIC -FRANSIC	510	64	446			510
44	LABORATORY	9,241,938	591,031	8,650,907			9,241,938
49	RESPIRATORY THERAPY	2,027,749	124,432	1,903,317			2,027,749
50	PHYSICAL THERAPY	2,200,192	278,289	1,921,903			2,200,192
50 01	PHYSICAL THERAPY -FRANSIC	366,871	16,987	349,884			366,871
51	OCCUPATIONAL THERAPY	770,140	112,333	657,807			770,140
51 01	OCCUPATIONAL THERAPY -FR	41,981	1,411	40,570			41,981
52	SPEECH PATHOLOGY	382,207	22,185	360,022			382,207
52 01	REHAB PSYCHOLOGY	62,232	3,283	58,949			62,232
53	ELECTROCARDIOLOGY	1,020,408	235,834	784,574			1,020,408
53 01	ELECTROCARDIOLOGY -FR PO	737	46	691			737
55	MEDICAL SUPPLIES CHARGED	13,852,793	1,067,158	12,785,635			13,852,793
56	DRUGS CHARGED TO PATIENTS	10,881,802	1,126,109	9,755,693			10,881,802
57	RENAL DIALYSIS	523,322	40,155	483,167			523,322
59	RADIATION THERAPY	1,919,336	442,214	1,477,122			1,919,336
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	502,695	16,590	486,105			502,695
60 01	DIABETES CLINIC	89,739	7,488	82,251			89,739
60 02	OUTPATIENT CLINIC	887,315	145,060	742,255			887,315
60 03	OCC MED CLINIC	584,916	41,840	543,076			584,916
61	EMERGENCY	8,899,127	934,572	7,964,555			8,899,127
61 01	EXPRESS CARE - FP	29,756	3,715	26,041			29,756
62	OBSERVATION BEDS (NON-DIS	2,211,987	252,538	1,959,449			2,211,987
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	94,137,240	12,266,902	81,870,338			94,137,240
102	LESS OBSERVATION BEDS	2,211,987	252,538	1,959,449			2,211,987
	TOTAL	91,925,253	12,014,364	79,910,889			91,925,253

WKST A NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	28,110,451	.382877	.382877
38	RECOVERY ROOM	5,682,084	.560344	.560344
39	DELIVERY ROOM & LABOR ROO	3,859,233	.157388	.157388
40	ANESTHESIOLOGY	8,444,809	.065759	.065759
41	RADIOLOGY-DIAGNOSTIC	80,028,401	.204573	.204573
41 01	RADIOLOGY-FRANCISCAN POIN	2,331,530	.173929	.173929
41 02	RADIOLOGY-ST JOHN	444,571	.342458	.342458
42	RADIOLOGY-THERAPEUTIC			
42 01	CATH LAB/EPS	19,606,237	.182324	.182324
42 02	NON INVASIVE LAB	6,461,470	.171506	.171506
42 03	NEURO DIAGNOSTIC	4,300,219	.213401	.213401
42 04	NEURO DIAGNOSTIC -FRANSIC	31,740	.016068	.016068
44	LABORATORY	49,874,469	.185304	.185304
49	RESPIRATORY THERAPY	6,147,874	.329829	.329829
50	PHYSICAL THERAPY	4,487,606	.490282	.490282
50 01	PHYSICAL THERAPY -FRANSIC	1,212,534	.302566	.302566
51	OCCUPATIONAL THERAPY	1,526,580	.504487	.504487
51 01	OCCUPATIONAL THERAPY -FR	176,428	.237950	.237950
52	SPEECH PATHOLOGY	649,127	.588802	.588802
52 01	REHAB PSYCHOLOGY	146,289	.425405	.425405
53	ELECTROCARDIOLOGY	3,598,395	.283573	.283573
53 01	ELECTROCARDIOLOGY -FR PO	11,220	.065686	.065686
55	MEDICAL SUPPLIES CHARGED	34,528,698	.401197	.401197
56	DRUGS CHARGED TO PATIENTS	38,716,594	.281063	.281063
57	RENAL DIALYSIS	787,635	.664422	.664422
59	RADIATION THERAPY	6,402,451	.299781	.299781
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	148,856	3.377056	3.377056
60 01	DIABETES CLINIC	57,582	1.558456	1.558456
60 02	OUTPATIENT CLINIC	2,126,329	.417299	.417299
60 03	OCC MED CLINIC	649,072	.901157	.901157
61	EMERGENCY	20,889,720	.426005	.426005
61 01	EXPRESS CARE - FP	429,393	.069298	.069298
62	OBSERVATION BEDS (NON-DIS	2,098,175	1.054243	1.054243
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	333,965,772		
102	LESS OBSERVATION BEDS	2,098,175		
	TOTAL	331,867,597		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

A NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	737,178		737,178	3,066,929		3,066,929
26	INTENSIVE CARE UNIT	110,136		110,136	616,325		616,325
26 01	NEURO INTENSIVE				2		2
27	CORONARY CARE UNIT						
31	SUBPROVIDER	64,824		64,824	293,367		293,367
33	NURSERY	16,979		16,979	76,788		76,788
101	TOTAL	929,117		929,117	4,053,411		4,053,411

WKST A NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	45,838	26,244	16.08	422,004	66.91	1,755,986
26	INTENSIVE CARE UNIT	3,591	1,954	30.67	59,929	171.63	335,365
26 01	NEURO INTENSIVE						
27	CORONARY CARE UNIT						
31	SUBPROVIDER	2,653	1,971	24.43	48,152	110.58	217,953
33	NURSERY	2,894		5.87		26.53	
101	TOTAL	54,976	30,169		530,085		2,309,304

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-0126 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	218,422	1,671,454	28,110,451	6,018,446	.007770	46,763
38	RECOVERY ROOM	78,518	350,588	5,682,084	868,392	.013819	12,000
39	DELIVERY ROOM & LABOR ROO	44,303	162,545	3,859,233	5,847	.011480	67
40	ANESTHESIOLOGY	13,692	90,117	8,444,809	1,928,064	.001621	3,125
41	RADIOLOGY-DIAGNOSTIC	241,185	2,559,549	80,028,401	13,235,326	.003014	39,891
41 01	RADIOLOGY-FRANCISCAN POIN	3,064	76,256	2,331,530		.001314	
41 02	RADIOLOGY-ST JOHN	788	4,030	444,571		.001772	
42	RADIOLOGY-THERAPEUTIC						
42 01	CATH LAB/EPS	69,330	816,854	19,606,237	8,232,739	.003536	29,111
42 02	NON INVASIVE LAB	30,692	219,242	6,461,470	2,552,251	.004750	12,123
42 03	NEURO DIAGNOSTIC	16,585	136,354	4,300,219	523,915	.003857	2,021
42 04	NEURO DIAGNOSTIC -FRANSIC	10	54	31,740		.000315	
44	LABORATORY	110,065	480,966	49,874,469	13,351,699	.002207	29,467
49	RESPIRATORY THERAPY	18,478	105,954	6,147,874	3,299,796	.003006	9,919
50	PHYSICAL THERAPY	51,325	226,964	4,487,606	939,955	.011437	10,750
50 01	PHYSICAL THERAPY -FRANSIC	3,051	13,936	1,212,534		.002516	
51	OCCUPATIONAL THERAPY	23,418	88,915	1,526,580	469,240	.015340	7,198
51 01	OCCUPATIONAL THERAPY -FR	230	1,181	176,428		.001304	
52	SPEECH PATHOLOGY	4,133	18,052	649,127	178,489	.006367	1,136
52 01	REHAB PSYCHOLOGY	616	2,667	146,289		.004211	
53	ELECTROCARDIOLOGY	34,650	201,184	3,598,395	1,572,656	.009629	15,143
53 01	ELECTROCARDIOLOGY -FR PO	8	38	11,220		.000713	
55	MEDICAL SUPPLIES CHARGED	151,551	915,607	34,528,698	14,525,779	.004389	63,754
56	DRUGS CHARGED TO PATIENTS	83,881	1,042,228	38,716,594	15,294,976	.002167	33,144
57	RENAL DIALYSIS	6,398	33,757	787,635	591,603	.008123	4,806
59	RADIATION THERAPY	73,878	368,336	6,402,451	144,324	.011539	1,665
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,358	14,232	148,856		.015841	
60 01	DIABETES CLINIC	1,304	6,184	57,582		.022646	
60 02	OUTPATIENT CLINIC	27,536	117,524	2,126,329	217,370	.012950	2,815
60 03	OCC MED CLINIC	8,295	33,545	649,072		.012780	
61	EMERGENCY	167,721	766,851	20,889,720	3,736,095	.008029	29,997
61 01	EXPRESS CARE - FP	717	2,998	429,393		.001670	
62	OBSERVATION BEDS (NON-DIS	48,938	203,600	2,098,175	163,672	.023324	3,817
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,535,140	10,731,762	333,965,772	87,850,634		358,712

