

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 11-26-2012 TIME: 12:19
 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 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-370,133	411,429			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		5,276				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		-364,857	411,429			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:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			3
							6	7	8	
3	HOSPITAL	SAINTE FRANCIS MEDICAL CENTER	26-0183	16020	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	REHAB UNIT	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	HOME HEALTH AGENCY	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: 07/01/2011 TO: 06/30/2012									20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								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		OUT-OF-STATE		MEDICAID HMO	OTHER	
		MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID PAID	MEDICAID ELIGIBLE UNPAID			
		1	2	3	4	5	6	
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	9,250	2,428		108		1,707	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	225	229					25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	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 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	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, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N			115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:				118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N			118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N		120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

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

141	NAME:	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, LINE 74 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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	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				169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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	10/10/2012	Y	10/10/2012
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? 1 2 36
- 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 37
- 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. N 38
- 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
- 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

COST REPORT PREPARER CONTACT INFORMATION

- 41 FIRST NAME: DAVID LAST NAME: PRATHER TITLE: CONTROLLER 41
- 42 EMPLOYER: SFMC 42
- 43 PHONE NUMBER: 573-331-5244 E-MAIL ADDRESS: DPRATHER@SFMC.NET 43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	141,554,703		141,554,703	4,183,283.00	33.84	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE		27,528		27,528	158.00	174.23	4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		2,965,114		2,965,114	19,590.00	151.36	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		43,704,781	1,305,918	45,010,699	784,021.00	57.41	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)							11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES		27,500		27,500	1,914.00	14.37	12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		63,466		63,466	511.00	124.20	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS							14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		31,025,247		31,025,247			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		6,855,151		6,855,151			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		2,763		2,763			22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		342,563		342,563			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		1,611,541	355	1,611,896	23,782.00	67.78	26
27	ADMINISTRATIVE & GENERAL		11,879,005	-1,211,164	10,667,841	346,993.00	30.74	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		953,087		953,087	4,483.00	212.60	28
29	MAINTENANCE & REPAIRS		2,289,133	-391,491	1,897,642	123,190.00	15.40	29
30	OPERATION OF PLANT		581,515	521	582,036	32,902.00	17.69	30
31	LAUNDRY & LINEN SERVICE		561,662	384	562,046	40,296.00	13.95	31
32	HOUSEKEEPING		1,939,098	1,300	1,940,398	144,494.00	13.43	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		1,753,756	128	1,753,884	112,735.00	15.56	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,933,806	190	1,933,996	70,774.00	27.33	38
39	CENTRAL SERVICES AND SUPPLY							39
40	PHARMACY							40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,342,791	283	1,343,074	67,131.00	20.01	41
42	SOCIAL SERVICE		325,846	73	325,919	12,757.00	25.55	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		139,542,676		139,542,676	4,168,176.0	33.48	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		43,704,781	1,305,918	45,010,699	784,021.00	57.41	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		95,837,895	-1,305,918	94,531,977	3,384,155.0	27.93	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		90,966		90,966	2,425.00	37.51	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		31,028,010		31,028,010		32.82%	5
6	TOTAL (SUM OF LINES 3 THRU 5)		126,956,871	-1,305,918	125,650,953	3,386,580.0	37.10	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		25,171,240	-1,599,421	23,571,819	979,537.00	24.06	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	4,104,256	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6,400	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	22,192,740	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	460,618	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	1,026,818	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	363,154	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	865,355	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	8,924,998	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	139,409	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES	17,064	22
23 TUITION REIMBURSEMENT	124,912	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	38,225,724	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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	63,466	2
3	SUBPROVIDER - IPF	63,466	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		169		13	182	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		249.00		305.00	554.00	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)			1.00	1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL			1.01	1.01	5
6 DIRECT NURSING SERVICE			5.17	5.17	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			1.95	1.95	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			0.11	0.11	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			0.06	0.06	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE			0.01	0.01	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			0.13	0.13	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				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	1,219		185	81	1,485	21
22 SKILLED NURSING VISIT CHARGES	332,111		51,364	22,189	405,664	22
23 PHYSICAL THERAPY VISITS	1,141		31	14	1,186	23
24 PHYSICAL THERAPY VISIT CHARGES	309,865		8,391	3,784	322,040	24
25 OCCUPATIONAL THERAPY VISITS	38		6		44	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	10,541		1,894		12,435	26
27 SPEECH PATHOLOGY VISITS	34			5	39	27
28 SPEECH PATHOLOGY VISIT CHARGES	10,519			1,355	11,874	28
29 MEDICAL SOCIAL SERVICE VISITS	1				1	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	378				378	30
31 HOME HEALTH AIDE VISITS	36		2	11	49	31
32 HOME HEALTH AIDE VISIT CHARGES	5,180		280	1,540	7,000	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	2,469		224	111	2,804	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	668,594		61,929	28,868	759,391	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	195		80	9	284	36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	94,098		13,106	7,064	114,268	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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.206000	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				28,584,453	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				3,577,623	5
6	MEDICAID CHARGES				189,563,218	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				39,050,024	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				6,887,948	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				6,887,948	19
		UNINSURED	INSURED		TOTAL	
		PATIENTS	PATIENTS			
		1	2		3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	16,362,879	310,489		16,673,368	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,370,753	63,961		3,434,714	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	21,286	12,261		33,547	22
23	COST OF CHARITY CARE	3,349,467	51,700		3,401,167	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				51,913,379	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				972,877	26
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				50,940,502	27
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				10,493,744	28
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				13,894,911	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				20,782,859	30

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		10,253,740	10,253,740	6,283,408	1
2	00200		11,389,461	11,389,461	162,072	2
3	00300		514,338	514,338	-514,338	3
4	00400	1,611,541	5,475,787	7,087,328	391,817	4
5.01	00540		242,639	94,907	337,546	5.01
5.02	00550	1,654,733	2,871,423	4,526,156	399	5.02
5.03	00560	423,834	255,398	679,232	-42,206	5.03
5.04	00570					5.04
5.05	00580	731,384	4,113,453	4,844,837	316	5.05
5.06	00590	8,826,415	39,298,079	48,124,494	-14,850,649	5.06
6	00600	2,289,133	1,399,948	3,689,081	-614,903	6
7	00700	286,090	3,226,438	3,512,528	646	7
7.10	00701	295,425	173,135	468,560	172	7.10
8	00800	561,662	658,215	1,219,877	603	8
9	00900	1,939,098	1,169,166	3,108,264	2,041	9
10	01000	1,753,756	2,043,297	3,797,053	201	10
11	01100					11
12	01200					12
13	01300	1,364,150	347,404	1,711,554	100	13
13.10	01301	569,656	501,111	1,070,767	198	13.10
14	01400					14
15	01500					15
16	01600	1,342,791	953,749	2,296,540	445	16
17	01700	325,846	102,739	428,585	115	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	19,743,005	6,162,775	25,905,780	59,096	30
31	03100	5,108,495	1,681,909	6,790,404	41,506	31
31.01	02060	2,874,284	1,142,220	4,016,504	29,455	31.01
41	04100	1,183,851	407,349	1,591,200	5,510	41
43	04300	1,053,229	383,600	1,436,829	5,087	43
ANCILLARY SERVICE COST CENTERS						
50	05000	7,229,269	4,798,098	12,027,367	61,658	50
51	05100	905,115	263,259	1,168,374	7,258	51
52	05200	924,288	255,377	1,179,665	6,530	52
53	05300	200,646	399,411	600,057	2,868	53
54	05400	3,606,400	3,275,745	6,882,145	7,128	54
56	05600	317,395	218,085	535,480	187	56
57	05700	432,964	645,088	1,078,052	367	57
58	05800	275,563	454,621	730,184	557	58
59	05900	2,833,168	1,257,834	4,091,002	23,303	59
60	06000	3,879,309	8,056,860	11,936,169	-376,414	60
60.10	06001					60.10
62.30	06250					62.30
65	06500	2,862,786	1,541,212	4,403,998	30,869	65
66	06600	1,898,763	559,580	2,458,343	3,947	66
67	06700	821,454	204,025	1,025,479	1,031	67
68	06800	595,366	145,561	740,927	2,225	68
69	06900	1,013,897	812,176	1,826,073	74,629	69
70	07000	835,239	780,355	1,615,594	4,841	70
71	07100	733,628	41,261,256	41,994,884	-28,294,834	71
72	07200				28,319,239	72
73	07300	2,917,337	17,790,852	20,708,189	24,191	73
73.10	07301	3,625,067	3,019,461	6,644,528	18,068	73.10
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	8,785,209	4,080,531	12,865,740	16,791	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500		244,403	244,403		95
97	09700	159,893	968,875	1,128,768	115	97
101	10100	725,550	297,359	1,022,909	172	101
SPECIAL PURPOSE COST CENTERS						
113	11300		5,931,142	5,931,142	-5,931,142	113
118		99,759,323	191,880,807	291,640,130	-14,707,694	118
NONREIMBURSABLE COST CENTERS						
190	19000					190
194	07950	1,170,590	587,353	1,757,943	5,544	194
194.01	07951	657,232	4,475,565	5,132,797	172	194.01
194.02	07952	17,940	43,940	61,880		194.02

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	
194.03 07953 MEDICAL OFFICE BLDG					194.03
194.04 07954 PHYSICIAN SERVICES	2,868,715	397,554	3,266,269	499	194.04
194.05 07955 ENDOCRINOLOGIST	883,879	287,468	1,171,347	833	194.05
194.06 07956 HOSPITALIST	7,394,269	1,849,250	9,243,519	2,710	194.06
194.07 07957 NEONATOLOGY PHYSICIANS	1,163,977	197,443	1,361,420	14	194.07
194.08 07958 ANESTHESIOLOGISTS	3,477,644	7,064,499	10,542,143	29	194.08
194.09 07959 PHYSICIAN CARDIOLOGIST	3,681,723	1,057,944	4,739,667	10,849	194.09
194.10 07960 PHYSICIAN ONCOLOGIST	2,256,819	444,799	2,701,618	3,439	194.10
194.11 07961 PERINATOLOGY	485,842	105,976	591,818	215	194.11
194.12 07962 TRAUMA PHYSICIANS	848,192	804,542	1,652,734	316	194.12
194.13 07963 LANDMARK HOSPITAL				20,227	194.13
194.14 07964 GYN SURG ONCOLOGIST	784,525	109,879	894,404	129	194.14
194.15 07965 CAPE GASTROENTEROLOGY	3,367,875	526,237	3,894,112	451	194.15
194.16 07966 CAPE PHYSICIAN ASSOCIATES	5,198,013	6,455,602	11,653,615	4,981	194.16
194.17 07967 NONPATIENT MEALS					194.17
194.18 07968 BEAUTY SHOP					194.18
194.19 07969 MARKETING COSTS				14,636,313	194.19
194.20 07970 CAPE PRIMARY CARE	830,935	277,966	1,108,901	7,292	194.20
194.21 07971 CAPE CARE FOR WOMEN	3,813,250	1,235,454	5,048,704	3,252	194.21
194.22 07972 JACKSON FAMILY CLINIC	1,112,167	494,431	1,606,598	4,202	194.22
194.23 07973 CAPE MEDICAL GROUP	552,195	321,656	873,851	4,648	194.23
194.24 07974 CAPE ENT GROUP	876,333	184,479	1,060,812	1,579	194.24
194.25 07975 CHARLESTON FAMILY CARE	233,052	119,272	352,324		194.25
194.26 07976 AWL FAMILY HEALTHCARE SYSTEMS	120,213	48,197	168,410		194.26
200 TOTAL (SUM OF LINES 118-199)	141,554,703	218,970,313	360,525,016		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	CAP REL COSTS-BLDG & FIXT	16,537,148	-588,777	15,948,371	1
2	00200	CAP REL COSTS-MVBLE EQUIP	11,551,533	13,506	11,565,039	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	7,479,145		7,479,145	4
5.01	00540	COMMUNICATIONS	665,177	-41,890	623,287	5.01
5.02	00550	DATA PROCESSING	4,526,555		4,526,555	5.02
5.03	00560	PURCHASING	637,026		637,026	5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CREDIT & COLLECTIONS	4,845,153		4,845,153	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	33,273,845	-472,143	32,801,702	5.06
6	00600	MAINTENANCE & REPAIRS	3,074,178		3,074,178	6
7	00700	OPERATION OF PLANT	3,513,174	-6,160	3,507,014	7
7.10	00701	SPD SOILED PROCESSING	468,732		468,732	7.10
8	00800	LAUNDRY & LINEN SERVICE	1,220,480		1,220,480	8
9	00900	HOUSEKEEPING	3,110,305		3,110,305	9
10	01000	DIETARY	3,797,254	-1,275,310	2,521,944	10
11	01100	CAFETERIA				11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,711,654		1,711,654	13
13.10	01301	SPD STERILE PROCESSING	1,070,965	-152,020	918,945	13.10
14	01400	CENTRAL SERVICES & SUPPLY				14
15	01500	PHARMACY				15
16	01600	MEDICAL RECORDS & LIBRARY	2,296,985	-23,352	2,273,633	16
17	01700	SOCIAL SERVICE	428,700		428,700	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	25,964,876		25,964,876	30
31	03100	INTENSIVE CARE UNIT	6,831,910		6,831,910	31
31.01	02060	NEONATOLOGY/NICU	4,045,959	-31,194	4,014,765	31.01
41	04100	SUBPROVIDER - IRF	1,596,710	-6,671	1,590,039	41
43	04300	NURSERY	1,441,916		1,441,916	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	12,089,025		12,089,025	50
51	05100	RECOVERY ROOM	1,175,632		1,175,632	51
52	05200	DELIVERY ROOM & LABOR ROOM	1,186,195		1,186,195	52
53	05300	ANESTHESIOLOGY	602,925		602,925	53
54	05400	RADIOLOGY-DIAGNOSTIC	6,889,273	-880,361	6,008,912	54
56	05600	RADIOISOTOPE	535,667		535,667	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,078,419	-252	1,078,167	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	730,741		730,741	58
59	05900	CARDIAC CATHETERIZATION	4,114,305	-976	4,113,329	59
60	06000	LABORATORY	11,559,755		11,559,755	60
60.10	06001	CARDIOVASCULAR LABORATORY				60.10
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	4,434,867	-67,532	4,367,335	65
66	06600	PHYSICAL THERAPY	2,462,290		2,462,290	66
67	06700	OCCUPATIONAL THERAPY	1,026,510		1,026,510	67
68	06800	SPEECH PATHOLOGY	743,152		743,152	68
69	06900	ELECTROCARDIOLOGY	1,900,702	-317,709	1,582,993	69
70	07000	ELECTROENCEPHALOGRAPHY	1,620,435	-438,590	1,181,845	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	13,700,050		13,700,050	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	28,319,239		28,319,239	72
73	07300	DRUGS CHARGED TO PATIENTS	20,732,380	-9,552	20,722,828	73
73.10	07301	REHABILITATION SERVICES	6,662,596	-196,485	6,466,111	73.10
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	12,882,531	-4,868,265	8,014,266	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
95	09500	AMBULANCE SERVICES	244,403		244,403	95
97	09700	DURABLE MEDICAL EQUIP-SOLD	1,128,883		1,128,883	97
101	10100	HOME HEALTH AGENCY	1,023,081		1,023,081	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
118		SUBTOTALS (SUM OF LINES 1-117)	276,932,436	-9,363,733	267,568,703	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
194	07950	FITNESS CENTER	1,763,487		1,763,487	194
194.01	07951	RETAIL PHARMACY	5,132,969		5,132,969	194.01
194.02	07952	GARDEN VIEW DELI	61,880		61,880	194.02

