

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 01-24-2012 TIME: 13:14
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT FRANCIS MEDICAL CENTER (26-0183) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		172,154	69,292			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		96,606				3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		268,760	69,292			200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 211 ST. FRANCIS DRIVE
 2 CITY: CAPE GIRARDEAU

STATE: MO

P.O.BOX:
 ZIP CODE: 63703

COUNTY: CAPE GIRARDEAU

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	26-0183	16020	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	26-T183	16020	5	07/01/1988	N	P	N	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA	26-7515	16020		08/08/1996	N	P	N	12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	197	180		4			25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
	ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON- PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
	PROGRAM NAME 1	PROGRAM CODE 2	3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N N 76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL	SPEECH RESPI- RATORY
		N	N	N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1	2	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	1,000,000	3,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1	2	140
		Y		

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

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

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
 SEE 42 CFR §413.13)

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

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N	Y/N		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
			Y/N		
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N	15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	11/29/2011	Y	11/29/2011
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

Y/N DATE
1 2

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	127,427,379		127,427,379	3,787,591.00	33.64
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A		23,173		23,173	133.00	174.23
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B		3,278,421		3,278,421	22,577.00	145.21
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					6
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		32,113,711	1,193,401	33,307,112	598,571.00	55.64
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)						11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES		30,000		30,000	2,080.00	14.42
13	CONTRACT LABOR: PHYSICIAN-PART A		63,733		63,733	539.00	118.24
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		28,425,341		28,425,341		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		5,614,269		5,614,269		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A		2,683		2,683		22
23	PHYSICIAN PART B		455,505		455,505		23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		1,675,574	343	1,675,917	23,956.00	69.96
27	ADMINISTRATIVE & GENERAL		11,189,548	-1,117,002	10,072,546	385,764.00	26.11
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		825,758		825,758	3,743.00	220.61
29	MAINTENANCE & REPAIRS		2,248,230	-357,107	1,891,123	120,042.00	15.75
30	OPERATION OF PLANT		531,263	424	531,687	27,280.00	19.49
31	LAUNDRY & LINEN SERVICE		641,482	181	641,663	40,621.00	15.80
32	HOUSEKEEPING		1,787,237	506	1,787,743	122,435.00	14.60
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,872,127	434	1,872,561	111,580.00	16.78
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,947,321	299	1,947,620	70,366.00	27.68
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,355,476	804	1,356,280	66,293.00	20.46
42	SOCIAL SERVICE		350,808	145	350,953	12,768.00	27.49
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	124,974,716			124,974,716	3,768,757.0	33.16
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	32,113,711	1,193,401	33,307,112	598,571.00		55.64
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	92,861,005	-1,193,401	91,667,604	3,170,186.0		28.92
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	93,733		93,733	2,619.00		35.79
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	28,428,024		28,428,024			31.01%
6	TOTAL (SUM OF LINES 3 THRU 5)	121,382,762	-1,193,401	120,189,361	3,172,805.0		37.88
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	24,424,824	-1,470,973	22,953,851	984,848.00		23.31

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	3,721,254	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6,400	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	19,329,804	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	370,895	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	740,977	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	388,761	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,357,522	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	8,270,629	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	179,411	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES	18,420	22
23 TUITION REIMBURSEMENT	113,726	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	34,497,799	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/24/2012 13:14

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL	63,733	2
3	SUBPROVIDER - IPF	63,733	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 26-7515

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		13		1	14	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		276.00		264.00	540.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			1.04	1.04	4
5 OTHER ADMINISTRATIVE PERSONNEL			1.04	1.04	5
6 DIRECT NURSING SERVICE			5.74	5.74	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			2.04	2.04	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			0.16	0.16	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			0.09	0.09	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE					14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			0.01	0.01	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99926	20

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	1,427	79	128	42	1,676	21
22 SKILLED NURSING VISIT CHARGES	366,092	20,582	33,383	10,542	430,599	22
23 PHYSICAL THERAPY VISITS	1,258	3	58	30	1,349	23
24 PHYSICAL THERAPY VISIT CHARGES	315,911	753	14,558	7,781	339,003	24
25 OCCUPATIONAL THERAPY VISITS	90		5		95	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	23,556		1,255		24,811	26
27 SPEECH PATHOLOGY VISITS	91		3		94	27
28 SPEECH PATHOLOGY VISIT CHARGES	26,104		753		26,857	28
29 MEDICAL SOCIAL SERVICE VISITS	1				1	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	350				350	30
31 HOME HEALTH AIDE VISITS	60	3			63	31
32 HOME HEALTH AIDE VISIT CHARGES	7,998	387			8,385	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	2,927	85	194	72	3,278	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	740,011	21,722	49,949	18,323	830,005	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	223		71	7	301	36
37 TOTAL NUMBER OF OUTLIER EPISODES		2			2	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	70,851	9,706	4,385	3,015	87,957	38

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.221237	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				24,688,215	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				4,706,715	5
6	MEDICAID CHARGES				149,356,561	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				33,043,197	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				3,648,267	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				3,648,267	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	13,690,689	1,491,320	15,182,009		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,028,887	329,935	3,358,822		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	26,709		26,709		22
23	COST OF CHARITY CARE	3,002,178	329,935	3,332,113		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			39,390,616		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,007,079		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			38,383,537		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			8,491,859		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			11,823,972		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			15,472,239		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		8,589,814	8,589,814	4,780,478	1
2	00200		10,025,350	10,025,350	120,623	2
3	00300		422,638	422,638	-422,638	3
4	00400	1,675,574	4,569,684	6,245,258	341,044	4
5.01	00540	227,304	98,052	325,356	252,823	5.01
5.02	00550	1,531,225	2,587,942	4,119,167	1,433	5.02
5.03	00560	420,396	250,511	670,907	-41,175	5.03
5.04	00570					5.04
5.05	00580	775,167	4,291,505	5,066,672	1,118	5.05
5.06	00590	8,235,456	79,191,764	87,427,220	-14,000,236	5.06
6	00600	2,248,230	1,285,637	3,533,867	-581,249	6
7	00700	288,214	3,172,945	3,461,159	500	7
7.10	00701	243,049	142,776	385,825	191	7.10
8	00800	641,482	617,817	1,259,299	294	8
9	00900	1,787,237	1,047,795	2,835,032	823	9
10	01000	1,872,127	1,983,778	3,855,905	706	10
11	01100					11
12	01200					12
13	01300	1,355,358	333,706	1,689,064	235	13
13.10	01301	591,963	495,350	1,087,313	250	13.10
14	01400					14
15	01500					15
16	01600	1,355,476	887,271	2,242,747	1,309	16
17	01700	350,808	104,237	455,045	235	17
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	19,126,455	5,915,452	25,041,907	48,112	30
31	03100	4,872,900	1,420,743	6,293,643	27,898	31
31.01	02060	3,223,738	1,173,314	4,397,052	25,004	31.01
41	04100	1,095,158	485,155	1,580,313	3,337	41
43	04300	941,775	265,808	1,207,583	7,115	43
ANCILLARY SERVICE COST CENTERS						
50	05000	7,471,330	4,650,787	12,122,117	61,455	50
51	05100	935,391	279,422	1,214,813	6,410	51
52	05200	831,141	240,751	1,071,892	9,063	52
53	05300	224,987	419,448	644,435	4,449	53
54	05400	3,707,151	3,709,256	7,416,407	14,864	54
56	05600	269,955	198,135	468,090	807	56
57	05700	475,450	551,948	1,027,398	53	57
59	05900	2,569,516	1,231,153	3,800,669	12,033	59
60	06000	3,858,233	7,692,997	11,551,230	-330,297	60
60.10	06001					60.10
65	06500	2,861,871	1,775,347	4,637,218	29,689	65
66	06600	1,781,489	528,851	2,310,340	3,748	66
67	06700	751,802	201,940	953,742	1,186	67
68	06800	582,247	143,973	726,220	2,467	68
69	06900	783,363	910,270	1,693,633	65,146	69
70	07000	702,312	767,878	1,470,190	5,001	70
71	07100	679,445	38,498,013	39,177,458	-26,957,732	71
72	07200				26,984,050	72
73	07300	2,859,234	11,847,185	14,706,419	20,288	73
73.10	07301	2,999,773	2,582,283	5,582,056	19,364	73.10
76.97	07697					76.97
OUTPATIENT SERVICE COST CENTERS						
91	09100	9,043,912	2,597,109	11,641,021	50,923	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500		332,201	332,201	29	95
97	09700	161,132	944,445	1,105,577	162	97
101	10100	756,164	309,733	1,065,897	191	101
SPECIAL PURPOSE COST CENTERS						
113	11300		4,478,463	4,478,463	-4,478,463	113
118		97,164,990	214,250,632	311,415,622	-13,906,884	118
NONREIMBURSABLE COST CENTERS						
190	19000					190
194	07950	1,241,983	596,661	1,838,644	3,998	194
194.01	07951	646,106	4,560,747	5,206,853		194.01
194.02	07952	30,875	70,452	101,327		194.02
194.03	07953					194.03
194.04	07954	2,834,435	389,027	3,223,462	559	194.04
194.05	07955	881,866	271,217	1,153,083	673	194.05
194.06	07956	5,724,608	1,494,155	7,218,763	3,147	194.06
194.07	07957	1,134,775	202,773	1,337,548	338	194.07
194.08	07958	3,375,576	6,761,859	10,137,435	235	194.08
194.09	07959	5,248	597	5,845		194.09
194.10	07960	2,546,285	7,926,786	10,473,071	3,883	194.10
194.11	07961	487,753	101,162	588,915	588	194.11

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL	RECLASSIFI- CATIONS 4	
			(COL. 1 + COL. 2) 3		
194.12 07962 TRAUMA PHYSICIANS	757,324	717,017	1,474,341	175	194.12
194.13 07963 LANDMARK HOSPITAL				19,201	194.13
194.14 07964 GYN SURG ONCOLOGIST	751,410	108,339	859,749	294	194.14
194.15 07965 CAPE GASTROENTEROLOGY	2,693,814	418,479	3,112,293	229	194.15
194.16 07966 CAPE PHYSICIAN ASSOCIATES	4,883,442	6,320,106	11,203,548	8,508	194.16
194.17 07967 NONPATIENT MEALS					194.17
194.18 07968 BEAUTY SHOP					194.18
194.19 07969 MARKETING COSTS				13,860,552	194.19
194.20 07970 CAPE PRIMARY CARE	519,920	211,664	731,584	1,359	194.20
194.21 07971 CAPE CARE FOR WOMEN	841,835	654,720	1,496,555	1,059	194.21
194.22 07972 JACKSON FAMILY CLINIC	527,698	193,510	721,208	1,265	194.22
194.23 07973 CAPE MEDICAL GROUP	377,436	206,126	583,562	821	194.23
200 TOTAL (SUM OF LINES 118-199)	127,427,379	245,456,029	372,883,408		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	13,370,292	-400,867	12,969,425	1
2	00200	10,145,973	13,406	10,159,379	2
3	00300				3
4	00400	6,586,302		6,586,302	4
5.01	00540	578,179	-41,027	537,152	5.01
5.02	00550	4,120,600		4,120,600	5.02
5.03	00560	629,732		629,732	5.03
5.04	00570				5.04
5.05	00580	5,067,790		5,067,790	5.05
5.06	00590	73,426,984	-42,942,396	30,484,588	5.06
6	00600	2,952,618		2,952,618	6
7	00700	3,461,659	-6,160	3,455,499	7
7.10	00701	386,016		386,016	7.10
8	00800	1,259,593		1,259,593	8
9	00900	2,835,855		2,835,855	9
10	01000	3,856,611	-1,258,471	2,598,140	10
11	01100				11
12	01200				12
13	01300	1,689,299		1,689,299	13
13.10	01301	1,087,563	-185,908	901,655	13.10
14	01400				14
15	01500				15
16	01600	2,244,056	-12,079	2,231,977	16
17	01700	455,280		455,280	17
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	25,090,019		25,090,019	30
31	03100	6,321,541		6,321,541	31
31.01	02060	4,422,056	-36,151	4,385,905	31.01
41	04100	1,583,650	-46,465	1,537,185	41
43	04300	1,214,698		1,214,698	43
ANCILLARY SERVICE COST CENTERS					
50	05000	12,183,572		12,183,572	50
51	05100	1,221,223		1,221,223	51
52	05200	1,080,955		1,080,955	52
53	05300	648,884		648,884	53
54	05400	7,431,271	-634,495	6,796,776	54
56	05600	468,897		468,897	56
57	05700	1,027,451	-378	1,027,073	57
59	05900	3,812,702	-4,148	3,808,554	59
60	06000	11,220,933		11,220,933	60
60.10	06001				60.10
65	06500	4,666,907	-81,641	4,585,266	65
66	06600	2,314,088		2,314,088	66
67	06700	954,928		954,928	67
68	06800	728,687		728,687	68
69	06900	1,758,779	-480,413	1,278,366	69
70	07000	1,475,191	-457,508	1,017,683	70
71	07100	12,219,726		12,219,726	71
72	07200	26,984,050		26,984,050	72
73	07300	14,726,707	-9,259	14,717,448	73
73.10	07301	5,601,420	-167,846	5,433,574	73.10
76.97	07697				76.97
OUTPATIENT SERVICE COST CENTERS					
91	09100	11,691,944	-3,993,007	7,698,937	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500	332,230		332,230	95
97	09700	1,105,739		1,105,739	97
101	10100	1,066,088		1,066,088	101
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		297,508,738	-50,744,813	246,763,925	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
194	07950	1,842,642		1,842,642	194
194.01	07951	5,206,853		5,206,853	194.01
194.02	07952	101,327		101,327	194.02
194.03	07953				194.03
194.04	07954	3,224,021		3,224,021	194.04
194.05	07955	1,153,756		1,153,756	194.05
194.06	07956	7,221,910		7,221,910	194.06
194.07	07957	1,337,886		1,337,886	194.07
194.08	07958	10,137,670		10,137,670	194.08
194.09	07959	5,845		5,845	194.09
194.10	07960	10,476,954		10,476,954	194.10
194.11	07961	589,503		589,503	194.11

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
194.12 07962 TRAUMA PHYSICIANS	1,474,516		1,474,516	194.12
194.13 07963 LANDMARK HOSPITAL	19,201		19,201	194.13
194.14 07964 GYN SURG ONCOLOGIST	860,043		860,043	194.14
194.15 07965 CAPE GASTROENTEROLOGY	3,112,522		3,112,522	194.15
194.16 07966 CAPE PHYSICIAN ASSOCIATES	11,212,056		11,212,056	194.16
194.17 07967 NONPATIENT MEALS				194.17
194.18 07968 BEAUTY SHOP				194.18
194.19 07969 MARKETING COSTS	13,860,552		13,860,552	194.19
194.20 07970 CAPE PRIMARY CARE	732,943		732,943	194.20
194.21 07971 CAPE CARE FOR WOMEN	1,497,614		1,497,614	194.21
194.22 07972 JACKSON FAMILY CLINIC	722,473		722,473	194.22
194.23 07973 CAPE MEDICAL GROUP	584,383		584,383	194.23
200 TOTAL (SUM OF LINES 118-199)	372,883,408	-50,744,813	322,138,595	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	4		340,485 1
2					2
500 TOTAL RECLASSIFICATIONS					340,485 500
CODE LETTER - A					
1 RECLASS INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		4,478,463 1
500 TOTAL RECLASSIFICATIONS					4,478,463 500
CODE LETTER - B					
1 RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	5.01		249,039 1
500 TOTAL RECLASSIFICATIONS					249,039 500
CODE LETTER - C					
1 RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	5.06	41,543	1
500 TOTAL RECLASSIFICATIONS				41,543	500
CODE LETTER - D					
1 RECLASS MARKETING COST	E	MARKETING COSTS	194.19	1,162,777	12,697,775 1
500 TOTAL RECLASSIFICATIONS				1,162,777	12,697,775 500
CODE LETTER - E					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER	
1	2	3	4	5		
1 RECLASS BIOMED	F	EMPLOYEE BENEFITS	4	343	216	1
2		COMMUNICATIONS	5.01	2,320	1,464	2
3		DATA PROCESSING	5.02	880	553	3
4		PURCHASING	5.03	226	142	4
5		CREDIT & COLLECTIONS	5.05	687	431	5
6		OTHER ADMINISTRATIVE & GENERA	5.06	41,662	26,150	6
7		MAINTENANCE & REPAIRS	6	55,438	34,797	7
8		OPERATION OF PLANT	7	307	193	8
9		SPD SOILED PROCESSING	7.10	117	74	9
10		LAUNDRY & LINEN SERVICE	8	181	113	10
11		HOUSEKEEPING	9	506	317	11
12		DIETARY	10	434	272	12
13		NURSING ADMINISTRATION	13	145	90	13
14		SPD STERILE PROCESSING	13.10	154	96	14
15		MEDICAL RECORDS & LIBRARY	16	804	505	15
16		SOCIAL SERVICE	17	145	90	16
17		ADULTS & PEDIATRICS	30	46,697	29,310	17
18		INTENSIVE CARE UNIT	31	20,824	13,071	18
19		NEONATOLOGY/NICU	31.01	15,362	9,642	19
20		SUBPROVIDER - IRF	41	2,156	1,353	20
21		NURSERY	43	4,371	2,744	21
22		OPERATING ROOM	50	46,238	29,021	22
23		RECOVERY ROOM	51	3,938	2,472	23
24		DELIVERY ROOM & LABOR ROOM	52	5,568	3,495	24
25		ANESTHESIOLOGY	53	2,734	1,715	25
26		RADIOLOGY-DIAGNOSTIC	54	9,250	5,805	26
27		COMPUTED TOMOGRAPHY (CT) SCAN	57	33	20	27
28		RADIOISOTOPE	56	496	311	28
29		LABORATORY	60	6,142	3,855	29
30		CARDIAC CATHETERIZATION	59	7,702	4,835	30
31		RESPIRATORY THERAPY	65	18,240	11,449	31
32		PHYSICAL THERAPY	66	2,303	1,445	32
33		OCCUPATIONAL THERAPY	67	729	457	33
34		SPEECH PATHOLOGY	68	1,516	951	34
35		ELECTROCARDIOLOGY	69	3,357	2,107	35
36		ELECTROENCEPHALOGRAPHY	70	3,072	1,929	36
37		MEDICAL SUPPLIES CHRGD TO PA	71	16,169	10,149	37
38		DRUGS CHARGED TO PATIENTS	73	12,465	7,823	38
39		REHABILITATION SERVICES	73.10	11,897	7,467	39
40		EMERGENCY	91	38,235	23,998	40
41		AMBULANCE SERVICES	95	18	11	41
42		DURABLE MEDICAL EQUIP-SOLD	97	99	63	42
43		HOME HEALTH AGENCY	101	117	74	43
44		FITNESS CENTER	194	2,456	1,542	44
45		PHYSICIAN SERVICES	194.04	344	215	45
46		ENDOCRINOLOGIST	194.05	413	260	46
47		HOSPITALIST	194.06	1,934	1,213	47
48		NEONATOLOGY PHYSICIANS	194.07	208	130	48
49		ANESTHESIOLOGISTS	194.08	145	90	49
50		PHYSICIAN ONCOLOGIST	194.10	2,386	1,497	50
51		PERINATOLOGY	194.11	361	227	51
52		TRAUMA PHYSICIANS	194.12	108	67	52
53		LANDMARK HOSPITAL	194.13	11,797	7,404	53
54		GYN SURG ONCOLOGIST	194.14	181	113	54
55		CAPE GASTROENTEROLOGY	194.15	141	88	55
56		CAPE PHYSICIAN ASSOCIATES	194.16	5,227	3,281	56
57		CAPE PRIMARY CARE	194.20	835	524	57
58		CAPE CARE FOR WOMEN	194.21	651	408	58
59		JACKSON FAMILY CLINIC	194.22	777	488	59
60		CAPE MEDICAL GROUP	194.23	504	317	60
500 TOTAL RECLASSIFICATIONS				412,545	258,939	500
CODE LETTER - F						
1 RECLASS EKG COSTS	H	ELECTROCARDIOLOGY	69	48,275	11,407	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				48,275	11,407	500
CODE LETTER - H						