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-0126 I  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A I NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.059460	357,857
38	RECOVERY ROOM	.061701	53,581
39	DELIVERY ROOM & LABOR ROO	.042118	246
40	ANESTHESIOLOGY	.010671	20,574
41	RADIOLOGY-DIAGNOSTIC	.031983	423,305
41 01	RADIOLOGY-FRANCISCAN POIN	.032706	
41 02	RADIOLOGY-ST JOHN	.009065	
42	RADIOLOGY-THERAPEUTIC		
42 01	CATH LAB/EPS	.041663	343,001
42 02	NON INVASIVE LAB	.033931	86,600
42 03	NEURO DIAGNOSTIC	.031709	16,613
42 04	NEURO DIAGNOSTIC -FRANSIC	.001701	
44	LABORATORY	.009644	128,764
49	RESPIRATORY THERAPY	.017234	56,869
50	PHYSICAL THERAPY	.050576	47,539
50 01	PHYSICAL THERAPY -FRANSIC	.011493	
51	OCCUPATIONAL THERAPY	.058245	27,331
51 01	OCCUPATIONAL THERAPY -FR	.006694	
52	SPEECH PATHOLOGY	.027810	4,964
52 01	REHAB PSYCHOLOGY	.018231	
53	ELECTROCARDIOLOGY	.055909	87,926
53 01	ELECTROCARDIOLOGY -FR PO	.003387	
55	MEDICAL SUPPLIES CHARGED	.026517	385,180
56	DRUGS CHARGED TO PATIENTS	.026919	411,725
57	RENAL DIALYSIS	.042859	25,356
59	RADIATION THERAPY	.057530	8,303
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.095609	
60 01	DIABETES CLINIC	.107395	
60 02	OUTPATIENT CLINIC	.055271	12,014
60 03	OCC MED CLINIC	.051681	
61	EMERGENCY	.036709	137,148
61 01	EXPRESS CARE - FP	.006982	
62	OBSERVATION BEDS (NON-DIS	.097037	15,882
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,650,778

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III

PPS

WKST A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT				250		250
26	01 NEURO INTENSIVE						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL				250		250

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III

WKST A NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
26	ADULTS & PEDIATRICS	45,838	.01	26,244	262
26	01 INTENSIVE CARE UNIT	3,591		1,954	
27	NEURO INTENSIVE				
31	CORONARY CARE UNIT				
33	SUBPROVIDER	2,653		1,971	
33	NURSERY	2,894			
101	TOTAL	54,976		30,169	262

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-FRANCISCAN POIN						
41 02	RADIOLOGY-ST JOHN						
42	RADIOLOGY-THERAPEUTIC						
42 01	CATH LAB/EPS						
42 02	NON INVASIVE LAB						
42 03	NEURO DIAGNOSTIC						
42 04	NEURO DIAGNOSTIC -FRANSIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	PHYSICAL THERAPY -FRANSIC						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY -FR						
52	SPEECH PATHOLOGY						
52 01	REHAB PSYCHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	ELECTROCARDIOLOGY -FR PO						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	RADIATION THERAPY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETES CLINIC						
60 02	OUTPATIENT CLINIC						
60 03	OCC MED CLINIC						
61	EMERGENCY						
61 01	EXPRESS CARE - FP					250,370	
62	OBSERVATION BEDS (NON-DIS						18
	OTHER REIMBURS COST CNTRS						
101	TOTAL					250,388	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			28,110,451			6,018,446	
38	RECOVERY ROOM			5,682,084			868,392	
39	DELIVERY ROOM & LABOR ROO			3,859,233			5,847	
40	ANESTHESIOLOGY			8,444,809			1,928,064	
41	RADIOLOGY-DIAGNOSTIC			80,028,401			13,235,326	
41 01	RADIOLOGY-FRANCISCAN POIN			2,331,530				
41 02	RADIOLOGY-ST JOHN			444,571				
42	RADIOLOGY-THERAPEUTIC							
42 01	CATH LAB/EPS			19,606,237			8,232,739	
42 02	NON INVASIVE LAB			6,461,470			2,552,251	
42 03	NEURO DIAGNOSTIC			4,300,219			523,915	
42 04	NEURO DIAGNOSTIC -FRANSIC			31,740				
44	LABORATORY			49,874,469			13,351,699	
49	RESPIRATORY THERAPY			6,147,874			3,299,796	
50	PHYSICAL THERAPY			4,487,606			939,955	
50 01	PHYSICAL THERAPY -FRANSIC			1,212,534				
51	OCCUPATIONAL THERAPY			1,526,580			469,240	
51 01	OCCUPATIONAL THERAPY -FR			176,428				
52	SPEECH PATHOLOGY			649,127			178,489	
52 01	REHAB PSYCHOLOGY			146,289				
53	ELECTROCARDIOLOGY			3,598,395			1,572,656	
53 01	ELECTROCARDIOLOGY -FR PO			11,220				
55	MEDICAL SUPPLIES CHARGED			34,528,698			14,525,779	
56	DRUGS CHARGED TO PATIENTS			38,716,594			15,294,976	
57	RENAL DIALYSIS			787,635			591,603	
59	RADIATION THERAPY			6,402,451			144,324	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			148,856				
60 01	DIABETES CLINIC			57,582				
60 02	OUTPATIENT CLINIC			2,126,329			217,370	
60 03	OCC MED CLINIC			649,072				
61	EMERGENCY	250,370	250,370	20,889,720	.011985	.011985	3,736,095	44,777
61 01	EXPRESS CARE - FP			429,393				
62	OBSERVATION BEDS (NON-DIS	18	18	2,098,175	.000009	.000009	163,672	1
	OTHER REIMBURS COST CNTRS							
101	TOTAL	250,388	250,388	333,965,772			87,850,634	44,778