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	
194.03 07953 MEDICAL OFFICE BLDG				194.03
194.04 07954 PHYSICIAN SERVICES	3,266,768		3,266,768	194.04
194.05 07955 ENDOCRINOLOGIST	1,172,180		1,172,180	194.05
194.06 07956 HOSPITALIST	9,246,229		9,246,229	194.06
194.07 07957 NEONATOLOGY PHYSICIANS	1,361,434		1,361,434	194.07
194.08 07958 ANESTHESIOLOGISTS	10,542,172		10,542,172	194.08
194.09 07959 PHYSICIAN CARDIOLOGIST	4,750,516		4,750,516	194.09
194.10 07960 PHYSICIAN ONCOLOGIST	2,705,057		2,705,057	194.10
194.11 07961 PERINATOLOGY	592,033		592,033	194.11
194.12 07962 TRAUMA PHYSICIANS	1,653,050		1,653,050	194.12
194.13 07963 LANDMARK HOSPITAL	20,227		20,227	194.13
194.14 07964 GYN SURG ONCOLOGIST	894,533		894,533	194.14
194.15 07965 CAPE GASTROENTEROLOGY	3,894,563		3,894,563	194.15
194.16 07966 CAPE PHYSICIAN ASSOCIATES	11,658,596		11,658,596	194.16
194.17 07967 NONPATIENT MEALS				194.17
194.18 07968 BEAUTY SHOP				194.18
194.19 07969 MARKETING COSTS	14,636,313		14,636,313	194.19
194.20 07970 CAPE PRIMARY CARE	1,116,193		1,116,193	194.20
194.21 07971 CAPE CARE FOR WOMEN	5,051,956		5,051,956	194.21
194.22 07972 JACKSON FAMILY CLINIC	1,610,800		1,610,800	194.22
194.23 07973 CAPE MEDICAL GROUP	878,499		878,499	194.23
194.24 07974 CAPE ENT GROUP	1,062,391		1,062,391	194.24
194.25 07975 CHARLESTON FAMILY CARE	352,324		352,324	194.25
194.26 07976 AWL FAMILY HEALTHCARE SYSTEMS	168,410		168,410	194.26
200 TOTAL (SUM OF LINES 118-199)	360,525,016	-9,363,733	351,161,283	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		391,260 1
2					2
500 TOTAL RECLASSIFICATIONS					391,260 500
CODE LETTER - A					
1 RECLASS INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		5,931,142 1
500 TOTAL RECLASSIFICATIONS					5,931,142 500
CODE LETTER - B					
1 RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	5.01		326,798 1
500 TOTAL RECLASSIFICATIONS					326,798 500
CODE LETTER - C					
1 RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	5.06	42,421	1
500 TOTAL RECLASSIFICATIONS				42,421	500
CODE LETTER - D					
1 RECLASS MARKETING COST	E	MARKETING COSTS	194.19	1,256,879	13,379,434 1
500 TOTAL RECLASSIFICATIONS				1,256,879	13,379,434 500
CODE LETTER - E					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 RECLASS BIOMED	F	EMPLOYEE BENEFITS	4	355	202	1
2		COMMUNICATIONS	5.01	530	303	2
3		DATA PROCESSING	5.02	254	145	3
4		PURCHASING	5.03	137	78	4
5		CREDIT & COLLECTIONS	5.05	201	115	5
6		OTHER ADMINISTRATIVE & GENERA	5.06	44,593	25,448	6
7		MAINTENANCE & REPAIRS	6	59,199	33,782	7
8		OPERATION OF PLANT	7	411	235	8
9		SPD SOILED PROCESSING	7.10	110	62	9
10		LAUNDRY & LINEN SERVICE	8	384	219	10
11		HOUSEKEEPING	9	1,300	741	11
12		DIETARY	10	128	73	12
13		NURSING ADMINISTRATION	13	64	36	13
14		SPD STERILE PROCESSING	13.10	126	72	14
15		MEDICAL RECORDS & LIBRARY	16	283	162	15
16		SOCIAL SERVICE	17	73	42	16
17		ADULTS & PEDIATRICS	30	58,231	33,231	17
18		INTENSIVE CARE UNIT	31	30,717	17,529	18
19		NEONATOLOGY/NICU	31.01	18,753	10,702	19
20		SUBPROVIDER - IRF	41	3,604	2,057	20
21		NURSERY	43	3,239	1,848	21
22		OPERATING ROOM	50	45,615	26,031	22
23		RECOVERY ROOM	51	4,621	2,637	23
24		DELIVERY ROOM & LABOR ROOM	52	4,158	2,372	24
25		ANESTHESIOLOGY	53	1,826	1,042	25
26		RADIOLOGY-DIAGNOSTIC	54	5,615	3,204	26
27		COMPUTED TOMOGRAPHY (CT) SCAN	57	234	133	27
28		MAGNETIC RESONANCE IMAGING (M	58	355	202	28
29		RADIOISOTOPE	56	119	68	29
30		LABORATORY	60	8,375	4,780	30
31		CARDIAC CATHETERIZATION	59	15,260	8,708	31
32		RESPIRATORY THERAPY	65	19,654	11,215	32
33		PHYSICAL THERAPY	66	2,513	1,434	33
34		OCCUPATIONAL THERAPY	67	656	375	34
35		SPEECH PATHOLOGY	68	1,417	808	35
36		ELECTROCARDIOLOGY	69	6,773	3,865	36
37		ELECTROENCEPHALOGRAPHY	70	3,082	1,759	37
38		MEDICAL SUPPLIES CHRGED TO PA	71	15,538	8,867	38
39		DRUGS CHARGED TO PATIENTS	73	15,402	8,789	39
40		REHABILITATION SERVICES	73.10	11,503	6,565	40
41		EMERGENCY	91	19,655	11,217	41
42		DURABLE MEDICAL EQUIP-SOLD	97	73	42	42
43		HOME HEALTH AGENCY	101	110	62	43
44		FITNESS CENTER	194	3,529	2,015	44
45		RETAIL PHARMACY	194.01	110	62	45
46		PHYSICIAN SERVICES	194.04	318	181	46
47		ENDOCRINOLOGIST	194.05	530	303	47
48		HOSPITALIST	194.06	1,725	985	48
49		NEONATOLOGY PHYSICIANS	194.07	9	5	49
50		ANESTHESIOLOGISTS	194.08	18	11	50
51		PHYSICIAN CARDIOLOGIST	194.09	6,907	3,942	51
52		PHYSICIAN ONCOLOGIST	194.10	2,190	1,249	52
53		PERINATOLOGY	194.11	137	78	53
54		TRAUMA PHYSICIANS	194.12	201	115	54
55		LANDMARK HOSPITAL	194.13	12,878	7,349	55
56		GYN SURG ONCOLOGIST	194.14	82	47	56
57		CAPE GASTROENTEROLOGY	194.15	287	164	57
58		CAPE PHYSICIAN ASSOCIATES	194.16	3,171	1,810	58
59		CAPE PRIMARY CARE	194.20	4,643	2,649	59
60		CAPE CARE FOR WOMEN	194.21	2,070	1,182	60
61		JACKSON FAMILY CLINIC	194.22	2,675	1,527	61
62		CAPE MEDICAL GROUP	194.23	2,959	1,689	62
63		CAPE ENT GROUP	194.24	1,005	574	63
500 TOTAL RECLASSIFICATIONS				450,690	257,194	500
CODE LETTER - F						
1 RECLASS EKG COSTS	H	ELECTROCARDIOLOGY	69	51,475	12,516	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				51,475	12,516	500
CODE LETTER - H						

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/26/2012 12:19

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS IMP. DEVICES CHARGED	I	IMPL. DEV. CHARGED TO PATIENT	72	454,849	27,864,390 1
500 TOTAL RECLASSIFICATIONS				454,849	27,864,390 500
CODE LETTER - I					
GRAND TOTAL (INCREASES)				2,256,314	48,162,734

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		1,691	1
2		LABORATORY	60		389,569	2
500 TOTAL RECLASSIFICATIONS					391,260	500
CODE LETTER - A						
1 RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	113		5,931,142	11 1
500 TOTAL RECLASSIFICATIONS					5,931,142	500
CODE LETTER - B						
1 RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	5.06		326,798	1
500 TOTAL RECLASSIFICATIONS					326,798	500
CODE LETTER - C						
1 RECLASS MAIL CLERK	D	PURCHASING	5.03	42,421		1
500 TOTAL RECLASSIFICATIONS				42,421		500
CODE LETTER - D						
1 RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	5.06	1,256,879	13,379,434	1
500 TOTAL RECLASSIFICATIONS				1,256,879	13,379,434	500
CODE LETTER - E						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			----- WKST A-7 -----		
		COST CENTER	LINE #	SALARY	OTHER	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
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50							50
51							51
52							52
53							53
54							54
55							55
56							56
57							57
58							58
59							59
60							60
61							61
62							62
63		MAINTENANCE & REPAIRS	6	450,690	257,194		63
500 TOTAL RECLASSIFICATIONS				450,690	257,194		500
CODE LETTER - F							
1 RECLASS EKG COSTS	H						1
2		ADULTS & PEDIATRICS	30	25,867	6,499		2
3		INTENSIVE CARE UNIT	31	5,396	1,344		3
4		SUBPROVIDER - IRF	41	119	32		4
5		OPERATING ROOM	50	7,826	2,162		5
6		CARDIAC CATHETERIZATION	59	538	127		6
7		EMERGENCY	91	11,729	2,352		7
500 TOTAL RECLASSIFICATIONS				51,475	12,516		500
CODE LETTER - H							

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/26/2012 12:19

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	454,849	27,864,390	1
500 TOTAL RECLASSIFICATIONS				454,849	27,864,390	500
CODE LETTER - I						
GRAND TOTAL (DECREASES)				2,256,314	48,162,734	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	3,090,168	105,000		105,000		3,195,168	
2 LAND IMPROVEMENTS	6,654,141	1,348,058		1,348,058		8,002,199	2,355,848
3 BUILDINGS AND FIXTURES	177,117,686	54,243,280		54,243,280	76,494,654	154,866,312	9,677,703
4 BUILDING IMPROVEMENTS							
5 FIXED EQUIPMENT	75,097,182	24,610,555		24,610,555		99,707,737	17,993,774
6 MOVABLE EQUIPMENT	103,391,343	28,052,580		28,052,580	10,637,519	120,806,404	42,750,089
7 HIT DESIGNATED ASSETS							
8 SUBTOTAL (SUM OF LINES 1-7)	365,350,520	108,359,473		108,359,473	87,132,173	386,577,820	72,777,414
9 RECONCILING ITEMS							
10 TOTAL (LINE 7 MINUS LINE 9)	365,350,520	108,359,473		108,359,473	87,132,173	386,577,820	72,777,414

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(1)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	10,253,740						10,253,740
2 CAP REL COSTS-MVBLE EQUIP	11,389,461						11,389,461
3 TOTAL (SUM OF LINES 1-2)	21,643,201						21,643,201

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIOS		INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL (SUM OF COLS. 5-7)
			FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)				
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	262,576,248		262,576,248	0.684893			352,266	352,266
2 CAP REL COSTS-MVBLE EQUIP	120,806,404		120,806,404	0.315107			162,072	162,072
3 TOTAL (SUM OF LINES 1-2)	383,382,652		383,382,652	1.000000			514,338	514,338

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(2)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	10,237,206		5,358,899			352,266	15,948,371
2 CAP REL COSTS-MVBLE EQUIP	11,402,967					162,072	11,565,039
3 TOTAL	21,640,173		5,358,899			514,338	27,513,410

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-572,243	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	-41,890	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	-6,637,330			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	-1,275,310	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	-9,552	DRUGS CHARGED TO PATIENTS	73	18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-23,352	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		RESPIRATORY THERAPY	65	24
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	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		OCCUPATIONAL THERAPY	67	31
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	32
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33 DEPR. ON PT. PHONE	A	-2,997	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	-70,651	REHABILITATION SERVICES	73.10	37
37 OUTSIDE STERILE PROCESS	B	-152,020	SPD STERILE PROCESSING	13.10	38
38					39
39 COMMUNITY TRAINING CENTER	B	-80,010	REHABILITATION SERVICES	73.10	40
40 SPEC. EDUC. REIMB	B	-1,645	OTHER ADMINISTRATIVE & GENERAL	5.06	41
41 MISC. INCOME	B	-190,254	OTHER ADMINISTRATIVE & GENERAL	5.06	42
42 NON-ALLOW SUPPLIES-REHAB.	B	-16,474	REHABILITATION SERVICES	73.10	43
43					44
44					45
45 REHAB GYM USE	B	-3,570	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	9 45.04
45.04 ADJ. DEPR. EXP.	A	22,577	CAP REL COSTS-MVBLE EQUIP	2	9 45.05
45.05 AHA DUES FOR LOBBYING	A	-25,496	OTHER ADMINISTRATIVE & GENERAL	5.06	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	9 45.08
45.08 NON-ALLOWABLE EXPENSE	A	-13,088	OTHER ADMINISTRATIVE & GENERAL	5.06	45.09
45.09 NON-ALLOWABLE GOODWILL EXPENSE	A	-241,660	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)		-9,363,733			