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/24/2012 13:14

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 RECLASS IMP. DEVICES CHARGED	I	IMPL. DEV. CHARGED TO PATIENT	72	407,667	26,576,383 1
500 TOTAL RECLASSIFICATIONS				407,667	26,576,383 500
CODE LETTER - I					
GRAND TOTAL (INCREASES)				2,072,807	44,612,491

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS EMPLOYEE BENEFITS	A	RADIOLOGY-DIAGNOSTIC	54		191	1
2		LABORATORY	60		340,294	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					340,485	500
1 RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	113		4,478,463	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					4,478,463	500
1 RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	5.06		249,039	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					249,039	500
1 RECLASS MAIL CLERK	D	PURCHASING	5.03	41,543		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				41,543		500
1 RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	5.06	1,162,777	12,697,775	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				1,162,777	12,697,775	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS BIOMED	F					1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
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19						19
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21						21
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43						43
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49						49
50						50
51						51
52						52
53						53
54						54
55						55
56						56
57						57
58						58
59						59
60		MAINTENANCE & REPAIRS	6	412,545	258,939	60
500 TOTAL RECLASSIFICATIONS				412,545	258,939	500
CODE LETTER - F						
1 RECLASS EKG COSTS	H					1
2		ADULTS & PEDIATRICS	30	22,388	5,507	2
3		INTENSIVE CARE UNIT	31	4,911	1,086	3
4		SUBPROVIDER - IRF	41	135	37	4
5		OPERATING ROOM	50	10,962	2,842	5
6		CARDIAC CATHETERIZATION	59	406	98	6
7		EMERGENCY	91	9,473	1,837	7
500 TOTAL RECLASSIFICATIONS				48,275	11,407	500
CODE LETTER - H						

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/24/2012 13:14

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	----- COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 RECLASS IMP. DEVICES CHARGED	I	MEDICAL SUPPLIES CHRGED TO PA	71	407,667	26,576,383	1
500 TOTAL RECLASSIFICATIONS				407,667	26,576,383	500
CODE LETTER - I						
GRAND TOTAL (DECREASES)				2,072,807	44,612,491	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	2,902,168	188,000		188,000		3,090,168		1
2 LAND IMPROVEMENTS	6,618,089	36,052		36,052		6,654,141	2,123,100	2
3 BUILDINGS AND FIXTURES	142,002,521	52,617,273		52,617,273	17,502,108	177,117,686	9,199,878	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	73,654,089	1,443,093		1,443,093		75,097,182	17,523,111	5
6 MOVABLE EQUIPMENT	88,737,254	21,636,832		21,636,832	6,982,743	103,391,343	38,287,375	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	313,914,121	75,921,250		75,921,250	24,484,851	365,350,520	67,133,464	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	313,914,121	75,921,250		75,921,250	24,484,851	365,350,520	67,133,464	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	8,589,814						8,589,814
2 CAP REL COSTS-MVBLE EQUIP	10,025,350						10,025,350
3 TOTAL (SUM OF LINES 1-2)	18,615,164						18,615,164

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	258,869,009		258,869,009	0.714594			302,015	302,015
2 CAP REL COSTS-MVBLE EQUIP	103,391,343		103,391,343	0.285406			120,623	120,623
3 TOTAL (SUM OF LINES 1-2)	362,260,352		362,260,352	1.000000			422,638	422,638

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	8,573,280		4,094,130			302,015	12,969,425
2 CAP REL COSTS-MVBLE EQUIP	10,038,756					120,623	10,159,379
3 TOTAL	18,612,036		4,094,130			422,638	23,128,804

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-384,333	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-41,027	COMMUNICATIONS	5.01	7 8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					9
9 PARKING LOT (CHAPTER 21)					10
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,758,188			11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,316			13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,258,471	DIETARY	10	15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-9,259	DRUGS CHARGED TO PATIENTS	73	18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-12,079	MEDICAL RECORDS & LIBRARY	16	19
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					20
20 VENDING MACHINES					21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				25
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	26
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	27
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	28
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	29
29 PHYSICIANS' ASSISTANT					30
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				32
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33 DEPR. ON PT. PHONE	A	-3,097	CAP REL COSTS-MVBLE EQUIP	2	9 34
34 TELEVISION ELECTRIC USAGE	A	-6,160	OPERATION OF PLANT	7	35
35					36
36 COMMUNITY WELLNESS	B	-73,630	REHABILITATION SERVICES	73.10	37
37 OUTSIDE STERILE PROCESS	B	-185,908	SPD STERILE PROCESSING	13.10	38
38					39
39 COMMUNITY TRAINING CENTER	B	-56,597	REHABILITATION SERVICES	73.10	40
40 SPEC. EDUC. REIMB	B	-1,960	OTHER ADMINISTRATIVE & GENERAL	5.06	41
41 MISC. INCOME	B	-72,389	OTHER ADMINISTRATIVE & GENERAL	5.06	42
42 NON-ALLOW SUPPLIES-REHAB.	B	-10,767	REHABILITATION SERVICES	73.10	43
43					44
44					45
45 REHAB GYM USE	B	-2,870	REHABILITATION SERVICES	73.10	9 45.01
45.01 ADJ. DEPR. EXP.	A	-9,094	CAP REL COSTS-BLDG & FIXT	1	9 45.02
45.02 ADJ. DEPR. EXP.	A	-2,730	CAP REL COSTS-MVBLE EQUIP	2	5.06 45.03
45.03 PROVISION FOR BAD DEBTS	A	-42,615,676	OTHER ADMINISTRATIVE & GENERAL	5.06	2 9 45.04
45.04 ADJ. DEPR. EXP.	A	22,577	CAP REL COSTS-MVBLE EQUIP	2	5.06 45.05
45.05 AHA DUES FOR LOBBYING	A	-16,058	OTHER ADMINISTRATIVE & GENERAL	5.06	1 9 45.06
45.06 DEPR. NEW BLDG & FIX.	A	-6,124	CAP REL COSTS-BLDG & FIXT	1	9 45.07
45.07 DEPR. NEW MOV. EQUIP.	A	-3,344	CAP REL COSTS-MVBLE EQUIP	2	5.06 45.08
45.08 NON-ALLOWABLE EXPENSE	A	-24,597	OTHER ADMINISTRATIVE & GENERAL	5.06	5.06 45.09
45.09 NON-ALLOWABLE GOODWILL EXPENSE	A	-211,716	OTHER ADMINISTRATIVE & GENERAL	5.06	46
46					47
47					48
48					49
49					50
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-50,744,813			

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	1	CAP REL COSTS-BLDG & FIXT		1,316	-1,316	9
2		SFHS				1
3						2
4						3
5		TOTALS (SUM OF LINES 1-4)		1,316	-1,316	4
		TRANSFER COL. 6, LINE 5 TO				5
		WKST A-8, COL. 2, LINE 12.				

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
E	SFMC		SFHS		HEALTHCARE
6					6
7					7
8					8
9					9
10					10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1		2	3	4	5	6	7	8	9	
1	41	SUBPROVIDER - IRF			117,486		963	71,021	3,551	1
2	54	RADIOLOGY-DIAGNOSTIC			634,495					2
3	57	COMPUTED TOMOGRAPHY (CT)			378					3
4	65	RESPIRATORY THERAPY			81,641					4
5	69	ELECTROCARDIOLOGY			480,413					5
6	70	ELECTROENCEPHALOGRAPHY			457,508					6
7	73.10	REHABILITATION SERVICES			63,733					7
8	91	EMERGENCY			4,002,816					8
9	31.01	NEONATOLOGY/NICU			36,151					9
10	59	CARDIAC CATHETERIZATION			4,148					10
200		TOTAL	5,878,769	5,674,377	204,392		1,635	120,581	6,029	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	41 SUBPROVIDER - IRF		SUBPROVIDER			71,021	46,465	46,465	1
2	54 RADIOLOGY-DIAGNOSTIC		RADIOLOGY-DIAGN					634,495	2
3	57 COMPUTED TOMOGRAPHY (CT)		CT SCAN					378	3
4	65 RESPIRATORY THERAPY		RESPIRATORY THE					81,641	4
5	69 ELECTROCARDIOLOGY		ELECTROCARDIOLO					480,413	5
6	70 ELECTROENCEPHALOGRAPHY		ELECTROENCEPHAL					457,508	6
7	73.10 REHABILITATION SERVICES		REHABILITATION			39,751	23,982	23,982	7
8	91 EMERGENCY		EMERGENCY			9,809	13,364	3,993,007	8
9	31.01 NEONATOLOGY/NICU		NICU					36,151	9
10	59 CARDIAC CATHETERIZATION		CARDIOVASCULAR					4,148	10
200	TOTAL					120,581	83,811	5,758,188	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNI- CATIONS 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	12,969,425	12,969,425				1
2 CAP REL COSTS-MVBLE EQUIP	10,159,379		10,159,379			2
4 EMPLOYEE BENEFITS	6,586,302	221,190	113,216	6,920,708		4
5.01 COMMUNICATIONS	537,152	16,380	45	12,637	566,214	5.01
5.02 DATA PROCESSING	4,120,600	112,616	2,057,685	84,319	15,444	5.02
5.03 PURCHASING	629,732	49,540	5,295	20,863	4,752	5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	5,067,790	50,233	114,080	42,699	9,979	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	30,484,588	682,590	291,075	393,824	42,056	5.06
6 MAINTENANCE & REPAIRS	2,952,618	490,805	32,687	104,078	38,967	6
7 OPERATION OF PLANT	3,455,499	1,385,837	6,423	15,879	1,901	7
7.10 SPD SOILED PROCESSING	386,016	131,270	11,992	13,383	713	7.10
8 LAUNDRY & LINEN SERVICE	1,259,593	94,382	31,691	35,314	1,188	8
9 HOUSEKEEPING	2,835,855	84,922	7,530	98,388	1,663	9
10 DIETARY	2,598,140	241,139	180,996	103,056	5,227	10
11 CAFETERIA		189,055				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,689,299	13,022	27,130	74,600	5,465	13
13.10 SPD STERILE PROCESSING	901,655	95,281	24,668	32,587	2,614	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,231,977	157,444	5,782	74,643	19,484	16
17 SOCIAL SERVICE	455,280	5,681		19,315	1,426	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	25,090,019	1,564,920	262,906	1,053,940	72,234	30
31 INTENSIVE CARE UNIT	6,321,541	254,530	72,279	269,056	12,118	31
31.01 NEONATOLOGY/NICU	4,385,905	123,697	102,357	178,264	7,841	31.01
41 SUBPROVIDER - IRF	1,537,185	210,922	12,573	60,383	7,603	41
43 NURSERY	1,214,698	12,130	358	52,071		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,183,572	1,153,107	1,987,197	413,126	46,095	50
51 RECOVERY ROOM	1,221,223	62,131	30,995	51,696	2,851	51
52 DELIVERY ROOM & LABOR ROOM	1,080,955			46,048		52
53 ANESTHESIOLOGY	648,884	3,366	44,357	12,533	1,901	53
54 RADIOLOGY-DIAGNOSTIC	6,796,776	403,287	1,244,764	204,532	26,137	54
56 RADIOISOTOPE	468,897	35,416	73,801	14,884	1,901	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,027,073	45,217	383,462	26,168	1,901	57
59 CARDIAC CATHETERIZATION	3,808,554	188,025	854,561	141,815	18,058	59
60 LABORATORY	11,220,933	294,395	379,820	212,676	22,097	60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY	4,585,266	94,817	92,126	158,507	8,791	65
66 PHYSICAL THERAPY	2,314,088	460,470	41,147	98,171	2,138	66
67 OCCUPATIONAL THERAPY	954,928	118,512	15,598	41,416	2,138	67
68 SPEECH PATHOLOGY	728,687	22,407	5,587	32,127	2,138	68
69 ELECTROCARDIOLOGY	1,278,366		99,626	45,954	3,089	69
70 ELECTROENCEPHALOGRAPHY	1,017,683	38,664	48,176	38,821	6,891	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	12,219,726	102,233	6,993	15,313	950	71
72 IMPL. DEV. CHARGED TO PATIENT	26,984,050	153,348	10,490	22,970	1,188	72
73 DRUGS CHARGED TO PATIENTS	14,717,448	78,055	446,461	158,044	8,079	73
73.10 REHABILITATION SERVICES	5,433,574	837,835	52,595	165,747	35,878	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	7,698,937	749,598	672,267	499,315	28,513	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	332,230			1	238	95
97 DURABLE MEDICAL EQUIP-SOLD	1,105,739		285	8,873	1,426	97
101 HOME HEALTH AGENCY	1,066,088	34,356	446	41,622	5,227	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	246,763,925	11,062,825	9,851,522	5,189,658	478,300	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		61,979			950	190
194 FITNESS CENTER	1,842,642	873,126	43,169	68,488	10,930	194
194.01 RETAIL PHARMACY	5,206,853	45,896	30,395	35,558	8,791	194.01
194.02 GARDEN VIEW DELI	101,327	22,168	3,343	1,699	713	194.02
194.03 MEDICAL OFFICE BLDG			2,482			194.03
194.04 PHYSICIAN SERVICES	3,224,021	74,592	2,869	156,012	3,564	194.04
194.05 ENDOCRINOLOGIST	1,153,756		6,484	48,556		194.05
194.06 HOSPITALIST	7,221,910	7,305	12,855	315,160	1,663	194.06
194.07 NEONATOLOGY PHYSICIANS	1,337,886	9,535	356	62,464	1,426	194.07
194.08 ANESTHESIOLOGISTS	10,137,670	14,121		185,783		194.08
194.09 PHYSICIAN CARDIOLOGIST	5,845			289	475	194.09
194.10 PHYSICIAN ONCOLOGIST	10,476,954	176,881	15,361	140,266	8,554	194.10

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/24/2012 13:14

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNI- CATIONS 5.01	
194.11 PERINATOLOGY	589,503	47,133	19,517	26,863	3,326	194.11
194.12 TRAUMA PHYSICIANS	1,474,516	55,733	41	41,685	4,515	194.12
194.13 LANDMARK HOSPITAL	19,201			649		194.13
194.14 GYN SURG ONCOLOGIST	860,043		536	41,364	4,515	194.14
194.15 CAPE GASTROENTEROLOGY	3,112,522		4,090	148,262	2,376	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	11,212,056	515,676	77,468	269,048	35,878	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP		2,455			238	194.18
194.19 MARKETING COSTS	13,860,552			63,993		194.19
194.20 CAPE PRIMARY CARE	732,943		10,710	28,660		194.20
194.21 CAPE CARE FOR WOMEN	1,497,614		45,761	46,366		194.21
194.22 JACKSON FAMILY CLINIC	722,473		13,337	29,085		194.22
194.23 CAPE MEDICAL GROUP	584,383		19,083	20,800		194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	322,138,595	12,969,425	10,159,379	6,920,708	566,214	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCHASING 5.03	CREDIT & COLLECTION 5.05	SUBTOTAL (COLS.0-4) 4A	OTHER ADMIN & GENERAL 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING	6,390,664					5.02
5.03 PURCHASING	55,514	765,696				5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	117,559	1,283	5,403,623			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,015,583	8,115		32,917,831	32,917,831	5.06
6 MAINTENANCE & REPAIRS	32,655	4,546		3,656,356	416,152	6
7 OPERATION OF PLANT	26,124	3,595		4,895,258	557,159	7
7.10 SPD SOILED PROCESSING		286		543,660	61,877	7.10
8 LAUNDRY & LINEN SERVICE		4,029		1,426,197	162,324	8
9 HOUSEKEEPING	9,797	2,568		3,040,723	346,083	9
10 DIETARY	16,328	3,796		3,148,682	358,370	10
11 CAFETERIA				189,055	21,517	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	58,780	140		1,868,436	212,658	13
13.10 SPD STERILE PROCESSING	26,124	2,801		1,085,730	123,573	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	124,091	869		2,614,290	297,548	16
17 SOCIAL SERVICE	35,921	10		517,633	58,915	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	933,945	8,708	287,349	29,274,021	3,331,735	30
31 INTENSIVE CARE UNIT	163,277	2,892	93,529	7,189,222	818,248	31
31.01 NEONATOLOGY/NICU	45,718	2,277	91,480	4,937,539	561,971	31.01
41 SUBPROVIDER - IRF	267,774	327	12,514	2,109,281	240,070	41
43 NURSERY		540	18,749	1,298,546	147,795	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	355,944	18,567	377,324	16,534,932	1,881,940	50
51 RECOVERY ROOM		237	55,007	1,424,140	162,090	51
52 DELIVERY ROOM & LABOR ROOM		462	25,316	1,152,781	131,205	52
53 ANESTHESIOLOGY		3,671	109,704	824,416	93,832	53
54 RADIOLOGY-DIAGNOSTIC	130,622	11,954	302,937	9,121,009	1,038,117	54
56 RADIOISOTOPE		1,333	32,540	628,772	71,564	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,740	357,062	1,845,623	210,061	57
59 CARDIAC CATHETERIZATION	48,983	6,018	229,881	5,295,895	602,758	59
60 LABORATORY	434,317	48,914	800,852	13,414,004	1,526,728	60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY	35,921	8,495	297,845	5,281,768	601,150	65
66 PHYSICAL THERAPY	29,390	314	54,607	3,000,325	341,485	66
67 OCCUPATIONAL THERAPY		59	20,683	1,153,334	131,268	67
68 SPEECH PATHOLOGY	39,186	194	13,924	844,250	96,089	68
69 ELECTROCARDIOLOGY		1,748	87,483	1,516,266	172,575	69
70 ELECTROENCEPHALOGRAPHY		1,018	33,742	1,184,995	134,871	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	22,859	152,684	495,888	13,016,646	1,481,503	71
72 IMPL. DEV. CHARGED TO PATIENT	35,921	229,025	752,197	28,189,189	3,208,381	72
73 DRUGS CHARGED TO PATIENTS	48,983	109,557	441,293	16,007,920	1,821,957	73
73.10 REHABILITATION SERVICES	411,458	4,723	139,287	7,081,097	805,942	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	558,408	6,215	255,192	10,468,445	1,191,477	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			2,209	334,678	38,092	95
97 DURABLE MEDICAL EQUIP-SOLD		57	15,029	1,131,409	128,772	97
101 HOME HEALTH AGENCY	62,045	884		1,210,668	137,793	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,143,227	657,651	5,403,623	241,375,022	23,725,645	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				62,929	7,162	190
194 FITNESS CENTER	182,870	1,138		3,022,363	343,993	194
194.01 RETAIL PHARMACY	62,045	44,020		5,433,558	618,426	194.01
194.02 GARDEN VIEW DELI	9,797	146		139,193	15,842	194.02
194.03 MEDICAL OFFICE BLDG				2,482	282	194.03
194.04 PHYSICIAN SERVICES	88,170	503		3,549,731	404,016	194.04
194.05 ENDOCRINOLOGIST		1,099		1,209,895	137,705	194.05
194.06 HOSPITALIST		3,786		7,562,679	860,754	194.06
194.07 NEONATOLOGY PHYSICIANS	19,593	175		1,431,435	162,920	194.07
194.08 ANESTHESIOLOGISTS		25		10,337,599	1,176,584	194.08
194.09 PHYSICIAN CARDIOLOGIST		2		6,611	752	194.09
194.10 PHYSICIAN ONCOLOGIST	417,989	1,515		11,237,520	1,279,010	194.10