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,272,153					
38	RECOVERY ROOM	1,032,208					
39	DELIVERY ROOM & LABOR ROO	302					
40	ANESTHESIOLOGY	838,890					
41	RADIOLOGY-DIAGNOSTIC	14,074,062					
41 01	RADIOLOGY-FRANCISCAN POIN	584,426					
41 02	RADIOLOGY-ST JOHN	111,437					
42	RADIOLOGY-THERAPEUTIC						
42 01	CATH LAB/EPS	3,206,538					
42 02	NON INVASIVE LAB	846,634					
42 03	NEURO DIAGNOSTIC	743,480					
42 04	NEURO DIAGNOSTIC -FRANSIC	6,944					
44	LABORATORY	653,605					
49	RESPIRATORY THERAPY	454,136					
50	PHYSICAL THERAPY	64,018					
50 01	PHYSICAL THERAPY -FRANSIC						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY -FR						
52	SPEECH PATHOLOGY						
52 01	REHAB PSYCHOLOGY						
53	ELECTROCARDIOLOGY	660,702					
53 01	ELECTROCARDIOLOGY -FR PO	4,276					
55	MEDICAL SUPPLIES CHARGED	3,203,996					
56	DRUGS CHARGED TO PATIENTS	3,801,721					
57	RENAL DIALYSIS	1,378					
59	RADIATION THERAPY	3,468,616					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	133					
60 01	DIABETES CLINIC	704					
60 02	OUTPATIENT CLINIC	667,897					
60 03	OCC MED CLINIC	268,742					
61	EMERGENCY	1,985,532			23,797		
61 01	EXPRESS CARE - FP	63,219					
62	OBSERVATION BEDS (NON-DIS	580,827					
	OTHER REIMBURS COST CNTRS				5		
101	TOTAL	41,596,576			23,802		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.382877	.382877			
38 RECOVERY ROOM	.560344	.560344			
39 DELIVERY ROOM & LABOR ROOM	.157388	.157388			
40 ANESTHESIOLOGY	.065759	.065759			
41 RADIOLOGY-DIAGNOSTIC	.204573	.204573			
41 01 RADIOLOGY-FRANCISCAN POINT	.173929	.173929			
41 02 RADIOLOGY-ST JOHN	.342458	.342458			
42 RADIOLOGY-THERAPEUTIC					
42 01 CATH LAB/EPS	.182324	.182324			
42 02 NON INVASIVE LAB	.171506	.171506			
42 03 NEURO DIAGNOSTIC	.213401	.213401			
42 04 NEURO DIAGNOSTIC -FRANSICAN POINT	.016068	.016068			
44 LABORATORY	.185304	.185304			
49 RESPIRATORY THERAPY	.329829	.329829			
50 PHYSICAL THERAPY	.490282	.490282			
50 01 PHYSICAL THERAPY -FRANSICAN POINT	.302566	.302566			
51 OCCUPATIONAL THERAPY	.504487	.504487			
51 01 OCCUPATIONAL THERAPY -FR POINT	.237950	.237950			
52 SPEECH PATHOLOGY	.588802	.588802			
52 01 REHAB PSYCHOLOGY	.425405	.425405			
53 ELECTROCARDIOLOGY	.283573	.283573			
53 01 ELECTROCARDIOLOGY -FR POINT	.065686	.065686			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.401197	.401197			
56 DRUGS CHARGED TO PATIENTS	.281063	.281063			
57 RENAL DIALYSIS	.664422	.664422			
59 RADIATION THERAPY	.299781	.299781			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	3.377056	3.377056			
60 01 DIABETES CLINIC	1.558456	1.558456			
60 02 OUTPATIENT CLINIC	.417299	.417299			
60 03 OCC MED CLINIC	.901157	.901157			
61 EMERGENCY	.416896	.416896			
61 01 EXPRESS CARE - FP	.069298	.069298			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.054243	1.054243			
SUBTOTAL					
CRNA CHARGES					
LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
(A) ANCILLARY SRVC COST CNTRS	5	5.01	5.02	5.03	6
37 OPERATING ROOM		4,272,153			
38 RECOVERY ROOM		1,032,208			
39 DELIVERY ROOM & LABOR ROOM		302			
40 ANESTHESIOLOGY		838,890			
41 RADIOLOGY-DIAGNOSTIC		14,074,062			
41 01 RADIOLOGY-FRANCISCAN POINT		584,426			
41 02 RADIOLOGY-ST JOHN		111,437			
42 RADIOLOGY-THERAPEUTIC					
42 01 CATH LAB/EPS		3,206,538			
42 02 NON INVASIVE LAB		846,634			
42 03 NEURO DIAGNOSTIC		743,480			
42 04 NEURO DIAGNOSTIC -FRANSICAN POINT		6,944			
44 LABORATORY		653,605			
49 RESPIRATORY THERAPY		454,136			
50 PHYSICAL THERAPY		64,018			
50 01 PHYSICAL THERAPY -FRANSICAN POINT					
51 OCCUPATIONAL THERAPY					
51 01 OCCUPATIONAL THERAPY -FR POINT					
52 SPEECH PATHOLOGY					
52 01 REHAB PSYCHOLOGY					
53 ELECTROCARDIOLOGY		660,702			
53 01 ELECTROCARDIOLOGY -FR POINT		4,276			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,203,996	48,125		
56 DRUGS CHARGED TO PATIENTS		3,801,721	1,882		
57 RENAL DIALYSIS		1,378			
59 RADIATION THERAPY		3,468,616			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		133			
60 01 DIABETES CLINIC		704			
60 02 OUTPATIENT CLINIC		667,897			
60 03 OCC MED CLINIC		268,742			
61 EMERGENCY		1,985,532			
61 01 EXPRESS CARE - FP		63,219			
67 OBSERVATION BEDS (NON-DISTINCT PART)		580,827			
SUBTOTAL		41,596,576	50,007		
CRNA CHARGES					
LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		41,596,576	50,007		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,635,709	
38 RECOVERY ROOM				578,392	
39 DELIVERY ROOM & LABOR ROOM				48	
40 ANESTHESIOLOGY				55,165	
41 RADIOLOGY-DIAGNOSTIC				2,879,173	
41 01 RADIOLOGY-FRANCISCAN POINT				101,649	
41 02 RADIOLOGY-ST JOHN				38,162	
42 RADIOLOGY-THERAPEUTIC					
42 01 CATH LAB/EPS				584,629	
42 02 NON INVASIVE LAB				145,203	
42 03 NEURO DIAGNOSTIC				158,659	
42 04 NEURO DIAGNOSTIC -FRANSICAN POINT				112	
44 LABORATORY				121,116	
49 RESPIRATORY THERAPY				149,787	
50 PHYSICAL THERAPY				31,387	
50 01 PHYSICAL THERAPY -FRANSICAN POINT					
51 OCCUPATIONAL THERAPY					
51 01 OCCUPATIONAL THERAPY -FR POINT					
52 SPEECH PATHOLOGY					
52 01 REHAB PSYCHOLOGY					
53 ELECTROCARDIOLOGY				187,357	
53 01 ELECTROCARDIOLOGY -FR POINT				281	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,285,434	19,308
56 DRUGS CHARGED TO PATIENTS				1,068,523	529
57 RENAL DIALYSIS				916	
59 RADIATION THERAPY				1,039,825	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				449	
60 01 DIABETES CLINIC				1,097	
60 02 OUTPATIENT CLINIC				278,713	
60 03 OCC MED CLINIC				242,179	
61 EMERGENCY				827,760	
61 01 EXPRESS CARE - FP				4,381	
67 OBSERVATION BEDS (NON-DISTINCT PART)				612,333	
SUBTOTAL				12,028,439	19,837
CRNA CHARGES					
LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				12,028,439	19,837