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			16,775		137			1
2	54	RADIOLOGY-DIAGNOSTIC		880,361	880,361	195,000				2
3	57	COMPUTED TOMOGRAPHY (CT)		252	252	195,000				3
4	65	RESPIRATORY THERAPY		67,532	67,532	153,400				4
5	69	ELECTROCARDIOLOGY		317,709	317,709	153,400				5
6	70	ELECTROENCEPHALOGRAPHY		438,590	438,590	153,400				6
7	73.10	REHABILITATION SERVICES		63,466		153,400	511	37,686	1,884	7
8	91	EMERGENCY		4,879,918	4,852,390	153,400	158	11,653	583	8
9	31.01	NEONATOLOGY/NICU		31,194	31,194	153,400				9
10	59	CARDIAC CATHETERIZATION		976	976	153,400				10
200		TOTAL	6,696,773	6,589,004	107,769		806	59,443	2,972	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			10,104	6,671	6,671	1
2	54 RADIOLOGY-DIAGNOSTIC		RADIOLOGY-DIAGN					880,361	2
3	57 COMPUTED TOMOGRAPHY (CT)		CT SCAN					252	3
4	65 RESPIRATORY THERAPY		RESPIRATORY THE					67,532	4
5	69 ELECTROCARDIOLOGY		ELECTROCARDIOLO					317,709	5
6	70 ELECTROENCEPHALOGRAPHY		ELECTROENCEPHAL					438,590	6
7	73.10 REHABILITATION SERVICES		REHABILITATION			37,686	25,780	25,780	7
8	91 EMERGENCY		EMERGENCY			11,653	15,875	4,868,265	8
9	31.01 NEONATOLOGY/NICU		NICU					31,194	9
10	59 CARDIAC CATHETERIZATION		CARDIOVASCULAR					976	10
200	TOTAL					59,443	48,326	6,637,330	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	15,948,371	15,948,371				1
2 CAP REL COSTS-MVBLE EQUIP	11,565,039		11,565,039			2
4 EMPLOYEE BENEFITS	7,479,145	246,902	60,606	7,786,653		4
5.01 COMMUNICATIONS	623,287	14,871	45	13,171	651,374	5.01
5.02 DATA PROCESSING	4,526,555	132,887	1,937,737	89,642	17,930	5.02
5.03 PURCHASING	637,026	124,576	4,483	20,667	5,888	5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	4,845,153	48,779	227,740	39,626	20,339	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	32,801,702	714,952	152,024	414,717	47,100	5.06
6 MAINTENANCE & REPAIRS	3,074,178	605,332	82,671	102,786	44,156	6
7 OPERATION OF PLANT	3,507,014	1,887,095	5,436	15,518	2,141	7
7.10 SPD SOILED PROCESSING	468,732	165,154	14,040	16,008	803	7.10
8 LAUNDRY & LINEN SERVICE	1,220,480	117,438	29,968	30,443	1,338	8
9 HOUSEKEEPING	3,110,305	109,550	10,280	105,102	1,873	9
10 DIETARY	2,521,944	234,588	181,808	94,999	5,888	10
11 CAFETERIA		183,580				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,711,654	12,645	30,172	73,893	6,155	13
13.10 SPD STERILE PROCESSING	918,945	92,522	21,971	30,862	2,944	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,273,633	152,486	5,633	72,748	21,944	16
17 SOCIAL SERVICE	428,700	5,516		17,653	3,211	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	25,964,876	2,021,125	413,385	1,071,127	82,690	30
31 INTENSIVE CARE UNIT	6,831,910	455,215	170,839	278,073	9,367	31
31.01 NEONATOLOGY/NICU	4,014,765	120,055	98,248	156,701	8,831	31.01
41 SUBPROVIDER - IRF	1,590,039	204,815	12,989	64,312	8,564	41
43 NURSERY	1,441,916	11,779	44	57,224		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,089,025	1,093,359	2,159,377	393,620	53,523	50
51 RECOVERY ROOM	1,175,632	98,522	51,420	49,276	3,211	51
52 DELIVERY ROOM & LABOR ROOM	1,186,195			50,289		52
53 ANESTHESIOLOGY	602,925	3,268	34,274	10,967	2,141	53
54 RADIOLOGY-DIAGNOSTIC	6,008,912	383,543	1,341,879	195,645	35,325	54
56 RADIOISOTOPE	535,667	52,967	76,615	17,198	2,141	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,078,167	43,908	234,919	23,464	2,141	57
58 MAGNETIC RESONANCE IMAGING (MRI)	730,741	30,519	303,403	14,945	1,873	58
59 CARDIAC CATHETERIZATION	4,113,329	809,680	967,741	154,256	20,339	59
60 LABORATORY	11,559,755	349,598	364,857	210,576	25,691	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,367,335	98,968	87,191	156,127	9,902	65
66 PHYSICAL THERAPY	2,462,290	449,023	40,445	102,983	2,409	66
67 OCCUPATIONAL THERAPY	1,026,510	115,080	6,910	44,530	2,409	67
68 SPEECH PATHOLOGY	743,152	21,758	6,000	32,325	2,409	68
69 ELECTROCARDIOLOGY	1,582,993		183,855	58,073	3,479	69
70 ELECTROENCEPHALOGRAPHY	1,181,845	80,819	56,197	45,408	7,761	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	13,700,050	120,540	13,590	15,420	1,070	71
72 IMPL. DEV. CHARGED TO PATIENT	28,319,239	196,671	22,173	25,159	1,873	72
73 DRUGS CHARGED TO PATIENTS	20,722,828	165,546	374,051	158,852	9,099	73
73.10 REHABILITATION SERVICES	6,466,111	1,006,641	377,616	196,975	34,522	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,014,266	933,927	808,212	476,280	32,114	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	244,403				268	95
97 DURABLE MEDICAL EQUIP-SOLD	1,128,883			8,665	1,606	97
101 HOME HEALTH AGENCY	1,023,081	33,361	424	39,305	5,888	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	267,568,703	13,749,560	10,971,268	5,245,610	552,356	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		60,184			1,070	190
194 FITNESS CENTER	1,763,487	847,843	47,814	63,596	12,310	194
194.01 RETAIL PHARMACY	5,132,969	44,567	27,907	35,605	9,902	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION	CAP	CAP	EMPLOYEE	COMMUNI-	
	(FROM WKST A, COL.7) 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS 4	CATIONS 5.01	
194.02 GARDEN VIEW DELI	61,880	21,526	1,462	972	803	194.02
194.03 MEDICAL OFFICE BLDG			2,661			194.03
194.04 PHYSICIAN SERVICES	3,266,768	72,433	8,235	155,401	4,014	194.04
194.05 ENDOCRINOLOGIST	1,172,180		11,358	47,904		194.05
194.06 HOSPITALIST	9,246,229	17,499	42,427	400,604	1,873	194.06
194.07 NEONATOLOGY PHYSICIANS	1,361,434	9,259	313	63,047	1,606	194.07
194.08 ANESTHESIOLOGISTS	10,542,172	13,712		188,368		194.08
194.09 PHYSICIAN CARDIOLOGIST	4,750,516	354,586	59,053	199,795	535	194.09
194.10 PHYSICIAN ONCOLOGIST	2,705,057	154,187	24,603	122,359	9,634	194.10
194.11 PERINATOLOGY	592,033	45,768	7,738	26,323	3,747	194.11
194.12 TRAUMA PHYSICIANS	1,653,050	54,119	41	45,953	5,085	194.12
194.13 LANDMARK HOSPITAL	20,227			698		194.13
194.14 GYN SURG ONCOLOGIST	894,533		238	42,498	5,085	194.14
194.15 CAPE GASTROENTEROLOGY	3,894,563		10,718	182,436	2,676	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	11,658,596	500,744	87,140	281,722	40,410	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP		2,384			268	194.18
194.19 MARKETING COSTS	14,636,313			68,079		194.19
194.20 CAPE PRIMARY CARE	1,116,193		25,469	251,916		194.20
194.21 CAPE CARE FOR WOMEN	5,051,956		91,726	206,657		194.21
194.22 JACKSON FAMILY CLINIC	1,610,800		39,321	60,385		194.22
194.23 CAPE MEDICAL GROUP	878,499		48,823	30,070		194.23
194.24 CAPE ENT GROUP	1,062,391		24,468	47,521		194.24
194.25 CHARLESTON FAMILY CARE	352,324		15,741	12,623		194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS	168,410		16,515	6,511		194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	351,161,283	15,948,371	11,565,039	7,786,653	651,374	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA	PURCHASING	CREDIT &	SUBTOTAL	OTHER	
	PROCESSING		COLLECTION		ADMIN &	
	5.02	5.03	5.05	(COLS.0-4)	GENERAL	
				4A	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	6,704,751					5.02
5.03 PURCHASING	21,472	814,112				5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	91,258	1,482	5,274,377			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,005,623	6,340		35,142,458	35,142,458	5.06
6 MAINTENANCE & REPAIRS	55,470	4,127		3,968,720	441,338	6
7 OPERATION OF PLANT		3,476		5,420,680	602,801	7
7.10 SPD SOILED PROCESSING	12,526	393		677,656	75,358	7.10
8 LAUNDRY & LINEN SERVICE		4,115		1,403,782	156,106	8
9 HOUSEKEEPING	7,157	2,660		3,346,927	372,192	9
10 DIETARY	60,838	3,820		3,103,885	345,164	10
11 CAFETERIA				183,580	20,415	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	135,992	158		1,970,669	219,146	13
13.10 SPD STERILE PROCESSING	10,736	2,659		1,080,639	120,171	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	109,151	999		2,636,594	293,200	16
17 SOCIAL SERVICE	12,526	4		467,610	52,000	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,007,414	8,754	301,341	30,870,712	3,432,849	30
31 INTENSIVE CARE UNIT	96,626	3,417	101,846	7,947,293	883,771	31
31.01 NEONATOLOGY/NICU	53,681	1,946	83,522	4,537,749	504,616	31.01
41 SUBPROVIDER - IRF	64,417	358	15,338	1,960,832	218,052	41
43 NURSERY		1,480	21,257	1,533,700	170,554	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	293,456	18,732	342,562	16,443,654	1,828,600	50
51 RECOVERY ROOM		192	51,106	1,429,359	158,950	51
52 DELIVERY ROOM & LABOR ROOM	14,315	397	29,308	1,280,504	142,397	52
53 ANESTHESIOLOGY		3,264	101,820	758,659	84,366	53
54 RADIOLOGY-DIAGNOSTIC	148,517	10,292	255,459	8,379,572	931,842	54
56 RADIOISOTOPE		1,414	37,483	723,485	80,454	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		5,297	341,094	1,728,990	192,271	57
58 MAGNETIC RESONANCE IMAGING (MRI)		3,456	91,839	1,176,776	130,862	58
59 CARDIAC CATHETERIZATION	73,364	5,613	184,136	6,328,458	703,750	59
60 LABORATORY	275,562	47,775	782,257	13,616,071	1,514,162	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	33,998	5,705	262,363	5,021,589	558,421	65
66 PHYSICAL THERAPY	33,998	330	55,875	3,147,353	349,998	66
67 OCCUPATIONAL THERAPY	1,789	115	21,834	1,219,177	135,577	67
68 SPEECH PATHOLOGY	3,579	160	14,303	823,686	91,597	68
69 ELECTROCARDIOLOGY	32,209	1,605	87,253	1,949,467	216,789	69
70 ELECTROENCEPHALOGRAPHY	67,996	875	33,158	1,474,059	163,921	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,789	145,074	462,532	14,460,065	1,608,017	71
72 IMPL. DEV. CHARGED TO PATIENT	3,579	236,661	753,936	29,559,291	3,287,111	72
73 DRUGS CHARGED TO PATIENTS	107,362	158,746	458,352	22,154,836	2,463,706	73
73.10 REHABILITATION SERVICES	246,932	6,697	128,315	8,463,809	941,209	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	338,190	7,951	241,305	10,852,245	1,206,813	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		3	1,329	246,003	27,357	95
97 DURABLE MEDICAL EQUIP-SOLD	1,789	55	13,454	1,154,452	128,380	97
101 HOME HEALTH AGENCY	44,734	808		1,147,601	127,618	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,468,045	707,405	5,274,377	259,792,647	24,981,901	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				61,254	6,812	190
194 FITNESS CENTER	84,100	1,050		2,820,200	313,618	194
194.01 RETAIL PHARMACY	19,683	40,280		5,310,913	590,595	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	CREDIT & COLLECTION	SUBTOTAL (COLS.0-4) 4A	OTHER ADMIN & GENERAL	
	5.02	5.03	5.05		5.06	
194.02 GARDEN VIEW DELI		75		86,718	9,643	194.02
194.03 MEDICAL OFFICE BLDG				2,661	296	194.03
194.04 PHYSICIAN SERVICES	87,679	538		3,595,068	399,786	194.04
194.05 ENDOCRINOLOGIST	41,155	1,141		1,273,738	141,645	194.05
194.06 HOSPITALIST	177,147	5,865		9,891,644	1,099,990	194.06
194.07 NEONATOLOGY PHYSICIANS	5,368	144		1,441,171	160,264	194.07
194.08 ANESTHESIOLOGISTS	1,789	2		10,746,043	1,195,003	194.08
194.09 PHYSICIAN CARDIOLOGIST	395,450	2,182		5,762,117	640,770	194.09
194.10 PHYSICIAN ONCOLOGIST	205,777	323		3,221,940	358,293	194.10
194.11 PERINATOLOGY	12,526	281		688,416	76,555	194.11
194.12 TRAUMA PHYSICIANS	1,789	3		1,760,040	195,723	194.12
194.13 LANDMARK HOSPITAL	109,151			130,076	14,465	194.13
194.14 GYN SURG ONCOLOGIST	5,368	59		947,781	105,397	194.14
194.15 CAPE GASTROENTEROLOGY	51,892	1,525		4,143,810	460,808	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	286,298	44,656		12,899,566	1,434,483	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP				2,652	295	194.18
194.19 MARKETING COSTS				14,704,392	1,635,187	194.19
194.20 CAPE PRIMARY CARE	39,366	717		1,433,661	159,429	194.20
194.21 CAPE CARE FOR WOMEN	318,507	3,334		5,672,180	630,769	194.21
194.22 JACKSON FAMILY CLINIC	137,781	2,495		1,850,782	205,814	194.22
194.23 CAPE MEDICAL GROUP	141,360	531		1,099,283	122,245	194.23
194.24 CAPE ENT GROUP	91,258	579		1,226,217	136,360	194.24
194.25 CHARLESTON FAMILY CARE	23,262	668		404,618	44,995	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		259		191,695	21,317	194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,704,751	814,112	5,274,377	351,161,283	35,142,458	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	4,410,058					6
7 OPERATION OF PLANT	591,903	6,615,384				7
7.10 SPD SOILED PROCESSING	51,802	89,753	894,569			7.10
8 LAUNDRY & LINEN SERVICE	36,836	63,822	430,713	2,091,259		8
9 HOUSEKEEPING	34,361	59,535	463,856	167,853	4,444,724	9
10 DIETARY	73,581	127,487		48,946	88,506	10
11 CAFETERIA	57,582	99,766			69,262	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,966	6,872			4,771	13
13.10 SPD STERILE PROCESSING	29,020	50,281		153,595	34,907	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	47,829	82,868			57,531	16
17 SOCIAL SERVICE	1,730	2,998			2,081	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	633,939	1,098,374		675,764	762,539	30
31 INTENSIVE CARE UNIT	142,782	247,386		130,196	171,746	31
31.01 NEONATOLOGY/NICU	37,656	65,243		14,356	45,295	31.01
41 SUBPROVIDER - IRF	64,242	111,306		47,557	77,273	41
43 NURSERY	3,695	6,401		19,719	4,444	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	342,941	594,184		224,038	412,507	50
51 RECOVERY ROOM	30,902	53,542		32	37,171	51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY	1,025	1,776			1,233	53
54 RADIOLOGY-DIAGNOSTIC	120,301	208,436		2,230	144,705	54
56 RADIOISOTOPE	16,614	28,785		49	19,984	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	13,772	23,862		1,029	16,566	57
58 MAGNETIC RESONANCE IMAGING (MRI)	9,573	16,586		250	11,514	58
59 CARDIAC CATHETERIZATION	253,963	440,019		9,579	305,479	59
60 LABORATORY	109,654	189,988		122	131,898	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	31,042	53,784		3,259	37,339	65
66 PHYSICAL THERAPY	140,840	244,021		3,885	169,409	66
67 OCCUPATIONAL THERAPY	36,096	62,540		8	43,418	67
68 SPEECH PATHOLOGY	6,825	11,824			8,209	68
69 ELECTROCARDIOLOGY				142		69
70 ELECTROENCEPHALOGRAPHY	25,349	43,921		6	30,492	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	37,808	65,507		1,795	45,478	71
72 IMPL. DEV. CHARGED TO PATIENT	61,687	106,880		2,928	74,201	72
73 DRUGS CHARGED TO PATIENTS	51,925	89,966		391	62,458	73
73.10 REHABILITATION SERVICES	315,742	547,058		56,527	379,790	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	292,934	507,541		195,315	352,356	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
101 HOME HEALTH AGENCY	10,464	18,130			12,586	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	3,720,381	5,420,442	894,569	1,759,571	3,615,148	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,877	32,707			22,707	190
194 FITNESS CENTER	265,933	460,759		298,215	319,878	194
194.01 RETAIL PHARMACY	13,979	24,220			16,814	194.01

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/26/2012 12:19

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN-	OPERATION	SPD SOILED	LAUNDRY	HOUSE-	
	TENANCE & REPAIRS 6	OF PLANT 7	PROCESSIN G 7.10	& LINEN SERVICE 8	KEEPING 9	
194.02 GARDEN VIEW DELI	6,752	11,698			8,121	194.02
194.03 MEDICAL OFFICE BLDG						194.03
194.04 PHYSICIAN SERVICES	22,719	39,363		10,763	27,328	194.04
194.05 ENDOCRINOLOGIST						194.05
194.06 HOSPITALIST	5,489	9,510			6,602	194.06
194.07 NEONATOLOGY PHYSICIANS	2,904	5,032			3,493	194.07
194.08 ANESTHESIOLOGISTS	4,301	7,452			5,173	194.08
194.09 PHYSICIAN CARDIOLOGIST	111,219	192,699		5,906	133,780	194.09
194.10 PHYSICIAN ONCOLOGIST	48,362	83,793			58,172	194.10
194.11 PERINATOLOGY	14,356	24,873		60	17,268	194.11
194.12 TRAUMA PHYSICIANS	16,975	29,411			20,418	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	157,063	272,129			188,923	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	748	1,296		16,744	899	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
194.24 CAPE ENT GROUP						194.24
194.25 CHARLESTON FAMILY CARE						194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS						194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,410,058	6,615,384	894,569	2,091,259	4,444,724	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	SPD STERIL E PROCESSI NG 13.10	MEDICAL RECORDS & LIBRARY 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	3,787,569					10
11 CAFETERIA	1,535,451	1,966,056				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		20,381	2,225,805			13
13.10 SPD STERILE PROCESSING		20,764		1,489,377		13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		39,029			3,157,051	16
17 SOCIAL SERVICE		7,417				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,131,434	429,215	1,424,952		1,360,690	30
31 INTENSIVE CARE UNIT	138,186	85,321	283,257	252	33,149	31
31.01 NEONATOLOGY/NICU		48,361	160,556	2,037	21,152	31.01
41 SUBPROVIDER - IRF	84,953	24,118	80,069		26,519	41
43 NURSERY		14,544		25,603	88,397	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		140,729		1,194,728	419,572	50
51 RECOVERY ROOM		16,521				51
52 DELIVERY ROOM & LABOR ROOM		21,258	70,575			52
53 ANESTHESIOLOGY		3,046				53
54 RADIOLOGY-DIAGNOSTIC		70,753		130,793	223,835	54
56 RADIOISOTOPE		5,671				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		8,747				57
58 MAGNETIC RESONANCE IMAGING (MRI)		5,588				58
59 CARDIAC CATHETERIZATION		43,092		6,137	2,841	59
60 LABORATORY		93,600	18,525	17,481		60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		61,305		40,803		65
66 PHYSICAL THERAPY		34,862		9	11,997	66
67 OCCUPATIONAL THERAPY		13,855				67
68 SPEECH PATHOLOGY		9,117		383		68
69 ELECTROCARDIOLOGY		20,038			14,207	69
70 ELECTROENCEPHALOGRAPHY		15,195	50,447		5,367	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		11,258		24,184		71
72 IMPL. DEV. CHARGED TO PATIENT		18,369		39,463		72
73 DRUGS CHARGED TO PATIENTS		43,098		435		73
73.10 REHABILITATION SERVICES		75,030	75,394	548	631	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		120,959	62,030	6,521	948,694	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD		3,495				97
101 HOME HEALTH AGENCY		11,485				101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,890,024	1,536,221	2,225,805	1,489,377	3,157,051	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 FITNESS CENTER		40,586				194
194.01 RETAIL PHARMACY		9,321				194.01

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/26/2012 12:19

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	SPD STERIL E PROCESSI NG 13.10	MEDICAL RECORDS & LIBRARY 16	
194.02 GARDEN VIEW DELI		1,023				194.02
194.03 MEDICAL OFFICE BLDG		797				194.03
194.04 PHYSICIAN SERVICES		13,124				194.04
194.05 ENDOCRINOLOGIST		11,366				194.05
194.06 HOSPITALIST		38,264				194.06
194.07 NEONATOLOGY PHYSICIANS		4,856				194.07
194.08 ANESTHESIOLOGISTS		20,922				194.08
194.09 PHYSICIAN CARDIOLOGIST		30,269				194.09
194.10 PHYSICIAN ONCOLOGIST		15,523				194.10
194.11 PERINATOLOGY		3,766				194.11
194.12 TRAUMA PHYSICIANS		3,116				194.12
194.13 LANDMARK HOSPITAL		30,267				194.13
194.14 GYN SURG ONCOLOGIST		5,914				194.14
194.15 CAPE GASTROENTEROLOGY		15,477				194.15
194.16 CAPE PHYSICIAN ASSOCIATES		86,829				194.16
194.17 NONPATIENT MEALS	897,545					194.17
194.18 BEAUTY SHOP		299				194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE		11,467				194.20
194.21 CAPE CARE FOR WOMEN		44,334				194.21
194.22 JACKSON FAMILY CLINIC		15,734				194.22
194.23 CAPE MEDICAL GROUP		10,321				194.23
194.24 CAPE ENT GROUP		9,159				194.24
194.25 CHARLESTON FAMILY CARE		4,438				194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		2,663				194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,787,569	1,966,056	2,225,805	1,489,377	3,157,051	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 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	533,836				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	297,249	42,117,717		42,117,717	30
31 INTENSIVE CARE UNIT	23,940	10,087,279		10,087,279	31
31.01 NEONATOLOGY/NICU	25,024	5,462,045		5,462,045	31.01
41 SUBPROVIDER - IRF	36,615	2,731,536		2,731,536	41
43 NURSERY		1,867,057		1,867,057	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		21,600,953		21,600,953	50
51 RECOVERY ROOM		1,726,477		1,726,477	51
52 DELIVERY ROOM & LABOR ROOM		1,514,734		1,514,734	52
53 ANESTHESIOLOGY		850,105		850,105	53
54 RADIOLOGY-DIAGNOSTIC		10,212,467		10,212,467	54
56 RADIOISOTOPE		875,042		875,042	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,985,237		1,985,237	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,351,149		1,351,149	58
59 CARDIAC CATHETERIZATION	1,083	8,094,401		8,094,401	59
60 LABORATORY		15,691,501		15,691,501	60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		5,807,542		5,807,542	65
66 PHYSICAL THERAPY		4,102,374		4,102,374	66
67 OCCUPATIONAL THERAPY		1,510,671		1,510,671	67
68 SPEECH PATHOLOGY		951,641		951,641	68
69 ELECTROCARDIOLOGY		2,200,643		2,200,643	69
70 ELECTROENCEPHALOGRAPHY		1,808,757		1,808,757	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		16,254,112		16,254,112	71
72 IMPL. DEV. CHARGED TO PATIENT		33,149,930		33,149,930	72
73 DRUGS CHARGED TO PATIENTS		24,866,815		24,866,815	73
73.10 REHABILITATION SERVICES	106,161	10,961,899		10,961,899	73.10
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	43,764	14,589,172		14,589,172	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES		273,360		273,360	95
97 DURABLE MEDICAL EQUIP-SOLD		1,286,327		1,286,327	97
101 HOME HEALTH AGENCY		1,327,884		1,327,884	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	533,836	245,258,827		245,258,827	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		142,357		142,357	190
194 FITNESS CENTER		4,519,189		4,519,189	194
194.01 RETAIL PHARMACY		5,965,842		5,965,842	194.01

