

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT FRANCIS MEDICAL CENTER (26-0183) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2012 AND ENDING 06/30/2013, 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		431,737	325,076			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		28,519				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		460,256	325,076			200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

STATE: MO

P.O.BOX:
 ZIP CODE: 63703

COUNTY: CAPE GIRARDEAU

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			3
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	26-0183	16020	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	26-T183	16020	5	07/01/1988	N	P	N	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA	26-7515	16020		08/08/1996	N	P	N	12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2012			TO: 06/30/2013				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF STATE MEDICAID PAID DAYS 3	OUT-OF STATE MEDICAID UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6			
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 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.		348	166						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1					26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1					27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:			ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:			ENDING:		38
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)									1 N 2 N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR 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	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	1 N	2	3	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 HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME	UNWEIGHTED DIRECT GME	
	PROGRAM NAME	PROGRAM CODE	FTE COUNT	FTE COUNT	
	1	2	3	4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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.

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
64		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)

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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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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

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66		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)

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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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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
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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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		V	XIX		
TITLE V AND XIX INPATIENT SERVICES		1	2		
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	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		1	2		
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	N	N	N	N
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: 1,551,139 PAID LOSSES: SELF INSURANCE: 842,951			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	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ALL PROVIDERS

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

		1	2	
		Y		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 V	TITLE XIX
	PART A	PART B		
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161
161.10	CORF			161.10

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.

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.

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmdyyyy) (SEE INSTRUCTIONS)

		N		167
				168
				169
				170

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

		Y/N	TYPE	DATE	
FINANCIAL DATA AND REPORTS					
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

		Y/N	Y/N	
APPROVED EDUCATIONAL ACTIVITIES				
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.		Y	15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
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	10/24/2013	Y	10/24/2013
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	153,157,244	153,157,244	4,434,627.00	34.54	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE		38,166	38,166	192.00	198.78	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B		4,975,839	4,975,839	30,163.00	164.96	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)		48,511,608	1,734,737	50,246,345	858,114.00	58.55
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)						11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		172,156	172,156	444.00	387.74	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)		34,844,802	34,844,802			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		8,592,593	8,592,593			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		3,595	3,595			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B		564,795	564,795			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS DEPARTMENT		769,001	119	769,120	23,988.00	32.06
27	ADMINISTRATIVE & GENERAL		12,986,262	-1,640,958	11,345,304	402,374.00	28.20
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		798,356		798,356	3,807.00	209.71
29	MAINTENANCE & REPAIRS		2,326,976	-416,315	1,910,661	72,672.00	26.29
30	OPERATION OF PLANT		616,995	556	617,551	33,841.00	18.25
31	LAUNDRY & LINEN SERVICE		575,911	89	576,000	39,255.00	14.67
32	HOUSEKEEPING		2,034,606	1,101	2,035,707	145,245.00	14.02
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,847,057	387	1,847,444	115,145.00	16.04
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		2,144,748	1,274	2,146,022	76,110.00	28.20
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,552,356	238	1,552,594	72,057.00	21.55
42	SOCIAL SERVICE		345,731	10	345,741	12,632.00	27.37
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	148,979,761		148,979,761	4,408,271.00	33.80	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	48,511,608	1,734,737	50,246,345	858,114.00	58.55	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	100,468,153	-1,734,737	98,733,416	3,550,157.00	27.81	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	172,156		172,156	444.00	387.74	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	34,848,397		34,848,397		35.30	5
6	TOTAL (SUM OF LINES 3 THRU 5)	135,488,706	-1,734,737	133,753,969	3,550,601.00	37.67	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	25,997,999	-2,053,499	23,944,500	997,126.00	24.01	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	4,495,332	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)	26,972,818	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	384,937	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	896,837	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	337,106	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	966,428	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	9,649,045	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	113,819	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	21,145	22
23 TUITION REIMBURSEMENT	161,918	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	44,005,785	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 14:17