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 RADIOLOGY-FRANCISCAN POINT
- 41 02 RADIOLOGY-ST JOHN
- 42 RADIOLOGY-THERAPEUTIC
- 42 01 CATH LAB/EPS
- 42 02 NON INVASIVE LAB
- 42 03 NEURO DIAGNOSTIC
- 42 04 NEURO DIAGNOSTIC -FRANSICAN POINT
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 50 01 PHYSICAL THERAPY -FRANSICAN POINT
- 51 OCCUPATIONAL THERAPY
- 51 01 OCCUPATIONAL THERAPY -FR POINT
- 52 SPEECH PATHOLOGY
- 52 01 REHAB PSYCHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 ELECTROCARDIOLOGY -FR POINT
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 RADIATION THERAPY
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 DIABETES CLINIC
- 60 02 OUTPATIENT CLINIC
- 60 03 OCC MED CLINIC
- 61 EMERGENCY
- 61 01 EXPRESS CARE - FP
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- SUBTOTAL
- CRNA CHARGES
- LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-T126 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	218,422	1,671,454	28,110,451	47,594	.007770	370
38	RECOVERY ROOM	78,518	350,588	5,682,084		.013819	
39	DELIVERY ROOM & LABOR ROO	44,303	162,545	3,859,233		.011480	
40	ANESTHESIOLOGY	13,692	90,117	8,444,809		.001621	
41	RADIOLOGY-DIAGNOSTIC	241,185	2,559,549	80,028,401	63,339	.003014	191
41 01	RADIOLOGY-FRANCISCAN POIN	3,064	76,256	2,331,530		.001314	
41 02	RADIOLOGY-ST JOHN	788	4,030	444,571		.001772	
42	RADIOLOGY-THERAPEUTIC						
42 01	CATH LAB/EPS	69,330	816,854	19,606,237	214	.003536	1
42 02	NON INVASIVE LAB	30,692	219,242	6,461,470	6,746	.004750	32
42 03	NEURO DIAGNOSTIC	16,585	136,354	4,300,219	1,158	.003857	4
42 04	NEURO DIAGNOSTIC -FRANSIC	10	54	31,740		.000315	
44	LABORATORY	110,065	480,966	49,874,469	149,119	.002207	329
49	RESPIRATORY THERAPY	18,478	105,954	6,147,874	36,721	.003006	110
50	PHYSICAL THERAPY	51,325	226,964	4,487,606	544,503	.011437	6,227
50 01	PHYSICAL THERAPY -FRANSIC	3,051	13,936	1,212,534		.002516	
51	OCCUPATIONAL THERAPY	23,418	88,915	1,526,580	502,107	.015340	7,702
51 01	OCCUPATIONAL THERAPY -FR	230	1,181	176,428		.001304	
52	SPEECH PATHOLOGY	4,133	18,052	649,127	168,649	.006367	1,074
52 01	REHAB PSYCHOLOGY	616	2,667	146,289	15,085	.004211	64
53	ELECTROCARDIOLOGY	34,650	201,184	3,598,395	3,181	.009629	31
53 01	ELECTROCARDIOLOGY -FR PO	8	38	11,220		.000713	
55	MEDICAL SUPPLIES CHARGED	151,551	915,607	34,528,698	93,773	.004389	412
56	DRUGS CHARGED TO PATIENTS	83,881	1,042,228	38,716,594	414,078	.002167	897
57	RENAL DIALYSIS	6,398	33,757	787,635	8,085	.008123	66
59	RADIATION THERAPY	73,878	368,336	6,402,451		.011539	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,358	14,232	148,856		.015841	
60 01	DIABETES CLINIC	1,304	6,184	57,582		.022646	
60 02	OUTPATIENT CLINIC	27,536	117,524	2,126,329	7,230	.012950	94
60 03	OCC MED CLINIC	8,295	33,545	649,072		.012780	
61	EMERGENCY	167,721	766,851	20,889,720		.008029	
61 01	EXPRESS CARE - FP	717	2,998	429,393		.001670	
62	OBSERVATION BEDS (NON-DIS	48,938	203,600	2,098,175		.023324	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,535,140	10,731,762	333,965,772	2,061,582		17,604

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-T126 I I

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.059460	2,830
38	RECOVERY ROOM	.061701	
39	DELIVERY ROOM & LABOR ROO	.042118	
40	ANESTHESIOLOGY	.010671	
41	RADIOLOGY-DIAGNOSTIC	.031983	2,026
41 01	RADIOLOGY-FRANCISCAN POIN	.032706	
41 02	RADIOLOGY-ST JOHN	.009065	
42	RADIOLOGY-THERAPEUTIC		
42 01	CATH LAB/EPS	.041663	9
42 02	NON INVASIVE LAB	.033931	229
42 03	NEURO DIAGNOSTIC	.031709	37
42 04	NEURO DIAGNOSTIC -FRANSIC	.001701	
44	LABORATORY	.009644	1,438
49	RESPIRATORY THERAPY	.017234	633
50	PHYSICAL THERAPY	.050576	27,539
50 01	PHYSICAL THERAPY -FRANSIC	.011493	
51	OCCUPATIONAL THERAPY	.058245	29,245
51 01	OCCUPATIONAL THERAPY -FR	.006694	
52	SPEECH PATHOLOGY	.027810	4,690
52 01	REHAB PSYCHOLOGY	.018231	275
53	ELECTROCARDIOLOGY	.055909	178
53 01	ELECTROCARDIOLOGY -FR PO	.003387	
55	MEDICAL SUPPLIES CHARGED	.026517	2,487
56	DRUGS CHARGED TO PATIENTS	.026919	11,147
57	RENAL DIALYSIS	.042859	347
59	RADIATION THERAPY	.057530	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.095609	
60 01	DIABETES CLINIC	.107395	
60 02	OUTPATIENT CLINIC	.055271	400
60 03	OCC MED CLINIC	.051681	
61	EMERGENCY	.036709	
61 01	EXPRESS CARE - FP	.006982	
62	OBSERVATION BEDS (NON-DIS	.097037	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		83,510