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/26/2012 12:19

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
194.02 GARDEN VIEW DELI		123,955		123,955	194.02
194.03 MEDICAL OFFICE BLDG		3,754		3,754	194.03
194.04 PHYSICIAN SERVICES		4,108,151		4,108,151	194.04
194.05 ENDOCRINOLOGIST		1,426,749		1,426,749	194.05
194.06 HOSPITALIST		11,051,499		11,051,499	194.06
194.07 NEONATOLOGY PHYSICIANS		1,617,720		1,617,720	194.07
194.08 ANESTHESIOLOGISTS		11,978,894		11,978,894	194.08
194.09 PHYSICIAN CARDIOLOGIST		6,876,760		6,876,760	194.09
194.10 PHYSICIAN ONCOLOGIST		3,786,083		3,786,083	194.10
194.11 PERINATOLOGY		825,294		825,294	194.11
194.12 TRAUMA PHYSICIANS		2,025,683		2,025,683	194.12
194.13 LANDMARK HOSPITAL		174,808		174,808	194.13
194.14 GYN SURG ONCOLOGIST		1,059,092		1,059,092	194.14
194.15 CAPE GASTROENTEROLOGY		4,620,095		4,620,095	194.15
194.16 CAPE PHYSICIAN ASSOCIATES		15,038,993		15,038,993	194.16
194.17 NONPATIENT MEALS		897,545		897,545	194.17
194.18 BEAUTY SHOP		22,933		22,933	194.18
194.19 MARKETING COSTS		16,339,579		16,339,579	194.19
194.20 CAPE PRIMARY CARE		1,604,557		1,604,557	194.20
194.21 CAPE CARE FOR WOMEN		6,347,283		6,347,283	194.21
194.22 JACKSON FAMILY CLINIC		2,072,330		2,072,330	194.22
194.23 CAPE MEDICAL GROUP		1,231,849		1,231,849	194.23
194.24 CAPE ENT GROUP		1,371,736		1,371,736	194.24
194.25 CHARLESTON FAMILY CARE		454,051		454,051	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		215,675		215,675	194.26
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	533,836	351,161,283		351,161,283	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		246,902	60,606	307,508	307,508	4
5.01 COMMUNICATIONS		14,871	45	14,916	520	5.01
5.02 DATA PROCESSING		132,887	1,937,737	2,070,624	3,540	5.02
5.03 PURCHASING		124,576	4,483	129,059	816	5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS		48,779	227,740	276,519	1,565	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		714,952	152,024	866,976	16,377	5.06
6 MAINTENANCE & REPAIRS		605,332	82,671	688,003	4,059	6
7 OPERATION OF PLANT		1,887,095	5,436	1,892,531	613	7
7.10 SPD SOILED PROCESSING		165,154	14,040	179,194	632	7.10
8 LAUNDRY & LINEN SERVICE		117,438	29,968	147,406	1,202	8
9 HOUSEKEEPING		109,550	10,280	119,830	4,151	9
10 DIETARY		234,588	181,808	416,396	3,752	10
11 CAFETERIA		183,580		183,580		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		12,645	30,172	42,817	2,918	13
13.10 SPD STERILE PROCESSING		92,522	21,971	114,493	1,219	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		152,486	5,633	158,119	2,873	16
17 SOCIAL SERVICE		5,516		5,516	697	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		2,021,125	413,385	2,434,510	42,308	30
31 INTENSIVE CARE UNIT		455,215	170,839	626,054	10,981	31
31.01 NEONATOLOGY/NICU		120,055	98,248	218,303	6,188	31.01
41 SUBPROVIDER - IRF		204,815	12,989	217,804	2,540	41
43 NURSERY		11,779	44	11,823	2,260	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,093,359	2,159,377	3,252,736	15,544	50
51 RECOVERY ROOM		98,522	51,420	149,942	1,946	51
52 DELIVERY ROOM & LABOR ROOM					1,986	52
53 ANESTHESIOLOGY		3,268	34,274	37,542	433	53
54 RADIOLOGY-DIAGNOSTIC		383,543	1,341,879	1,725,422	7,726	54
56 RADIOISOTOPE		52,967	76,615	129,582	679	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		43,908	234,919	278,827	927	57
58 MAGNETIC RESONANCE IMAGING (MRI)		30,519	303,403	333,922	590	58
59 CARDIAC CATHETERIZATION		809,680	967,741	1,777,421	6,092	59
60 LABORATORY		349,598	364,857	714,455	8,316	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		98,968	87,191	186,159	6,166	65
66 PHYSICAL THERAPY		449,023	40,445	489,468	4,067	66
67 OCCUPATIONAL THERAPY		115,080	6,910	121,990	1,758	67
68 SPEECH PATHOLOGY		21,758	6,000	27,758	1,277	68
69 ELECTROCARDIOLOGY			183,855	183,855	2,293	69
70 ELECTROENCEPHALOGRAPHY		80,819	56,197	137,016	1,793	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		120,540	13,590	134,130	609	71
72 IMPL. DEV. CHARGED TO PATIENT		196,671	22,173	218,844	994	72
73 DRUGS CHARGED TO PATIENTS		165,546	374,051	539,597	6,273	73
73.10 REHABILITATION SERVICES		1,006,641	377,616	1,384,257	7,779	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		933,927	808,212	1,742,139	18,809	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD					342	97
101 HOME HEALTH AGENCY		33,361	424	33,785	1,552	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		13,749,560	10,971,268	24,720,828	207,162	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		60,184		60,184		190
194 FITNESS CENTER		847,843	47,814	895,657	2,511	194
194.01 RETAIL PHARMACY		44,567	27,907	72,474	1,406	194.01

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			
194.02 GARDEN VIEW DELI		21,526	1,462	22,988	38	194.02
194.03 MEDICAL OFFICE BLDG			2,661	2,661		194.03
194.04 PHYSICIAN SERVICES		72,433	8,235	80,668	6,137	194.04
194.05 ENDOCRINOLOGIST			11,358	11,358	1,892	194.05
194.06 HOSPITALIST		17,499	42,427	59,926	15,820	194.06
194.07 NEONATOLOGY PHYSICIANS		9,259	313	9,572	2,490	194.07
194.08 ANESTHESIOLOGISTS		13,712		13,712	7,439	194.08
194.09 PHYSICIAN CARDIOLOGIST		354,586	59,053	413,639	7,890	194.09
194.10 PHYSICIAN ONCOLOGIST		154,187	24,603	178,790	4,832	194.10
194.11 PERINATOLOGY		45,768	7,738	53,506	1,040	194.11
194.12 TRAUMA PHYSICIANS		54,119	41	54,160	1,815	194.12
194.13 LANDMARK HOSPITAL					28	194.13
194.14 GYN SURG ONCOLOGIST			238	238	1,678	194.14
194.15 CAPE GASTROENTEROLOGY			10,718	10,718	7,204	194.15
194.16 CAPE PHYSICIAN ASSOCIATES		500,744	87,140	587,884	11,125	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP		2,384		2,384		194.18
194.19 MARKETING COSTS					2,688	194.19
194.20 CAPE PRIMARY CARE			25,469	25,469	9,948	194.20
194.21 CAPE CARE FOR WOMEN			91,726	91,726	8,161	194.21
194.22 JACKSON FAMILY CLINIC			39,321	39,321	2,385	194.22
194.23 CAPE MEDICAL GROUP			48,823	48,823	1,187	194.23
194.24 CAPE ENT GROUP			24,468	24,468	1,877	194.24
194.25 CHARLESTON FAMILY CARE			15,741	15,741	498	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS			16,515	16,515	257	194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		15,948,371	11,565,039	27,513,410	307,508	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	15,436					5.01
5.02 DATA PROCESSING	425	2,074,589				5.02
5.03 PURCHASING	140	6,644	136,659			5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	482	28,237	249	307,052		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,116	311,161	1,064		1,196,694	5.06
6 MAINTENANCE & REPAIRS	1,046	17,164	693		15,030	6
7 OPERATION OF PLANT	51		584		20,528	7
7.10 SPD SOILED PROCESSING	19	3,876	66		2,566	7.10
8 LAUNDRY & LINEN SERVICE	32		691		5,316	8
9 HOUSEKEEPING	44	2,215	447		12,675	9
10 DIETARY	140	18,825	641		11,754	10
11 CAFETERIA					695	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	146	42,079	27		7,463	13
13.10 SPD STERILE PROCESSING	70	3,322	446		4,092	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	520	33,774	168		9,985	16
17 SOCIAL SERVICE	76	3,876	1		1,771	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,961	311,710	1,470	17,526	116,840	30
31 INTENSIVE CARE UNIT	222	29,898	574	5,923	30,096	31
31.01 NEONATOLOGY/NICU	209	16,610	327	4,858	17,184	31.01
41 SUBPROVIDER - IRF	203	19,932	60	892	7,426	41
43 NURSERY			249	1,236	5,808	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,268	90,801	3,145	19,924	62,272	50
51 RECOVERY ROOM	76		32	2,972	5,413	51
52 DELIVERY ROOM & LABOR ROOM		4,429	67	1,705	4,849	52
53 ANESTHESIOLOGY	51		548	5,922	2,873	53
54 RADIOLOGY-DIAGNOSTIC	837	45,954	1,728	14,858	31,733	54
56 RADIOISOTOPE	51		237	2,180	2,740	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	51		889	19,838	6,548	57
58 MAGNETIC RESONANCE IMAGING (MRI)	44		580	5,341	4,456	58
59 CARDIAC CATHETERIZATION	482	22,700	942	10,709	23,966	59
60 LABORATORY	609	85,265	8,021	45,789	51,564	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	235	10,520	958	15,259	19,017	65
66 PHYSICAL THERAPY	57	10,520	55	3,250	11,919	66
67 OCCUPATIONAL THERAPY	57	554	19	1,270	4,617	67
68 SPEECH PATHOLOGY	57	1,107	27	832	3,119	68
69 ELECTROCARDIOLOGY	82	9,966	269	5,075	7,383	69
70 ELECTROENCEPHALOGRAPHY	184	21,039	147	1,929	5,582	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	25	554	24,355	26,901	54,760	71
72 IMPL. DEV. CHARGED TO PATIENT	44	1,107	39,717	43,849	111,941	72
73 DRUGS CHARGED TO PATIENTS	216	33,220	26,650	26,658	83,900	73
73.10 REHABILITATION SERVICES	818	76,406	1,124	7,463	32,052	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	761	104,643	1,335	14,034	41,097	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	6			77	932	95
97 DURABLE MEDICAL EQUIP-SOLD	38	554	9	782	4,372	97
101 HOME HEALTH AGENCY	140	13,842	136		4,346	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	13,091	1,382,504	118,747	307,052	850,680	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25				232	190
194 FITNESS CENTER	292	26,022	176		10,680	194
194.01 RETAIL PHARMACY	235	6,090	6,762		20,112	194.01

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	
194.02 GARDEN VIEW DELI	19		13		328	194.02
194.03 MEDICAL OFFICE BLDG					10	194.03
194.04 PHYSICIAN SERVICES	95	27,130	90		13,615	194.04
194.05 ENDOCRINOLOGIST		12,734	191		4,824	194.05
194.06 HOSPITALIST	44	54,813	985		37,460	194.06
194.07 NEONATOLOGY PHYSICIANS	38	1,661	24		5,458	194.07
194.08 ANESTHESIOLOGISTS		554			40,695	194.08
194.09 PHYSICIAN CARDIOLOGIST	13	122,360	366		21,821	194.09
194.10 PHYSICIAN ONCOLOGIST	228	63,672	54		12,201	194.10
194.11 PERINATOLOGY	89	3,876	47		2,607	194.11
194.12 TRAUMA PHYSICIANS	120	554	1		6,665	194.12
194.13 LANDMARK HOSPITAL		33,774			493	194.13
194.14 GYN SURG ONCOLOGIST	120	1,661	10		3,589	194.14
194.15 CAPE GASTROENTEROLOGY	63	16,056	256		15,693	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	958	88,587	7,497		48,851	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	6				10	194.18
194.19 MARKETING COSTS					55,686	194.19
194.20 CAPE PRIMARY CARE		12,181	120		5,429	194.20
194.21 CAPE CARE FOR WOMEN		98,553	560		21,481	194.21
194.22 JACKSON FAMILY CLINIC		42,632	419		7,009	194.22
194.23 CAPE MEDICAL GROUP		43,740	89		4,163	194.23
194.24 CAPE ENT GROUP		28,237	97		4,644	194.24
194.25 CHARLESTON FAMILY CARE		7,198	112		1,532	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS			43		726	194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	15,436	2,074,589	136,659	307,052	1,196,694	202

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	
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	725,995					6
7 OPERATION OF PLANT	97,441	2,011,748				7
7.10 SPD SOILED PROCESSING	8,528	27,294	222,175			7.10
8 LAUNDRY & LINEN SERVICE	6,064	19,408	106,972	287,091		8
9 HOUSEKEEPING	5,657	18,105	115,203	23,043	301,370	9
10 DIETARY	12,113	38,769		6,719	6,001	10
11 CAFETERIA	9,479	30,339			4,696	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	653	2,090			323	13
13.10 SPD STERILE PROCESSING	4,777	15,291		21,086	2,367	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	7,874	25,200			3,901	16
17 SOCIAL SERVICE	285	912			141	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	104,360	334,016		92,770	51,704	30
31 INTENSIVE CARE UNIT	23,505	75,230		17,873	11,645	31
31.01 NEONATOLOGY/NICU	6,199	19,841		1,971	3,071	31.01
41 SUBPROVIDER - IRF	10,576	33,848		6,529	5,239	41
43 NURSERY	608	1,947		2,707	301	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	56,456	180,692		30,756	27,969	50
51 RECOVERY ROOM	5,087	16,282		4	2,520	51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY	169	540			84	53
54 RADIOLOGY-DIAGNOSTIC	19,804	63,386		306	9,811	54
56 RADIOISOTOPE	2,735	8,754		7	1,355	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,267	7,256		141	1,123	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,576	5,044		34	781	58
59 CARDIAC CATHETERIZATION	41,808	133,811		1,315	20,713	59
60 LABORATORY	18,052	57,776		17	8,943	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,110	16,356		447	2,532	65
66 PHYSICAL THERAPY	23,186	74,207		533	11,487	66
67 OCCUPATIONAL THERAPY	5,942	19,019		1	2,944	67
68 SPEECH PATHOLOGY	1,123	3,596			557	68
69 ELECTROCARDIOLOGY				20		69
70 ELECTROENCEPHALOGRAPHY	4,173	13,356		1	2,067	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	6,224	19,921		246	3,084	71
72 IMPL. DEV. CHARGED TO PATIENT	10,155	32,502		402	5,031	72
73 DRUGS CHARGED TO PATIENTS	8,548	27,359		54	4,235	73
73.10 REHABILITATION SERVICES	51,978	166,361		7,760	25,751	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	48,224	154,344		26,813	23,891	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
101 HOME HEALTH AGENCY	1,723	5,513			853	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	612,459	1,648,365	222,175	241,555	245,120	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,108	9,946			1,540	190
194 FITNESS CENTER	43,779	140,118		40,940	21,689	194
194.01 RETAIL PHARMACY	2,301	7,365			1,140	194.01

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	
194.02 GARDEN VIEW DELI	1,111	3,557			551	194.02
194.03 MEDICAL OFFICE BLDG						194.03
194.04 PHYSICIAN SERVICES	3,740	11,970		1,478	1,853	194.04
194.05 ENDOCRINOLOGIST						194.05
194.06 HOSPITALIST	904	2,892			448	194.06
194.07 NEONATOLOGY PHYSICIANS	478	1,530			237	194.07
194.08 ANESTHESIOLOGISTS	708	2,266			351	194.08
194.09 PHYSICIAN CARDIOLOGIST	18,309	58,600		811	9,071	194.09
194.10 PHYSICIAN ONCOLOGIST	7,962	25,482			3,944	194.10
194.11 PERINATOLOGY	2,363	7,564		8	1,171	194.11
194.12 TRAUMA PHYSICIANS	2,794	8,944			1,384	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	25,856	82,755			12,810	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	123	394		2,299	61	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
194.24 CAPE ENT GROUP						194.24
194.25 CHARLESTON FAMILY CARE						194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS						194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	725,995	2,011,748	222,175	287,091	301,370	202

ALLOCATION OF CAPITAL-RELATED COSTS

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	
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	515,110					10
11 CAFETERIA	208,822	437,611				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		4,536	103,052			13
13.10 SPD STERILE PROCESSING		4,622		171,785		13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		8,687			251,101	16
17 SOCIAL SERVICE		1,651				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	153,875	95,536	65,972		108,225	30
31 INTENSIVE CARE UNIT	18,793	18,991	13,114	29	2,637	31
31.01 NEONATOLOGY/NICU		10,764	7,434	235	1,682	31.01
41 SUBPROVIDER - IRF	11,554	5,368	3,707		2,109	41
43 NURSERY		3,237		2,953	7,031	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		31,324		137,801	33,371	50
51 RECOVERY ROOM		3,677				51
52 DELIVERY ROOM & LABOR ROOM		4,732	3,268			52
53 ANESTHESIOLOGY		678				53
54 RADIOLOGY-DIAGNOSTIC		15,748		15,086	17,803	54
56 RADIOISOTOPE		1,262				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,947				57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,244				58
59 CARDIAC CATHETERIZATION		9,592		708	226	59
60 LABORATORY		20,834	858	2,016		60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		13,646		4,706		65
66 PHYSICAL THERAPY		7,760		1	954	66
67 OCCUPATIONAL THERAPY		3,084				67
68 SPEECH PATHOLOGY		2,029		44		68
69 ELECTROCARDIOLOGY		4,460			1,130	69
70 ELECTROENCEPHALOGRAPHY		3,382	2,336		427	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,506		2,789		71
72 IMPL. DEV. CHARGED TO PATIENT		4,089		4,552		72
73 DRUGS CHARGED TO PATIENTS		9,593		50		73
73.10 REHABILITATION SERVICES		16,700	3,491	63	50	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		26,923	2,872	752	75,456	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD		778				97
101 HOME HEALTH AGENCY		2,556				101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	393,044	341,936	103,052	171,785	251,101	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 FITNESS CENTER		9,034				194
194.01 RETAIL PHARMACY		2,075				194.01