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COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	CREDIT & COLLECTION	SUBTOTAL (COLS.0-4) 4A	OTHER ADMIN & GENERAL 5.06	
194.11 PERINATOLOGY	9,797	192		696,331	79,254	194.11
194.12 TRAUMA PHYSICIANS		1		1,576,491	179,430	194.12
194.13 LANDMARK HOSPITAL	156,746			176,596	20,099	194.13
194.14 GYN SURG ONCOLOGIST	107,763	50		1,014,271	115,440	194.14
194.15 CAPE GASTROENTEROLOGY		1,023		3,268,273	371,982	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	192,667	47,409		12,350,202	1,405,651	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP				2,693	307	194.18
194.19 MARKETING COSTS				13,924,545	1,584,836	194.19
194.20 CAPE PRIMARY CARE		797		773,110	87,992	194.20
194.21 CAPE CARE FOR WOMEN		4,346		1,594,087	181,433	194.21
194.22 JACKSON FAMILY CLINIC		1,276		766,171	87,203	194.22
194.23 CAPE MEDICAL GROUP		542		624,808	71,113	194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,390,664	765,696	5,403,623	322,138,595	32,917,831	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	SPD SOILED PROCESSIN G 7.10	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS	4,072,508					6
7 OPERATION OF PLANT	497,426	5,949,843				7
7.10 SPD SOILED PROCESSING	47,118	78,416	731,071			7.10
8 LAUNDRY & LINEN SERVICE	33,877	56,380	333,435	2,012,213		8
9 HOUSEKEEPING	30,482	50,729	397,636	92,754	3,958,407	9
10 DIETARY	86,553	144,047		68,182	98,918	10
11 CAFETERIA	67,858	112,934			77,553	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,674	7,779			5,342	13
13.10 SPD STERILE PROCESSING	34,200	56,917		166,989	39,086	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	56,512	94,051			64,585	16
17 SOCIAL SERVICE	2,039	3,393			2,330	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	561,703	934,817		729,894	641,948	30
31 INTENSIVE CARE UNIT	91,360	152,046		120,706	104,411	31
31.01 NEONATOLOGY/NICU	44,399	73,892		12,920	50,742	31.01
41 SUBPROVIDER - IRF	75,708	125,997			86,523	41
43 NURSERY	4,354	7,246		15,138	4,976	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	413,891	688,820		216,934	473,019	50
51 RECOVERY ROOM	22,301	37,115		191	25,487	51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY	1,208	2,011			1,381	53
54 RADIOLOGY-DIAGNOSTIC	144,754	240,908		3,556	165,433	54
56 RADIOISOTOPE	12,712	21,156		54	14,528	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	16,230	27,011		873	18,549	57
59 CARDIAC CATHETERIZATION	67,489	112,319		22,561	77,130	59
60 LABORATORY	105,669	175,860		41	120,764	60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY	34,033	56,640		2,865	38,895	65
66 PHYSICAL THERAPY	165,279	275,066		3,896	188,891	66
67 OCCUPATIONAL THERAPY	42,538	70,794			48,615	67
68 SPEECH PATHOLOGY	8,043	13,385			9,192	68
69 ELECTROCARDIOLOGY				21		69
70 ELECTROENCEPHALOGRAPHY	13,878	23,096		41	15,860	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	36,695	61,070		1,864	41,937	71
72 IMPL. DEV. CHARGED TO PATIENT	55,042	91,604		2,795	62,905	72
73 DRUGS CHARGED TO PATIENTS	28,017	46,627		766	32,019	73
73.10 REHABILITATION SERVICES	300,729	500,489		53,969	343,690	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	269,057	447,779		200,321	307,494	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
101 HOME HEALTH AGENCY	12,331	20,523			14,093	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	3,388,159	4,810,917	731,071	1,717,331	3,176,296	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,247	37,024			25,425	190
194 FITNESS CENTER	313,396	521,570		275,421	358,167	194
194.01 RETAIL PHARMACY	16,474	27,416			18,827	194.01
194.02 GARDEN VIEW DELI	7,957	13,242			9,093	194.02
194.03 MEDICAL OFFICE BLDG						194.03
194.04 PHYSICIAN SERVICES	26,774	44,559		10,966	30,599	194.04
194.05 ENDOCRINOLOGIST						194.05
194.06 HOSPITALIST	2,622	4,363			2,996	194.06
194.07 NEONATOLOGY PHYSICIANS	3,422	5,696			3,911	194.07
194.08 ANESTHESIOLOGISTS	5,069	8,435			5,793	194.08
194.09 PHYSICIAN CARDIOLOGIST						194.09
194.10 PHYSICIAN ONCOLOGIST	63,489	105,662		5	72,559	194.10

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COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	SPD SOILED PROCESSIN G 7.10	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194.11 PERINATOLOGY	16,918	28,155			19,335	194.11
194.12 TRAUMA PHYSICIANS	20,005	33,293			22,862	194.12
194.13 LANDMARK HOSPITAL						194.13
194.14 GYN SURG ONCOLOGIST						194.14
194.15 CAPE GASTROENTEROLOGY						194.15
194.16 CAPE PHYSICIAN ASSOCIATES	185,095	308,044			211,537	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	881	1,467		8,490	1,007	194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE						194.20
194.21 CAPE CARE FOR WOMEN						194.21
194.22 JACKSON FAMILY CLINIC						194.22
194.23 CAPE MEDICAL GROUP						194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,072,508	5,949,843	731,071	2,012,213	3,958,407	202

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	
	10	11	13	13.10	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.10 SPD SOILED PROCESSING						7.10
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	3,904,752					10
11 CAFETERIA	1,556,611	2,025,528				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		23,138	2,122,027			13
13.10 SPD STERILE PROCESSING		23,550		1,530,045		13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		43,999			3,170,985	16
17 SOCIAL SERVICE		8,474				17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,183,017	461,403	1,357,582		1,414,576	30
31 INTENSIVE CARE UNIT	145,007	93,322	274,579	324	24,734	31
31.01 NEONATOLOGY/NICU		60,764	178,784	1,716	19,343	31.01
41 SUBPROVIDER - IRF	74,235	25,300	74,441		22,514	41
43 NURSERY		14,747		19,435	71,030	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		161,518		1,217,490	446,475	50
51 RECOVERY ROOM		18,690				51
52 DELIVERY ROOM & LABOR ROOM		21,336	62,776			52
53 ANESTHESIOLOGY		3,929				53
54 RADIOLOGY-DIAGNOSTIC		84,787		136,571	231,799	54
56 RADIOISOTOPE		5,074				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		11,068				57
59 CARDIAC CATHETERIZATION		41,656		10,663	2,537	59
60 LABORATORY		102,119	17,665	21,081		60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY		67,303		44,823		65
66 PHYSICAL THERAPY		36,829		9	10,781	66
67 OCCUPATIONAL THERAPY		14,199				67
68 SPEECH PATHOLOGY		9,563		236		68
69 ELECTROCARDIOLOGY		18,494			11,733	69
70 ELECTROENCEPHALOGRAPHY		15,289	44,984		4,756	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		11,745		28,277		71
72 IMPL. DEV. CHARGED TO PATIENT		17,617		42,416		72
73 DRUGS CHARGED TO PATIENTS		46,967		543		73
73.10 REHABILITATION SERVICES		67,443	50,421	779	951	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		135,396	60,795	5,682	909,756	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD		3,971				97
101 HOME HEALTH AGENCY		13,602				101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,958,870	1,663,293	2,122,027	1,530,045	3,170,985	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 FITNESS CENTER		47,034				194
194.01 RETAIL PHARMACY		10,458				194.01
194.02 GARDEN VIEW DELI		1,653				194.02
194.03 MEDICAL OFFICE BLDG		264				194.03
194.04 PHYSICIAN SERVICES		14,483				194.04
194.05 ENDOCRINOLOGIST		14,105				194.05
194.06 HOSPITALIST		32,525				194.06
194.07 NEONATOLOGY PHYSICIANS		5,548				194.07
194.08 ANESTHESIOLOGISTS		23,609				194.08
194.09 PHYSICIAN CARDIOLOGIST		74				194.09
194.10 PHYSICIAN ONCOLOGIST		25,929				194.10

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COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	SPD STERIL E PROCESSI NG 13.10	MEDICAL RECORDS & LIBRARY 16	
194.11 PERINATOLOGY		4,497				194.11
194.12 TRAUMA PHYSICIANS		2,802				194.12
194.13 LANDMARK HOSPITAL		25,906				194.13
194.14 GYN SURG ONCOLOGIST		6,818				194.14
194.15 CAPE GASTROENTEROLOGY		12,984				194.15
194.16 CAPE PHYSICIAN ASSOCIATES		95,784				194.16
194.17 NONPATIENT MEALS	945,882					194.17
194.18 BEAUTY SHOP		342				194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE		10,022				194.20
194.21 CAPE CARE FOR WOMEN		12,266				194.21
194.22 JACKSON FAMILY CLINIC		7,605				194.22
194.23 CAPE MEDICAL GROUP		7,527				194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,904,752	2,025,528	2,122,027	1,530,045	3,170,985	202

COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CREDIT & COLLECTIONS					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.10 SPD SOILED PROCESSING					7.10
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
13.10 SPD STERILE PROCESSING					13.10
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	592,784				17
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	352,983	40,243,679		40,243,679	30
31 INTENSIVE CARE UNIT	36,249	9,050,208		9,050,208	31
31.01 NEONATOLOGY/NICU	31,433	5,973,503		5,973,503	31.01
41 SUBPROVIDER - IRF	37,009	2,871,078		2,871,078	41
43 NURSERY		1,583,267		1,583,267	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		22,035,019		22,035,019	50
51 RECOVERY ROOM		1,690,014		1,690,014	51
52 DELIVERY ROOM & LABOR ROOM		1,368,098		1,368,098	52
53 ANESTHESIOLOGY		926,777		926,777	53
54 RADIOLOGY-DIAGNOSTIC		11,166,934		11,166,934	54
56 RADIOISOTOPE		753,860		753,860	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,129,415		2,129,415	57
59 CARDIAC CATHETERIZATION	507	6,233,515		6,233,515	59
60 LABORATORY		15,483,931		15,483,931	60
60.10 CARDIOVASCULAR LABORATORY					60.10
65 RESPIRATORY THERAPY		6,127,477		6,127,477	65
66 PHYSICAL THERAPY		4,022,561		4,022,561	66
67 OCCUPATIONAL THERAPY		1,460,748		1,460,748	67
68 SPEECH PATHOLOGY		980,758		980,758	68
69 ELECTROCARDIOLOGY		1,719,089		1,719,089	69
70 ELECTROENCEPHALOGRAPHY		1,437,770		1,437,770	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		14,679,737		14,679,737	71
72 IMPL. DEV. CHARGED TO PATIENT		31,669,949		31,669,949	72
73 DRUGS CHARGED TO PATIENTS		17,984,816		17,984,816	73
73.10 REHABILITATION SERVICES	90,242	9,295,752		9,295,752	73.10
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	44,361	14,040,563		14,040,563	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES		372,771		372,771	95
97 DURABLE MEDICAL EQUIP-SOLD		1,264,152		1,264,152	97
101 HOME HEALTH AGENCY		1,409,010		1,409,010	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	592,784	227,974,451		227,974,451	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		154,787		154,787	190
194 FITNESS CENTER		4,881,944		4,881,944	194
194.01 RETAIL PHARMACY		6,125,159		6,125,159	194.01
194.02 GARDEN VIEW DELI		186,980		186,980	194.02
194.03 MEDICAL OFFICE BLDG		3,028		3,028	194.03
194.04 PHYSICIAN SERVICES		4,081,128		4,081,128	194.04
194.05 ENDOCRINOLOGIST		1,361,705		1,361,705	194.05
194.06 HOSPITALIST		8,465,939		8,465,939	194.06
194.07 NEONATOLOGY PHYSICIANS		1,612,932		1,612,932	194.07
194.08 ANESTHESIOLOGISTS		11,557,089		11,557,089	194.08
194.09 PHYSICIAN CARDIOLOGIST		7,437		7,437	194.09
194.10 PHYSICIAN ONCOLOGIST		12,784,174		12,784,174	194.10

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PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.11 PERINATOLOGY	17	844,490		844,490	194.11
194.12 TRAUMA PHYSICIANS		1,834,883		1,834,883	194.12
194.13 LANDMARK HOSPITAL		222,601		222,601	194.13
194.14 GYN SURG ONCOLOGIST		1,136,529		1,136,529	194.14
194.15 CAPE GASTROENTEROLOGY		3,653,239		3,653,239	194.15
194.16 CAPE PHYSICIAN ASSOCIATES		14,556,313		14,556,313	194.16
194.17 NONPATIENT MEALS		945,882		945,882	194.17
194.18 BEAUTY SHOP		15,187		15,187	194.18
194.19 MARKETING COSTS		15,509,381		15,509,381	194.19
194.20 CAPE PRIMARY CARE		871,124		871,124	194.20
194.21 CAPE CARE FOR WOMEN		1,787,786		1,787,786	194.21
194.22 JACKSON FAMILY CLINIC		860,979		860,979	194.22
194.23 CAPE MEDICAL GROUP		703,448		703,448	194.23
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	592,784	322,138,595		322,138,595	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		221,190	113,216	334,406	334,406	4
5.01 COMMUNICATIONS		16,380	45	16,425	611	5.01
5.02 DATA PROCESSING		112,616	2,057,685	2,170,301	4,074	5.02
5.03 PURCHASING		49,540	5,295	54,835	1,008	5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS		50,233	114,080	164,313	2,063	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		682,590	291,075	973,665	19,027	5.06
6 MAINTENANCE & REPAIRS		490,805	32,687	523,492	5,028	6
7 OPERATION OF PLANT		1,385,837	6,423	1,392,260	767	7
7.10 SPD SOILED PROCESSING		131,270	11,992	143,262	647	7.10
8 LAUNDRY & LINEN SERVICE		94,382	31,691	126,073	1,706	8
9 HOUSEKEEPING		84,922	7,530	92,452	4,754	9
10 DIETARY		241,139	180,996	422,135	4,979	10
11 CAFETERIA		189,055		189,055		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		13,022	27,130	40,152	3,604	13
13.10 SPD STERILE PROCESSING		95,281	24,668	119,949	1,574	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		157,444	5,782	163,226	3,606	16
17 SOCIAL SERVICE		5,681		5,681	933	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,564,920	262,906	1,827,826	50,956	30
31 INTENSIVE CARE UNIT		254,530	72,279	326,809	12,999	31
31.01 NEONATOLOGY/NICU		123,697	102,357	226,054	8,613	31.01
41 SUBPROVIDER - IRF		210,922	12,573	223,495	2,917	41
43 NURSERY		12,130	358	12,488	2,516	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,153,107	1,987,197	3,140,304	19,960	50
51 RECOVERY ROOM		62,131	30,995	93,126	2,498	51
52 DELIVERY ROOM & LABOR ROOM					2,225	52
53 ANESTHESIOLOGY		3,366	44,357	47,723	606	53
54 RADIOLOGY-DIAGNOSTIC		403,287	1,244,764	1,648,051	9,882	54
56 RADIOISOTOPE		35,416	73,801	109,217	719	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		45,217	383,462	428,679	1,264	57
59 CARDIAC CATHETERIZATION		188,025	854,561	1,042,586	6,852	59
60 LABORATORY		294,395	379,820	674,215	10,275	60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY		94,817	92,126	186,943	7,658	65
66 PHYSICAL THERAPY		460,470	41,147	501,617	4,743	66
67 OCCUPATIONAL THERAPY		118,512	15,598	134,110	2,001	67
68 SPEECH PATHOLOGY		22,407	5,587	27,994	1,552	68
69 ELECTROCARDIOLOGY			99,626	99,626	2,220	69
70 ELECTROENCEPHALOGRAPHY		38,664	48,176	86,840	1,876	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		102,233	6,993	109,226	740	71
72 IMPL. DEV. CHARGED TO PATIENT		153,348	10,490	163,838	1,110	72
73 DRUGS CHARGED TO PATIENTS		78,055	446,461	524,516	7,636	73
73.10 REHABILITATION SERVICES		837,835	52,595	890,430	8,008	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		749,598	672,267	1,421,865	24,124	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD			285	285	429	97
101 HOME HEALTH AGENCY		34,356	446	34,802	2,011	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		11,062,825	9,851,522	20,914,347	250,771	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		61,979		61,979		190
194 FITNESS CENTER		873,126	43,169	916,295	3,309	194
194.01 RETAIL PHARMACY		45,896	30,395	76,291	1,718	194.01
194.02 GARDEN VIEW DELI		22,168	3,343	25,511	82	194.02
194.03 MEDICAL OFFICE BLDG			2,482	2,482		194.03
194.04 PHYSICIAN SERVICES		74,592	2,869	77,461	7,538	194.04
194.05 ENDOCRINOLOGIST			6,484	6,484	2,346	194.05
194.06 HOSPITALIST		7,305	12,855	20,160	15,227	194.06
194.07 NEONATOLOGY PHYSICIANS		9,535	356	9,891	3,018	194.07
194.08 ANESTHESIOLOGISTS		14,121		14,121	8,976	194.08
194.09 PHYSICIAN CARDIOLOGIST					14	194.09
194.10 PHYSICIAN ONCOLOGIST		176,881	15,361	192,242	6,777	194.10