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	1.01					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	RADIOLOGY-FRANCISCAN POIN					
41 02	RADIOLOGY-ST JOHN					
42	RADIOLOGY-THERAPEUTIC					
42 01	CATH LAB/EPS					
42 02	NON INVASIVE LAB					
42 03	NEURO DIAGNOSTIC					
42 04	NEURO DIAGNOSTIC -FRANSIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
50 01	PHYSICAL THERAPY -FRANSIC					
51	OCCUPATIONAL THERAPY					
51 01	OCCUPATIONAL THERAPY -FR					
52	SPEECH PATHOLOGY					
52 01	REHAB PSYCHOLOGY					
53	ELECTROCARDIOLOGY					
53 01	ELECTROCARDIOLOGY -FR PO					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	RADIATION THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	DIABETES CLINIC					
60 02	OUTPATIENT CLINIC					
60 03	OCC MED CLINIC					
61	EMERGENCY			250,370		
61 01	EXPRESS CARE - FP					
62	OBSERVATION BEDS (NON-DIS				18	
	OTHER REIMBURS COST CNTRS					
101	TOTAL			250,388		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			28,110,451			47,594	
38	RECOVERY ROOM			5,682,084				
39	DELIVERY ROOM & LABOR ROO			3,859,233				
40	ANESTHESIOLOGY			8,444,809				
41	RADIOLOGY-DIAGNOSTIC			80,028,401			63,339	
41 01	RADIOLOGY-FRANCISCAN POIN			2,331,530				
41 02	RADIOLOGY-ST JOHN			444,571				
42	RADIOLOGY-THERAPEUTIC							
42 01	CATH LAB/EPS			19,606,237			214	
42 02	NON INVASIVE LAB			6,461,470			6,746	
42 03	NEURO DIAGNOSTIC			4,300,219			1,158	
42 04	NEURO DIAGNOSTIC -FRANSIC			31,740				
44	LABORATORY			49,874,469			149,119	
49	RESPIRATORY THERAPY			6,147,874			36,721	
50	PHYSICAL THERAPY			4,487,606			544,503	
50 01	PHYSICAL THERAPY -FRANSIC			1,212,534				
51	OCCUPATIONAL THERAPY			1,526,580			502,107	
51 01	OCCUPATIONAL THERAPY -FR			176,428				
52	SPEECH PATHOLOGY			649,127			168,649	
52 01	REHAB PSYCHOLOGY			146,289			15,085	
53	ELECTROCARDIOLOGY			3,598,395			3,181	
53 01	ELECTROCARDIOLOGY -FR PO			11,220				
55	MEDICAL SUPPLIES CHARGED			34,528,698			93,773	
56	DRUGS CHARGED TO PATIENTS			38,716,594			414,078	
57	RENAL DIALYSIS			787,635			8,085	
59	RADIATION THERAPY			6,402,451				
60	OUTPAT SERVICE COST CNTRS			148,856				
60 01	DIABETES CLINIC			57,582				
60 02	OUTPATIENT CLINIC			2,126,329			7,230	
60 03	OCC MED CLINIC			649,072				
61	EMERGENCY	250,370	250,370	20,889,720	.011985	.011985		
61 01	EXPRESS CARE - FP			429,393				
62	OBSERVATION BEDS (NON-DIS	18	18	2,098,175	.000009	.000009		
	OTHER REIMBURS COST CNTRS							
101	TOTAL	250,388	250,388	333,965,772			2,061,582	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
0.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RADIOLOGY-FRANCISCAN POIN						
41	02 RADIOLOGY-ST JOHN						
42	RADIOLOGY-THERAPEUTIC						
42	01 CATH LAB/EPS						
42	02 NON INVASIVE LAB						
42	03 NEURO DIAGNOSTIC						
42	04 NEURO DIAGNOSTIC -FRANSIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 PHYSICAL THERAPY -FRANSIC						
51	OCCUPATIONAL THERAPY						
51	01 OCCUPATIONAL THERAPY -FR						
52	SPEECH PATHOLOGY						
52	01 REHAB PSYCHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 ELECTROCARDIOLOGY -FR PO						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	RADIATION THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CLINIC						
60	02 OUTPATIENT CLINIC						
60	03 OCC MED CLINIC						
61	EMERGENCY						
61	01 EXPRESS CARE - FP						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0126	I	FROM 1/ 1/2008	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART	I
I	15-0126	I		I		

TITLE XVIII PART A

HOSPITAL

PPS

## I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	45,838
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	45,838
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	45,838
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	26,244
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	33,320,097
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	33,320,097

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	29,895,666
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29,895,666
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.114546
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	652.20
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	33,320,097

TITLE XVIII PART A HOSPITAL PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 726.91  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 19,077,026  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 19,077,026

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	5,890,124	3,591	1,640.25	1,954	3,205,049
43.01 NEURO INTENSIVE	33				
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					24,908,882 47,190,957

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,573,546  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 3,054,268  
 52 TOTAL PROGRAM EXCLUDABLE COST 5,627,814  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 41,563,143

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 TARGET AMOUNT  
 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 3,043  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 726.91  
 85 OBSERVATION BED COST 2,211,987

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	737,178	33,320,097	.022124	2,211,987	48,938
87 NEW CAPITAL-RELATED COST	3,066,929	33,320,097	.092044	2,211,987	203,600
88 NON PHYSICIAN ANESTHETIST		33,320,097		2,211,987	
MEDICAL EDUCATION		33,320,097		2,211,987	
01 MEDICAL EDUCATION - ALLIED HEA	250	33,320,097	.000008	2,211,987	18
02 MEDICAL EDUCATION - ALL OTHER		33,320,097		2,211,987	

TITLE XVIII PART A SUBPROVIDER I PPS

I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,653
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,653
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,653
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,971
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,656,035
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,656,035

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,942,584
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,942,584
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.367269
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	732.22
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,656,035

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0126	I	FROM 1/ 1/2008	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART II	
I	15-T126	I		I		

## TITLE XVIII PART A

SUBPROVIDER I

PPS

## II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,001.14
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,973,247
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,973,247

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
43.01	NEURO INTENSIVE				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	266,105
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	101,114
52	TOTAL PROGRAM EXCLUDABLE COST	367,219
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,467,740

## TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
	TARGET AMOUNT
	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-T126 I I

TITLE XVIII PART A

SUBPROVIDER I

PPS

III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM  
 85 OBSERVATION BED COST

1,001.14

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	64,824	2,656,035	.024406		
87 NEW CAPITAL-RELATED COST	293,367	2,656,035	.110453		
88 NON PHYSICIAN ANESTHETIST MEDICAL EDUCATION		2,656,035			
89.01 MEDICAL EDUCATION - ALLIED HEA		2,656,035			
89.02 MEDICAL EDUCATION - ALL OTHER		2,656,035			

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0126	I	FROM 1/ 1/2008	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I	
I	15-0126	I		I		

TITLE XIX - I/P

HOSPITAL

OTHER

I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	45,838
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	45,838
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	45,838
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,626
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	2,894
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	726
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	33,320,287
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	33,320,287
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	29,895,666
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29,895,666
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1.114552
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	652.20
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	33,320,287
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P HOSPITAL OTHER

I - HOSPITAL AND SUBPROVIDERS ONLY						1
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					726.91
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,635,776
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					2,635,776
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	1,270,020	2,894	438.85	726	318,605
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	5,890,124	3,591	1,640.25	275	451,069
43.01	NEURO INTENSIVE	33				
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					2,186,714
49	TOTAL PROGRAM INPATIENT COSTS					5,592,164

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
	TARGET AMOUNT
	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL OTHER

III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,043
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	726.91
85	OBSERVATION BED COST	2,211,987

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST MEDICAL EDUCATION				
01	MEDICAL EDUCATION - ALLIED HEA				
02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0126	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	15-T126	I		I	

TITLE XIX - I/P

SUBPROVIDER I

OTHER

I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,653
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,653
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,653
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	16
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,942,584
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,942,584
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	732.22
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-T126 I I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

I - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

- 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
- 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
- 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5