ALLOCATION OF CAPITAL-RELATED COSTS

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	
194.02 GARDEN VIEW DELI		228				194.02
194.03 MEDICAL OFFICE BLDG		177				194.03
194.04 PHYSICIAN SERVICES		2,921				194.04
194.05 ENDOCRINOLOGIST		2,530				194.05
194.06 HOSPITALIST		8,517				194.06
194.07 NEONATOLOGY PHYSICIANS		1,081				194.07
194.08 ANESTHESIOLOGISTS		4,657				194.08
194.09 PHYSICIAN CARDIOLOGIST		6,737				194.09
194.10 PHYSICIAN ONCOLOGIST		3,455				194.10
194.11 PERINATOLOGY		838				194.11
194.12 TRAUMA PHYSICIANS		694				194.12
194.13 LANDMARK HOSPITAL		6,737				194.13
194.14 GYN SURG ONCOLOGIST		1,316				194.14
194.15 CAPE GASTROENTEROLOGY		3,445				194.15
194.16 CAPE PHYSICIAN ASSOCIATES		19,327				194.16
194.17 NONPATIENT MEALS	122,066					194.17
194.18 BEAUTY SHOP		67				194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE		2,552				194.20
194.21 CAPE CARE FOR WOMEN		9,868				194.21
194.22 JACKSON FAMILY CLINIC		3,502				194.22
194.23 CAPE MEDICAL GROUP		2,297				194.23
194.24 CAPE ENT GROUP		2,039				194.24
194.25 CHARLESTON FAMILY CARE		988				194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		593				194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	515,110	437,611	103,052	171,785	251,101	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	14,926				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	8,311	3,941,094		3,941,094	30
31 INTENSIVE CARE UNIT	669	886,234		886,234	31
31.01 NEONATOLOGY/NICU	700	315,576		315,576	31.01
41 SUBPROVIDER - IRF	1,024	328,811		328,811	41
43 NURSERY		40,160		40,160	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		3,944,059		3,944,059	50
51 RECOVERY ROOM		187,951		187,951	51
52 DELIVERY ROOM & LABOR ROOM		21,036		21,036	52
53 ANESTHESIOLOGY		48,840		48,840	53
54 RADIOLOGY-DIAGNOSTIC		1,970,202		1,970,202	54
56 RADIOISOTOPE		149,582		149,582	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		319,814		319,814	57
58 MAGNETIC RESONANCE IMAGING (MRI)		353,612		353,612	58
59 CARDIAC CATHETERIZATION	30	2,050,515		2,050,515	59
60 LABORATORY		1,022,515		1,022,515	60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		281,111		281,111	65
66 PHYSICAL THERAPY		637,464		637,464	66
67 OCCUPATIONAL THERAPY		161,255		161,255	67
68 SPEECH PATHOLOGY		41,526		41,526	68
69 ELECTROCARDIOLOGY		214,533		214,533	69
70 ELECTROENCEPHALOGRAPHY		193,432		193,432	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		276,104		276,104	71
72 IMPL. DEV. CHARGED TO PATIENT		473,227		473,227	72
73 DRUGS CHARGED TO PATIENTS		766,353		766,353	73
73.10 REHABILITATION SERVICES	2,968	1,785,021		1,785,021	73.10
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	1,224	2,283,317		2,283,317	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES		1,015		1,015	95
97 DURABLE MEDICAL EQUIP-SOLD		6,875		6,875	97
101 HOME HEALTH AGENCY		64,446		64,446	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	14,926	22,765,680		22,765,680	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		75,035		75,035	190
194 FITNESS CENTER		1,190,898		1,190,898	194
194.01 RETAIL PHARMACY		119,960		119,960	194.01

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/26/2012 12:19

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	
194.02 GARDEN VIEW DELI		28,833		28,833	194.02
194.03 MEDICAL OFFICE BLDG		2,848		2,848	194.03
194.04 PHYSICIAN SERVICES		149,697		149,697	194.04
194.05 ENDOCRINOLOGIST		33,529		33,529	194.05
194.06 HOSPITALIST		181,809		181,809	194.06
194.07 NEONATOLOGY PHYSICIANS		22,569		22,569	194.07
194.08 ANESTHESIOLOGISTS		70,382		70,382	194.08
194.09 PHYSICIAN CARDIOLOGIST		659,617		659,617	194.09
194.10 PHYSICIAN ONCOLOGIST		300,620		300,620	194.10
194.11 PERINATOLOGY		73,109		73,109	194.11
194.12 TRAUMA PHYSICIANS		77,131		77,131	194.12
194.13 LANDMARK HOSPITAL		41,032		41,032	194.13
194.14 GYN SURG ONCOLOGIST		8,612		8,612	194.14
194.15 CAPE GASTROENTEROLOGY		53,435		53,435	194.15
194.16 CAPE PHYSICIAN ASSOCIATES		885,650		885,650	194.16
194.17 NONPATIENT MEALS		122,066		122,066	194.17
194.18 BEAUTY SHOP		5,344		5,344	194.18
194.19 MARKETING COSTS		58,374		58,374	194.19
194.20 CAPE PRIMARY CARE		55,699		55,699	194.20
194.21 CAPE CARE FOR WOMEN		230,349		230,349	194.21
194.22 JACKSON FAMILY CLINIC		95,268		95,268	194.22
194.23 CAPE MEDICAL GROUP		100,299		100,299	194.23
194.24 CAPE ENT GROUP		61,362		61,362	194.24
194.25 CHARLESTON FAMILY CARE		26,069		26,069	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		18,134		18,134	194.26
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	14,926	27,513,410		27,513,410	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,797,029					1
2 CAP REL COSTS-MVBLE EQUIP		11,389,461				2
4 EMPLOYEE BENEFITS	105,227	59,686	143,758,127			4
5.01 COMMUNICATIONS	6,338	44	243,169	2,434		5.01
5.02 DATA PROCESSING	56,635	1,908,318	1,654,987	67	3,747	5.02
5.03 PURCHASING	53,093	4,415	381,550	22	12	5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	20,789	224,282	731,585	76	51	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	304,705	149,716	7,656,550	176	562	5.06
6 MAINTENANCE & REPAIRS	257,986	81,416	1,897,642	165	31	6
7 OPERATION OF PLANT	804,260	5,353	286,501	8		7
7.10 SPD SOILED PROCESSING	70,387	13,827	295,535	3	7	7.10
8 LAUNDRY & LINEN SERVICE	50,051	29,513	562,046	5		8
9 HOUSEKEEPING	46,689	10,124	1,940,398	7	4	9
10 DIETARY	99,979	179,048	1,753,884	22	34	10
11 CAFETERIA	78,240					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,389	29,714	1,364,214	23	76	13
13.10 SPD STERILE PROCESSING	39,432	21,637	569,782	11	6	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	64,988	5,547	1,343,074	82	61	16
17 SOCIAL SERVICE	2,351		325,919	12	7	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	861,382	407,109	19,775,369	309	563	30
31 INTENSIVE CARE UNIT	194,008	168,245	5,133,816	35	54	31
31.01 NEONATOLOGY/NICU	51,166	96,756	2,893,037	33	30	31.01
41 SUBPROVIDER - IRF	87,290	12,792	1,187,336	32	36	41
43 NURSERY	5,020	43	1,056,468			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	465,978	2,126,598	7,267,058	200	164	50
51 RECOVERY ROOM	41,989	50,639	909,736	12		51
52 DELIVERY ROOM & LABOR ROOM			928,446		8	52
53 ANESTHESIOLOGY	1,393	33,754	202,472	8		53
54 RADIOLOGY-DIAGNOSTIC	163,462	1,321,507	3,612,015	132	83	54
56 RADIOISOTOPE	22,574	75,452	317,514	8		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,713	231,352	433,198	8		57
58 MAGNETIC RESONANCE IMAGING (MRI)	13,007	298,797	275,918	7		58
59 CARDIAC CATHETERIZATION	345,077	953,049	2,847,890	76	41	59
60 LABORATORY	148,995	359,318	3,887,684	96	154	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	42,179	85,867	2,882,440	37	19	65
66 PHYSICAL THERAPY	191,369	39,831	1,901,276	9	19	66
67 OCCUPATIONAL THERAPY	49,046	6,805	822,110	9	1	67
68 SPEECH PATHOLOGY	9,273	5,909	596,783	9	2	68
69 ELECTROCARDIOLOGY		181,064	1,072,145	13	18	69
70 ELECTROENCEPHALOGRAPHY	34,444	55,344	838,321	29	38	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	51,373	13,384	284,683	4	1	71
72 IMPL. DEV. CHARGED TO PATIENT	83,819	21,836	464,483	7	2	72
73 DRUGS CHARGED TO PATIENTS	70,554	368,372	2,932,739	34	60	73
73.10 REHABILITATION SERVICES	429,020	371,883	3,636,570	129	138	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	398,030	795,942	8,793,135	120	189	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES				1		95
97 DURABLE MEDICAL EQUIP-SOLD			159,966	6	1	97
101 HOME HEALTH AGENCY	14,218	418	725,660	22	25	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	5,859,918	10,804,706	96,845,104	2,064	2,497	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,650			4		190
194 FITNESS CENTER	361,342	47,088	1,174,119	46	47	194
194.01 RETAIL PHARMACY	18,994	27,483	657,342	37	11	194.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	
	1	2	4	5.01	5.02	
194.02 GARDEN VIEW DELI	9,174	1,440	17,940	3		194.02
194.03 MEDICAL OFFICE BLDG		2,621				194.03
194.04 PHYSICIAN SERVICES	30,870	8,110	2,869,033	15	49	194.04
194.05 ENDOCRINOLOGIST		11,186	884,409		23	194.05
194.06 HOSPITALIST	7,458	41,783	7,395,994	7	99	194.06
194.07 NEONATOLOGY PHYSICIANS	3,946	308	1,163,986	6	3	194.07
194.08 ANESTHESIOLOGISTS	5,844		3,477,662		1	194.08
194.09 PHYSICIAN CARDIOLOGIST	151,121	58,156	3,688,630	2	221	194.09
194.10 PHYSICIAN ONCOLOGIST	65,713	24,229	2,259,009	36	115	194.10
194.11 PERINATOLOGY	19,506	7,621	485,979	14	7	194.11
194.12 TRAUMA PHYSICIANS	23,065	40	848,393	19	1	194.12
194.13 LANDMARK HOSPITAL			12,878		61	194.13
194.14 GYN SURG ONCOLOGIST		234	784,607	19	3	194.14
194.15 CAPE GASTROENTEROLOGY		10,555	3,368,162	10	29	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	213,412	85,817	5,201,184	151	160	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	1,016			1		194.18
194.19 MARKETING COSTS			1,256,879			194.19
194.20 CAPE PRIMARY CARE		25,082	4,650,898		22	194.20
194.21 CAPE CARE FOR WOMEN		90,333	3,815,320		178	194.21
194.22 JACKSON FAMILY CLINIC		38,724	1,114,842		77	194.22
194.23 CAPE MEDICAL GROUP		48,082	555,154		79	194.23
194.24 CAPE ENT GROUP		24,097	877,338		51	194.24
194.25 CHARLESTON FAMILY CARE		15,502	233,052		13	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		16,264	120,213			194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	15,948,371	11,565,039	7,786,653	651,374	6,704,751	202
203 UNIT COST MULT-WS B PT I	2.346374	1.015416	0.054165	267.614626	1,789.365092	203
204 COST TO BE ALLOC PER B PT II			307,508	15,436	2,074,589	204
205 UNIT COST MULT-WS B PT II			0.002139	6.341824	553.666667	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	CREDIT & COLLECTION	RECON-CILIIATION	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	87,223,961					5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	158,743	1,188,884,453				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	679,186		-35,142,458	316,018,825		5.06
6 MAINTENANCE & REPAIRS	442,098			3,968,720	5,992,256	6
7 OPERATION OF PLANT	372,373			5,420,680	804,260	7
7.10 SPD SOILED PROCESSING	42,103			677,656	70,387	7.10
8 LAUNDRY & LINEN SERVICE	440,911			1,403,782	50,051	8
9 HOUSEKEEPING	284,987			3,346,927	46,689	9
10 DIETARY	409,305			3,103,885	99,979	10
11 CAFETERIA				183,580	78,240	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,929			1,970,669	5,389	13
13.10 SPD STERILE PROCESSING	284,902			1,080,639	39,432	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	107,020			2,636,594	64,988	16
17 SOCIAL SERVICE	465			467,610	2,351	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	937,869	67,930,743		30,870,712	861,382	30
31 INTENSIVE CARE UNIT	366,046	22,959,030		7,947,293	194,008	31
31.01 NEONATOLOGY/NICU	208,459	18,828,204		4,537,749	51,166	31.01
41 SUBPROVIDER - IRF	38,330	3,457,721		1,960,832	87,290	41
43 NURSERY	158,603	4,791,988		1,533,700	5,020	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,006,822	77,223,156		16,443,654	465,978	50
51 RECOVERY ROOM	20,597	11,520,789		1,429,359	41,989	51
52 DELIVERY ROOM & LABOR ROOM	42,480	6,606,828		1,280,504		52
53 ANESTHESIOLOGY	349,725	22,953,082		758,659	1,393	53
54 RADIOLOGY-DIAGNOSTIC	1,102,680	57,587,784		8,379,572	163,462	54
56 RADIOISOTOPE	151,524	8,449,781		723,485	22,574	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	567,497	76,892,168		1,728,990	18,713	57
58 MAGNETIC RESONANCE IMAGING (MRI)	370,215	20,703,093		1,176,776	13,007	58
59 CARDIAC CATHETERIZATION	601,325	41,509,526		6,328,458	345,077	59
60 LABORATORY	5,118,392	176,232,929		13,616,071	148,995	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	611,203	59,143,970		5,021,589	42,179	65
66 PHYSICAL THERAPY	35,326	12,595,819		3,147,353	191,369	66
67 OCCUPATIONAL THERAPY	12,354	4,921,906		1,219,177	49,046	67
68 SPEECH PATHOLOGY	17,117	3,224,387		823,686	9,273	68
69 ELECTROCARDIOLOGY	171,963	19,669,392		1,949,467		69
70 ELECTROENCEPHALOGRAPHY	93,761	7,474,839		1,474,059	34,444	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	15,542,561	104,267,906		14,460,065	51,373	71
72 IMPL. DEV. CHARGED TO PATIENT	25,358,914	169,958,547		29,559,291	83,819	72
73 DRUGS CHARGED TO PATIENTS	17,007,261	103,325,614		22,154,836	70,554	73
73.10 REHABILITATION SERVICES	717,485	28,925,807		8,463,809	429,020	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	851,785	54,396,925		10,852,245	398,030	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	268	299,582		246,003		95
97 DURABLE MEDICAL EQUIP-SOLD	5,940	3,032,937		1,154,452		97
101 HOME HEALTH AGENCY	86,578			1,147,601	14,218	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	75,792,102	1,188,884,453	-35,142,458	224,650,189	5,055,145	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				61,254	25,650	190
194 FITNESS CENTER	112,534			2,820,200	361,342	194
194.01 RETAIL PHARMACY	4,315,356			5,310,913	18,994	194.01

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	
194.02 GARDEN VIEW DELI	7,982			86,718	9,174	194.02
194.03 MEDICAL OFFICE BLDG				2,661		194.03
194.04 PHYSICIAN SERVICES	57,691			3,595,068	30,870	194.04
194.05 ENDOCRINOLOGIST	122,206			1,273,738		194.05
194.06 HOSPITALIST	628,359			9,891,644	7,458	194.06
194.07 NEONATOLOGY PHYSICIANS	15,395			1,441,171	3,946	194.07
194.08 ANESTHESIOLOGISTS	184			10,746,043	5,844	194.08
194.09 PHYSICIAN CARDIOLOGIST	233,748			5,762,117	151,121	194.09
194.10 PHYSICIAN ONCOLOGIST	34,606			3,221,940	65,713	194.10
194.11 PERINATOLOGY	30,082			688,416	19,506	194.11
194.12 TRAUMA PHYSICIANS	339			1,760,040	23,065	194.12
194.13 LANDMARK HOSPITAL				130,076		194.13
194.14 GYN SURG ONCOLOGIST	6,296			947,781		194.14
194.15 CAPE GASTROENTEROLOGY	163,333			4,143,810		194.15
194.16 CAPE PHYSICIAN ASSOCIATES	4,784,199			12,899,566	213,412	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP				2,652	1,016	194.18
194.19 MARKETING COSTS				14,704,392		194.19
194.20 CAPE PRIMARY CARE	76,800			1,433,661		194.20
194.21 CAPE CARE FOR WOMEN	357,199			5,672,180		194.21
194.22 JACKSON FAMILY CLINIC	267,318			1,850,782		194.22
194.23 CAPE MEDICAL GROUP	56,861			1,099,283		194.23
194.24 CAPE ENT GROUP	62,043			1,226,217		194.24
194.25 CHARLESTON FAMILY CARE	71,582			404,618		194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS	27,746			191,695		194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	814,112	5,274,377		35,142,458	4,410,058	202
203 UNIT COST MULT-WS B PT I	0.009334	0.004436		0.111204	0.735960	203
204 COST TO BE ALLOC PER B PT II	136,659	307,052		1,196,694	725,995	204
205 UNIT COST MULT-WS B PT II	0.001567	0.000258		0.003787	0.121156	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQ	SPD SOILED PROCESSING 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	5,187,996				7
7.10 SPD SOILED PROCESSING	70,387	22,672			7.10
8 LAUNDRY & LINEN SERVICE	50,051	10,916	1,806,721		8
9 HOUSEKEEPING	46,689	11,756	145,015	5,020,869	9
10 DIETARY	99,979		42,286	99,979	497,558
11 CAFETERIA	78,240			78,240	201,706
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	5,389			5,389	13
13.10 SPD STERILE PROCESSING	39,432		132,697	39,432	13.10
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	64,988			64,988	16
17 SOCIAL SERVICE	2,351			2,351	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	861,382		583,818	861,382	148,632
31 INTENSIVE CARE UNIT	194,008		112,481	194,008	18,153
31.01 NEONATOLOGY/NICU	51,166		12,403	51,166	31.01
41 SUBPROVIDER - IRF	87,290		41,086	87,290	11,160
43 NURSERY	5,020		17,036	5,020	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	465,978		193,555	465,978	50
51 RECOVERY ROOM	41,989		28	41,989	51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY	1,393			1,393	53
54 RADIOLOGY-DIAGNOSTIC	163,462		1,927	163,462	54
56 RADIOISOTOPE	22,574		42	22,574	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,713		889	18,713	57
58 MAGNETIC RESONANCE IMAGING (MRI)	13,007		216	13,007	58
59 CARDIAC CATHETERIZATION	345,077		8,276	345,077	59
60 LABORATORY	148,995		105	148,995	60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	42,179		2,816	42,179	65
66 PHYSICAL THERAPY	191,369		3,356	191,369	66
67 OCCUPATIONAL THERAPY	49,046		7	49,046	67
68 SPEECH PATHOLOGY	9,273			9,273	68
69 ELECTROCARDIOLOGY			123		69
70 ELECTROENCEPHALOGRAPHY	34,444		5	34,444	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	51,373		1,551	51,373	71
72 IMPL. DEV. CHARGED TO PATIENT	83,819		2,530	83,819	72
73 DRUGS CHARGED TO PATIENTS	70,554		338	70,554	73
73.10 REHABILITATION SERVICES	429,020		48,836	429,020	73.10
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	398,030		168,740	398,030	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)	4,250,885	22,672	1,520,162	4,083,758	379,651
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,650			25,650	190
194 FITNESS CENTER	361,342		257,640	361,342	194
194.01 RETAIL PHARMACY	18,994			18,994	194.01