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT	2A	4	
	0	1	2			
194.11 PERINATOLOGY		47,133	19,517	66,650	1,298	194.11
194.12 TRAUMA PHYSICIANS		55,733	41	55,774	2,014	194.12
194.13 LANDMARK HOSPITAL					31	194.13
194.14 GYN SURG ONCOLOGIST			536	536	1,998	194.14
194.15 CAPE GASTROENTEROLOGY			4,090	4,090	7,163	194.15
194.16 CAPE PHYSICIAN ASSOCIATES		515,676	77,468	593,144	12,999	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP		2,455		2,455		194.18
194.19 MARKETING COSTS					3,092	194.19
194.20 CAPE PRIMARY CARE			10,710	10,710	1,385	194.20
194.21 CAPE CARE FOR WOMEN			45,761	45,761	2,240	194.21
194.22 JACKSON FAMILY CLINIC			13,337	13,337	1,405	194.22
194.23 CAPE MEDICAL GROUP			19,083	19,083	1,005	194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		12,969,425	10,159,379	23,128,804	334,406	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	COMMUNI-	DATA	PURCHASING	CREDIT &	OTHER	
	CATIONS	PROCESSING		COLLECTION	ADMIN & GENERAL	
	5.01	5.02	5.03	5.05	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	17,036					5.01
5.02 DATA PROCESSING	465	2,174,840				5.02
5.03 PURCHASING	143	18,892	74,878			5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	300	40,007	125	206,808		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,265	345,617	794		1,340,368	5.06
6 MAINTENANCE & REPAIRS	1,172	11,113	445		16,944	6
7 OPERATION OF PLANT	57	8,891	352		22,685	7
7.10 SPD SOILED PROCESSING	21		28		2,519	7.10
8 LAUNDRY & LINEN SERVICE	36		394		6,609	8
9 HOUSEKEEPING	50	3,334	251		14,091	9
10 DIETARY	157	5,557	371		14,591	10
11 CAFETERIA					876	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	164	20,004	14		8,658	13
13.10 SPD STERILE PROCESSING	79	8,891	274		5,031	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	586	42,230	85		12,115	16
17 SOCIAL SERVICE	43	12,224	1		2,399	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,177	317,836	852	10,996	135,775	30
31 INTENSIVE CARE UNIT	365	55,566	283	3,579	33,315	31
31.01 NEONATOLOGY/NICU	236	15,558	223	3,501	22,881	31.01
41 SUBPROVIDER - IRF	229	91,128	32	479	9,774	41
43 NURSERY			53	718	6,017	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,387	121,133	1,816	14,440	76,623	50
51 RECOVERY ROOM	86		23	2,105	6,599	51
52 DELIVERY ROOM & LABOR ROOM			45	969	5,342	52
53 ANESTHESIOLOGY	57		359	4,198	3,820	53
54 RADIOLOGY-DIAGNOSTIC	786	44,453	1,169	11,593	42,267	54
56 RADIOISOTOPE	57		130	1,245	2,914	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	57		464	13,664	8,553	57
59 CARDIAC CATHETERIZATION	543	16,670	589	8,797	24,541	59
60 LABORATORY	665	147,805	4,784	30,667	62,160	60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY	265	12,224	831	11,398	24,476	65
66 PHYSICAL THERAPY	64	10,002	31	2,090	13,904	66
67 OCCUPATIONAL THERAPY	64		6	791	5,345	67
68 SPEECH PATHOLOGY	64	13,336	19	533	3,912	68
69 ELECTROCARDIOLOGY	93		171	3,348	7,026	69
70 ELECTROENCEPHALOGRAPHY	207		100	1,291	5,491	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	29	7,779	14,932	18,977	60,319	71
72 IMPL. DEV. CHARGED TO PATIENT	36	12,224	22,391	28,785	130,629	72
73 DRUGS CHARGED TO PATIENTS	243	16,670	10,714	16,888	74,181	73
73.10 REHABILITATION SERVICES	1,079	140,025	462	5,330	32,814	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	858	190,035	608	9,766	48,511	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	7			85	1,551	95
97 DURABLE MEDICAL EQUIP-SOLD	43		6	575	5,243	97
101 HOME HEALTH AGENCY	157	21,115	86		5,610	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	14,392	1,750,319	64,313	206,808	966,111	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29				292	190
194 FITNESS CENTER	329	62,234	111		14,006	194
194.01 RETAIL PHARMACY	265	21,115	4,305		25,179	194.01
194.02 GARDEN VIEW DELI	21	3,334	14		645	194.02
194.03 MEDICAL OFFICE BLDG					12	194.03
194.04 PHYSICIAN SERVICES	107	30,005	49		16,449	194.04
194.05 ENDOCRINOLOGIST			107		5,607	194.05
194.06 HOSPITALIST	50		370		35,045	194.06
194.07 NEONATOLOGY PHYSICIANS	43	6,668	17		6,633	194.07
194.08 ANESTHESIOLOGISTS			2		47,904	194.08
194.09 PHYSICIAN CARDIOLOGIST	14				31	194.09
194.10 PHYSICIAN ONCOLOGIST	257	142,248	148		52,075	194.10

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	COMMUNI- CATIONS	DATA PROCESSING	PURCHASING	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	
	5.01	5.02	5.03	5.05	5.06	
194.11 PERINATOLOGY	100	3,334	19		3,227	194.11
194.12 TRAUMA PHYSICIANS	136				7,305	194.12
194.13 LANDMARK HOSPITAL		53,343			818	194.13
194.14 GYN SURG ONCOLOGIST	136	36,673	5		4,700	194.14
194.15 CAPE GASTROENTEROLOGY	71		100		15,145	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	1,079	65,567	4,637		57,231	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	7				12	194.18
194.19 MARKETING COSTS					64,526	194.19
194.20 CAPE PRIMARY CARE			78		3,583	194.20
194.21 CAPE CARE FOR WOMEN			425		7,387	194.21
194.22 JACKSON FAMILY CLINIC			125		3,550	194.22
194.23 CAPE MEDICAL GROUP			53		2,895	194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	17,036	2,174,840	74,878	206,808	1,340,368	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	SPD SOILED PROCESSIN G 7.10	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS	558,194					6
7 OPERATION OF PLANT	68,179	1,493,191				7
7.10 SPD SOILED PROCESSING	6,458	19,679	172,614			7.10
8 LAUNDRY & LINEN SERVICE	4,643	14,149	78,728	232,338		8
9 HOUSEKEEPING	4,178	12,731	93,886	10,710	236,437	9
10 DIETARY	11,863	36,150		7,873	5,908	10
11 CAFETERIA	9,301	28,342			4,632	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	641	1,952			319	13
13.10 SPD STERILE PROCESSING	4,688	14,284		19,281	2,335	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	7,746	23,603			3,858	16
17 SOCIAL SERVICE	279	852			139	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	76,988	234,606		84,276	38,346	30
31 INTENSIVE CARE UNIT	12,522	38,158		13,937	6,236	31
31.01 NEONATOLOGY/NICU	6,086	18,544		1,492	3,031	31.01
41 SUBPROVIDER - IRF	10,377	31,621			5,168	41
43 NURSERY	597	1,818		1,748	297	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	56,730	172,869		25,048	28,253	50
51 RECOVERY ROOM	3,057	9,314		22	1,522	51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY	166	505			82	53
54 RADIOLOGY-DIAGNOSTIC	19,841	60,459		411	9,881	54
56 RADIOISOTOPE	1,742	5,309		6	868	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,225	6,779		101	1,108	57
59 CARDIAC CATHETERIZATION	9,250	28,188		2,605	4,607	59
60 LABORATORY	14,483	44,134		5	7,213	60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY	4,665	14,215		331	2,323	65
66 PHYSICAL THERAPY	22,654	69,032		450	11,282	66
67 OCCUPATIONAL THERAPY	5,830	17,767			2,904	67
68 SPEECH PATHOLOGY	1,102	3,359			549	68
69 ELECTROCARDIOLOGY				2		69
70 ELECTROENCEPHALOGRAPHY	1,902	5,796		5	947	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	5,030	15,326		215	2,505	71
72 IMPL. DEV. CHARGED TO PATIENT	7,544	22,989		323	3,757	72
73 DRUGS CHARGED TO PATIENTS	3,840	11,702		88	1,912	73
73.10 REHABILITATION SERVICES	41,219	125,604		6,231	20,529	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	36,878	112,376		23,130	18,367	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
101 HOME HEALTH AGENCY	1,690	5,150			842	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	464,394	1,207,362	172,614	198,290	189,720	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,049	9,292			1,519	190
194 FITNESS CENTER	42,955	130,895		31,801	21,393	194
194.01 RETAIL PHARMACY	2,258	6,881			1,125	194.01
194.02 GARDEN VIEW DELI	1,091	3,323			543	194.02
194.03 MEDICAL OFFICE BLDG						194.03
194.04 PHYSICIAN SERVICES	3,670	11,183		1,266	1,828	194.04
194.05 ENDOCRINOLOGIST						194.05
194.06 HOSPITALIST	359	1,095			179	194.06
194.07 NEONATOLOGY PHYSICIANS	469	1,429			234	194.07
194.08 ANESTHESIOLOGISTS	695	2,117			346	194.08
194.09 PHYSICIAN CARDIOLOGIST						194.09
194.10 PHYSICIAN ONCOLOGIST	8,702	26,517		1	4,334	194.10

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN-	OPERATION	SPD SOILED	LAUNDRY	HOUSE-	
	TENANCE & REPAIRS 6	OF PLANT 7	PROCESSIN G 7.10	& LINEN SERVICE 8	KEEPING 9	
194.11 PERINATOLOGY	2,319	7,066			1,155	194.11
194.12 TRAUMA PHYSICIANS	2,742	8,355			1,366	194.12
194.13 LANDMARK HOSPITAL						194.13
194.14 GYN SURG ONCOLOGIST						194.14
194.15 CAPE GASTROENTEROLOGY						194.15
194.16 CAPE PHYSICIAN ASSOCIATES	25,370	77,308			12,635	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	121	368		980	60	194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE						194.20
194.21 CAPE CARE FOR WOMEN						194.21
194.22 JACKSON FAMILY CLINIC						194.22
194.23 CAPE MEDICAL GROUP						194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	558,194	1,493,191	172,614	232,338	236,437	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	
	10	11	13	13.10	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.10 SPD SOILED PROCESSING						7.10
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	509,584					10
11 CAFETERIA	203,143	435,349				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		4,973	80,481			13
13.10 SPD STERILE PROCESSING		5,062		181,448		13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		9,457			266,512	16
17 SOCIAL SERVICE		1,821				17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	154,388	99,171	51,488		118,891	30
31 INTENSIVE CARE UNIT	18,924	20,058	10,414	38	2,079	31
31.01 NEONATOLOGY/NICU		13,060	6,781	203	1,626	31.01
41 SUBPROVIDER - IRF	9,688	5,438	2,823		1,892	41
43 NURSERY		3,170		2,305	5,970	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		34,715		144,383	37,525	50
51 RECOVERY ROOM		4,017				51
52 DELIVERY ROOM & LABOR ROOM		4,586	2,381			52
53 ANESTHESIOLOGY		845				53
54 RADIOLOGY-DIAGNOSTIC		18,223		16,196	19,482	54
56 RADIOISOTOPE		1,091				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,379				57
59 CARDIAC CATHETERIZATION		8,953		1,265	213	59
60 LABORATORY		21,948	670	2,500		60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY		14,465		5,316		65
66 PHYSICAL THERAPY		7,916		1	906	66
67 OCCUPATIONAL THERAPY		3,052				67
68 SPEECH PATHOLOGY		2,055		28		68
69 ELECTROCARDIOLOGY		3,975			986	69
70 ELECTROENCEPHALOGRAPHY		3,286	1,706		400	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		2,524		3,353		71
72 IMPL. DEV. CHARGED TO PATIENT		3,786		5,030		72
73 DRUGS CHARGED TO PATIENTS		10,095		64		73
73.10 REHABILITATION SERVICES		14,496	1,912	92	80	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		29,101	2,306	674	76,462	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD		854				97
101 HOME HEALTH AGENCY		2,923				101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	386,143	357,495	80,481	181,448	266,512	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 FITNESS CENTER		10,109				194
194.01 RETAIL PHARMACY		2,248				194.01
194.02 GARDEN VIEW DELI		355				194.02
194.03 MEDICAL OFFICE BLDG		57				194.03
194.04 PHYSICIAN SERVICES		3,113				194.04
194.05 ENDOCRINOLOGIST		3,032				194.05
194.06 HOSPITALIST		6,991				194.06
194.07 NEONATOLOGY PHYSICIANS		1,192				194.07
194.08 ANESTHESIOLOGISTS		5,074				194.08
194.09 PHYSICIAN CARDIOLOGIST		16				194.09
194.10 PHYSICIAN ONCOLOGIST		5,573				194.10

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WORKSHEET B
PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	SPD STERIL E PROCESSI NG 13.10	MEDICAL RECORDS & LIBRARY 16	
194.11 PERINATOLOGY		966				194.11
194.12 TRAUMA PHYSICIANS		602				194.12
194.13 LANDMARK HOSPITAL		5,568				194.13
194.14 GYN SURG ONCOLOGIST		1,465				194.14
194.15 CAPE GASTROENTEROLOGY		2,791				194.15
194.16 CAPE PHYSICIAN ASSOCIATES		20,587				194.16
194.17 NONPATIENT MEALS	123,441					194.17
194.18 BEAUTY SHOP		73				194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE		2,154				194.20
194.21 CAPE CARE FOR WOMEN		2,636				194.21
194.22 JACKSON FAMILY CLINIC		1,634				194.22
194.23 CAPE MEDICAL GROUP		1,618				194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	509,584	435,349	80,481	181,448	266,512	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CREDIT & COLLECTIONS					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.10 SPD SOILED PROCESSING					7.10
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
13.10 SPD STERILE PROCESSING					13.10
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	24,372				17
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	14,513	3,219,085		3,219,085	30
31 INTENSIVE CARE UNIT	1,490	556,772		556,772	31
31.01 NEONATOLOGY/NICU	1,292	329,181		329,181	31.01
41 SUBPROVIDER - IRF	1,522	396,583		396,583	41
43 NURSERY		37,697		37,697	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		3,875,186		3,875,186	50
51 RECOVERY ROOM		122,369		122,369	51
52 DELIVERY ROOM & LABOR ROOM		15,548		15,548	52
53 ANESTHESIOLOGY		58,361		58,361	53
54 RADIOLOGY-DIAGNOSTIC		1,902,694		1,902,694	54
56 RADIOISOTOPE		123,298		123,298	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		465,273		465,273	57
59 CARDIAC CATHETERIZATION	21	1,155,680		1,155,680	59
60 LABORATORY		1,021,524		1,021,524	60
60.10 CARDIOVASCULAR LABORATORY					60.10
65 RESPIRATORY THERAPY		285,110		285,110	65
66 PHYSICAL THERAPY		644,692		644,692	66
67 OCCUPATIONAL THERAPY		171,870		171,870	67
68 SPEECH PATHOLOGY		54,503		54,503	68
69 ELECTROCARDIOLOGY		117,447		117,447	69
70 ELECTROENCEPHALOGRAPHY		109,847		109,847	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		240,955		240,955	71
72 IMPL. DEV. CHARGED TO PATIENT		402,442		402,442	72
73 DRUGS CHARGED TO PATIENTS		678,549		678,549	73
73.10 REHABILITATION SERVICES	3,710	1,292,021		1,292,021	73.10
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	1,824	1,996,885		1,996,885	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES		1,643		1,643	95
97 DURABLE MEDICAL EQUIP-SOLD		7,435		7,435	97
101 HOME HEALTH AGENCY		74,386		74,386	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	24,372	19,357,036		19,357,036	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		76,160		76,160	190
194 FITNESS CENTER		1,233,437		1,233,437	194
194.01 RETAIL PHARMACY		141,385		141,385	194.01
194.02 GARDEN VIEW DELI		34,919		34,919	194.02
194.03 MEDICAL OFFICE BLDG		2,551		2,551	194.03
194.04 PHYSICIAN SERVICES		152,669		152,669	194.04
194.05 ENDOCRINOLOGIST		17,576		17,576	194.05
194.06 HOSPITALIST		79,476		79,476	194.06
194.07 NEONATOLOGY PHYSICIANS		29,594		29,594	194.07
194.08 ANESTHESIOLOGISTS		79,235		79,235	194.08
194.09 PHYSICIAN CARDIOLOGIST		75		75	194.09
194.10 PHYSICIAN ONCOLOGIST		438,874		438,874	194.10