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	172,156	2
3	SUBPROVIDER - IPF	172,156	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		130		13	143	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		342.00		168.00	510.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			1.04	1.04	4
5 OTHER ADMINISTRATIVE PERSONNEL			1.04	1.04	5
6 DIRECT NURSING SERVICE			5.96	5.96	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			2.04	2.04	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			0.12	0.12	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			0.07	0.07	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			0.10	0.10	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	1,715	34	254	46	2,049	21
22 SKILLED NURSING VISIT CHARGES	475,605	9,485	61,249	12,466	558,805	22
23 PHYSICAL THERAPY VISITS	1,466	4	51	56	1,577	23
24 PHYSICAL THERAPY VISIT CHARGES	398,370	1,084	14,092	15,176	428,722	24
25 OCCUPATIONAL THERAPY VISITS	69		5	8	82	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	20,869		1,355	2,168	24,392	26
27 SPEECH PATHOLOGY VISITS	92	13	1	1	107	27
28 SPEECH PATHOLOGY VISIT CHARGES	25,474	3,523	271	271	29,539	28
29 MEDICAL SOCIAL SERVICE VISITS	1				1	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	370				370	30
31 HOME HEALTH AIDE VISITS	32	1		1	34	31
32 HOME HEALTH AIDE VISIT CHARGES	4,760	140		140	5,040	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	3,375	52	311	112	3,850	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	925,448	14,232	76,967	30,221	1,046,868	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	278		96	12	386	36
37 TOTAL NUMBER OF OUTLIER EPISODES		1			1	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	101,965	2,302	11,629	4,375	120,271	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)				0.191623	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				32,082,304	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				5,979,769	5
6	MEDICAID CHARGES				224,777,391	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				43,072,518	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.				5,010,445	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)				5,010,445	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	15,164,220	2,715,743	17,879,963		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,905,813	520,399	3,426,212		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	29,178	41,190	70,368		22
23	COST OF CHARITY CARE	2,876,635	479,209	3,355,844		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)				54,659,285	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				824,219	26
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)					27
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				53,835,066	28
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				10,316,037	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				13,671,881	30
31					18,682,326	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		11,706,178	11,706,178	6,479,054	1
2	00200		14,435,896	14,435,896	163,938	2
3	00300		523,504	523,504	-523,504	3
4	00400	769,001	5,368,104	6,137,105	389,645	4
5.01	00540		86,285	323,866	266,605	5.01
5.02	00550	1,906,543	3,269,484	5,176,027	4,016	5.02
5.03	00560	459,017	302,155	761,172	-40,581	5.03
5.04	00570					5.04
5.05	00580	706,499	4,921,960	5,628,459	2,759	5.05
5.06	00590	9,676,622	41,121,526	50,798,148	-15,729,410	5.06
6	00600	2,326,976	1,575,361	3,902,337	-685,184	6
7	00700	308,128	3,529,414	3,837,542	245	7
7.10	00701	308,867	193,636	502,503	669	7.10
8	00800	575,911	664,950	1,240,861	147	8
9	00900	2,034,606	1,314,628	3,349,234	1,812	9
10	01000	1,847,057	2,166,224	4,013,281	637	10
11	01100					11
12	01200					12
13	01300	1,516,480	375,189	1,891,669	1,296	13
13.10	01301	628,268	595,811	1,224,079	800	13.10
14	01400					14
15	01500					15
16	01600	1,552,356	1,030,962	2,583,318	392	16
17	01700	345,731	118,171	463,902	16	17
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	20,161,957	6,826,093	26,988,050	79,708	30
31	03100	5,449,519	1,895,014	7,344,533	41,273	31
31.01	02060	2,786,220	1,283,575	4,069,795	30,969	31.01
41	04100	1,322,514	460,883	1,783,397	10,980	41
43	04300	1,040,567	424,413	1,464,980	6,032	43
ANCILLARY SERVICE COST CENTERS						
50	05000	7,826,309	6,087,240	13,913,549	76,648	50
51	05100	892,767	281,556	1,174,323	7,728	51
52	05200	1,007,895	296,423	1,304,318	7,461	52
53	05300	206,118	450,345	656,463	2,960	53
54	05400	3,466,411	3,900,137	7,366,548	10,071	54
56	05600	347,043	240,742	587,785	575	56
57	05700	476,389	557,774	1,034,163	170	57
58	05800	270,872	453,941	724,813	575	58
59	05900	2,966,694	1,881,833	4,848,527	18,368	59
60	06000	4,550,324	8,554,537	13,104,861	-377,159	60
60.10	06001					60.10
62.30	06250					62.30
65	06500	3,010,583	1,827,781	4,838,364	36,306	65
66	06600	2,031,262	691,950	2,723,212	3,537	66
67	06700	871,647	257,543	1,129,190	1,594	67
68	06800	643,462	179,372	822,834	1,410	68
69	06900	1,301,840	989,482	2,291,322	86,320	69
70	07000	1,027,972	827,131	1,855,103	6,742	70
71	07100	767,645	42,088,009	42,855,654	-28,432,199	71
72	07200				28,458,729	72
73	07300	2,989,463	18,613,239	21,602,702	30,901	73
73.10	07301	4,119,296	3,273,717	7,393,013	16,029	73.10
74	07400					74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	11,059,008	3,718,148	14,777,156	20,204	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
95	09500	58	189,477	189,535		95
97	09700	174,730	916,133	1,090,863	187	97
101	10100	798,261	332,980	1,131,241	343	101
SPECIAL PURPOSE COST CENTERS						
113	11300		6,119,488	6,119,488	-6,119,488	113
118		106,766,469	206,918,394	313,684,863	-15,639,674	118
NONREIMBURSABLE COST CENTERS						
190	19000					190
194	07950	1,209,496	619,638	1,829,134	2,569	194
194.01	07951	682,074	4,419,605	5,101,679	114	194.01
194.02	07952	21,469	58,121	79,590		194.02
194.03	07953					194.03
194.04	07954	2,950,438	443,327	3,393,765	787	194.04
194.05	07955	914,835	332,691	1,247,526	3,366	194.05