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	
194.02 GARDEN VIEW DELI	9,174			9,174		194.02
194.03 MEDICAL OFFICE BLDG						194.03
194.04 PHYSICIAN SERVICES	30,870		9,299	30,870		194.04
194.05 ENDOCRINOLOGIST						194.05
194.06 HOSPITALIST	7,458			7,458		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	151,121		5,102	151,121		194.09
194.10 PHYSICIAN ONCOLOGIST	65,713			65,713		194.10
194.11 PERINATOLOGY	19,506		52	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					117,907	194.17
194.18 BEAUTY SHOP	1,016		14,466	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
194.24 CAPE ENT GROUP						194.24
194.25 CHARLESTON FAMILY CARE						194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS						194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,615,384	894,569	2,091,259	4,444,724	3,787,569	202
203 UNIT COST MULT-WS B PT I	1.275133	39.456995	1.157489	0.885250	7.612317	203
204 COST TO BE ALLOC PER B PT II	2,011,748	222,175	287,091	301,370	515,110	204
205 UNIT COST MULT-WS B PT II	0.387770	9.799532	0.158902	0.060023	1.035276	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	3,382,158					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	35,061	1,153,342				13
13.10 SPD STERILE PROCESSING	35,720		171,082			13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	67,141			10,000		16
17 SOCIAL SERVICE	12,760				4,928	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	738,365	738,365		4,310	2,744	30
31 INTENSIVE CARE UNIT	146,775	146,775	29	105	221	31
31.01 NEONATOLOGY/NICU	83,195	83,195	234	67	231	31.01
41 SUBPROVIDER - IRF	41,489	41,489		84	338	41
43 NURSERY	25,020		2,941	280		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	242,092		137,236	1,329		50
51 RECOVERY ROOM	28,421					51
52 DELIVERY ROOM & LABOR ROOM	36,570	36,570				52
53 ANESTHESIOLOGY	5,240					53
54 RADIOLOGY-DIAGNOSTIC	121,715		15,024	709		54
56 RADIOISOTOPE	9,755					56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15,048					57
58 MAGNETIC RESONANCE IMAGING (MRI)	9,613					58
59 CARDIAC CATHETERIZATION	74,130		705	9	10	59
60 LABORATORY	161,017	9,599	2,008			60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	105,462		4,687			65
66 PHYSICAL THERAPY	59,972		1	38		66
67 OCCUPATIONAL THERAPY	23,835					67
68 SPEECH PATHOLOGY	15,683		44			68
69 ELECTROCARDIOLOGY	34,471			45		69
70 ELECTROENCEPHALOGRAPHY	26,140	26,140		17		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	19,367		2,778			71
72 IMPL. DEV. CHARGED TO PATIENT	31,600		4,533			72
73 DRUGS CHARGED TO PATIENTS	74,140		50			73
73.10 REHABILITATION SERVICES	129,073	39,067	63	2	980	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	208,083	32,142	749	3,005	404	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	6,012					97
101 HOME HEALTH AGENCY	19,758					101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,642,723	1,153,342	171,082	10,000	4,928	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 FITNESS CENTER	69,819					194
194.01 RETAIL PHARMACY	16,034					194.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	SPD STERIL	MEDICAL	SOCIAL	
	HOURS	ADMINIS- TRATION HOURS OF SERVIC	E PROCESSI NG SURVEY	RECORDS & LIBRARY TIME SPENT	SERVICE PATIENT CA SES	
	11	13	13.10	16	17	
194.02 GARDEN VIEW DELI	1,760					194.02
194.03 MEDICAL OFFICE BLDG	1,371					194.03
194.04 PHYSICIAN SERVICES	22,577					194.04
194.05 ENDOCRINOLOGIST	19,552					194.05
194.06 HOSPITALIST	65,825					194.06
194.07 NEONATOLOGY PHYSICIANS	8,354					194.07
194.08 ANESTHESIOLOGISTS	35,991					194.08
194.09 PHYSICIAN CARDIOLOGIST	52,071					194.09
194.10 PHYSICIAN ONCOLOGIST	26,703					194.10
194.11 PERINATOLOGY	6,479					194.11
194.12 TRAUMA PHYSICIANS	5,360					194.12
194.13 LANDMARK HOSPITAL	52,068					194.13
194.14 GYN SURG ONCOLOGIST	10,174					194.14
194.15 CAPE GASTROENTEROLOGY	26,625					194.15
194.16 CAPE PHYSICIAN ASSOCIATES	149,370					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	19,726					194.20
194.21 CAPE CARE FOR WOMEN	76,267					194.21
194.22 JACKSON FAMILY CLINIC	27,067					194.22
194.23 CAPE MEDICAL GROUP	17,755					194.23
194.24 CAPE ENT GROUP	15,756					194.24
194.25 CHARLESTON FAMILY CARE	7,635					194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS	4,581					194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,966,056	2,225,805	1,489,377	3,157,051	533,836	202
203 UNIT COST MULT-WS B PT I	0.581302	1.929874	8.705632	315.705100	108.327110	203
204 COST TO BE ALLOC PER B PT II	437,611	103,052	171,785	251,101	14,926	204
205 UNIT COST MULT-WS B PT II	0.129388	0.089351	1.004109	25.110100	3.028815	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
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
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
58	MAGNETIC RESONANCE IMAGING (MRI)	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
60.10	CARDIOVASCULAR LABORATORY	60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
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 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
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
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

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/26/2012 12:19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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
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
194.24	CAPE ENT GROUP	194.24
194.25	CHARLESTON FAMILY CARE	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS	194.26
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	42,117,717		42,117,717		42,117,717	30
31 INTENSIVE CARE UNIT	10,087,279		10,087,279		10,087,279	31
31.01 NEONATOLOGY/NICU	5,462,045		5,462,045		5,462,045	31.01
41 SUBPROVIDER - IRF	2,731,536		2,731,536	6,671	2,738,207	41
43 NURSERY	1,867,057		1,867,057		1,867,057	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,600,953		21,600,953		21,600,953	50
51 RECOVERY ROOM	1,726,477		1,726,477		1,726,477	51
52 DELIVERY ROOM & LABOR ROOM	1,514,734		1,514,734		1,514,734	52
53 ANESTHESIOLOGY	850,105		850,105		850,105	53
54 RADIOLOGY-DIAGNOSTIC	10,212,467		10,212,467		10,212,467	54
56 RADIOISOTOPE	875,042		875,042		875,042	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,985,237		1,985,237		1,985,237	57
58 MAGNETIC RESONANCE IMAGING	1,351,149		1,351,149		1,351,149	58
59 CARDIAC CATHETERIZATION	8,094,401		8,094,401		8,094,401	59
60 LABORATORY	15,691,501		15,691,501		15,691,501	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	5,807,542		5,807,542		5,807,542	65
66 PHYSICAL THERAPY	4,102,374		4,102,374		4,102,374	66
67 OCCUPATIONAL THERAPY	1,510,671		1,510,671		1,510,671	67
68 SPEECH PATHOLOGY	951,641		951,641		951,641	68
69 ELECTROCARDIOLOGY	2,200,643		2,200,643		2,200,643	69
70 ELECTROENCEPHALOGRAPHY	1,808,757		1,808,757		1,808,757	70
71 MEDICAL SUPPLIES CHRGD TO	16,254,112		16,254,112		16,254,112	71
72 IMPL. DEV. CHARGED TO PATIE	33,149,930		33,149,930		33,149,930	72
73 DRUGS CHARGED TO PATIENTS	24,866,815		24,866,815		24,866,815	73
73.10 REHABILITATION SERVICES	10,961,899		10,961,899	25,780	10,987,679	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	14,589,172		14,589,172	15,875	14,605,047	91
92 OBSERVATION BEDS	4,363,175		4,363,175		4,363,175	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	273,360		273,360		273,360	95
97 DURABLE MEDICAL EQUIP-SOLD	1,286,327		1,286,327		1,286,327	97
101 HOME HEALTH AGENCY	1,327,884		1,327,884		1,327,884	101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	249,622,002		249,622,002	48,326	249,670,328	200
201 LESS OBSERVATION BEDS	4,363,175		4,363,175		4,363,175	201
202 TOTAL (SEE INSTRUCTIONS)	245,258,827		245,258,827		245,307,153	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	61,067,713		61,067,713			30
31 INTENSIVE CARE UNIT	22,959,030		22,959,030			31
31.01 NEONATOLOGY/NICU	18,828,204		18,828,204			31.01
41 SUBPROVIDER - IRF	3,457,721		3,457,721			41
43 NURSERY	4,791,988		4,791,988			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	38,769,509	38,453,647	77,223,156	0.279721	0.279721	0.279721 50
51 RECOVERY ROOM	5,139,057	6,381,732	11,520,789	0.149858	0.149858	0.149858 51
52 DELIVERY ROOM & LABOR ROOM	5,587,758	1,019,070	6,606,828	0.229268	0.229268	0.229268 52
53 ANESTHESIOLOGY	12,995,582	9,957,500	22,953,082	0.037037	0.037037	0.037037 53
54 RADIOLOGY-DIAGNOSTIC	16,974,367	40,613,417	57,587,784	0.177337	0.177337	0.177337 54
56 RADIOISOTOPE	2,127,315	6,322,466	8,449,781	0.103558	0.103558	0.103558 56
57 COMPUTED TOMOGRAPHY (CT) SC	22,689,072	54,203,096	76,892,168	0.025818	0.025818	0.025818 57
58 MAGNETIC RESONANCE IMAGING	5,166,474	15,536,619	20,703,093	0.065263	0.065263	0.065263 58
59 CARDIAC CATHETERIZATION	18,296,643	23,212,883	41,509,526	0.195001	0.195001	0.195001 59
60 LABORATORY	62,775,099	113,457,830	176,232,929	0.089038	0.089038	0.089038 60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	51,994,590	7,149,380	59,143,970	0.098193	0.098193	0.098193 65
66 PHYSICAL THERAPY	6,333,264	6,262,555	12,595,819	0.325693	0.325693	0.325693 66
67 OCCUPATIONAL THERAPY	4,182,435	739,471	4,921,906	0.306928	0.306928	0.306928 67
68 SPEECH PATHOLOGY	2,446,265	778,122	3,224,387	0.295139	0.295139	0.295139 68
69 ELECTROCARDIOLOGY	9,156,502	10,512,890	19,669,392	0.111882	0.111882	0.111882 69
70 ELECTROENCEPHALOGRAPHY	3,563,918	3,910,921	7,474,839	0.241979	0.241979	0.241979 70
71 MEDICAL SUPPLIES CHRGED TO	62,683,984	41,583,922	104,267,906	0.155888	0.155888	0.155888 71
72 IMPL. DEV. CHARGED TO PATIE	131,139,166	38,819,381	169,958,547	0.195047	0.195047	0.195047 72
73 DRUGS CHARGED TO PATIENTS	69,968,172	33,357,442	103,325,614	0.240665	0.240665	0.240665 73
73.10 REHABILITATION SERVICES	1,904,643	27,021,164	28,925,807	0.378966	0.378966	0.378966 73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	15,443,300	38,953,625	54,396,925	0.268198	0.268198	0.268490 91
92 OBSERVATION BEDS	1,000,000	5,863,030	6,863,030	0.635751	0.635751	0.635751 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	28,467	271,115	299,582	0.912471	0.912471	0.912471 95
97 DURABLE MEDICAL EQUIP-SOLD		3,032,937	3,032,937	0.424119	0.424119	0.424119 97
101 HOME HEALTH AGENCY		1,695,222	1,695,222			101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	661,470,238	529,109,437	1,190,579,675			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	661,470,238	529,109,437	1,190,579,675			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	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,941,094		3,941,094	49,539	79.56	25,951	2,064,662	30
31 INTENSIVE CARE UNIT	886,234		886,234	6,051	146.46	3,954	579,103	31
31.01 NEONATOLOGY/NICU	315,576		315,576	4,788	65.91			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	328,811		328,811	3,720	88.39	2,633	232,731	41
42 SUBPROVIDER I								42
43 NURSERY	40,160		40,160	1,721	23.34			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	5,511,875		5,511,875	65,819		32,538	2,876,496	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL. 3 x	
	B, PT. II,	C, PT. I,	(COL.1 ÷	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,944,059	77,223,156	0.051074	24,835,362	1,268,441	50
51 RECOVERY ROOM	187,951	11,520,789	0.016314	3,741,289	61,035	51
52 DELIVERY ROOM & LABOR ROOM	21,036	6,606,828	0.003184	32,053	102	52
53 ANESTHESIOLOGY	48,840	22,953,082	0.002128	5,374,327	11,437	53
54 RADIOLOGY-DIAGNOSTIC	1,970,202	57,587,784	0.034212	9,960,551	340,770	54
56 RADIOISOTOPE	149,582	8,449,781	0.017702	1,715,132	30,361	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	319,814	76,892,168	0.004159	13,032,557	54,202	57
58 MAGNETIC RESONANCE IMAGING (M	353,612	20,703,093	0.017080	2,813,469	48,054	58
59 CARDIAC CATHETERIZATION	2,050,515	41,509,526	0.049399	11,223,792	554,444	59
60 LABORATORY	1,022,515	176,232,929	0.005802	38,072,770	220,898	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	281,111	59,143,970	0.004753	21,368,178	101,563	65
66 PHYSICAL THERAPY	637,464	12,595,819	0.050609	2,773,613	140,370	66
67 OCCUPATIONAL THERAPY	161,255	4,921,906	0.032763	1,320,968	43,279	67
68 SPEECH PATHOLOGY	41,526	3,224,387	0.012879	843,370	10,862	68
69 ELECTROCARDIOLOGY	214,533	19,669,392	0.010907	3,804,056	41,491	69
70 ELECTROENCEPHALOGRAPHY	193,432	7,474,839	0.025878	1,143,055	29,580	70
71 MEDICAL SUPPLIES CHRGD TO PA	276,104	104,267,906	0.002648	40,866,195	108,214	71
72 IMPL. DEV. CHARGED TO PATIENT	473,227	169,958,547	0.002784	54,281,875	151,121	72
73 DRUGS CHARGED TO PATIENTS	766,353	103,325,614	0.007417	41,363,890	306,796	73
73.10 REHABILITATION SERVICES	1,785,021	28,925,807	0.061710	506,230	31,239	73.10
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,283,317	54,396,925	0.041975	3,541,791	148,667	91
92 OBSERVATION BEDS	408,275	6,863,030	0.059489	243,599	14,491	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	6,875	3,032,937	0.002267			97
200 TOTAL (SUM OF LINES 50-199)	17,596,619	1,077,480,215		282,858,122	3,717,417	200