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
194.11 PERINATOLOGY		86,134		86,134	194.11
194.12 TRAUMA PHYSICIANS		78,294		78,294	194.12
194.13 LANDMARK HOSPITAL		59,760		59,760	194.13
194.14 GYN SURG ONCOLOGIST		45,513		45,513	194.14
194.15 CAPE GASTROENTEROLOGY		29,360		29,360	194.15
194.16 CAPE PHYSICIAN ASSOCIATES		870,557		870,557	194.16
194.17 NONPATIENT MEALS		123,441		123,441	194.17
194.18 BEAUTY SHOP		4,076		4,076	194.18
194.19 MARKETING COSTS		67,618		67,618	194.19
194.20 CAPE PRIMARY CARE		17,910		17,910	194.20
194.21 CAPE CARE FOR WOMEN		58,449		58,449	194.21
194.22 JACKSON FAMILY CLINIC		20,051		20,051	194.22
194.23 CAPE MEDICAL GROUP		24,654		24,654	194.23
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	24,372	23,128,804		23,128,804	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	COMMUNI-	DATA	WORK ORDER	S
	BLDGS & FIXTURES SQ	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	CATIONS NUMBER OF PHONES	PROCESSING		
	1	2	4	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	10,734,760						1
2 CAP REL COSTS-MVBLE EQUIP		10,025,350					2
4 EMPLOYEE BENEFITS	183,078	111,722	125,751,462				4
5.01 COMMUNICATIONS	13,558	44	229,624	2,383			5.01
5.02 DATA PROCESSING	93,212	2,030,542	1,532,105	65	1,957		5.02
5.03 PURCHASING	41,004	5,225	379,079	20	17		5.03
5.04 ADMITTING							5.04
5.05 CREDIT & COLLECTIONS	41,578	112,575	775,854	42	36		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	564,978	287,235	7,155,884	177	311		5.06
6 MAINTENANCE & REPAIRS	406,238	32,256	1,891,123	164	10		6
7 OPERATION OF PLANT	1,147,054	6,338	288,521	8	8		7
7.10 SPD SOILED PROCESSING	108,652	11,834	243,166	3			7.10
8 LAUNDRY & LINEN SERVICE	78,120	31,273	641,663	5			8
9 HOUSEKEEPING	70,290	7,431	1,787,743	7		3	9
10 DIETARY	199,590	178,608	1,872,561	22		5	10
11 CAFETERIA	156,480						11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION	10,778	26,772	1,355,503	23	18		13
13.10 SPD STERILE PROCESSING	78,864	24,343	592,117	11	8		13.10
14 CENTRAL SERVICES & SUPPLY							14
15 PHARMACY							15
16 MEDICAL RECORDS & LIBRARY	130,316	5,706	1,356,280	82	38		16
17 SOCIAL SERVICE	4,702		350,953	6	11		17
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	1,295,278	259,438	19,150,764	304	286		30
31 INTENSIVE CARE UNIT	210,674	71,325	4,888,813	51	50		31
31.01 NEONATOLOGY/NICU	102,384	101,007	3,239,100	33	14		31.01
41 SUBPROVIDER - IRF	174,580	12,407	1,097,179	32	82		41
43 NURSERY	10,040	353	946,146				43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	954,424	1,960,981	7,506,606	194	109		50
51 RECOVERY ROOM	51,426	30,586	939,329	12			51
52 DELIVERY ROOM & LABOR ROOM			836,709				52
53 ANESTHESIOLOGY	2,786	43,772	227,721	8			53
54 RADIOLOGY-DIAGNOSTIC	333,800	1,228,342	3,716,401	110	40		54
56 RADIOISOTOPE	29,314	72,827	270,451	8			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	37,426	378,403	475,483	8			57
59 CARDIAC CATHETERIZATION	155,628	843,287	2,576,812	76	15		59
60 LABORATORY	243,670	374,809	3,864,375	93	133		60
60.10 CARDIOVASCULAR LABORATORY							60.10
65 RESPIRATORY THERAPY	78,480	90,911	2,880,111	37	11		65
66 PHYSICAL THERAPY	381,130	40,604	1,783,792	9	9		66
67 OCCUPATIONAL THERAPY	98,092	15,392	752,531	9			67
68 SPEECH PATHOLOGY	18,546	5,513	583,763	9	12		68
69 ELECTROCARDIOLOGY		98,312	834,995	13			69
70 ELECTROENCEPHALOGRAPHY	32,002	47,540	705,384	29			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	84,618	6,901	278,246	4	7		71
72 IMPL. DEV. CHARGED TO PATIENT	126,926	10,352	417,368	5	11		72
73 DRUGS CHARGED TO PATIENTS	64,606	440,571	2,871,699	34	15		73
73.10 REHABILITATION SERVICES	693,474	51,901	3,011,670	151	126		73.10
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	620,440	663,398	9,072,674	120	171		91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES			18	1			95
97 DURABLE MEDICAL EQUIP-SOLD		281	161,231	6			97
101 HOME HEALTH AGENCY	28,436	440	756,281	22	19		101
SPECIAL PURPOSE COST CENTERS							
118 SUBTOTALS (SUM OF LINES 1-117)	9,156,672	9,721,557	94,297,828	2,013	1,575		118
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,300			4			190
194 FITNESS CENTER	722,684	42,599	1,244,439	46	56		194
194.01 RETAIL PHARMACY	37,988	29,994	646,106	37	19		194.01
194.02 GARDEN VIEW DELI	18,348	3,299	30,875	3	3		194.02
194.03 MEDICAL OFFICE BLDG		2,449					194.03
194.04 PHYSICIAN SERVICES	61,740	2,831	2,834,779	15	27		194.04
194.05 ENDOCRINOLOGIST		6,398	882,279				194.05
194.06 HOSPITALIST	6,046	12,685	5,726,542	7			194.06
194.07 NEONATOLOGY PHYSICIANS	7,892	351	1,134,983	6	6		194.07
194.08 ANESTHESIOLOGISTS	11,688		3,375,721				194.08
194.09 PHYSICIAN CARDIOLOGIST			5,248	2			194.09
194.10 PHYSICIAN ONCOLOGIST	146,404	15,158	2,548,671	36	128		194.10

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COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	COMMUNI-	DATA	
	BLDGS & FIXTURES SQ	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS	CATIONS	PROCESSING	
	1	2	GROSS SALARIES 4	NUMBER OF PHONES 5.01	WORK ORDER S 5.02	
194.11 PERINATOLOGY	39,012	19,260	488,114	14	3	194.11
194.12 TRAUMA PHYSICIANS	46,130	40	757,432	19		194.12
194.13 LANDMARK HOSPITAL			11,797		48	194.13
194.14 GYN SURG ONCOLOGIST		529	751,591	19	33	194.14
194.15 CAPE GASTROENTEROLOGY		4,036	2,693,955	10		194.15
194.16 CAPE PHYSICIAN ASSOCIATES	426,824	76,446	4,888,669	151	59	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	2,032			1		194.18
194.19 MARKETING COSTS			1,162,777			194.19
194.20 CAPE PRIMARY CARE		10,569	520,755			194.20
194.21 CAPE CARE FOR WOMEN		45,157	842,486			194.21
194.22 JACKSON FAMILY CLINIC		13,161	528,475			194.22
194.23 CAPE MEDICAL GROUP		18,831	377,940			194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	12,969,425	10,159,379	6,920,708	566,214	6,390,664	202
203 UNIT COST MULT-WS B PT I	1.208171	1.013369	0.055035	237.605539	3,265.541134	203
204 COST TO BE ALLOC PER B PT II			334,406	17,036	2,174,840	204
205 UNIT COST MULT-WS B PT II			0.002659	7.148972	1,111.313235	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	CREDIT & COLLECTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQ	
	COSTED REQUISITIO 5.03	GROSS CHARGES 5.05	5A.06	5.06	6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	76,646,589					5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	128,433	1,044,459,317				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	812,360		-32,917,831	289,220,764		5.06
6 MAINTENANCE & REPAIRS	455,068			3,656,356	4,695,557	6
7 OPERATION OF PLANT	359,905			4,895,258	573,527	7
7.10 SPD SOILED PROCESSING	28,585			543,660	54,326	7.10
8 LAUNDRY & LINEN SERVICE	403,331			1,426,197	39,060	8
9 HOUSEKEEPING	257,023			3,040,723	35,145	9
10 DIETARY	379,963			3,148,682	99,795	10
11 CAFETERIA				189,055	78,240	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	14,049			1,868,436	5,389	13
13.10 SPD STERILE PROCESSING	280,418			1,085,730	39,432	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	86,984			2,614,290	65,158	16
17 SOCIAL SERVICE	1,022			517,633	2,351	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	871,646	55,537,012		29,274,021	647,639	30
31 INTENSIVE CARE UNIT	289,441	18,076,675		7,189,222	105,337	31
31.01 NEONATOLOGY/NICU	227,949	17,680,804		4,937,539	51,192	31.01
41 SUBPROVIDER - IRF	32,714	2,418,632		2,109,281	87,290	41
43 NURSERY	54,087	3,623,773		1,298,546	5,020	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,858,606	72,926,960		16,534,932	477,212	50
51 RECOVERY ROOM	23,712	10,631,469		1,424,140	25,713	51
52 DELIVERY ROOM & LABOR ROOM	46,215	4,892,995		1,152,781		52
53 ANESTHESIOLOGY	367,436	21,203,016		824,416	1,393	53
54 RADIOLOGY-DIAGNOSTIC	1,196,588	58,549,805		9,121,009	166,900	54
56 RADIOISOTOPE	133,446	6,289,135		628,772	14,657	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	474,458	69,010,841		1,845,623	18,713	57
59 CARDIAC CATHETERIZATION	602,449	44,430,078		5,295,895	77,814	59
60 LABORATORY	4,896,304	154,862,843		13,414,004	121,835	60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY	850,345	57,565,617		5,281,768	39,240	65
66 PHYSICAL THERAPY	31,443	10,554,058		3,000,325	190,565	66
67 OCCUPATIONAL THERAPY	5,868	3,997,469		1,153,334	49,046	67
68 SPEECH PATHOLOGY	19,439	2,691,160		844,250	9,273	68
69 ELECTROCARDIOLOGY	175,007	16,908,280		1,516,266		69
70 ELECTROENCEPHALOGRAPHY	101,928	6,521,423		1,184,995	16,001	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	15,283,649	95,842,314		13,016,646	42,309	71
72 IMPL. DEV. CHARGED TO PATIENT	22,925,474	145,380,266		28,189,189	63,463	72
73 DRUGS CHARGED TO PATIENTS	10,966,694	85,290,506		16,007,920	32,303	73
73.10 REHABILITATION SERVICES	472,794	26,920,469		7,081,097	346,737	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	622,146	49,322,019		10,468,445	310,220	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		426,926		334,678		95
97 DURABLE MEDICAL EQUIP-SOLD	5,738	2,904,772		1,131,409		97
101 HOME HEALTH AGENCY	88,509			1,210,668	14,218	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	65,831,226	1,044,459,317	-32,917,831	208,457,191	3,906,513	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				62,929	25,650	190
194 FITNESS CENTER	113,922			3,022,363	361,342	194
194.01 RETAIL PHARMACY	4,406,440			5,433,558	18,994	194.01
194.02 GARDEN VIEW DELI	14,661			139,193	9,174	194.02
194.03 MEDICAL OFFICE BLDG				2,482		194.03
194.04 PHYSICIAN SERVICES	50,317			3,549,731	30,870	194.04
194.05 ENDOCRINOLOGIST	109,963			1,209,895		194.05
194.06 HOSPITALIST	379,014			7,562,679	3,023	194.06
194.07 NEONATOLOGY PHYSICIANS	17,503			1,431,435	3,946	194.07
194.08 ANESTHESIOLOGISTS	2,546			10,337,599	5,844	194.08
194.09 PHYSICIAN CARDIOLOGIST	195			6,611		194.09
194.10 PHYSICIAN ONCOLOGIST	151,654			11,237,520	73,202	194.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	CREDIT & COLLECTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQ	
	COSTED REQUISITIO 5.03	GROSS CHARGES 5.05	5A.06	5.06	6	
194.11 PERINATOLOGY	19,202			696,331	19,506	194.11
194.12 TRAUMA PHYSICIANS	93			1,576,491	23,065	194.12
194.13 LANDMARK HOSPITAL				176,596		194.13
194.14 GYN SURG ONCOLOGIST	5,000			1,014,271		194.14
194.15 CAPE GASTROENTEROLOGY	102,369			3,268,273		194.15
194.16 CAPE PHYSICIAN ASSOCIATES	4,745,692			12,350,202	213,412	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP				2,693	1,016	194.18
194.19 MARKETING COSTS				13,924,545		194.19
194.20 CAPE PRIMARY CARE	79,789			773,110		194.20
194.21 CAPE CARE FOR WOMEN	435,023			1,594,087		194.21
194.22 JACKSON FAMILY CLINIC	127,771			766,171		194.22
194.23 CAPE MEDICAL GROUP	54,209			624,808		194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	765,696	5,403,623		32,917,831	4,072,508	202
203 UNIT COST MULT-WS B PT I	0.009990	0.005174		0.113816	0.867311	203
204 COST TO BE ALLOC PER B PT II	74,878	206,808		1,340,368	558,194	204
205 UNIT COST MULT-WS B PT II	0.000977	0.000198		0.004634	0.118877	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQ	SPD SOILED PROCESSIN G HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQ	DIETARY MEALS SERVED
	7	7.10	8	9	10
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CREDIT & COLLECTIONS					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	4,122,030				7
7.10 SPD SOILED PROCESSING	54,326	16,534			7.10
8 LAUNDRY & LINEN SERVICE	39,060	7,541	1,878,852		8
9 HOUSEKEEPING	35,145	8,993	86,607	3,993,499	9
10 DIETARY	99,795		63,663	99,795	487,288
11 CAFETERIA	78,240			78,240	194,255
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	5,389			5,389	13
13.10 SPD STERILE PROCESSING	39,432		155,922	39,432	13.10
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	65,158			65,158	16
17 SOCIAL SERVICE	2,351			2,351	17
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	647,639		681,520	647,639	147,633
31 INTENSIVE CARE UNIT	105,337		112,706	105,337	18,096
31.01 NEONATOLOGY/NICU	51,192		12,064	51,192	31.01
41 SUBPROVIDER - IRF	87,290			87,290	9,264
43 NURSERY	5,020		14,135	5,020	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	477,212		202,557	477,212	50
51 RECOVERY ROOM	25,713		178	25,713	51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY	1,393			1,393	53
54 RADIOLOGY-DIAGNOSTIC	166,900		3,320	166,900	54
56 RADIOISOTOPE	14,657		50	14,657	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,713		815	18,713	57
59 CARDIAC CATHETERIZATION	77,814		21,066	77,814	59
60 LABORATORY	121,835		38	121,835	60
60.10 CARDIOVASCULAR LABORATORY					60.10
65 RESPIRATORY THERAPY	39,240		2,675	39,240	65
66 PHYSICAL THERAPY	190,565		3,638	190,565	66
67 OCCUPATIONAL THERAPY	49,046			49,046	67
68 SPEECH PATHOLOGY	9,273			9,273	68
69 ELECTROCARDIOLOGY			20		69
70 ELECTROENCEPHALOGRAPHY	16,001		38	16,001	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	42,309		1,740	42,309	71
72 IMPL. DEV. CHARGED TO PATIENT	63,463		2,610	63,463	72
73 DRUGS CHARGED TO PATIENTS	32,303		715	32,303	73
73.10 REHABILITATION SERVICES	346,737		50,392	346,737	73.10
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	310,220		187,045	310,220	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD					97
101 HOME HEALTH AGENCY	14,218			14,218	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	3,332,986	16,534	1,603,514	3,204,455	369,248
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,650			25,650	190
194 FITNESS CENTER	361,342		257,167	361,342	194
194.01 RETAIL PHARMACY	18,994			18,994	194.01
194.02 GARDEN VIEW DELI	9,174			9,174	194.02
194.03 MEDICAL OFFICE BLDG					194.03
194.04 PHYSICIAN SERVICES	30,870		10,239	30,870	194.04
194.05 ENDOCRINOLOGIST					194.05
194.06 HOSPITALIST	3,023			3,023	194.06
194.07 NEONATOLOGY PHYSICIANS	3,946			3,946	194.07
194.08 ANESTHESIOLOGISTS	5,844			5,844	194.08
194.09 PHYSICIAN CARDIOLOGIST					194.09
194.10 PHYSICIAN ONCOLOGIST	73,202		5	73,202	194.10

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	OPERATION	SPD SOILED	LAUNDRY	HOUSE-	DIETARY	
	OF PLANT	PROCESSIN	& LINEN	KEEPING		
	SQ	G	SERVICE	SQ	MEALS	
		HOURS	POUNDS		SERVED	
	7	7.10	8	9	10	
194.11 PERINATOLOGY	19,506			19,506		194.11
194.12 TRAUMA PHYSICIANS	23,065			23,065		194.12
194.13 LANDMARK HOSPITAL						194.13
194.14 GYN SURG ONCOLOGIST						194.14
194.15 CAPE GASTROENTEROLOGY						194.15
194.16 CAPE PHYSICIAN ASSOCIATES	213,412			213,412		194.16
194.17 NONPATIENT MEALS					118,040	194.17
194.18 BEAUTY SHOP	1,016		7,927	1,016		194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE						194.20
194.21 CAPE CARE FOR WOMEN						194.21
194.22 JACKSON FAMILY CLINIC						194.22
194.23 CAPE MEDICAL GROUP						194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,949,843	731,071	2,012,213	3,958,407	3,904,752	202
203 UNIT COST MULT-WS B PT I	1.443425	44.216221	1.070980	0.991213	8.013232	203
204 COST TO BE ALLOC PER B PT II	1,493,191	172,614	232,338	236,437	509,584	204
205 UNIT COST MULT-WS B PT II	0.362247	10.439942	0.123660	0.059205	1.045755	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA HOURS	NURSING ADMINIS- TRATION HOURS OF SERVICE	SPD STERIL E PROCESSI NG SURVEY	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES	
	11	13	13.10	16	17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.10 SPD SOILED PROCESSING						7.10
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	3,053,210					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	34,878	1,087,138				13
13.10 SPD STERILE PROCESSING	35,498		174,771			13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	66,322			10,000		16
17 SOCIAL SERVICE	12,773				4,677	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	695,504	695,504		4,461	2,785	30
31 INTENSIVE CARE UNIT	140,670	140,670	37	78	286	31
31.01 NEONATOLOGY/NICU	91,593	91,593	196	61	248	31.01
41 SUBPROVIDER - IRF	38,137	38,137		71	292	41
43 NURSERY	22,229		2,220	224		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	243,467		139,069	1,408		50
51 RECOVERY ROOM	28,173					51
52 DELIVERY ROOM & LABOR ROOM	32,161	32,161				52
53 ANESTHESIOLOGY	5,923					53
54 RADIOLOGY-DIAGNOSTIC	127,805		15,600	731		54
56 RADIOISOTOPE	7,648					56
57 COMPUTED TOMOGRAPHY (CT) SCAN	16,684					57
59 CARDIAC CATHETERIZATION	62,791		1,218	8	4	59
60 LABORATORY	153,930	9,050	2,408			60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY	101,450		5,120			65
66 PHYSICAL THERAPY	55,515		1	34		66
67 OCCUPATIONAL THERAPY	21,403					67
68 SPEECH PATHOLOGY	14,415		27			68
69 ELECTROCARDIOLOGY	27,877			37		69
70 ELECTROENCEPHALOGRAPHY	23,046	23,046		15		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	17,704		3,230			71
72 IMPL. DEV. CHARGED TO PATIENT	26,555		4,845			72
73 DRUGS CHARGED TO PATIENTS	70,796		62			73
73.10 REHABILITATION SERVICES	101,661	25,831	89	3	712	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	204,092	31,146	649	2,869	350	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1					95
97 DURABLE MEDICAL EQUIP-SOLD	5,986					97
101 HOME HEALTH AGENCY	20,503					101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,507,190	1,087,138	174,771	10,000	4,677	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 FITNESS CENTER	70,898					194
194.01 RETAIL PHARMACY	15,764					194.01
194.02 GARDEN VIEW DELI	2,491					194.02
194.03 MEDICAL OFFICE BLDG	398					194.03
194.04 PHYSICIAN SERVICES	21,831					194.04
194.05 ENDOCRINOLOGIST	21,261					194.05
194.06 HOSPITALIST	49,027					194.06
194.07 NEONATOLOGY PHYSICIANS	8,363					194.07
194.08 ANESTHESIOLOGISTS	35,588					194.08
194.09 PHYSICIAN CARDIOLOGIST	112					194.09
194.10 PHYSICIAN ONCOLOGIST	39,085					194.10