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL	RECLASSIFI- CATIONS 4	
			(COL. 1 + COL. 2) 3		
194.06 07956 HOSPITALIST	7,790,376	3,132,102	10,922,478	4,802	194.06
194.07 07957 NEONATOLOGY PHYSICIANS	1,688,808	276,024	1,964,832	65	194.07
194.08 07958 ANESTHESIOLOGISTS	3,555,711	6,715,333	10,271,044		194.08
194.09 07959 PHYSICIAN CARDIOLOGIST	5,850,378	997,562	6,847,940	3,343	194.09
194.10 07960 PHYSICIAN ONCOLOGIST	2,544,577	490,993	3,035,570	2,915	194.10
194.11 07961 PERINATOLOGY	889,621	135,356	1,024,977	2,589	194.11
194.12 07962 TRAUMA PHYSICIANS	826,254	770,017	1,596,271	323	194.12
194.13 07963 LANDMARK HOSPITAL				22,626	194.13
194.14 07964 GYN SURG ONCOLOGIST	744,907	94,917	839,824	2,942	194.14
194.15 07965 CAPE GASTROENTEROLOGY	3,442,881	535,321	3,978,202	5,706	194.15
194.16 07966 CAPE PHYSICIAN ASSOCIATES	5,281,038	5,436,445	10,717,483	5,491	194.16
194.17 07967 NONPATIENT MEALS					194.17
194.18 07968 BEAUTY SHOP					194.18
194.19 07969 MARKETING COSTS				15,562,970	194.19
194.20 07970 CAPE PRIMARY CARE		15,704	15,704	8,730	194.20
194.21 07971 CAPE CARE FOR WOMEN	4,007,343	1,511,843	5,519,186	4,464	194.21
194.22 07972 JACKSON FAMILY CLINIC	1,194,131	534,181	1,728,312	1,460	194.22
194.23 07973 CAPE MEDICAL GROUP	550,612	375,477	926,089	1,832	194.23
194.24 07974 CAPE ENT GROUP	1,675,312	433,086	2,108,398	908	194.24
194.25 07975 CHARLESTON FAMILY CARE	568,425	265,164	833,589	1,672	194.25
194.26 07976 AWL FAMILY HEALTHCARE SYSTEMS	2,089	22,820	24,909		194.26
200 TOTAL (SUM OF LINES 118-199)	153,157,244	234,534,121	387,691,365		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	18,185,232	-438,667	17,746,565	1
2	00200	14,599,834	13,613	14,613,447	2
3	00300				3
4	00400	6,526,750		6,526,750	4
5.01	00540	590,471	-39,920	550,551	5.01
5.02	00550	5,180,043		5,180,043	5.02
5.03	00560	720,591		720,591	5.03
5.04	00570				5.04
5.05	00580	5,631,218		5,631,218	5.05
5.06	00590	35,068,738	-1,326,617	33,742,121	5.06
6	00600	3,217,153		3,217,153	6
7	00700	3,837,787	-6,204	3,831,583	7
7.10	00701	503,172		503,172	7.10
8	00800	1,241,008		1,241,008	8
9	00900	3,351,046		3,351,046	9
10	01000	4,013,918	-1,340,956	2,672,962	10
11	01100				11
12	01200				12
13	01300	1,892,965		1,892,965	13
13.10	01301	1,224,879	-197,435	1,027,444	13.10
14	01400				14
15	01500				15
16	01600	2,583,710	-29,268	2,554,442	16
17	01700	463,918		463,918	17
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	27,067,758		27,067,758	30
31	03100	7,385,806		7,385,806	31
31.01	02060	4,100,764	-35,650	4,065,114	31.01
41	04100	1,794,377		1,794,377	41
43	04300	1,471,012		1,471,012	43
ANCILLARY SERVICE COST CENTERS					
50	05000	13,990,197		13,990,197	50
51	05100	1,182,051		1,182,051	51
52	05200	1,311,779		1,311,779	52
53	05300	659,423		659,423	53
54	05400	7,376,619	-924,711	6,451,908	54
56	05600	588,360		588,360	56
57	05700	1,034,333	-353	1,033,980	57
58	05800	725,388		725,388	58
59	05900	4,866,895	-976	4,865,919	59
60	06000	12,727,702		12,727,702	60
60.10	06001				60.10
62.30	06250				62.30
65	06500	4,874,670	-84,910	4,789,760	65
66	06600	2,726,749		2,726,749	66
67	06700	1,130,784		1,130,784	67
68	06800	824,244		824,244	68
69	06900	2,377,642	-217,490	2,160,152	69
70	07000	1,861,845	-405,481	1,456,364	70
71	07100	14,423,455		14,423,455	71
72	07200	28,458,729		28,458,729	72
73	07300	21,633,603	-9,171	21,624,432	73
73.10	07301	7,409,042	-375,229	7,033,813	73.10
74	07400				74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	14,797,360	-6,014,776	8,782,584	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
95	09500	189,535		189,535	95
97	09700	1,091,050		1,091,050	97
101	10100	1,131,584		1,131,584	101
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		298,045,189	-11,434,201	286,610,988	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
194	07950	1,831,703		1,831,703	194
194.01	07951	5,101,793		5,101,793	194.01
194.02	07952	79,590		79,590	194.02
194.03	07953				194.03
194.04	07954	3,394,552		3,394,552	194.04
194.05	07955	1,250,892		1,250,892	194.05