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/26/2012 12:19

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	49,539		25,951		30
31 INTENSIVE CARE UNIT	6,051		3,954		31
31.01 NEONATOLOGY/NICU	4,788				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	3,720		2,633		41
42 SUBPROVIDER I					42
43 NURSERY	1,721				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	65,819		32,538		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	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
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
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.10	CARDIOVASCULAR LABORATORY					60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
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
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
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	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	77,223,156		24,835,362		18,027,131	50
51	RECOVERY ROOM	11,520,789		3,741,289		6,248,736	51
52	DELIVERY ROOM & LABOR ROOM	6,606,828		32,053			52
53	ANESTHESIOLOGY	22,953,082		5,374,327		3,374,300	53
54	RADIOLOGY-DIAGNOSTIC	57,587,784		9,960,551		13,379,070	54
56	RADIOISOTOPE	8,449,781		1,715,132		4,582,487	56
57	COMPUTED TOMOGRAPHY (CT) SCA	76,892,168		13,032,557		28,792,673	57
58	MAGNETIC RESONANCE IMAGING (	20,703,093		2,813,469		6,675,038	58
59	CARDIAC CATHETERIZATION	41,509,526		11,223,792		11,990,657	59
60	LABORATORY	176,232,929		38,072,770		3,613,143	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	59,143,970		21,368,178		1,182,394	65
66	PHYSICAL THERAPY	12,595,819		2,773,613		6,676	66
67	OCCUPATIONAL THERAPY	4,921,906		1,320,968			67
68	SPEECH PATHOLOGY	3,224,387		843,370		104,929	68
69	ELECTROCARDIOLOGY	19,669,392		3,804,056		3,118,266	69
70	ELECTROENCEPHALOGRAPHY	7,474,839		1,143,055		1,060,282	70
71	MEDICAL SUPPLIES CHRGED TO P	104,267,906		40,866,195		16,350,361	71
72	IMPL. DEV. CHARGED TO PATIEN	169,958,547		54,281,875		18,051,634	72
73	DRUGS CHARGED TO PATIENTS	103,325,614		41,363,890		22,744,369	73
73.10	REHABILITATION SERVICES	28,925,807		506,230		6,920,243	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	54,396,925		3,541,791		10,619,689	91
92	OBSERVATION BEDS	6,863,030		243,599		3,066,414	92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	3,032,937					97
200	TOTAL (SUM OF LINES 50-199)	1,077,480,215		282,858,122		179,908,492	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 FROM PT I,	RATIO WKST C, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.279721		18,027,131			5,042,567		50
51 RECOVERY ROOM	0.149858		6,248,736			936,423		51
52 DELIVERY ROOM & LABOR ROOM	0.229268							52
53 ANESTHESIOLOGY	0.037037		3,374,300			124,974		53
54 RADIOLOGY-DIAGNOSTIC	0.177337		13,379,070			2,372,604		54
56 RADIOISOTOPE	0.103558		4,582,487			474,553		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.025818		28,792,673			743,369		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.065263		6,675,038			435,633		58
59 CARDIAC CATHETERIZATION	0.195001		11,990,657			2,338,190		59
60 LABORATORY	0.089038		3,613,143			321,707		60
60.10 CARDIOVASCULAR LABORATORY								60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.098193		1,182,394			116,103		65
66 PHYSICAL THERAPY	0.325693		6,676			2,174		66
67 OCCUPATIONAL THERAPY	0.306928							67
68 SPEECH PATHOLOGY	0.295139		104,929			30,969		68
69 ELECTROCARDIOLOGY	0.111882		3,118,266			348,878		69
70 ELECTROENCEPHALOGRAPHY	0.241979		1,060,282			256,566		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.155888		16,350,361			2,548,825		71
72 IMPL. DEV. CHARGED TO PATIENT	0.195047		18,051,634			3,520,917		72
73 DRUGS CHARGED TO PATIENTS	0.240665		22,744,369		42,872	5,473,774	10,318	73
73.10 REHABILITATION SERVICES	0.378966		6,920,243			2,622,537		73.10
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.268198		10,619,689			2,848,179		91
92 OBSERVATION BEDS	0.635751		3,066,414			1,949,476		92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.912471							95
97 DURABLE MEDICAL EQUIP-SOLD	0.424119							97
200 SUBTOTAL (SEE INSTRUCTIONS)			179,908,492		42,872	32,508,418	10,318	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			179,908,492		42,872	32,508,418	10,318	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	3,944,059	77,223,156	0.051074	63,385	3,237	50
51	RECOVERY ROOM	187,951	11,520,789	0.016314	8,121	132	51
52	DELIVERY ROOM & LABOR ROOM	21,036	6,606,828	0.003184			52
53	ANESTHESIOLOGY	48,840	22,953,082	0.002128	7,294	16	53
54	RADIOLOGY-DIAGNOSTIC	1,970,202	57,587,784	0.034212	115,313	3,945	54
56	RADIOISOTOPE	149,582	8,449,781	0.017702	17,880	317	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	319,814	76,892,168	0.004159	179,082	745	57
58	MAGNETIC RESONANCE IMAGING (M	353,612	20,703,093	0.017080	31,487	538	58
59	CARDIAC CATHETERIZATION	2,050,515	41,509,526	0.049399	5,316	263	59
60	LABORATORY	1,022,515	176,232,929	0.005802	671,082	3,894	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	281,111	59,143,970	0.004753	380,540	1,809	65
66	PHYSICAL THERAPY	637,464	12,595,819	0.050609	1,222,813	61,885	66
67	OCCUPATIONAL THERAPY	161,255	4,921,906	0.032763	1,163,104	38,107	67
68	SPEECH PATHOLOGY	41,526	3,224,387	0.012879	358,871	4,622	68
69	ELECTROCARDIOLOGY	214,533	19,669,392	0.010907	11,054	121	69
70	ELECTROENCEPHALOGRAPHY	193,432	7,474,839	0.025878	13,783	357	70
71	MEDICAL SUPPLIES CHRGD TO PA	276,104	104,267,906	0.002648	531,017	1,406	71
72	IMPL. DEV. CHARGED TO PATIENT	473,227	169,958,547	0.002784	14,515	40	72
73	DRUGS CHARGED TO PATIENTS	766,353	103,325,614	0.007417	1,592,963	11,815	73
73.10	REHABILITATION SERVICES	1,785,021	28,925,807	0.061710	216,321	13,349	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	2,283,317	54,396,925	0.041975	961	40	91
92	OBSERVATION BEDS	408,275	6,863,030	0.059489			92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	6,875	3,032,937	0.002267			97
200	TOTAL (SUM OF LINES 50-199)	17,596,619	1,077,480,215		6,604,902	146,638	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 checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
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						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
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
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
60.10	CARDIOVASCULAR LABORATORY					60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
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
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
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	[XX]	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	INPAT PGM	O/P PGM	O/P PGM			
	CHARGES	COST TO	OF COST TO							
	(FROM WKST	CHARGES	CHARGES	PGM	PASS-THRU	CHARGES	PASS-THRU			
	C, PT. I,	(COL. 5 +	(COL. 6 +	CHARGES	COSTS	CHARGES	COSTS			
	COL. 8)	COL. 7)	COL. 7)	PGM	(COL. 8 x	CHARGES	(COL. 9 x			
	7	8	9	10	COL. 10)	12	COL. 12)			
					11		13			
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	77,223,156			63,385		50			
51	RECOVERY ROOM	11,520,789			8,121		51			
52	DELIVERY ROOM & LABOR ROOM	6,606,828					52			
53	ANESTHESIOLOGY	22,953,082			7,294		53			
54	RADIOLOGY-DIAGNOSTIC	57,587,784			115,313		54			
56	RADIOISOTOPE	8,449,781			17,880		56			
57	COMPUTED TOMOGRAPHY (CT) SCA	76,892,168			179,082		57			
58	MAGNETIC RESONANCE IMAGING (	20,703,093			31,487		58		
59	CARDIAC CATHETERIZATION	41,509,526			5,316		59			
60	LABORATORY	176,232,929			671,082		60			
60.10	CARDIOVASCULAR LABORATORY						60.10			
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30			
65	RESPIRATORY THERAPY	59,143,970			380,540		65			
66	PHYSICAL THERAPY	12,595,819			1,222,813		66			
67	OCCUPATIONAL THERAPY	4,921,906			1,163,104		67			
68	SPEECH PATHOLOGY	3,224,387			358,871		68			
69	ELECTROCARDIOLOGY	19,669,392			11,054		69			
70	ELECTROENCEPHALOGRAPHY	7,474,839			13,783		70			
71	MEDICAL SUPPLIES CHRGED TO P	104,267,906			531,017		71			
72	IMPL. DEV. CHARGED TO PATIEN	169,958,547			14,515		72			
73	DRUGS CHARGED TO PATIENTS	103,325,614			1,592,963		73			
73.10	REHABILITATION SERVICES	28,925,807			216,321		73.10			
76.97	CARDIAC REHABILITATION						76.97			
76.98	HYPERBARIC OXYGEN THERAPY						76.98			
76.99	LITHOTRIPSY						76.99			
OUTPATIENT SERVICE COST CENTERS										
91	EMERGENCY	54,396,925			961		91			
92	OBSERVATION BEDS	6,863,030					92			
OTHER REIMBURSABLE COST CENTERS										
95	AMBULANCE SERVICES						95			
97	DURABLE MEDICAL EQUIP-SOLD	3,032,937					97			
200	TOTAL (SUM OF LINES 50-199)	1,077,480,215			6,604,902		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 CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT 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	DED & COINS 3	DED & COINS 4	SERVICES 5	DED & COINS 6	DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.279721						50
51 RECOVERY ROOM	0.149858						51
52 DELIVERY ROOM & LABOR ROOM	0.229268						52
53 ANESTHESIOLOGY	0.037037						53
54 RADIOLOGY-DIAGNOSTIC	0.177337						54
56 RADIOISOTOPE	0.103558						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.025818						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.065263						58
59 CARDIAC CATHETERIZATION	0.195001						59
60 LABORATORY	0.089038						60
60.10 CARDIOVASCULAR LABORATORY							60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.098193						65
66 PHYSICAL THERAPY	0.325693						66
67 OCCUPATIONAL THERAPY	0.306928						67
68 SPEECH PATHOLOGY	0.295139						68
69 ELECTROCARDIOLOGY	0.111882						69
70 ELECTROENCEPHALOGRAPHY	0.241979						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.155888						71
72 IMPL. DEV. CHARGED TO PATIENT	0.195047						72
73 DRUGS CHARGED TO PATIENTS	0.240665						73
73.10 REHABILITATION SERVICES	0.378966						73.10
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.268198						91
92 OBSERVATION BEDS	0.635751						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.912471						95
97 DURABLE MEDICAL EQUIP-SOLD	0.424119						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	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,941,094		3,941,094	49,539	79.56	5,035	400,585	30
31 INTENSIVE CARE UNIT	886,234		886,234	6,051	146.46	1,079	158,030	31
31.01 NEONATOLOGY/NICU	315,576		315,576	4,788	65.91	4,159	274,120	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	328,811		328,811	3,720	88.39	454	40,129	41
42 SUBPROVIDER I								42
43 NURSERY	40,160		40,160	1,721	23.34	1,309	30,552	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	5,511,875		5,511,875	65,819		12,036	903,416	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	3,944,059	77,223,156	0.051074	3,888,142	198,583	50
51	RECOVERY ROOM	187,951	11,520,789	0.016314	498,606	8,134	51
52	DELIVERY ROOM & LABOR ROOM	21,036	6,606,828	0.003184	2,940,758	9,363	52
53	ANESTHESIOLOGY	48,840	22,953,082	0.002128	771,376	1,641	53
54	RADIOLOGY-DIAGNOSTIC	1,970,202	57,587,784	0.034212	2,493,379	85,303	54
56	RADIOISOTOPE	149,582	8,449,781	0.017702	344,046	6,090	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	319,814	76,892,168	0.004159	3,539,296	14,720	57
58	MAGNETIC RESONANCE IMAGING (M	353,612	20,703,093	0.017080	701,656	11,984	58
59	CARDIAC CATHETERIZATION	2,050,515	41,509,526	0.049399	1,683,438	83,160	59
60	LABORATORY	1,022,515	176,232,929	0.005802	9,436,829	54,752	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	281,111	59,143,970	0.004753	9,341,248	44,399	65
66	PHYSICAL THERAPY	637,464	12,595,819	0.050609	802,246	40,601	66
67	OCCUPATIONAL THERAPY	161,255	4,921,906	0.032763	602,152	19,728	67
68	SPEECH PATHOLOGY	41,526	3,224,387	0.012879	726,370	9,355	68
69	ELECTROCARDIOLOGY	214,533	19,669,392	0.010907	983,920	10,732	69
70	ELECTROENCEPHALOGRAPHY	193,432	7,474,839	0.025878	639,898	16,559	70
71	MEDICAL SUPPLIES CHRGD TO PA	276,104	104,267,906	0.002648	12,123,454	32,103	71
72	IMPL. DEV. CHARGED TO PATIENT	473,227	169,958,547	0.002784	15,265,316	42,499	72
73	DRUGS CHARGED TO PATIENTS	766,353	103,325,614	0.007417	14,994,095	111,211	73
73.10	REHABILITATION SERVICES	1,785,021	28,925,807	0.061710	152,625	9,418	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	2,283,317	54,396,925	0.041975	4,326,045	181,586	91
92	OBSERVATION BEDS	408,275	6,863,030	0.059489	18,971	1,129	92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	6,875	3,032,937	0.002267			97
200	TOTAL (SUM OF LINES 50-199)	17,596,619	1,077,480,215		86,273,866	993,050	200

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/26/2012 12:19

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	49,539		5,035		30
31 INTENSIVE CARE UNIT	6,051		1,079		31
31.01 NEONATOLOGY/NICU	4,788		4,159		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	3,720		454		41
42 SUBPROVIDER I					42
43 NURSERY	1,721		1,309		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	65,819		12,036		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						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF				
	COST			COST	COLS. 1-4)	COLS. 2-4)				
	1	2	3	4	5	6				
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				
58	MAGNETIC RESONANCE IMAGING (M					58				
59	CARDIAC CATHETERIZATION					59				
60	LABORATORY					60				
60.10	CARDIOVASCULAR LABORATORY					60.10				
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30				
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				
76.98	HYPERBARIC OXYGEN THERAPY					76.98				
76.99	LITHOTRIPSY					76.99				
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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (26-0183) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA [] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	77,223,156		3,888,142			50
51						RECOVERY ROOM	11,520,789		498,606			51
52						DELIVERY ROOM & LABOR ROOM	6,606,828		2,940,758			52
53						ANESTHESIOLOGY	22,953,082		771,376			53
54						RADIOLOGY-DIAGNOSTIC	57,587,784		2,493,379			54
56						RADIOISOTOPE	8,449,781		344,046			56
57						COMPUTED TOMOGRAPHY (CT) SCA	76,892,168		3,539,296			57
58						MAGNETIC RESONANCE IMAGING (	20,703,093		701,656			58
59						CARDIAC CATHETERIZATION	41,509,526		1,683,438			59
60						LABORATORY	176,232,929		9,436,829			60
60.10						CARDIOVASCULAR LABORATORY						60.10
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	59,143,970		9,341,248			65
66						PHYSICAL THERAPY	12,595,819		802,246			66
67						OCCUPATIONAL THERAPY	4,921,906		602,152			67
68						SPEECH PATHOLOGY	3,224,387		726,370			68
69						ELECTROCARDIOLOGY	19,669,392		983,920			69
70						ELECTROENCEPHALOGRAPHY	7,474,839		639,898			70
71						MEDICAL SUPPLIES CHRGED TO P	104,267,906		12,123,454			71
72						IMPL. DEV. CHARGED TO PATIEN	169,958,547		15,265,316			72
73						DRUGS CHARGED TO PATIENTS	103,325,614		14,994,095			73
73.10						REHABILITATION SERVICES	28,925,807		152,625			73.10
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
91						EMERGENCY	54,396,925		4,326,045			91
92						OBSERVATION BEDS	6,863,030		18,971			92
OTHER REIMBURSABLE COST CENTERS												
95						AMBULANCE SERVICES	299,582					95
97						DURABLE MEDICAL EQUIP-SOLD	3,032,937					97
200						TOTAL (SUM OF LINES 50-199)	1,077,480,215		86,273,866			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 CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT 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	DED & COINS 3	DED & COINS 4	SERVICES 5	DED & COINS 6	DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.279721						50
51 RECOVERY ROOM	0.149858						51
52 DELIVERY ROOM & LABOR ROOM	0.229268						52
53 ANESTHESIOLOGY	0.037037						53
54 RADIOLOGY-DIAGNOSTIC	0.177337						54
56 RADIOISOTOPE	0.103558						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.025818						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.065263						58
59 CARDIAC CATHETERIZATION	0.195001						59
60 LABORATORY	0.089038						60
60.10 CARDIOVASCULAR LABORATORY							60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.098193						65
66 PHYSICAL THERAPY	0.325693						66
67 OCCUPATIONAL THERAPY	0.306928						67
68 SPEECH PATHOLOGY	0.295139						68
69 ELECTROCARDIOLOGY	0.111882						69
70 ELECTROENCEPHALOGRAPHY	0.241979						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.155888						71
72 IMPL. DEV. CHARGED TO PATIENT	0.195047						72
73 DRUGS CHARGED TO PATIENTS	0.240665						73
73.10 REHABILITATION SERVICES	0.378966						73.10
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.268198						91
92 OBSERVATION BEDS	0.635751						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.912471						95
97 DURABLE MEDICAL EQUIP-SOLD	0.424119						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)	49,539	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	49,539	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,222	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,185	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)	25,951	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)	42,117,717	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	42,117,717	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61,067,713	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,737,118	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	53,330,595	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.689689	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	941.03	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,473.83	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)	42,117,717	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) 850.19 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 22,063,281 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) 22,063,281 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	10,087,279	6,051	1,667.04	3,954	6,591,476	43
43.01 NEONATOLOGY/NICU	5,462,045	4,788	1,140.78			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)					48,325,796	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					76,980,553	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,643,765 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 3,717,417 51
 52 TOTAL PROGRAM EXCLUDABLE COST 6,361,182 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 70,619,371 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 5,132 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 850.19 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,363,175 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	3,941,094	42,117,717	0.093573	4,363,175	408,275	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)	3,720	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,720	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,720	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)	2,633	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)	2,738,207	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	2,738,207	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)	1.132130	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)	650.17	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)	2,738,207	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)	736.08 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,938,099 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)	1,938,099 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,563,501 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,501,600 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	232,731 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	146,638 51
52 TOTAL PROGRAM EXCLUDABLE COST	379,369 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,122,231 53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

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)	49,539	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	49,539	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,222	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,185	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,035	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)	1,721	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,309	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)	42,117,717	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	42,117,717	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61,067,713	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,737,118	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	53,330,595	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.689689	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	941.03	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,473.83	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)	42,117,717	37