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COST CENTER DESCRIPTION	CAFETERIA HOURS	NURSING ADMINIS- TRATION HOURS OF SERVIC 13	SPD STERIL E PROCESSI NG SURVEY	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES	
	11		13.10	16	17	
194.11 PERINATOLOGY	6,778					194.11
194.12 TRAUMA PHYSICIANS	4,223					194.12
194.13 LANDMARK HOSPITAL	39,050					194.13
194.14 GYN SURG ONCOLOGIST	10,277					194.14
194.15 CAPE GASTROENTEROLOGY	19,572					194.15
194.16 CAPE PHYSICIAN ASSOCIATES	144,382					194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	515					194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE	15,107					194.20
194.21 CAPE CARE FOR WOMEN	18,489					194.21
194.22 JACKSON FAMILY CLINIC	11,463					194.22
194.23 CAPE MEDICAL GROUP	11,346					194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,025,528	2,122,027	1,530,045	3,170,985	592,784	202
203 UNIT COST MULT-WS B PT I	0.663409	1.951939	8.754570	317.098500	126.744494	203
204 COST TO BE ALLOC PER B PT II	435,349	80,481	181,448	266,512	24,372	204
205 UNIT COST MULT-WS B PT II	0.142587	0.074030	1.038204	26.651200	5.211033	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5.01	COMMUNICATIONS	5.01
5.02	DATA PROCESSING	5.02
5.03	PURCHASING	5.03
5.04	ADMITTING	5.04
5.05	CREDIT & COLLECTIONS	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	5.06
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
7.10	SPD SOILED PROCESSING	7.10
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
13.10	SPD STERILE PROCESSING	13.10
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
31.01	NEONATOLOGY/NICU	31.01
41	SUBPROVIDER - IRF	41
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
56	RADIOISOTOPE	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
60.10	CARDIOVASCULAR LABORATORY	60.10
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
73.10	REHABILITATION SERVICES	73.10
76.97	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS		
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
95	AMBULANCE SERVICES	95
97	DURABLE MEDICAL EQUIP-SOLD	97
101	HOME HEALTH AGENCY	101
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
194	FITNESS CENTER	194
194.01	RETAIL PHARMACY	194.01
194.02	GARDEN VIEW DELI	194.02
194.03	MEDICAL OFFICE BLDG	194.03
194.04	PHYSICIAN SERVICES	194.04
194.05	ENDOCRINOLOGIST	194.05
194.06	HOSPITALIST	194.06
194.07	NEONATOLOGY PHYSICIANS	194.07
194.08	ANESTHESIOLOGISTS	194.08
194.09	PHYSICIAN CARDIOLOGIST	194.09
194.10	PHYSICIAN ONCOLOGIST	194.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

194.11 PERINATOLOGY	194.11
194.12 TRAUMA PHYSICIANS	194.12
194.13 LANDMARK HOSPITAL	194.13
194.14 GYN SURG ONCOLOGIST	194.14
194.15 CAPE GASTROENTEROLOGY	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	194.16
194.17 NONPATIENT MEALS	194.17
194.18 BEAUTY SHOP	194.18
194.19 MARKETING COSTS	194.19
194.20 CAPE PRIMARY CARE	194.20
194.21 CAPE CARE FOR WOMEN	194.21
194.22 JACKSON FAMILY CLINIC	194.22
194.23 CAPE MEDICAL GROUP	194.23
200 CROSS FOOT ADJUSTMENTS	200
201 NEGATIVE COST CENTER	201
202 COST TO BE ALLOC PER B PT I	202
203 UNIT COST MULT-WS B PT I	203
204 COST TO BE ALLOC PER B PT II	204
205 UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,243,679		40,243,679		40,243,679	30
31 INTENSIVE CARE UNIT	9,050,208		9,050,208		9,050,208	31
31.01 NEONATOLOGY/NICU	5,973,503		5,973,503		5,973,503	31.01
41 SUBPROVIDER - IRF	2,871,078		2,871,078	46,465	2,917,543	41
43 NURSERY	1,583,267		1,583,267		1,583,267	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	22,035,019		22,035,019		22,035,019	50
51 RECOVERY ROOM	1,690,014		1,690,014		1,690,014	51
52 DELIVERY ROOM & LABOR ROOM	1,368,098		1,368,098		1,368,098	52
53 ANESTHESIOLOGY	926,777		926,777		926,777	53
54 RADIOLOGY-DIAGNOSTIC	11,166,934		11,166,934		11,166,934	54
56 RADIOISOTOPE	753,860		753,860		753,860	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,129,415		2,129,415		2,129,415	57
59 CARDIAC CATHETERIZATION	6,233,515		6,233,515		6,233,515	59
60 LABORATORY	15,483,931		15,483,931		15,483,931	60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY	6,127,477		6,127,477		6,127,477	65
66 PHYSICAL THERAPY	4,022,561		4,022,561		4,022,561	66
67 OCCUPATIONAL THERAPY	1,460,748		1,460,748		1,460,748	67
68 SPEECH PATHOLOGY	980,758		980,758		980,758	68
69 ELECTROCARDIOLOGY	1,719,089		1,719,089		1,719,089	69
70 ELECTROENCEPHALOGRAPHY	1,437,770		1,437,770		1,437,770	70
71 MEDICAL SUPPLIES CHRGD TO	14,679,737		14,679,737		14,679,737	71
72 IMPL. DEV. CHARGED TO PATIE	31,669,949		31,669,949		31,669,949	72
73 DRUGS CHARGED TO PATIENTS	17,984,816		17,984,816		17,984,816	73
73.10 REHABILITATION SERVICES	9,295,752		9,295,752	23,982	9,319,734	73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	14,040,563		14,040,563	13,364	14,053,927	91
92 OBSERVATION BEDS	3,453,928		3,453,928		3,453,928	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	372,771		372,771		372,771	95
97 DURABLE MEDICAL EQUIP-SOLD	1,264,152		1,264,152		1,264,152	97
101 HOME HEALTH AGENCY	1,409,010		1,409,010		1,409,010	101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	231,428,379		231,428,379	83,811	231,512,190	200
201 LESS OBSERVATION BEDS	3,453,928		3,453,928		3,453,928	201
202 TOTAL (SEE INSTRUCTIONS)	227,974,451		227,974,451	83,811	228,058,262	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	49,492,807		49,492,807			30
31 INTENSIVE CARE UNIT	18,076,675		18,076,675			31
31.01 NEONATOLOGY/NICU	17,680,804		17,680,804			31.01
41 SUBPROVIDER - IRF	2,418,632		2,418,632			41
43 NURSERY	3,623,773		3,623,773			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,497,143	38,429,817	72,926,960	0.302152	0.302152	0.302152 50
51 RECOVERY ROOM	5,030,471	5,600,998	10,631,469	0.158963	0.158963	0.158963 51
52 DELIVERY ROOM & LABOR ROOM	4,332,641	560,354	4,892,995	0.279603	0.279603	0.279603 52
53 ANESTHESIOLOGY	11,402,016	9,801,000	21,203,016	0.043710	0.043710	0.043710 53
54 RADIOLOGY-DIAGNOSTIC	19,447,634	39,102,171	58,549,805	0.190725	0.190725	0.190725 54
56 RADIOISOTOPE	1,819,626	4,469,509	6,289,135	0.119867	0.119867	0.119867 56
57 COMPUTED TOMOGRAPHY (CT) SC	20,472,053	48,538,788	69,010,841	0.030856	0.030856	0.030856 57
59 CARDIAC CATHETERIZATION	18,246,624	26,183,454	44,430,078	0.140299	0.140299	0.140299 59
60 LABORATORY	56,137,780	98,725,063	154,862,843	0.099985	0.099985	0.099985 60
60.10 CARDIOVASCULAR LABORATORY						60.10
65 RESPIRATORY THERAPY	51,052,975	6,512,642	57,565,617	0.106443	0.106443	0.106443 65
66 PHYSICAL THERAPY	5,209,661	5,344,397	10,554,058	0.381139	0.381139	0.381139 66
67 OCCUPATIONAL THERAPY	3,416,820	580,649	3,997,469	0.365418	0.365418	0.365418 67
68 SPEECH PATHOLOGY	2,016,093	675,067	2,691,160	0.364437	0.364437	0.364437 68
69 ELECTROCARDIOLOGY	8,276,100	8,632,180	16,908,280	0.101671	0.101671	0.101671 69
70 ELECTROENCEPHALOGRAPHY	2,602,916	3,918,507	6,521,423	0.220469	0.220469	0.220469 70
71 MEDICAL SUPPLIES CHRGD TO	57,880,930	37,961,384	95,842,314	0.153166	0.153166	0.153166 71
72 IMPL. DEV. CHARGED TO PATIE	100,713,575	44,666,691	145,380,266	0.217842	0.217842	0.217842 72
73 DRUGS CHARGED TO PATIENTS	64,523,545	20,766,961	85,290,506	0.210865	0.210865	0.210865 73
73.10 REHABILITATION SERVICES	1,732,767	25,187,702	26,920,469	0.345304	0.345304	0.346195 73.10
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	14,224,628	35,097,391	49,322,019	0.284671	0.284671	0.284942 91
92 OBSERVATION BEDS	1,000,000	5,044,205	6,044,205	0.571445	0.571445	0.571445 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	73,952	352,974	426,926	0.873151	0.873151	0.873151 95
97 DURABLE MEDICAL EQUIP-SOLD		2,904,772	2,904,772	0.435198	0.435198	0.435198 97
101 HOME HEALTH AGENCY		1,605,455	1,605,455			101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	575,402,641	470,662,131	1,046,064,772			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	575,402,641	470,662,131	1,046,064,772			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,219,085		47,713	67.47	25,569	1,725,140	30
31 INTENSIVE CARE UNIT	556,772		6,032	92.30	4,325	399,198	31
31.01 NEONATOLOGY/NICU	329,181		5,287	62.26			31.01
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	396,583		3,088	128.43	2,147	275,739	41
42 SUBPROVIDER I							42
43 NURSERY	37,697		1,491	25.28			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	4,539,318		63,611		32,041	2,400,077	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] [] []	HOSPITAL (26-0183) IPF IRF	[] SUB (OTHER)	[XX] []	PPS TEFRA					
	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)					
		1	2	3	4	5					
	ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	3,875,186	72,926,960	0.053138	23,960,849	1,273,232					50
51	RECOVERY ROOM	122,369	10,631,469	0.011510	2,983,823	34,344					51
52	DELIVERY ROOM & LABOR ROOM	15,548	4,892,995	0.003178	19,067	61					52
53	ANESTHESIOLOGY	58,361	21,203,016	0.002752	6,336,119	17,437					53
54	RADIOLOGY-DIAGNOSTIC	1,902,694	58,549,805	0.032497	11,075,017	359,905					54
56	RADIOISOTOPE	123,298	6,289,135	0.019605	1,341,044	26,291					56
57	COMPUTED TOMOGRAPHY (CT) SCAN	465,273	69,010,841	0.006742	12,262,401	82,673					57
59	CARDIAC CATHETERIZATION	1,155,680	44,430,078	0.026011	9,115,725	237,109					59
60	LABORATORY	1,021,524	154,862,843	0.006596	35,015,051	230,959					60
60.10	CARDIOVASCULAR LABORATORY										60.10
65	RESPIRATORY THERAPY	285,110	57,565,617	0.004953	21,036,165	104,192					65
66	PHYSICAL THERAPY	644,692	10,554,058	0.061085	2,356,213	143,929					66
67	OCCUPATIONAL THERAPY	171,870	3,997,469	0.042995	1,174,901	50,515					67
68	SPEECH PATHOLOGY	54,503	2,691,160	0.020253	806,650	16,337					68
69	ELECTROCARDIOLOGY	117,447	16,908,280	0.006946	7,617,487	52,911					69
70	ELECTROENCEPHALOGRAPHY	109,847	6,521,423	0.016844	926,653	15,609					70
71	MEDICAL SUPPLIES CHRGD TO PA	240,955	95,842,314	0.002514	39,080,271	98,248					71
72	IMPL. DEV. CHARGED TO PATIENT	402,442	145,380,266	0.002768	46,480,713	128,659					72
73	DRUGS CHARGED TO PATIENTS	678,549	85,290,506	0.007956	38,868,052	309,234					73
73.10	REHABILITATION SERVICES	1,292,021	26,920,469	0.047994	1,213,043	58,219					73.10
76.97	CARDIAC REHABILITATION										76.97
	OUTPATIENT SERVICE COST CENTERS										
91	EMERGENCY	1,996,885	49,322,019	0.040487	3,345,735	135,459					91
92	OBSERVATION BEDS	276,280	6,044,205	0.045710	301,986	13,804					92
	OTHER REIMBURSABLE COST CENTERS										
95	AMBULANCE SERVICES										95
97	DURABLE MEDICAL EQUIP-SOLD	7,435	2,904,772	0.002560							97
200	TOTAL (SUM OF LINES 50-199)	15,017,969	952,739,700	952,739,700	265,316,965	3,389,127					200

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/24/2012 13:14

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NEONATOLOGY/NICU					31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	47,713		25,569		30
31 INTENSIVE CARE UNIT	6,032		4,325		31
31.01 NEONATOLOGY/NICU	5,287				31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	3,088		2,147		41
42 SUBPROVIDER I					42
43 NURSERY	1,491				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	63,611		32,041		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (26-0183)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF			<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF				

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.10	CARDIOVASCULAR LABORATORY					60.10
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
73.10	REHABILITATION SERVICES					73.10
76.97	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
97	DURABLE MEDICAL EQUIP-SOLD					97
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (26-0183)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	72,926,960		23,960,849		16,077,957	50
51	RECOVERY ROOM	10,631,469		2,983,823		5,029,922	51
52	DELIVERY ROOM & LABOR ROOM	4,892,995		19,067			52
53	ANESTHESIOLOGY	21,203,016		6,336,119		4,084,701	53
54	RADIOLOGY-DIAGNOSTIC	58,549,805		11,075,017		16,065,770	54
56	RADIOISOTOPE	6,289,135		1,341,044		2,286,337	56
57	COMPUTED TOMOGRAPHY (CT) SCA	69,010,841		12,262,401		21,693,716	57
59	CARDIAC CATHETERIZATION	44,430,078		9,115,725		10,639,773	59
60	LABORATORY	154,862,843		35,015,051		3,231,832	60
60.10	CARDIOVASCULAR LABORATORY						60.10
65	RESPIRATORY THERAPY	57,565,617		21,036,165		924,670	65
66	PHYSICAL THERAPY	10,554,058		2,356,213		6,756	66
67	OCCUPATIONAL THERAPY	3,997,469		1,174,901			67
68	SPEECH PATHOLOGY	2,691,160		806,650		50,987	68
69	ELECTROCARDIOLOGY	16,908,280		7,617,487		2,662,553	69
70	ELECTROENCEPHALOGRAPHY	6,521,423		926,653		904,727	70
71	MEDICAL SUPPLIES CHRGED TO P	95,842,314		39,080,271		14,809,255	71
72	IMPL. DEV. CHARGED TO PATIEN	145,380,266		46,480,713		20,381,351	72
73	DRUGS CHARGED TO PATIENTS	85,290,506		38,868,052		13,483,902	73
73.10	REHABILITATION SERVICES	26,920,469		1,213,043		10,690,650	73.10
76.97	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	49,322,019		3,345,735		9,844,806	91
92	OBSERVATION BEDS	6,044,205		301,986		2,261,899	92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	2,904,772					97
200	TOTAL (SUM OF LINES 50-199)	952,739,700		265,316,965		155,131,564	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0183) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9 1	SERVICES 2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.302152	16,077,957			4,857,987		50	
51 RECOVERY ROOM	0.158963	5,029,922			799,571		51	
52 DELIVERY ROOM & LABOR ROOM	0.279603						52	
53 ANESTHESIOLOGY	0.043710	4,084,701			178,542		53	
54 RADIOLOGY-DIAGNOSTIC	0.190725	16,065,770			3,064,144		54	
56 RADIOISOTOPE	0.119867	2,286,337			274,056		56	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.030856	21,693,716			669,381		57	
59 CARDIAC CATHETERIZATION	0.140299	10,639,773			1,492,750		59	
60 LABORATORY	0.099985	3,231,832			323,135		60	
60.10 CARDIOVASCULAR LABORATORY							60.10	
65 RESPIRATORY THERAPY	0.106443	924,670			98,425		65	
66 PHYSICAL THERAPY	0.381139	6,756			2,575		66	
67 OCCUPATIONAL THERAPY	0.365418						67	
68 SPEECH PATHOLOGY	0.364437	50,987			18,582		68	
69 ELECTROCARDIOLOGY	0.101671	2,662,553			270,704		69	
70 ELECTROENCEPHALOGRAPHY	0.220469	904,727			199,464		70	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153166	14,809,255			2,268,274		71	
72 IMPL. DEV. CHARGED TO PATIENT	0.217842	20,381,351			4,439,914		72	
73 DRUGS CHARGED TO PATIENTS	0.210865	13,483,902		31,812	2,843,283		6,708 73	
73.10 REHABILITATION SERVICES	0.345304	10,690,650			3,691,524		73.10	
76.97 CARDIAC REHABILITATION							76.97	
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.284671	9,844,806			2,802,531		91	
92 OBSERVATION BEDS	0.571445	2,261,899			1,292,551		92	
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.873151						95	
97 DURABLE MEDICAL EQUIP-SOLD	0.435198						97	
200 SUBTOTAL (SEE INSTRUCTIONS)		155,131,564		31,812	29,587,393		6,708 200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)		155,131,564		31,812	29,587,393		6,708 202	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (26-T183)	[] SUB (OTHER)	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	3,875,186	72,926,960	0.053138	25,989	1,381	50	
51	RECOVERY ROOM	122,369	10,631,469	0.011510	3,304	38	51	
52	DELIVERY ROOM & LABOR ROOM	15,548	4,892,995	0.003178			52	
53	ANESTHESIOLOGY	58,361	21,203,016	0.002752	5,498	15	53	
54	RADIOLOGY-DIAGNOSTIC	1,902,694	58,549,805	0.032497	165,557	5,380	54	
56	RADIOISOTOPE	123,298	6,289,135	0.019605	2,836	56	56	
57	COMPUTED TOMOGRAPHY (CT) SCAN	465,273	69,010,841	0.006742	62,443	421	57	
59	CARDIAC CATHETERIZATION	1,155,680	44,430,078	0.026011	12,308	320	59	
60	LABORATORY	1,021,524	154,862,843	0.006596	493,413	3,255	60	
60.10	CARDIOVASCULAR LABORATORY						60.10	
65	RESPIRATORY THERAPY	285,110	57,565,617	0.004953	259,071	1,283	65	
66	PHYSICAL THERAPY	644,692	10,554,058	0.061085	923,317	56,401	66	
67	OCCUPATIONAL THERAPY	171,870	3,997,469	0.042995	897,900	38,605	67	
68	SPEECH PATHOLOGY	54,503	2,691,160	0.020253	250,674	5,077	68	
69	ELECTROCARDIOLOGY	117,447	16,908,280	0.006946	14,002	97	69	
70	ELECTROENCEPHALOGRAPHY	109,847	6,521,423	0.016844	12,109	204	70	
71	MEDICAL SUPPLIES CHRGD TO PA	240,955	95,842,314	0.002514	488,142	1,227	71	
72	IMPL. DEV. CHARGED TO PATIENT	402,442	145,380,266	0.002768	20,950	58	72	
73	DRUGS CHARGED TO PATIENTS	678,549	85,290,506	0.007956	1,178,532	9,376	73	
73.10	REHABILITATION SERVICES	1,292,021	26,920,469	0.047994	157,528	7,560	73.10	
76.97	CARDIAC REHABILITATION						76.97	
OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	1,996,885	49,322,019	0.040487	582	24	91	
92	OBSERVATION BEDS	276,280	6,044,205	0.045710			92	
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES						95	
97	DURABLE MEDICAL EQUIP-SOLD	7,435	2,904,772	0.002560			97	
200	TOTAL (SUM OF LINES 50-199)	15,017,969	952,739,700	952,739,700	4,974,155	130,778	200	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS	<input checked="" type="checkbox"/>
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>			TEFRA	<input type="checkbox"/>
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (26-T183)	<input type="checkbox"/>	NF	<input type="checkbox"/>				