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	
194.06 07956 HOSPITALIST	10,927,280		10,927,280	194.06
194.07 07957 NEONATOLOGY PHYSICIANS	1,964,897		1,964,897	194.07
194.08 07958 ANESTHESIOLOGISTS	10,271,044		10,271,044	194.08
194.09 07959 PHYSICIAN CARDIOLOGIST	6,851,283		6,851,283	194.09
194.10 07960 PHYSICIAN ONCOLOGIST	3,038,485		3,038,485	194.10
194.11 07961 PERINATOLOGY	1,027,566		1,027,566	194.11
194.12 07962 TRAUMA PHYSICIANS	1,596,594		1,596,594	194.12
194.13 07963 LANDMARK HOSPITAL	22,626		22,626	194.13
194.14 07964 GYN SURG ONCOLOGIST	842,766		842,766	194.14
194.15 07965 CAPE GASTROENTEROLOGY	3,983,908		3,983,908	194.15
194.16 07966 CAPE PHYSICIAN ASSOCIATES	10,722,974		10,722,974	194.16
194.17 07967 NONPATIENT MEALS				194.17
194.18 07968 BEAUTY SHOP				194.18
194.19 07969 MARKETING COSTS	15,562,970		15,562,970	194.19
194.20 07970 CAPE PRIMARY CARE	24,434		24,434	194.20
194.21 07971 CAPE CARE FOR WOMEN	5,523,650		5,523,650	194.21
194.22 07972 JACKSON FAMILY CLINIC	1,729,772		1,729,772	194.22
194.23 07973 CAPE MEDICAL GROUP	927,921		927,921	194.23
194.24 07974 CAPE ENT GROUP	2,109,306		2,109,306	194.24
194.25 07975 CHARLESTON FAMILY CARE	835,261		835,261	194.25
194.26 07976 AWL FAMILY HEALTHCARE SYSTEMS	24,909		24,909	194.26
200 TOTAL (SUM OF LINES 118-199)	387,691,365	-11,434,201	376,257,164	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 DEPARTMENT	4		389,449	1
2						2
500 TOTAL RECLASSIFICATIONS					389,449	500
CODE LETTER - A						
1 RECLASS INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		6,119,488	1
500 TOTAL RECLASSIFICATIONS					6,119,488	500
CODE LETTER - B						
1 RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	5.01		265,879	1
500 TOTAL RECLASSIFICATIONS					265,879	500
CODE LETTER - C						
1 RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	5.06	40,679		1
500 TOTAL RECLASSIFICATIONS				40,679		500
CODE LETTER - D						
1 RECLASS MARKETING COST	E	MARKETING COSTS	194.19	1,681,282	13,881,688	1
500 TOTAL RECLASSIFICATIONS				1,681,282	13,881,688	500
CODE LETTER - E						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1	1	2	3	4	5	
1 RECLASS BIOMED	F	EMPLOYEE BENEFITS DEPARTMENT	4	119	77	1
2		COMMUNICATIONS	5.01	446	280	2
3		DATA PROCESSING	5.02	2,440	1,576	3
4		PURCHASING	5.03	60	38	4
5		CREDIT & COLLECTIONS	5.05	1,676	1,083	5
6		OTHER ADMINISTRATIVE & GENERA	5.06	35,702	23,058	6