- 42 NURSERY (TITLE V & XIX ONLY)
- INTENSIVE CARE TYPE INPATIENT
- HOSPITAL UNITS
- 43 INTENSIVE CARE UNIT
- 43.01 NEURO INTENSIVE
- 44 CORONARY CARE UNIT
- 45 BURN INTENSIVE CARE UNIT
- 46 SURGICAL INTENSIVE CARE UNIT
- 47 OTHER SPECIAL CARE

1

- 48 PROGRAM INPATIENT ANCILLARY SERVICE COST 5,559
- 49 TOTAL PROGRAM INPATIENT COSTS 5,559

PASS THROUGH COST ADJUSTMENTS

- 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
- 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
- 52 TOTAL PROGRAM EXCLUDABLE COST
- 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,559

TARGET AMOUNT AND LIMIT COMPUTATION

2

- 54 PROGRAM DISCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- TARGET AMOUNT
- DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
- 59.03 PROGRAM DISCHARGES AFTER JULY 1
- 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
- 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

- 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
- 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P SUBPROVIDER I OTHER

III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-0126 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT		17,703,278	
26	01 NEURO INTENSIVE		3,020,306	
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.382877	6,018,446	2,304,325
38	RECOVERY ROOM	.560344	868,392	486,598
39	DELIVERY ROOM & LABOR ROOM	.157388	5,847	920
40	ANESTHESIOLOGY	.065759	1,928,064	126,788
41	RADIOLOGY-DIAGNOSTIC	.204573	13,235,326	2,707,590
41	01 RADIOLOGY-FRANCISCAN POINT	.173929		
41	02 RADIOLOGY-ST JOHN	.342458		
42	RADIOLOGY-THERAPEUTIC			
42	01 CATH LAB/EPS	.183248	8,232,739	1,508,633
42	02 NON INVASIVE LAB	.172848	2,552,251	441,151
42	03 NEURO DIAGNOSTIC	.213401	523,915	111,804
42	04 NEURO DIAGNOSTIC -FRANSICAN POINT	.016068		
44	LABORATORY	.185304	13,351,699	2,474,123
49	RESPIRATORY THERAPY	.331296	3,299,796	1,093,209
50	PHYSICAL THERAPY	.490282	939,955	460,843
50	01 PHYSICAL THERAPY -FRANSICAN POINT	.302566		
51	OCCUPATIONAL THERAPY	.504487	469,240	236,725
51	01 OCCUPATIONAL THERAPY -FR POINT	.237950		
52	SPEECH PATHOLOGY	.588802	178,489	105,095
52	01 REHAB PSYCHOLOGY	.425405		
53	ELECTROCARDIOLOGY	.284795	1,572,656	447,885
53	01 ELECTROCARDIOLOGY -FR POINT	.065686		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.401197	14,525,779	5,827,699
56	DRUGS CHARGED TO PATIENTS	.281063	15,294,976	4,298,852
57	RENAL DIALYSIS	.664422	591,603	393,074
59	RADIATION THERAPY	.301447	144,324	43,506
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.377056		
60	01 DIABETES CLINIC	1.558456		
60	02 OUTPATIENT CLINIC	.417299	217,370	90,708
60	03 OCC MED CLINIC	.901157		
	EMERGENCY	.422046	3,736,095	1,576,804
01	EXPRESS CARE - FP	.069298		
	OBSERVATION BEDS (NON-DISTINCT PART)	1.054243	163,672	172,550
	OTHER REIMBURS COST CNTRS			
101	TOTAL		87,850,634	24,908,882
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		87,850,634	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-T126 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26 01	NEURO INTENSIVE			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		1,443,164	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.382877	47,594	18,223
38	RECOVERY ROOM	.560344		
39	DELIVERY ROOM & LABOR ROOM	.157388		
40	ANESTHESIOLOGY	.065759		
41	RADIOLOGY-DIAGNOSTIC	.204573	63,339	12,957
41 01	RADIOLOGY-FRANCISCAN POINT	.173929		
41 02	RADIOLOGY-ST JOHN	.342458		
42	RADIOLOGY-THERAPEUTIC			
42 01	CATH LAB/EPS	.183248	214	39
42 02	NON INVASIVE LAB	.172848	6,746	1,166
42 03	NEURO DIAGNOSTIC	.213401	1,158	247
42 04	NEURO DIAGNOSTIC -FRANSICAN POINT	.016068		
44	LABORATORY	.185304	149,119	27,632
49	RESPIRATORY THERAPY	.331296	36,721	12,166
50	PHYSICAL THERAPY	.490282	544,503	266,960
50 01	PHYSICAL THERAPY -FRANSICAN POINT	.302566		
51	OCCUPATIONAL THERAPY	.504487	502,107	253,306
51 01	OCCUPATIONAL THERAPY -FR POINT	.237950		
52	SPEECH PATHOLOGY	.588802	168,649	99,301
52 01	REHAB PSYCHOLOGY	.425405	15,085	6,417
53	ELECTROCARDIOLOGY	.284795	3,181	906
53 01	ELECTROCARDIOLOGY -FR POINT	.065686		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.401197	93,773	37,621
56	DRUGS CHARGED TO PATIENTS	.281063	414,078	116,382
57	RENAL DIALYSIS	.664422	8,085	5,372
59	RADIATION THERAPY	.301447		
60	OUTPAT SERVICE COST CNTRS CLINIC	3.377056		
60 01	DIABETES CLINIC	1.558456		
60 02	OUTPATIENT CLINIC	.417299	7,230	3,017
60 03	OCC MED CLINIC	.901157		
60	EMERGENCY	.422046		
01	EXPRESS CARE - FP	.069298		
	OBSERVATION BEDS (NON-DISTINCT PART)	1.054243		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,061,582	861,712
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,061,582	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-0126 I I

TITLE XIX

HOSPITAL

OTHER

WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		2,187,791	
26	INTENSIVE CARE UNIT		208,006	
26 01	NEURO INTENSIVE			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.382877	1,023,354	391,819
38	RECOVERY ROOM	.560344	77,612	43,489
39	DELIVERY ROOM & LABOR ROOM	.157388	1,014,926	159,737
40	ANESTHESIOLOGY	.065759	274,684	18,063
41	RADIOLOGY-DIAGNOSTIC	.204573	1,003,403	205,269
41 01	RADIOLOGY-FRANCISCAN POINT	.173929		
41 02	RADIOLOGY-ST JOHN	.342458		
42	RADIOLOGY-THERAPEUTIC			
42 01	CATH LAB/EPS	.182324	434,103	79,147
42 02	NON INVASIVE LAB	.171506	117,107	20,085
42 03	NEURO DIAGNOSTIC	.213401	13,670	2,917
42 04	NEURO DIAGNOSTIC -FRANSICAN POINT	.016068		
44	LABORATORY	.185304	1,389,968	257,567
49	RESPIRATORY THERAPY	.329829	374,961	123,673
50	PHYSICAL THERAPY	.490282	37,185	18,231
50 01	PHYSICAL THERAPY -FRANSICAN POINT	.302566		
51	OCCUPATIONAL THERAPY	.504487	11,428	5,765
51 01	OCCUPATIONAL THERAPY -FR POINT	.237950		
52	SPEECH PATHOLOGY	.588802	4,115	2,423
52 01	REHAB PSYCHOLOGY	.425405		
53	ELECTROCARDIOLOGY	.283573	60,575	17,177
53 01	ELECTROCARDIOLOGY -FR POINT	.065686		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.401197	242,328	97,221
56	DRUGS CHARGED TO PATIENTS	.281063	1,949,016	547,796
57	RENAL DIALYSIS	.664422	22,244	14,779
59	RADIATION THERAPY	.299781	762	228
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.377056		
60 01	DIABETES CLINIC	1.558456		
60 02	OUTPATIENT CLINIC	.417299	27,812	11,606
60 03	OCC MED CLINIC	.901157		
	EMERGENCY	.426005	398,404	169,722
01	EXPRESS CARE - FP	.069298		
	OBSERVATION BEDS (NON-DISTINCT PART)	1.054243		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		8,477,657	2,186,714
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,477,657	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-T126 I I