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.10	CARDIOVASCULAR LABORATORY					60.10
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
73.10	REHABILITATION SERVICES					73.10
76.97	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
97	DURABLE MEDICAL EQUIP-SOLD					97
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (26-T183)	[] NF				
COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	CHARGES	(COL. 8 x	O/P PGM	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	PGM	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	72,926,960		25,989			50
51	RECOVERY ROOM	10,631,469		3,304			51
52	DELIVERY ROOM & LABOR ROOM	4,892,995					52
53	ANESTHESIOLOGY	21,203,016		5,498			53
54	RADIOLOGY-DIAGNOSTIC	58,549,805		165,557			54
56	RADIOISOTOPE	6,289,135		2,836			56
57	COMPUTED TOMOGRAPHY (CT) SCA	69,010,841		62,443			57
59	CARDIAC CATHETERIZATION	44,430,078		12,308			59
60	LABORATORY	154,862,843		493,413			60
60.10	CARDIOVASCULAR LABORATORY						60.10
65	RESPIRATORY THERAPY	57,565,617		259,071			65
66	PHYSICAL THERAPY	10,554,058		923,317			66
67	OCCUPATIONAL THERAPY	3,997,469		897,900			67
68	SPEECH PATHOLOGY	2,691,160		250,674			68
69	ELECTROCARDIOLOGY	16,908,280		14,002			69
70	ELECTROENCEPHALOGRAPHY	6,521,423		12,109			70
71	MEDICAL SUPPLIES CHRGED TO P	95,842,314		488,142			71
72	IMPL. DEV. CHARGED TO PATIEN	145,380,266		20,950			72
73	DRUGS CHARGED TO PATIENTS	85,290,506		1,178,532			73
73.10	REHABILITATION SERVICES	26,920,469		157,528			73.10
76.97	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	49,322,019		582			91
92	OBSERVATION BEDS	6,044,205					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	2,904,772					97
200	TOTAL (SUM OF LINES 50-199)	952,739,700		4,974,155			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (26-T183) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCES NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.302152						50
51 RECOVERY ROOM	0.158963						51
52 DELIVERY ROOM & LABOR ROOM	0.279603						52
53 ANESTHESIOLOGY	0.043710						53
54 RADIOLOGY-DIAGNOSTIC	0.190725						54
56 RADIOISOTOPE	0.119867						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.030856						57
59 CARDIAC CATHETERIZATION	0.140299						59
60 LABORATORY	0.099985						60
60.10 CARDIOVASCULAR LABORATORY							60.10
65 RESPIRATORY THERAPY	0.106443						65
66 PHYSICAL THERAPY	0.381139						66
67 OCCUPATIONAL THERAPY	0.365418						67
68 SPEECH PATHOLOGY	0.364437						68
69 ELECTROCARDIOLOGY	0.101671						69
70 ELECTROENCEPHALOGRAPHY	0.220469						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.153166						71
72 IMPL. DEV. CHARGED TO PATIENT	0.217842						72
73 DRUGS CHARGED TO PATIENTS	0.210865						73
73.10 REHABILITATION SERVICES	0.345304						73.10
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.284671						91
92 OBSERVATION BEDS	0.571445						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.873151						95
97 DURABLE MEDICAL EQUIP-SOLD	0.435198						97
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,219,085		3,219,085	47,713	67.47	4,850	327,230	30
31 INTENSIVE CARE UNIT	556,772		556,772	6,032	92.30	1,082	99,869	31
31.01 NEONATOLOGY/NICU	329,181		329,181	5,287	62.26	2,546	158,514	31.01
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	396,583		396,583	3,088	128.43	381	48,932	41
42 SUBPROVIDER I								42
43 NURSERY	37,697		37,697	1,491	25.28	1,129	28,541	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,539,318		4,539,318	63,611		9,988	663,086	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (26-0183) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,875,186	72,926,960	0.053138	6,281,096	333,765	50
51	RECOVERY ROOM	122,369	10,631,469	0.011510	502,288	5,781	51
52	DELIVERY ROOM & LABOR ROOM	15,548	4,892,995	0.003178			52
53	ANESTHESIOLOGY	58,361	21,203,016	0.002752	1,173,431	3,229	53
54	RADIOLOGY-DIAGNOSTIC	1,902,694	58,549,805	0.032497	2,531,749	82,274	54
56	RADIOISOTOPE	123,298	6,289,135	0.019605	220,388	4,321	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	465,273	69,010,841	0.006742	2,566,687	17,305	57
59	CARDIAC CATHETERIZATION	1,155,680	44,430,078	0.026011	1,543,281	40,142	59
60	LABORATORY	1,021,524	154,862,843	0.006596	7,749,771	51,117	60
60.10	CARDIOVASCULAR LABORATORY						60.10
65	RESPIRATORY THERAPY	285,110	57,565,617	0.004953	7,013,305	34,737	65
66	PHYSICAL THERAPY	644,692	10,554,058	0.061085	570,104	34,825	66
67	OCCUPATIONAL THERAPY	171,870	3,997,469	0.042995	417,956	17,970	67
68	SPEECH PATHOLOGY	54,503	2,691,160	0.020253	830,942	16,829	68
69	ELECTROCARDIOLOGY	117,447	16,908,280	0.006946	382,183	2,655	69
70	ELECTROENCEPHALOGRAPHY	109,847	6,521,423	0.016844	661,155	11,136	70
71	MEDICAL SUPPLIES CHRGED TO PA	240,955	95,842,314	0.002514	6,974,804	17,535	71
72	IMPL. DEV. CHARGED TO PATIENT	402,442	145,380,266	0.002768	11,467,394	31,742	72
73	DRUGS CHARGED TO PATIENTS	678,549	85,290,506	0.007956	13,238,023	105,322	73
73.10	REHABILITATION SERVICES	1,292,021	26,920,469	0.047994	297,977	14,301	73.10
76.97	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,996,885	49,322,019	0.040487	1,173,647	47,517	91
92	OBSERVATION BEDS		6,044,205	6,044,205	63,467		92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	7,435	2,904,772	0.002560			97
200	TOTAL (SUM OF LINES 50-199)	14,741,689	952,739,700	952,739,700	65,659,648	872,503	200

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/24/2012 13:14

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NEONATOLOGY/NICU					31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	47,713		4,850		30
31 INTENSIVE CARE UNIT	6,032		1,082		31
31.01 NEONATOLOGY/NICU	5,287		2,546		31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	3,088		381		41
42 SUBPROVIDER I					42
43 NURSERY	1,491		1,129		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	63,611		9,988		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (26-0183)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[]	OTHER
COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P				
	PHYSICIAN ANESTHETIST COST 1						SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM					50				
51	RECOVERY ROOM					51				
52	DELIVERY ROOM & LABOR ROOM					52				
53	ANESTHESIOLOGY					53				
54	RADIOLOGY-DIAGNOSTIC					54				
56	RADIOISOTOPE					56				
57	COMPUTED TOMOGRAPHY (CT) SCAN					57				
59	CARDIAC CATHETERIZATION					59				
60	LABORATORY					60				
60.10	CARDIOVASCULAR LABORATORY					60.10				
65	RESPIRATORY THERAPY					65				
66	PHYSICAL THERAPY					66				
67	OCCUPATIONAL THERAPY					67				
68	SPEECH PATHOLOGY					68				
69	ELECTROCARDIOLOGY					69				
70	ELECTROENCEPHALOGRAPHY					70				
71	MEDICAL SUPPLIES CHRGED TO PA					71				
72	IMPL. DEV. CHARGED TO PATIENT					72				
73	DRUGS CHARGED TO PATIENTS					73				
73.10	REHABILITATION SERVICES					73.10				
76.97	CARDIAC REHABILITATION					76.97				
OUTPATIENT SERVICE COST CENTERS										
91	EMERGENCY					91				
92	OBSERVATION BEDS					92				
OTHER REIMBURSABLE COST CENTERS										
95	AMBULANCE SERVICES					95				
97	DURABLE MEDICAL EQUIP-SOLD					97				
200	TOTAL (SUM OF LINES 50-199)					200				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (26-0183)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	72,926,960			6,281,096		50
51	RECOVERY ROOM	10,631,469			502,288		51
52	DELIVERY ROOM & LABOR ROOM	4,892,995					52
53	ANESTHESIOLOGY	21,203,016			1,173,431		53
54	RADIOLOGY-DIAGNOSTIC	58,549,805			2,531,749		54
56	RADIOISOTOPE	6,289,135			220,388		56
57	COMPUTED TOMOGRAPHY (CT) SCA	69,010,841			2,566,687		57
59	CARDIAC CATHETERIZATION	44,430,078			1,543,281		59
60	LABORATORY	154,862,843			7,749,771		60
60.10	CARDIOVASCULAR LABORATORY						60.10
65	RESPIRATORY THERAPY	57,565,617			7,013,305		65
66	PHYSICAL THERAPY	10,554,058			570,104		66
67	OCCUPATIONAL THERAPY	3,997,469			417,956		67
68	SPEECH PATHOLOGY	2,691,160			830,942		68
69	ELECTROCARDIOLOGY	16,908,280			382,183		69
70	ELECTROENCEPHALOGRAPHY	6,521,423			661,155		70
71	MEDICAL SUPPLIES CHRGED TO P	95,842,314			6,974,804		71
72	IMPL. DEV. CHARGED TO PATIEN	145,380,266			11,467,394		72
73	DRUGS CHARGED TO PATIENTS	85,290,506			13,238,023		73
73.10	REHABILITATION SERVICES	26,920,469			297,977		73.10
76.97	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	49,322,019			1,173,647		91
92	OBSERVATION BEDS	6,044,205			63,467		92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	426,926					95
97	DURABLE MEDICAL EQUIP-SOLD	2,904,772					97
200	TOTAL (SUM OF LINES 50-199)	952,739,700			65,659,648		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0183) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCS NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.302152						50
51 RECOVERY ROOM	0.158963						51
52 DELIVERY ROOM & LABOR ROOM	0.279603						52
53 ANESTHESIOLOGY	0.043710						53
54 RADIOLOGY-DIAGNOSTIC	0.190725						54
56 RADIOISOTOPE	0.119867						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.030856						57
59 CARDIAC CATHETERIZATION	0.140299						59
60 LABORATORY	0.099985						60
60.10 CARDIOVASCULAR LABORATORY							60.10
65 RESPIRATORY THERAPY	0.106443						65
66 PHYSICAL THERAPY	0.381139						66
67 OCCUPATIONAL THERAPY	0.365418						67
68 SPEECH PATHOLOGY	0.364437						68
69 ELECTROCARDIOLOGY	0.101671						69
70 ELECTROENCEPHALOGRAPHY	0.220469						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.153166						71
72 IMPL. DEV. CHARGED TO PATIENT	0.217842						72
73 DRUGS CHARGED TO PATIENTS	0.210865						73
73.10 REHABILITATION SERVICES	0.345304						73.10
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.284671						91
92 OBSERVATION BEDS	0.571445						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.873151						95
97 DURABLE MEDICAL EQUIP-SOLD	0.435198						97
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (26-0183) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	47,713	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	47,713	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,771	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	38,942	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	25,569	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	40,243,679	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	40,243,679	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49,492,807	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,224,904	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42,267,903	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.813122	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	823.73	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,085.41	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	40,243,679	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (26-0183) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 843.45 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 21,566,173 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 21,566,173 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9,050,208	6,032	1,500.37	4,325	6,489,100	43
43.01 NEONATOLOGY/NICU	5,973,503	5,287	1,129.85			43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					46,119,990	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					74,175,263	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					2,124,338	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					3,389,127	51
52 TOTAL PROGRAM EXCLUDABLE COST					5,513,465	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					68,661,798	53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,095 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 843.45 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,453,928 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,219,085	40,243,679	0.079990	3,453,928	276,280	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (26-T183) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,088	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,088	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,088	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,147	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	2,917,543	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,917,543	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,418,632	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,418,632	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.206278	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	783.24	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,917,543	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (26-T183) [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	944.80 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,028,486 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,028,486 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,279,111 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,307,597 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	275,739 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	130,778 51
52	TOTAL PROGRAM EXCLUDABLE COST	406,517 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,901,080 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (26-0183) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	47,713	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	47,713	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,771	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	38,942	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,850	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,491	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,129	16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	40,243,679	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	40,243,679	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49,492,807	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,224,904	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42,267,903	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.813122	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	823.73	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,085.41	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	40,243,679	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (26-0183) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 843.45 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,090,733 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 4,090,733 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,583,267	1,491	1,061.88	1,129	1,198,863 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	9,050,208	6,032	1,500.37	1,082	1,623,400 43
43.01 NEONATOLOGY/NICU	5,973,503	5,287	1,129.85	2,546	2,876,598 43.01
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					12,044,495 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					21,834,089 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 614,154 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 872,503 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,486,657 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 20,347,432 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,095 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (26-0183) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		25,522,746			30
31 INTENSIVE CARE UNIT		7,348,431			31
31.01 NEONATOLOGY/NICU					31.01
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.302152	23,960,849	7,239,818		50
51 RECOVERY ROOM	0.158963	2,983,823	474,317		51
52 DELIVERY ROOM & LABOR ROOM	0.279603	19,067	5,331		52
53 ANESTHESIOLOGY	0.043710	6,336,119	276,952		53
54 RADIOLOGY-DIAGNOSTIC	0.190725	11,075,017	2,112,283		54
56 RADIOISOTOPE	0.119867	1,341,044	160,747		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.030856	12,262,401	378,369		57
59 CARDIAC CATHETERIZATION	0.140299	9,115,725	1,278,927		59
60 LABORATORY	0.099985	35,015,051	3,500,980		60
60.10 CARDIOVASCULAR LABORATORY					60.10
65 RESPIRATORY THERAPY	0.106443	21,036,165	2,239,153		65
66 PHYSICAL THERAPY	0.381139	2,356,213	898,045		66
67 OCCUPATIONAL THERAPY	0.365418	1,174,901	429,330		67
68 SPEECH PATHOLOGY	0.364437	806,650	293,973		68
69 ELECTROCARDIOLOGY	0.101671	7,617,487	774,478		69
70 ELECTROENCEPHALOGRAPHY	0.220469	926,653	204,298		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153166	39,080,271	5,985,769		71
72 IMPL. DEV. CHARGED TO PATIENT	0.217842	46,480,713	10,125,451		72
73 DRUGS CHARGED TO PATIENTS	0.210865	38,868,052	8,195,912		73
73.10 REHABILITATION SERVICES	0.346195	1,213,043	419,949		73.10
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.284942	3,345,735	953,340		91
92 OBSERVATION BEDS	0.571445	301,986	172,568		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.435198				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		265,316,965	46,119,990		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		265,316,965			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (26-T183) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NEONATOLOGY/NICU					31.01
41 SUBPROVIDER - IRF		1,720,653			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.302152	25,989	7,853		50
51 RECOVERY ROOM	0.158963	3,304	525		51
52 DELIVERY ROOM & LABOR ROOM	0.279603				52
53 ANESTHESIOLOGY	0.043710	5,498	240		53
54 RADIOLOGY-DIAGNOSTIC	0.190725	165,557	31,576		54
56 RADIOISOTOPE	0.119867	2,836	340		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.030856	62,443	1,927		57
59 CARDIAC CATHETERIZATION	0.140299	12,308	1,727		59
60 LABORATORY	0.099985	493,413	49,334		60
60.10 CARDIOVASCULAR LABORATORY					60.10
65 RESPIRATORY THERAPY	0.106443	259,071	27,576		65
66 PHYSICAL THERAPY	0.381139	923,317	351,912		66
67 OCCUPATIONAL THERAPY	0.365418	897,900	328,109		67
68 SPEECH PATHOLOGY	0.364437	250,674	91,355		68
69 ELECTROCARDIOLOGY	0.101671	14,002	1,424		69
70 ELECTROENCEPHALOGRAPHY	0.220469	12,109	2,670		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153166	488,142	74,767		71
72 IMPL. DEV. CHARGED TO PATIENT	0.217842	20,950	4,564		72
73 DRUGS CHARGED TO PATIENTS	0.210865	1,178,532	248,511		73
73.10 REHABILITATION SERVICES	0.346195	157,528	54,535		73.10
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.284942	582	166		91
92 OBSERVATION BEDS	0.571445				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.435198				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,974,155	1,279,111		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,974,155			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (26-0183) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		6,924,837			30
31 INTENSIVE CARE UNIT		1,858,433			31
31.01 NEONATOLOGY/NICU		5,607,751			31.01
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.302152	6,281,096	1,897,846		50
51 RECOVERY ROOM	0.158963	502,288	79,845		51
52 DELIVERY ROOM & LABOR ROOM	0.279603				52
53 ANESTHESIOLOGY	0.043710	1,173,431	51,291		53
54 RADIOLOGY-DIAGNOSTIC	0.190725	2,531,749	482,868		54
56 RADIOISOTOPE	0.119867	220,388	26,417		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.030856	2,566,687	79,198		57
59 CARDIAC CATHETERIZATION	0.140299	1,543,281	216,521		59
60 LABORATORY	0.099985	7,749,771	774,861		60
60.10 CARDIOVASCULAR LABORATORY					60.10
65 RESPIRATORY THERAPY	0.106443	7,013,305	746,517		65
66 PHYSICAL THERAPY	0.381139	570,104	217,289		66
67 OCCUPATIONAL THERAPY	0.365418	417,956	152,729		67
68 SPEECH PATHOLOGY	0.364437	830,942	302,826		68
69 ELECTROCARDIOLOGY	0.101671	382,183	38,857		69
70 ELECTROENCEPHALOGRAPHY	0.220469	661,155	145,764		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.153166	6,974,804	1,068,303		71
72 IMPL. DEV. CHARGED TO PATIENT	0.217842	11,467,394	2,498,080		72
73 DRUGS CHARGED TO PATIENTS	0.210865	13,238,023	2,791,436		73
73.10 REHABILITATION SERVICES	0.346195	297,977	103,158		73.10
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.284942	1,173,647	334,421		91
92 OBSERVATION BEDS	0.571445	63,467	36,268		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.435198				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		65,659,648	12,044,495		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		65,659,648			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (26-0183)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	45,442,681	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	5,121,203	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	215.78	4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0798	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2117	31
32	SUM OF LINES 30 AND 31	0.2915	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1326	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,025,700	34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	56,589,584	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	56,589,584	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,412,859	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL (26-0183)
APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	61,002,443	59
60	PRIMARY PAYER PAYMENTS	7,348	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	60,995,095	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,431,377	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	228,732	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,345,861	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	942,103	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,272,213	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	57,277,089	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	57,277,089	71
72	INTERIM PAYMENTS	57,104,935	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	172,154	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL (26-0183) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,708	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	29,587,393	2
3	PPS PAYMENTS	25,210,820	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	6,708	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	31,812	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	31,812	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	31,812	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	25,104	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	6,708	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	25,210,820	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	5,440,468	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	19,777,060	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	19,777,060	30
31	PRIMARY PAYER PAYMENTS	1,243	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	19,775,817	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	92,823	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	64,976	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	66,510	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	19,840,793	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	19,840,793	40
41	INTERIM PAYMENTS	19,771,501	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	69,292	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (26-T183)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (26-0183) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		57,104,935		19,771,501
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.	.01	NONE		NONE
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		NONE
	.51			3.09
	.52			3.50
	.53			3.51
	.54			3.52
	.55			3.53
	.56			3.54
	.57			3.55
	.58			3.56
	.59			3.57
	.99			3.58
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				3.59
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		57,104,935		19,771,501