7		MAINTENANCE & REPAIRS	6	60,961	39,370	7
8		OPERATION OF PLANT	7	149	96	8
9		SPD SOILED PROCESSING	7.10	407	262	9
10		LAUNDRY & LINEN SERVICE	8	89	58	10
11		HOUSEKEEPING	9	1,101	711	11
12		DIETARY	10	387	250	12
13		NURSING ADMINISTRATION	13	788	508	13
14		SPD STERILE PROCESSING	13.10	486	314	14
15		MEDICAL RECORDS & LIBRARY	16	238	154	15
16		SOCIAL SERVICE	17	10	6	16
17		ADULTS & PEDIATRICS	30	70,193	45,333	17
18		INTENSIVE CARE UNIT	31	29,534	19,073	18
19		NEONATOLOGY/NICU	31.01	18,817	12,152	19
20		SUBPROVIDER - IRF	41	6,767	4,371	20
21		NURSERY	43	3,665	2,367	21
22		OPERATING ROOM	50	53,093	34,290	22
23		RECOVERY ROOM	51	4,696	3,032	23
24		DELIVERY ROOM & LABOR ROOM	52	4,533	2,928	24
25		ANESTHESIOLOGY	53	1,798	1,162	25
26		RADIOLOGY-DIAGNOSTIC	54	6,119	3,952	26
27		CT SCAN	57	103	67	27
28		MRI	58	349	226	28
29		RADIOISOTOPE	56	349	226	29
30		LABORATORY	60	7,467	4,823	30
31		CARDIAC CATHETERIZATION	59	11,442	7,390	31
32		RESPIRATORY THERAPY	65	22,060	14,246	32
33		PHYSICAL THERAPY	66	2,149	1,388	33
34		OCCUPATIONAL THERAPY	67	968	626	34
35		SPEECH PATHOLOGY	68	857	553	35
36		ELECTROCARDIOLOGY	69	8,165	5,273	36
37		ELECTROENCEPHALOGRAPHY	70	4,096	2,646	37
38		MEDICAL SUPPLIES CHARGED TO P	71	16,119	10,411	38
39		DRUGS CHARGED TO PATIENTS	73	18,776	12,125	39
40		REHABILITATION SERVICES	73.10	9,739	6,290	40
41		EMERGENCY	91	23,439	15,138	41
42		DURABLE MEDICAL EQUIP-SOLD	97	113	74	42
43		HOME HEALTH AGENCY	101	208	135	43
44		FITNESS CENTER	194	1,561	1,008	44
45		RETAIL PHARMACY	194.01	69	45	45
46		PHYSICIAN SERVICES	194.04	478	309	46
47		ENDOCRINOLOGIST	194.05	2,045	1,321	47
48		HOSPITALIST	194.06	2,918	1,884	48
49		NEONATOLOGY PHYSICIANS	194.07	40	25	49
50						50
51		PHYSICIAN CARDIOLOGIST	194.09	2,031	1,312	51
52		PHYSICIAN ONCOLOGIST	194.10	1,771	1,144	52
53		PERINATOLOGY	194.11	1,573	1,016	53
54		TRAUMA PHYSICIANS	194.12	196	127	54
55		LANDMARK HOSPITAL	194.13	13,747	8,879	55
56		GYN SURG ONCOLOGIST	194.14	1,787	1,155	56
57		CAPE GASTROENTEROLOGY	194.15	3,467	2,239	57
58		CAPE PHYSICIAN ASSOCIATES	194.16	3,336	2,155	58
59		CAPE PRIMARY CARE	194.20	5,304	3,426	59
60		CAPE CARE FOR WOMEN	194.21	2,712	1,752	60
61		JACKSON FAMILY CLINIC	194.22	887	573	61
62		CAPE MEDICAL GROUP	194.23	1,113	719	62
63		CAPE ENT GROUP	194.24	552	356	63
64		CHARLESTON FAMILY CARE	194.25	1,016	656	64
500 TOTAL RECLASSIFICATIONS				477,276	308,239	500
CODE LETTER - F						