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26 01	NEURO INTENSIVE			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		11,712	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.382877		
38	RECOVERY ROOM	.560344		
39	DELIVERY ROOM & LABOR ROOM	.157388		
40	ANESTHESIOLOGY	.065759		
41	RADIOLOGY-DIAGNOSTIC	.204573		
41 01	RADIOLOGY-FRANCISCAN POINT	.173929		
41 02	RADIOLOGY-ST JOHN	.342458		
42	RADIOLOGY-THERAPEUTIC			
42 01	CATH LAB/EPS	.182324		
42 02	NON INVASIVE LAB	.171506		
42 03	NEURO DIAGNOSTIC	.213401		
42 04	NEURO DIAGNOSTIC -FRANSICAN POINT	.016068		
44	LABORATORY	.185304	925	171
49	RESPIRATORY THERAPY	.329829	443	146
50	PHYSICAL THERAPY	.490282	4,864	2,385
50 01	PHYSICAL THERAPY -FRANSICAN POINT	.302566		
51	OCCUPATIONAL THERAPY	.504487	3,615	1,824
51 01	OCCUPATIONAL THERAPY -FR POINT	.237950		
52	SPEECH PATHOLOGY	.588802		
52 01	REHAB PSYCHOLOGY	.425405	80	34
53	ELECTROCARDIOLOGY	.283573		
53 01	ELECTROCARDIOLOGY -FR POINT	.065686		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.401197	58	23
56	DRUGS CHARGED TO PATIENTS	.281063	3,472	976
57	RENAL DIALYSIS	.664422		
59	RADIATION THERAPY	.299781		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.377056		
60 01	DIABETES CLINIC	1.558456		
60 02	OUTPATIENT CLINIC	.417299		
60 03	OCC MED CLINIC	.901157		
	EMERGENCY	.426005		
01	EXPRESS CARE - FP	.069298		
	OBSERVATION BEDS (NON-DISTINCT PART)	1.054243		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		13,457	5,559
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		13,457	



CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART A  
 I 15-0126 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	35,322,760
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	35,322,760
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,095,045
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	63,075
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	262
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	44,778
16	TOTAL	38,525,920
17	PRIMARY PAYER PAYMENTS	32,274
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	38,493,646
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,531,328
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	195,304
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	528,848
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	370,194
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	378,481
22	SUBTOTAL	35,137,208
	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
	OTHER ADJUSTMENTS (SPECIFY)	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	35,137,208
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	34,811,726
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	325,482
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART B  
 I 15-0126 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 19,837  
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 12,004,637  
 2001 (SEE INSTRUCTIONS).  
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 10,898,803  
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. .782  
 1.04 LINE 1.01 TIMES LINE 1.03. 9,387,626  
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.  
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)  
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 23,802  
 9.01, 9.02) LINE 101.  
 2 INTERNS AND RESIDENTS  
 3 ORGAN ACQUISITIONS  
 4 COST OF TEACHING PHYSICIANS  
 5 TOTAL COST (SEE INSTRUCTIONS) 19,837

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES  
 6 ANCILLARY SERVICE CHARGES 50,007  
 7 INTERNS AND RESIDENTS SERVICE CHARGES  
 8 ORGAN ACQUISITION CHARGES  
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.  
 10 TOTAL REASONABLE CHARGES 50,007

CUSTOMARY CHARGES

11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR  
 PAYMENT FOR SERVICES ON A CHARGE BASIS  
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE  
 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT  
 BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).  
 13 RATIO OF LINE 11 TO LINE 12  
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 50,007  
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST 30,170  
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 19,837  
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 10,922,605

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) 2,993,932  
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON  
 LINE 17.01 (SEE INSTRUCTIONS)  
 19 SUBTOTAL (SEE INSTRUCTIONS) 7,948,510  
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)  
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS 15,197  
 22 ESRD DIRECT MEDICAL EDUCATION COSTS  
 23 SUBTOTAL 7,963,707  
 24 PRIMARY PAYER PAYMENTS 3,541  
 25 SUBTOTAL 7,960,166

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD  
 27 BAD DEBTS (SEE INSTRUCTIONS) 292,557  
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 204,790  
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 217,752  
 28 SUBTOTAL 8,164,956  
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER  
 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.  
 30 OTHER ADJUSTMENTS (SPECIFY)  
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)  
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING  
 FROM DISPOSITION OF DEPRECIABLE ASSETS.  
 32 SUBTOTAL 8,164,956  
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 34 INTERIM PAYMENTS 7,958,882  
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 35 BALANCE DUE PROVIDER/PROGRAM 206,074  
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-0126 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		34,670,206		7,949,593
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
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. (1)				
ADJUSTMENTS TO PROVIDER	.01	8/ 6/2008 18,369	8/ 6/2008	2,273
ADJUSTMENTS TO PROVIDER	.02	12/29/2008 123,151	12/29/2008	7,016
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	141,520		9,289
4 TOTAL INTERIM PAYMENTS		34,811,726		7,958,882
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
DETERMINED NET SETTLEMENT		325,482		206,074
AMOUNT (BALANCE DUE)	.01			
BASED ON COST REPORT (1)	.02			
TOTAL MEDICARE PROGRAM LIABILITY		35,137,208		8,164,956

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.		2,485,844		NONE
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. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99	NONE	NONE
4 TOTAL INTERIM PAYMENTS			2,485,844	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02	19,180	
TOTAL MEDICARE PROGRAM LIABILITY			2,466,664	

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART I  
 I 15-T126 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
 SUBPROVIDER 1

INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	2,340,694
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0124
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	26,780
1.05	OUTLIER PAYMENTS	117,846
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,485,320
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.248634
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,485,320
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,485,320
7	DEDUCTIBLES	10,208
8	SUBTOTAL	2,475,112
9	COINSURANCE	8,448
10	SUBTOTAL	2,466,664
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
	SUBTOTAL	2,466,664
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0126	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	15-T126	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,466,664
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,485,844
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-19,180
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		5,592,164	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		5,592,164	
7	INPATIENT PRIMARY PAYER PAYMENTS		63,482	
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		5,528,682	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		2,395,797	
11	ANCILLARY SERVICE CHARGES		8,477,657	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		10,873,454	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		10,873,454	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		5,344,772	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		5,528,682	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
	OUTLIER PAYMENTS			
	PROGRAM CAPITAL PAYMENTS			
	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		5,528,682	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		5,528,682	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		5,528,682	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		5,528,682	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
	SUBTOTAL		5,528,682	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		5,528,682	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		5,528,682	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems MCRIF32 FOR ST. ANTHONY MEDICAL CENTER