WORKSHEET D-1
 PART II

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) 850.19 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,280,707 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) 4,280,707 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)	1,867,057	1,721	1,084.87	1,309	1,420,095 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	10,087,279	6,051	1,667.04	1,079	1,798,736 43
43.01 NEONATOLOGY/NICU	5,462,045	4,788	1,140.78	4,159	4,744,504 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)					15,198,680 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					27,442,722 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 863,287 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 993,050 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,856,337 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 25,586,385 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 5,132 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		35,548,099			30
31 INTENSIVE CARE UNIT		10,118,173			31
31.01 NEONATOLOGY/NICU					31.01
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.279721	24,835,362	6,946,972		50
51 RECOVERY ROOM	0.149858	3,741,289	560,662		51
52 DELIVERY ROOM & LABOR ROOM	0.229268	32,053	7,349		52
53 ANESTHESIOLOGY	0.037037	5,374,327	199,049		53
54 RADIOLOGY-DIAGNOSTIC	0.177337	9,960,551	1,766,374		54
56 RADIOISOTOPE	0.103558	1,715,132	177,616		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.025818	13,032,557	336,475		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.065263	2,813,469	183,615		58
59 CARDIAC CATHETERIZATION	0.195001	11,223,792	2,188,651		59
60 LABORATORY	0.089038	38,072,770	3,389,923		60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.098193	21,368,178	2,098,206		65
66 PHYSICAL THERAPY	0.325693	2,773,613	903,346		66
67 OCCUPATIONAL THERAPY	0.306928	1,320,968	405,442		67
68 SPEECH PATHOLOGY	0.295139	843,370	248,911		68
69 ELECTROCARDIOLOGY	0.111882	3,804,056	425,605		69
70 ELECTROENCEPHALOGRAPHY	0.241979	1,143,055	276,595		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.155888	40,866,195	6,370,549		71
72 IMPL. DEV. CHARGED TO PATIENT	0.195047	54,281,875	10,587,517		72
73 DRUGS CHARGED TO PATIENTS	0.240665	41,363,890	9,954,841		73
73.10 REHABILITATION SERVICES	0.379857	506,230	192,295		73.10
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.268490	3,541,791	950,935		91
92 OBSERVATION BEDS	0.635751	243,599	154,868		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.424119				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		282,858,122	48,325,796		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		282,858,122			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		2,536,267			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.279721	63,385	17,730		50
51 RECOVERY ROOM	0.149858	8,121	1,217		51
52 DELIVERY ROOM & LABOR ROOM	0.229268				52
53 ANESTHESIOLOGY	0.037037	7,294	270		53
54 RADIOLOGY-DIAGNOSTIC	0.177337	115,313	20,449		54
56 RADIOISOTOPE	0.103558	17,880	1,852		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.025818	179,082	4,624		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.065263	31,487	2,055		58
59 CARDIAC CATHETERIZATION	0.195001	5,316	1,037		59
60 LABORATORY	0.089038	671,082	59,752		60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.098193	380,540	37,366		65
66 PHYSICAL THERAPY	0.325693	1,222,813	398,262		66
67 OCCUPATIONAL THERAPY	0.306928	1,163,104	356,989		67
68 SPEECH PATHOLOGY	0.295139	358,871	105,917		68
69 ELECTROCARDIOLOGY	0.111882	11,054	1,237		69
70 ELECTROENCEPHALOGRAPHY	0.241979	13,783	3,335		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.155888	531,017	82,779		71
72 IMPL. DEV. CHARGED TO PATIENT	0.195047	14,515	2,831		72
73 DRUGS CHARGED TO PATIENTS	0.240665	1,592,963	383,370		73
73.10 REHABILITATION SERVICES	0.379857	216,321	82,171		73.10
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.268490	961	258		91
92 OBSERVATION BEDS	0.635751				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.424119				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,604,902	1,563,501		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,604,902			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		6,139,386			30
31 INTENSIVE CARE UNIT		2,624,546			31
31.01 NEONATOLOGY/NICU		11,787,875			31.01
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.279721	3,888,142	1,087,595		50
51 RECOVERY ROOM	0.149858	498,606	74,720		51
52 DELIVERY ROOM & LABOR ROOM	0.229268	2,940,758	674,222		52
53 ANESTHESIOLOGY	0.037037	771,376	28,569		53
54 RADIOLOGY-DIAGNOSTIC	0.177337	2,493,379	442,168		54
56 RADIOISOTOPE	0.103558	344,046	35,629		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.025818	3,539,296	91,378		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.065263	701,656	45,792		58
59 CARDIAC CATHETERIZATION	0.195001	1,683,438	328,272		59
60 LABORATORY	0.089038	9,436,829	840,236		60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.098193	9,341,248	917,245		65
66 PHYSICAL THERAPY	0.325693	802,246	261,286		66
67 OCCUPATIONAL THERAPY	0.306928	602,152	184,817		67
68 SPEECH PATHOLOGY	0.295139	726,370	214,380		68
69 ELECTROCARDIOLOGY	0.111882	983,920	110,083		69
70 ELECTROENCEPHALOGRAPHY	0.241979	639,898	154,842		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.155888	12,123,454	1,889,901		71
72 IMPL. DEV. CHARGED TO PATIENT	0.195047	15,265,316	2,977,454		72
73 DRUGS CHARGED TO PATIENTS	0.240665	14,994,095	3,608,554		73
73.10 REHABILITATION SERVICES	0.379857	152,625	57,976		73.10
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.268490	4,326,045	1,161,500		91
92 OBSERVATION BEDS	0.635751	18,971	12,061		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.424119				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		86,273,866	15,198,680		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		86,273,866			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	44,839,134	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	5,926,871	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	212.98	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)	0.0643	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2354	31
32	SUM OF LINES 30 AND 31	0.2997	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1394	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,250,575	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)	57,016,580	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)	57,016,580	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,369,303	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		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)	61,385,883	59
60	PRIMARY PAYER PAYMENTS	6,685	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	61,379,198	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,432,772	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	301,555	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	809,025	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	566,318	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	728,435	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	57,211,189	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)	57,211,189	71
72	INTERIM PAYMENTS	57,581,322	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-370,133	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)	10,318	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	32,508,418	2
3	PPS PAYMENTS	29,146,905	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)	10,318	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	42,872	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)	42,872	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)	42,872	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	32,554	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)	10,318	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)	29,146,905	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	6,333,103	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	22,824,120	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)	22,824,120	30
31	PRIMARY PAYER PAYMENTS	7,075	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	22,817,045	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)	580,798	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	406,559	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	518,801	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	23,223,604	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)	23,223,604	40
41	INTERIM PAYMENTS	22,812,175	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	411,429	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 [XX] 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		57,472,622		22,812,175
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 03/21/2012	108,700		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		3.09
	.51			3.50
	.52			3.51
	.53			3.52
	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		108,700		3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		57,581,322		22,812,175

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			411,429	6.01
	TO .02				
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06	-370,133			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		57,211,189		23,223,604	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (26-T183) [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY		MM/DD/YYYY	
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,692,341		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		3.01
	.02			3.02
	.03			3.03
	.04			3.04
	.05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	.52			3.52
	.53			3.53
	.54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,692,341		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.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	5,276			6.01
	TO PROVIDER .02				6.02
	PROVIDER TO PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,697,617			7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/26/2012 12:19

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL (26-0183) CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	10,938	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	29,905	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,738	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	55,246	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,190,579,675	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	16,673,368	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)	3,161,712	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.041900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	229,357	3
4	OUTLIER PAYMENTS	370,685	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
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)	10.163934	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)	3,761,754	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)	3,761,754	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,761,754	19
20	DEDUCTIBLES	28,612	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,733,142	21
22	COINSURANCE	35,525	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,697,617	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)	3,697,617	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		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)	3,697,617	32
33	INTERIM PAYMENTS	3,692,341	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	5,276	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

		INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
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	21,712,008	8
9	ANCILLARY SERVICE CHARGES	86,273,866	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)	107,985,874	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)	107,985,874	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	107,985,874	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 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 (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29	SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

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	24,234,210			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	104,598,576			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-49,327,000			6
7	INVENTORY	10,782,962			7
8	PREPAID EXPENSES	9,015,876			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	99,304,624			11
FIXED ASSETS					
12	LAND	3,195,168			12
13	LAND IMPROVEMENTS	8,002,199			13
14	ACCUMULATED DEPRECIATION	-5,059,859			14
15	BUILDINGS	154,866,312			15
16	ACCUMULATED DEPRECIATION	-49,549,656			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	99,707,737			19
20	ACCUMULATED DEPRECIATION	-44,794,420			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	120,806,404			23
24	ACCUMULATED DEPRECIATION	-69,847,196			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)	217,326,689			30
OTHER ASSETS					
31	INVESTMENTS	284,905,932			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,945,966			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	289,851,898			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	606,483,211			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	16,639,011			37
38	SALARIES, WAGES & FEES PAYABLE	25,767,499			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	30,442,514			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	72,849,024			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	134,812,907			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	134,812,907			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	207,661,931			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	398,821,280			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)	398,821,280			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	606,483,211			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	3	5	7	
	2	4	6	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	382,664,086				1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	16,157,194				2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	398,821,280				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)	398,821,280				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)	398,821,280				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	72,659,145		72,659,145	1
3 SUBPROVIDER IPF				2
4 SUBPROVIDER IRF	3,457,721		3,457,721	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	76,116,866		76,116,866	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	22,959,030		22,959,030	11
11.01 NEONATOLOGY/NICU	18,828,204		18,828,204	11.01
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	41,787,234		41,787,234	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	117,904,100		117,904,100	17
18 ANCILLARY SERVICES	559,795,652		559,795,652	18
19 OUTPATIENT SERVICES		587,284,323	587,284,323	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		1,695,222	1,695,222	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)	677,699,752	588,979,545	1,266,679,297	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		360,525,016	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)		360,525,016	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,266,679,297	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	889,967,038	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	376,712,259	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	360,525,016	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	16,187,243	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	771,832	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	1,275,310	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	9,552	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	23,352	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)	2,095,860	24
24.01	OTHER (WELLNESS)	259,027	24.01
24.02	OTHER (MISC)	1,331,947	24.02
24.03	OTHER (OTHER: RETAIL PHARMACY)	5,584,100	24.03
24.04	OTHER (MEDICAL OFFICE BUILDING)	595,566	24.04
24.05	OTHER (GAIN ON INVESTMENTS)		24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	11,946,546	25
26	TOTAL (LINE 5 PLUS LINE 25)	28,133,789	26
27	OTHER EXPENSES (LOSS ON SALE OF FIXED ASSETS)	419,368	27
27.01	OTHER EXPENSES (LOSS ON INVESTMENTS)	11,557,227	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	11,976,595	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	16,157,194	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	131,573	38,037			26,322	195,932
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	382,140	110,443	28,734			521,317
7 PHYSICAL THERAPY	189,482	54,779	20,649			264,910
8 OCCUPATIONAL THERAPY	8,840	2,556	875			12,271
9 SPEECH PATHOLOGY	4,260	1,232	683			6,175
10 MEDICAL SOCIAL SERVICES	35	9	10			54
11 HOME HEALTH AIDE	9,330	2,697	702			12,729
12 SUPPLIES (SEE INSTRUCTIONS)					9,521	9,521
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)	725,660	209,753	51,653		35,843	1,022,909

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		195,932		195,932	5
6					
7	172	521,489		521,489	6
8		264,910		264,910	7
9		12,271		12,271	8
10		6,175		6,175	9
11		54		54	10
12		12,729		12,729	11
13		9,521		9,521	12
14					13
15					14
16					
17					15
18					16
19					16
20					17
21					17
22					18
23					18
24					19
25					20
26					20
27					21
28					21
29					22
30					22
31					23
32					23
33					24
34					24
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
101					
102					
103					
104					
105					
106					
107					
108					
109					
110					
111					
112					
113					
114					
115					
116					
117					
118					
119					
120					
121					
122					
123					
124					
125					
126					
127					
128					
129					
130					
131					
132					
133					
134					
135					
136					
137					
138					
139					
140					
141					
142					
143					
144					
145					
146					
147					
148					
149					
150					
151					
152					
153					
154					
155					
156					
157					
158					
159					
160					
161					
162					
163					
164					
165					
166					
167					
168					
169					
170					
171					
172					
173					
174					
175					
176					
177					
178					
179					
180					
181					
182					
183					
184					
185					
186					
187					
188					
189					
190					
191					
192					
193					
194					
195					
196					
197					
198					
199					
200					
201					
202					
203					
204					
205					
206					
207					
208					
209					
210					
211					
212					
213					
214					
215					
216					
217					
218					
219					
220					
221					
222					
223					
224					
225					
226					
227					
228					
229					
230					
231					
232					
233					
234					
235					
236					
237					
238					
239					
240					
241					
242					
243					
244					
245					
246					
247					
248					
249					
250					
251					
252					
253					
254					
255					
256					
257					
258					
259					
260					
261					
262					
263					
264					
265					
266					
267					
268					
269					
270					
271					
272					
273					
274					
275					
276					
277					
278					
279					
280					
281					
282					
283					
284					
285					
286					
287					

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	195,932					195,932	195,932		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	521,489					521,489	123,528	645,017	6
7 PHYSICAL THERAPY	264,910					264,910	62,751	327,661	7
8 OCCUPATIONAL THERAPY	12,271					12,271	2,907	15,178	8
9 SPEECH PATHOLOGY	6,175					6,175	1,463	7,638	9
10 MEDICAL SOCIAL SERVICES	54					54	13	67	10
11 HOME HEALTH AIDE	12,729					12,729	3,015	15,744	11
12 SUPPLIES (SEE INSTRUCTIONS)	9,521					9,521	2,255	11,776	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)	1,023,081					1,023,081		1,023,081	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					-195,932	827,149	5
6 SKILLED NURSING CARE						521,489	6
7 PHYSICAL THERAPY						264,910	7
8 OCCUPATIONAL THERAPY						12,271	8
9 SPEECH PATHOLOGY						6,175	9
10 MEDICAL SOCIAL SERVICES						54	10
11 HOME HEALTH AIDE						12,729	11
12 SUPPLIES (SEE INSTRUCTIONS)						9,521	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)					-195,932	827,149	24
25 COST TO BE ALLOC (PER W/S H)						195,932	25
26 UNIT COST MULTIPLIER						0.236876	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7515

WORKSHEET H-2
 PART I

HHA COST CENTER	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		155,276			1
2 SKILLED NURSING CARE		739,744	97,956	837,700	2
3 PHYSICAL THERAPY		375,503	49,724	425,227	3
4 OCCUPATIONAL THERAPY		17,398	2,304	19,702	4
5 SPEECH PATHOLOGY		8,744	1,158	9,902	5
6 MEDICAL SOCIAL SERVICES		77	10	87	6
7 HOME HEALTH AIDE		18,056	2,391	20,447	7
8 SUPPLIES		13,086	1,733	14,819	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)		1,327,884	155,276	1,327,884	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.			0.132419		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	ADMITTING
	1	2	3	GROSS SALARIES	NUMBER OF PHONES	WORK ORDER S	COSTED REQUISITIO	GROSS CHARGES
				4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL	14,218	418		131,573	22	25	86,578	1
2 SKILLED NURSING CARE				382,140				2
3 PHYSICAL THERAPY				189,482				3
4 OCCUPATIONAL THERAPY				8,840				4
5 SPEECH PATHOLOGY				4,260				5
6 MEDICAL SOCIAL SERVICES				35				6
7 HOME HEALTH AIDE				9,330				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)	14,218	418		725,660	22	25	86,578	20
21 TOTAL COST TO BE ALLOCATED	33,361	424		39,305	5,888	44,734	808	21
22 UNIT COST MULTIPLIER	2.346392				267.636364		0.009333	22
22 UNIT COST MULTIPLIER		1.014354		0.054164		1,789.360000		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			92,342	14,218	14,218			14,218	1
2 SKILLED NURSING CARE			665,715						2
3 PHYSICAL THERAPY			337,924						3
4 OCCUPATIONAL THERAPY			15,657						4
5 SPEECH PATHOLOGY			7,869						5
6 MEDICAL SOCIAL SERVICES			69						6
7 HOME HEALTH AIDE			16,249						7
8 SUPPLIES			11,776						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)			1,147,601	14,218	14,218			14,218	20
21 TOTAL COST TO BE ALLOCATED			127,618	10,464	18,130			12,586	21
22 UNIT COST MULTIPLIER			0.111204		1.275144				22
22 UNIT COST MULTIPLIER				0.735968				0.885216	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		19,758						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)		19,758						20
21 TOTAL COST TO BE ALLOCATED		11,485						21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		0.581284						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	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	PATIENT SES	CA ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	17	19	20	21	22	23	
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)	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		837,700		837,700	2,989	280.26	1
2	PHYSICAL THERAPY	3	425,227		425,227	2,148	197.96	2
3	OCCUPATIONAL THERAPY	4	19,702		19,702	91	216.51	3
4	SPEECH PATHOLOGY	5	9,902		9,902	71	139.46	4
5	MEDICAL SOCIAL SERVICES	6	87		87	1	87.00	5
6	HOME HEALTH AIDE	7	20,447		20,447	73	280.10	6
7	TOTAL (SUM OF LINES 1-6)		1,313,065		1,313,065	5,373		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)	
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES		14,819		14,819	114,268	0.129686	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	755	730		211,596	204,590		416,186
2 PHYSICAL THERAPY	657	529		130,060	104,721		234,781
3 OCCUPATIONAL THERAPY	33	11		7,145	2,382		9,527
4 SPEECH PATHOLOGY	39			5,439			5,439
5 MEDICAL SOCIAL SERVICES		1			87		87
6 HOME HEALTH AIDE	24	25		6,722	7,003		13,725
7 TOTAL (SUM OF LINES 1-6)	1,508	1,296		360,962	318,783		679,745

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	1	2	3	4
9 PHYSICAL THERAPY	99926	755	730	8
10 OCCUPATIONAL THERAPY	99926	657	529	9
11 SPEECH PATHOLOGY	99926	33	11	10
12 MEDICAL SOCIAL SERVICES	99926	39		11
13 HOME HEALTH AIDE	99926		1	12
14 TOTAL (SUM OF LINES 8-13)	99926	24	25	13
		1,508	1,296	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	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	
15 COST OF MEDICAL SUPPLIES							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
		1	2		3
1 PHYSICAL THERAPY	0.325693	66		COL 2, LINE 2
2 OCCUPATIONAL THERAPY	0.306928	67		COL 2, LINE 3
3 SPEECH PATHOLOGY	0.295139	68		COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	0.155888	71		COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	0.240665	73		COL 2, LINE 16
5.10 REHABILITATION SERVICES	0.378966	73.10		COL 2, LINE 16

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
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 SERVICES 1	PART B SERVICES 2	
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	262,214	207,803	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	16,213	9,966	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	4,673	5,116	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			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)	283,100	222,885	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	283,100	222,885	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	283,100	222,885	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)	283,100	222,885	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	283,100	222,885	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	283,100	222,885	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

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 26-7515

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		283,100		222,885	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		283,100		222,885	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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 (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		283,100		222,885	7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		NPR DATE: _____	8

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

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,598,259	1
2	CAPITAL DRG OUTLIER PAYMENTS	545,793	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	150.95	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0643	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2354	8
9	SUM OF LINES 7 AND 8	0.2997	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0626	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	225,251	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,369,303	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
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES AP						21
22 I&R SRVCES-OTHER PRGM COSTS AP						22
23 PARAMED ED PRGM-(SPECIFY)						23
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
58 MAGNETIC RESONANCE IMAGING (MR						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
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
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
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
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
194.24 CAPE ENT GROUP						194.24
194.25 CHARLESTON FAMILY CARE						194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS						194.26
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