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/25/2013 14:17

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS EKG COSTS	H	ELECTROCARDIOLOGY	69	58,085	14,797	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				58,085	14,797	500
CODE LETTER - H						
1 RECLASS IMP. DEVICES CHARGED	I	IMPL. DEV. CHARGED TO PATIENT	72	464,047	27,994,682	1
500 TOTAL RECLASSIFICATIONS				464,047	27,994,682	500
CODE LETTER - I						
GRAND TOTAL (INCREASES)				2,721,369	48,974,222	

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					1
2		LABORATORY	60		389,449	2
500 TOTAL RECLASSIFICATIONS					389,449	500
CODE LETTER - A						
1 RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	113		6,119,488	11 1
500 TOTAL RECLASSIFICATIONS					6,119,488	500
CODE LETTER - B						
1 RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	5.06		265,879	1
500 TOTAL RECLASSIFICATIONS					265,879	500
CODE LETTER - C						
1 RECLASS MAIL CLERK	D	PURCHASING	5.03	40,679		1
500 TOTAL RECLASSIFICATIONS				40,679		500
CODE LETTER - D						
1 RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	5.06	1,681,282	13,881,688	1
500 TOTAL RECLASSIFICATIONS				1,681,282	13,881,688	500
CODE LETTER - E						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----				WKST A-7 REF.
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECLASS BIOMED	F					
2						1
3						2
4						3
5						4
6						5
7						6
8						7
9						8
10						9
11						10
12						11
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59						58
60						59
61						60
62						61
63						62
64						63
500 TOTAL RECLASSIFICATIONS		MAINTENANCE & REPAIRS	6	477,276	308,239	64
CODE LETTER - F				477,276	308,239	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS EKG COSTS	H					1
2		ADULTS & PEDIATRICS	30	28,120	7,698	2
3		INTENSIVE CARE UNIT	31	5,804	1,530	3
4		SUBPROVIDER - IRF	41	123	35	4
5		OPERATING ROOM	50	8,266	2,469	5
6		CARDIAC CATHETERIZATION	59	369	95	6
7		EMERGENCY	91	15,403	2,970	7
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				58,085	14,797	500
1 RECLASS IMP. DEVICES CHARGED	I	MEDICAL SUPPLIES CHARGED TO P	71	464,047	27,994,682	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				464,047	27,994,682	500
GRAND TOTAL (DECREASES)				2,721,369	48,974,222	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	3,195,168				95,000	3,100,168		1
2 LAND IMPROVEMENTS	8,002,199	159,656		159,656		8,161,855	3,062,159	2
3 BUILDINGS AND FIXTURES	154,866,312	40,482,899		40,482,899	26,292,562	169,056,649	11,769,248	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	99,707,737	1,517,073		1,517,073		101,224,810	20,834,541	5
6 MOVABLE EQUIPMENT	120,806,404	16,994,778		16,994,778	10,849,713	126,951,469	37,703,109	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	386,577,820	59,154,406		59,154,406	37,237,275	408,494,951	73,369,057	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	386,577,820	59,154,406		59,154,406	37,237,275	408,494,951	73,369,057	10