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			69,292	6.01
	TO .02				
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06	-57,104,935			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				19,840,793	7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/24/2012 13:14

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (26-0183) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	10,601 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	29,894 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,840 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	54,937 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,046,064,772 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	15,182,009 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (26-T183)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	2,650,938	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.046400	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	198,873	3
4	OUTLIER PAYMENTS	210,693	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	8.460274	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	3,060,504	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	3,060,504	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,060,504	19
20	DEDUCTIBLES	31,056	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,029,448	21
22	COINSURANCE	25,027	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,004,421	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,004,421	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,004,421	32
33	INTERIM PAYMENTS	2,907,815	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	96,606	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [XX] HOSPITAL (26-0183) [] SNF [XX] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [] OTHER
[] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	15,126,303 8
9	ANCILLARY SERVICE CHARGES	65,659,648 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	80,785,951 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	80,785,951 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	80,785,951 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	20,651,941			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	76,058,756			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-28,986,000			6
7	INVENTORY	9,770,858			7
8	PREPAID EXPENSES	4,148,757			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	81,644,312			11
FIXED ASSETS					
12	LAND	3,090,168			12
13	LAND IMPROVEMENTS	6,654,141			13
14	ACCUMULATED DEPRECIATION	-4,717,174			14
15	BUILDINGS	177,117,686			15
16	ACCUMULATED DEPRECIATION	-43,741,532			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	75,097,182			19
20	ACCUMULATED DEPRECIATION	-40,691,489			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	103,391,343			23
24	ACCUMULATED DEPRECIATION	-62,448,978			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	213,751,347			30
OTHER ASSETS					
31	INVESTMENTS	282,959,758			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	5,191,067			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	288,150,825			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	583,546,484			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	21,429,571			37
38	SALARIES, WAGES & FEES PAYABLE	26,835,500			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	15,133,991			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	63,399,062			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	137,483,336			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	137,483,336			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	200,882,398			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	382,664,086			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	382,664,086			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	583,546,484			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		314,446,952							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		68,217,134							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		382,664,086							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		382,664,086							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		382,664,086							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	59,084,945		59,084,945	1
3 SUBPROVIDER IPF				2
5 SUBPROVIDER IRF	2,418,632		2,418,632	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
11 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	61,503,577		61,503,577	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	18,076,675		18,076,675	11
11.01 NEONATOLOGY/NICU	17,680,804		17,680,804	11.01
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	35,757,479		35,757,479	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	97,261,056		97,261,056	17
18 ANCILLARY SERVICES	490,245,892		490,245,892	18
19 OUTPATIENT SERVICES		518,102,323	518,102,323	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		1,605,455	1,605,455	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	587,506,948	519,707,778	1,107,214,726	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		372,883,408	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		372,883,408	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,107,214,726	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	711,147,087	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	396,067,639	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	372,883,408	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	23,184,231	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	558,321	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,258,471	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	9,259	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	12,079	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (FITNESS CENTER)	2,086,811	24
24.01	OTHER (WELLNESS)	209,150	24.01
24.02	OTHER (MISC)	844,780	24.02
24.03	OTHER (OTHER: RETAIL PHARMACY)	5,439,506	24.03
24.04	OTHER (MEDICAL OFFICE BUILDING)	611,244	24.04
24.05	OTHER (GAIN ON INVESTMENTS)	34,150,792	24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	45,180,413	25
26	TOTAL (LINE 5 PLUS LINE 25)	68,364,644	26
27	OTHER EXPENSES (LOSS ON SALE OF FIXED ASSETS)	147,510	27
27.01	OTHER EXPENSES (LOSS ON INVESTMENTS)		27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	147,510	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	68,217,134	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7515

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS. 1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL	151,322	44,049			26,111	221,482
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	388,255	113,017	28,983			530,255
7 PHYSICAL THERAPY	196,943	57,329	19,862			274,134
8 OCCUPATIONAL THERAPY	8,656	2,520	1,155			12,331
9 SPEECH PATHOLOGY	2,826	822	1,064			4,712
10 MEDICAL SOCIAL SERVICES					150	150
11 HOME HEALTH AIDE	8,162	2,376	616			11,154
12 SUPPLIES (SEE INSTRUCTIONS)					11,679	11,679
13 DRUGS						13
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
24 TOTAL (SUM OF LINES 1-23)	756,164	220,113	51,680		37,940	1,065,897

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7515

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5		221,482		221,482	5
6					
7	191	530,446		530,446	6
8		274,134		274,134	7
9		12,331		12,331	8
10		4,712		4,712	9
11		150		150	10
12		11,154		11,154	11
13		11,679		11,679	12
14					13
15					14
16					
17					15
18					16
19					16
20					17
21					17
22					18
23					18
24					19
25					19
26					20
27					20
28					21
29					21
30					22
31					22
32					23
33					23
34	191	1,066,088		1,066,088	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 26-7515

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDGS & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL	221,482					221,482	221,482		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	530,446					530,446	139,099	669,545	6
7 PHYSICAL THERAPY	274,134					274,134	71,886	346,020	7
8 OCCUPATIONAL THERAPY	12,331					12,331	3,234	15,565	8
9 SPEECH PATHOLOGY	4,712					4,712	1,236	5,948	9
10 MEDICAL SOCIAL SERVICES	150					150	39	189	10
11 HOME HEALTH AIDE	11,154					11,154	2,925	14,079	11
12 SUPPLIES (SEE INSTRUCTIONS)	11,679					11,679	3,063	14,742	12
13 DRUGS									13
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING									17
18 CLINIC									18
19 HEALTH PROMOTION ACTIVITIES									19
20 DAY CARE PROGRAM									20
21 HOME DELIVERED MEALS PROGRAM									21
22 HOMEMAKER SERVICE									22
23 ALL OTHERS									23
24 TOTAL (SUM OF LINES 1-23)	1,066,088					1,066,088		1,066,088	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-221,482	844,606	5
6 SKILLED NURSING CARE						530,446	6
7 PHYSICAL THERAPY						274,134	7
8 OCCUPATIONAL THERAPY						12,331	8
9 SPEECH PATHOLOGY						4,712	9
10 MEDICAL SOCIAL SERVICES						150	10
11 HOME HEALTH AIDE						11,154	11
12 SUPPLIES (SEE INSTRUCTIONS)						11,679	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-221,482	844,606	24
25 COST TO BE ALLOC (PER W/S H)						221,482	25
26 UNIT COST MULTIPLIER						0.262231	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7515

WORKSHEET H-2
 PART I

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP-DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL			184,501		184,501			1
2 SKILLED NURSING CARE			769,555		769,555	115,952	885,507	2
3 PHYSICAL THERAPY			397,475		397,475	59,889	457,364	3
4 OCCUPATIONAL THERAPY			17,867		17,867	2,692	20,559	4
5 SPEECH PATHOLOGY			6,799		6,799	1,024	7,823	5
6 MEDICAL SOCIAL SERVICES			211		211	32	243	6
7 HOME HEALTH AIDE			16,182		16,182	2,438	18,620	7
8 SUPPLIES			16,420		16,420	2,474	18,894	8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
20 TOTAL (SUM OF LINES 1-19)			1,409,010		1,409,010	184,501	1,409,010	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.						0.150673		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS	COMMUNI-CATIONS	DATA PROCESSING	PURCHASING COSTED REQUISITIO	ADMITTING GROSS CHARGES	
	1	2	3	4	5.01	5.02	5.03	5.04	
1 ADMINISTRATIVE AND GENERAL	28,436	440		151,322	22	19	88,509		1
2 SKILLED NURSING CARE				388,372					2
3 PHYSICAL THERAPY				196,943					3
4 OCCUPATIONAL THERAPY				8,656					4
5 SPEECH PATHOLOGY				2,826					5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE				8,162					7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	28,436	440		756,281	22	19	88,509		20
21 TOTAL COST TO BE ALLOCATED	34,356	446		41,622	5,227	62,045	884		21
22 UNIT COST MULTIPLIER	1.208187				237.590909		0.009988		22
22 UNIT COST MULTIPLIER		1.013636		0.055035		3,265.526316			22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-2
 PART II

HHA COST CENTER	CREDIT & COLLECTION GROSS CHARGES 5.05	RECON- CILIATION 4A.06	OTHER ADMIN & GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQ 6	OPERATION OF PLANT SQ 7	SPD SOILED PROCESSIN G HOURS 7.10	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQ 9	
1 ADMINISTRATIVE AND GENERAL			111,286	14,218	14,218			14,218	1
2 SKILLED NURSING CARE			690,919						2
3 PHYSICAL THERAPY			356,859						3
4 OCCUPATIONAL THERAPY			16,041						4
5 SPEECH PATHOLOGY			6,104						5
6 MEDICAL SOCIAL SERVICES			189						6
7 HOME HEALTH AIDE			14,528						7
8 SUPPLIES			14,742						8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)			1,210,668	14,218	14,218			14,218	20
21 TOTAL COST TO BE ALLOCATED			137,793	12,331	20,523			14,093	21
22 UNIT COST MULTIPLIER			0.113816		1.443452				22
22 UNIT COST MULTIPLIER				0.867281				0.991208	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-2
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 10	CAFETERIA HOURS 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION HOURS OF SERVIC 13	SPD STERIL E PROCESSI NG SURVEY 13.10	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16
1 ADMINISTRATIVE AND GENERAL		20,503						1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		20,503						20
21 TOTAL COST TO BE ALLOCATED		13,602						21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		0.663415						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-2
PART II

HHA COST CENTER	SOCIAL SERVICE	
	PATIENT CASES	
	17	
1	ADMINISTRATIVE AND GENERAL	1
2	SKILLED NURSING CARE	2
3	PHYSICAL THERAPY	3
4	OCCUPATIONAL THERAPY	4
5	SPEECH PATHOLOGY	5
6	MEDICAL SOCIAL SERVICES	6
7	HOME HEALTH AIDE	7
8	SUPPLIES	8
9	DRUGS	9
10	DME	10
11	HOME DIALYSIS AIDE SERVICES	11
12	RESPIRATORY THERAPY	12
13	PRIVATE DUTY NURSING	13
14	CLINIC	14
15	HEALTH PROMOTION ACTIVITIES	15
16	DAY CARE PROGRAM	16
17	HOME DELIVERED MEALS PROGRAM	17
18	HOMEMAKER SERVICE	18
19	ALL OTHERS	19
19.50	TELEMEDICINE	19.50
20	TOTAL (SUM OF LINES 1-19)	20
21	TOTAL COST TO BE ALLOCATED	21
22	UNIT COST MULTIPLIER	22
22	UNIT COST MULTIPLIER	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 26-7515

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2)	VISITS	COST PER VISIT (COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	885,507		885,507	3,187	277.85	1
2	PHYSICAL THERAPY	3	457,364		457,364	2,184	209.42	2
3	OCCUPATIONAL THERAPY	4	20,559		20,559	127	161.88	3
4	SPEECH PATHOLOGY	5	7,823		7,823	117	66.86	4
5	MEDICAL SOCIAL SERVICES	6	243		243	1	243.00	5
6	HOME HEALTH AIDE	7	18,620		18,620	67	277.91	6
7	TOTAL (SUM OF LINES 1-6)		1,390,116		1,390,116	5,683		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS
 COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-2, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2)	CHARGES (FROM HHA RECORD)	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	18,894		18,894	91,938	0.205508	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 26-7515

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	1,037	639		288,130	177,546		465,676
2 PHYSICAL THERAPY	834	515		174,656	107,851		282,507
3 OCCUPATIONAL THERAPY	83	12		13,436	1,943		15,379
4 SPEECH PATHOLOGY	90	4		6,017	267		6,284
5 MEDICAL SOCIAL SERVICES	1			243			243
6 HOME HEALTH AIDE	33	30		9,171	8,337		17,508
7 TOTAL (SUM OF LINES 1-6)	2,078	1,200		491,653	295,944		787,597

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		2	3	4	
8 SKILLED NURSING CARE	99926	1,037	639		8
9 PHYSICAL THERAPY	99926	834	515		9
10 OCCUPATIONAL THERAPY	99926	83	12		10
11 SPEECH PATHOLOGY	99926	90	4		11
12 MEDICAL SOCIAL SERVICES	99926	1			12
13 HOME HEALTH AIDE	99926	33	30		13
14 TOTAL (SUM OF LINES 8-13)		2,078	1,200		14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			TOTAL
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
15 COST OF MEDICAL SUPPLIES	53,347		34,610	10,963		7,113	15
16 COST OF DRUGS							16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL. 1 x COL. 2)	TRANSFER TO PART I AS INDICATED	TOTAL
1 PHYSICAL THERAPY	0.381139			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	0.365418			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	0.364437			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	0.153166			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.210865			COL 2, LINE 16	5
5.10 REHABILITATION SERVICES	0.345304			COL 2, LINE 16	5.10

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 26-7515

WORKSHEET H-4
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PART A & PART B SERVICES			1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)			2
2 TOTAL CHARGES			2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)	3,780		3
4 AMOUNT 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(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)			8
9 PRIMARY PAYER PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	348,216	191,346	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3,780		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	19,091	4,800	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	1,662	3,266	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1,274		15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	374,023	199,412	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	374,023	199,412	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	374,023	199,412	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	374,023	199,412	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	374,023	199,412	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	374,023	199,412	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((26-018) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	3,673,407		1
3	CAPITAL DRG OUTLIER PAYMENTS	516,109		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	150.51		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0798		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2117		8
10	SUM OF LINES 7 AND 8	0.2915		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0608		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	223,343		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,412,859		12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((26-018) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

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

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CREDIT & COLLECTIONS					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.10 SPD SOILED PROCESSING					7.10
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
13.10 SPD STERILE PROCESSING					13.10
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NEONATOLOGY/NICU					31.01
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
60.10 CARDIOVASCULAR LABORATORY					60.10
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.10 REHABILITATION SERVICES					73.10
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD					97
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
194 FITNESS CENTER					194
194.01 RETAIL PHARMACY					194.01
194.02 GARDEN VIEW DELI					194.02
194.03 MEDICAL OFFICE BLDG					194.03
194.04 PHYSICIAN SERVICES					194.04
194.05 ENDOCRINOLOGIST					194.05
194.06 HOSPITALIST					194.06
194.07 NEONATOLOGY PHYSICIANS					194.07
194.08 ANESTHESIOLOGISTS					194.08
194.09 PHYSICIAN CARDIOLOGIST					194.09
194.10 PHYSICIAN ONCOLOGIST					194.10

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
194.11 PERINATOLOGY						194.11
194.12 TRAUMA PHYSICIANS						194.12
194.13 LANDMARK HOSPITAL						194.13
194.14 GYN SURG ONCOLOGIST						194.14
194.15 CAPE GASTROENTEROLOGY						194.15
194.16 CAPE PHYSICIAN ASSOCIATES						194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP						194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE						194.20
194.21 CAPE CARE FOR WOMEN						194.21
194.22 JACKSON FAMILY CLINIC						194.22
194.23 CAPE MEDICAL GROUP						194.23
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204