CALCULATION OF REIMBURSEMENT SETTLEMENT

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IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
PROVIDER NO: 15-0126  
PERIOD: FROM 1/ 1/2008 TO 12/31/2008  
COMPONENT NO: -  
PREPARED 5/28/2009  
WORKSHEET E-3  
PART III

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-T126 I I

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

	TITLE XIX	SUBPROVIDER 1	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		5,559	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		5,559	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		5,559	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		11,712	
11	ANCILLARY SERVICE CHARGES		13,457	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		25,169	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		25,169	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		19,610	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		5,559	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS		1	
	OUTLIER PAYMENTS			
	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		5,560	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		5,560	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		5,560	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		5,560	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		5,560	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		5,560	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		5,560	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0126	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	15-T126	I		I	

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

TITLE XIX

SUBPROVIDER 1

TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1.01	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		2.44
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		2.44
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		1.88
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		1.88
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.88
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		1.88
3.10	SEE INSTRUCTIONS		1.88
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		1.88
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.95
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		1.77
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.87
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.87
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		68,037.00
3.18	SEE INSTRUCTIONS		127,229
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		127,229

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		30,169
5	TOTAL INPATIENT DAYS		49,039
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.615204
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	78,272	78,272
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		49,039
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3,6 LN 12	

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		787,635
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

Health Financial Systems MCRIF32 FOR ST. ANTHONY MEDICAL CENTER  
DIRECT GRADUATE MEDICAL EDUCATION (GME)  
& ESRD OUTPATIENT DIRECT MEDICAL  
EDUCATION COSTS

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)  
I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0126 I FROM 1/ 1/2008 I WORKSHEET E-3  
I I TO 12/31/2008 I PART IV

TITLE XVIII

MEDICARE OUTPATIENT ESRD CHARGES  
MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	50,025,916
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	32,274
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	49,993,642

PART B REASONABLE COST

17	REASONABLE COST	12,048,276
18	PRIMARY PAYER PAYMENTS	3,541
19	TOTAL PART B REASONABLE COST	12,044,735
20	TOTAL REASONABLE COST	62,038,377
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.805850
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.194150

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	78,272
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	63,075
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	15,197

## BALANCE SHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0126	I	FROM 1/ 1/2008	I		
I		I	TO 12/31/2008	I	WORKSHEET G	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	7,775,757			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	37,415,909			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-12,043,594			
7 INVENTORY	1,132,739			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	2,512,748			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	36,793,559			
FIXED ASSETS				
12 LAND	7,592,705			
12.01 LAND IMPROVEMENTS	9,861,818			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	150,952,140			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	1,699,363			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	86,012,357			
16.01 LESS ACCUMULATED DEPRECIATION	-83,010,492			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	173,107,891			
OTHER ASSETS				
22 INVESTMENTS	809,519			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	9,660,859			
26 TOTAL OTHER ASSETS	10,470,378			
TOTAL ASSETS	220,371,828			

I  
I  
IPROVIDER NO:  
15-0126I PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008I PREPARED 5/28/2009  
I  
I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE				
29 SALARIES, WAGES & FEES PAYABLE	6,364,630			
30 PAYROLL TAXES PAYABLE	7,719,933			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,042,581			
36 TOTAL CURRENT LIABILITIES	16,127,144			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	-170,414			
42 TOTAL LONG-TERM LIABILITIES	-170,414			
43 TOTAL LIABILITIES	15,956,730			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	204,415,098			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	204,415,098			
52 TOTAL LIABILITIES AND FUND BALANCES	220,371,828			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0126	I	FROM 1/ 1/2008	I	WORKSHEET	G-1
I		I	TO 12/31/2008	I		

GENERAL FUND

SPECIFIC PURPOSE FUND

	1	2	3	4
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD		180,340,904		
3 NET INCOME (LOSS)				
4 TOTAL		15,434,629		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		195,775,533		
6 ADDITIONS (CREDIT ADJUSTM	8,639,565			
7				
8				
9				
10 TOTAL ADDITIONS		8,639,565		
11 SUBTOTAL		204,415,098		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		204,415,098		
PERIOD PER BALANCE SHEET				

ENDOWMENT FUND

PLANT FUND

	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I  
I  
IPROVIDER NO:  
15-0126PERIOD:  
FROM 1/ 1/2008  
TO 12/31/2008I  
I  
I  
PREPARED 5/28/2009  
WORKSHEET G-2  
PARTS I & II

## PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
2 00 HOSPITAL	29,895,666		29,895,666
4 00 SUBPROVIDER	1,942,584		1,942,584
5 00 SWING BED - SNF			
9 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	31,838,250		31,838,250
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 01 NEURO INTENSIVE	5,285,425		5,285,425
11 00 CORONARY CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,285,425		5,285,425
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	37,123,675		37,123,675
17 00 ANCILLARY SERVICES	164,709,137	181,417,730	346,126,867
18 00 OUTPATIENT SERVICES		35,088,951	35,088,951
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
24 00 OBSERVATION		2,098,175	2,098,175
25 00 TOTAL PATIENT REVENUES	201,832,812	218,604,856	420,437,668

## PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		170,826,086	
ADD (SPECIFY)			
27 00 BAD DEBTS	3,906,726		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,906,726	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		174,732,812	

DESCRIPTION

3	TOTAL PATIENT REVENUES	420,437,668
4	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	234,773,787
5	NET PATIENT REVENUES	185,663,881
6	LESS: TOTAL OPERATING EXPENSES	174,732,812
7	NET INCOME FROM SERVICE TO PATIENTS	10,931,069
8	OTHER INCOME	
9	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
10	INCOME FROM INVESTMENTS	
11	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
12	REVENUE FROM TELEVISION AND RADIO SERVICE	
13	PURCHASE DISCOUNTS	
14	REBATES AND REFUNDS OF EXPENSES	
15	PARKING LOT RECEIPTS	
16	REVENUE FROM LAUNDRY AND LINEN SERVICE	
17	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
18	REVENUE FROM RENTAL OF LIVING QUARTERS	
19	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
20	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
21	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
22	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
23	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
24	RENTAL OF VENDING MACHINES	
25	RENTAL OF HOSPITAL SPACE	
26	GOVERNMENTAL APPROPRIATIONS	
27	MISCELLANEOUS OTHER REVENUE	4,503,560
28	TOTAL OTHER INCOME	4,503,560
29	TOTAL	15,434,629
30	OTHER EXPENSES	
31	OTHER EXPENSES (SPECIFY)	
32	TOTAL OTHER EXPENSES	
33	NET INCOME (OR LOSS) FOR THE PERIOD	15,434,629

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0126 I FROM 1/ 1/2008 I WORKSHEET L  
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV  
 I 15-0126 I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	2,922,736
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	103,917
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	
	IN THE COST REPORTING PERIOD	126.74
4	.01 NUMBER OF INTERNS AND RESIDENTS	
	(SEE INSTRUCTIONS)	1.92
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	.43
	(SEE INSTRUCTIONS)	12,568
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	
	MEDICARE PART A PATIENT DAYS	.00
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	
	DAYS REPORTED ON S-3, PART I	9.34
5	.02 SUM OF 5 AND 5.01	
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	9.34
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	1.91
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	55,824
		3,095,045

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	.000000
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
	TOTAL INPATIENT PROGRAM CAPITAL COST	
IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	.00
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	
	CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	