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

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	11,706,178						11,706,178
2 CAP REL COSTS-MVBLE EQUIP	14,435,896						14,435,896
3 TOTAL (SUM OF LINES 1-2)	26,142,074						26,142,074

PART III - RECONCILIATION OF CAPITAL COST CENTERS

----- COMPUTATION OF RATIOS ----- ALLOCATION OF OTHER CAPITAL -----

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	278,443,314		278,443,314	0.686845			359,566	359,566
2 CAP REL COSTS-MVBLE EQUIP	126,951,469		126,951,469	0.313155			163,938	163,938
3 TOTAL (SUM OF LINES 1-2)	405,394,783		405,394,783	1.000000			523,504	523,504

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	11,689,644		5,697,355			359,566	17,746,565
2 CAP REL COSTS-MVBLE EQUIP	14,449,509					163,938	14,613,447
3 TOTAL	26,139,153		5,697,355			523,504	32,360,012

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-422,133	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	-39,920	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	-7,823,758			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	-1,340,956	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	-9,171	DRUGS CHARGED TO PATIENTS	73	18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-29,268	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	-2,890	CAP REL COSTS-MVBLE EQUIP	2	9 34
34 TELEVISION ELECTRIC USAGE	A	-6,204	OPERATION OF PLANT	7	35
35					36
36 COMMUNITY WELLNESS	B	-139,418	REHABILITATION SERVICES	73.10	37
37 OUTSIDE STERILE PROCESS	B	-197,435	SPD STERILE PROCESSING	13.10	38
38					39
39 COMMUNITY TRAINING CENTER	B	-83,677	REHABILITATION SERVICES	73.10	40
40 SPEC. EDUC. REIMB	B	-7,369	OTHER ADMINISTRATIVE & GENERAL	5.06	41
41 MISC. INCOME	B	-1,037,242	OTHER ADMINISTRATIVE & GENERAL	5.06	42
42 NON-ALLOW SUPPLIES-REHAB.	B	-10,658	REHABILITATION SERVICES	73.10	43
43					44
44					45
45 REHAB GYM USE	B	-2,065	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	5.06 45.05
45.05 AHA DUES FOR LOBBYING	A	-19,208	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	-16,004	OTHER ADMINISTRATIVE & GENERAL	5.06	45.09
45.09 NON-ALLOWABLE GOODWILL EXPENSE	A	-241,867	OTHER ADMINISTRATIVE & GENERAL	5.06	45.10
45.10 NON-ALLOWABLE COST	A	-4,927	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)		-11,434,201			

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 1
2		SFHS				2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4)		1,316	-1,316	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
		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				153,400				1
2	54	RADIOLOGY-DIAGNOSTIC		924,711	924,711	195,000				2
3	57	CT SCAN		353	353	195,000				3
4	65	RESPIRATORY THERAPY		84,910	84,910	153,400				4
5	69	ELECTROCARDIOLOGY		217,490	217,490	153,400				5
6	70	ELECTROENCEPHALOGRAPHY		405,481	405,481	153,400				6
7	73.10	REHABILITATION SERVICES		172,156		172,156	153,400	444	32,745	1,637
8	91	EMERGENCY		6,028,936	5,990,770	38,166	153,400	192	14,160	708
9	31.01	NEONATOLOGY/NICU		35,650	35,650	153,400				9
10	59	CARDIAC CATHETERIZATION		976	976	153,400				10
200		TOTAL		7,870,663	7,660,341	210,322		636	46,905	2,345

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						1
2	54 RADIOLOGY-DIAGNOSTIC		RADIOLOGY-DIAGN					924,711	2
3	57 CT SCAN		CT SCAN					353	3
4	65 RESPIRATORY THERAPY		RESPIRATORY THE					84,910	4
5	69 ELECTROCARDIOLOGY		ELECTROCARDIOLO					217,490	5
6	70 ELECTROENCEPHALOGRAPHY		ELECTROENCEPHAL					405,481	6
7	73.10 REHABILITATION SERVICES		REHABILITATION			32,745	139,411	139,411	7
8	91 EMERGENCY		EMERGENCY			14,160	24,006	6,014,776	8
9	31.01 NEONATOLOGY/NICU		NICU					35,650	9
10	59 CARDIAC CATHETERIZATION		CARDIOVASCULAR					976	10
200	TOTAL					46,905	163,417	7,823,758	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 DEPARTMENT 4	COMMUNI- CATIONS 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	17,746,565	17,746,565				1
2 CAP REL COSTS-MVBLE EQUIP	14,613,447		14,613,447			2
4 EMPLOYEE BENEFITS DEPARTMENT	6,526,750	272,034	6,466	6,805,250		4
5.01 COMMUNICATIONS	550,551	16,484	45	10,357	577,437	5.01
5.02 DATA PROCESSING	5,180,043	157,455	2,913,054	83,064	16,424	5.02
5.03 PURCHASING	720,591	138,089	4,235	18,205	5,162	5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	5,631,218	57,277	228,386	30,814	17,832	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	33,742,121	924,160	177,344	351,217	42,000	5.06
6 MAINTENANCE & REPAIRS	3,217,153	720,833	126,421	83,137	38,715	6
7 OPERATION OF PLANT	3,831,583	2,100,637	4,946	13,414	1,877	7
7.10 SPD SOILED PROCESSING	503,172	183,069	17,238	13,457	704	7.10
8 LAUNDRY & LINEN SERVICE	1,241,008	130,177	37,230	25,063	1,173	8
9 HOUSEKEEPING	3,351,046	111,661	12,440	88,578	1,642	9
10 DIETARY	2,672,962	260,034	180,828	80,386	5,162	10
11 CAFETERIA		203,493				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,892,965	14,016	39,936	66,019	5,866	13
13.10 SPD STERILE PROCESSING	1,027,444	102,558	22,624	27,358	2,581	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,554,442	163,775	4,994	67,556	19,240	16
17 SOCIAL SERVICE	463,918	6,115		15,044	2,816	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,067,758	2,265,117	595,536	879,169	73,441	30
31 INTENSIVE CARE UNIT	7,385,806	504,593	262,994	238,152	8,212	31
31.01 NEONATOLOGY/NICU	4,065,114	133,077	93,547	122,053	7,743	31.01
41 SUBPROVIDER - IRF	1,794,377	227,031	12,736	57,834	7,508	41
43 NURSERY	1,471,012	13,056	43	45,437		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,990,197	1,222,021	2,527,751	342,489	47,631	50
51 RECOVERY ROOM	1,182,051	109,209	74,822	39,050	2,816	51
52 DELIVERY ROOM & LABOR ROOM	1,311,779			44,053		52
53 ANESTHESIOLOGY	659,423	3,623	34,183	9,047	1,877	53
54 RADIOLOGY-DIAGNOSTIC	6,451,908	426,618	1,876,948	151,097	30,972	54
56 RADIOISOTOPE	588,360	58,712	110,806	15,116	1,877	56
57 CT SCAN	1,033,980	48,670	279,200	20,733	1,877	57
58 MRI	725,388	33,830	39,246	11,801	1,642	58
59 CARDIAC CATHETERIZATION	4,865,919	897,506	1,348,814	129,569	17,832	59
60 LABORATORY	12,727,702	387,519	358,589	198,319	23,229	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,789,760	115,354	82,031	131,956	9,385	65
66 PHYSICAL THERAPY	2,726,749	497,729	33,375	88,478	2,112	66
67 OCCUPATIONAL THERAPY	1,130,784	127,563	1,712	37,969	2,112	67
68 SPEECH PATHOLOGY	824,244	24,118	5,791	28,036	2,112	68
69 ELECTROCARDIOLOGY	2,160,152		267,348	59,528	3,050	69
70 ELECTROENCEPHALOGRAPHY	1,456,364	79,257	57,997	44,907	6,804	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,423,455	140,648	34,971	13,641	939	71
72 IMPL. DEV. CHARGED TO PATIENTS	28,458,729	210,971	52,455	20,462	1,642	72
73 DRUGS CHARGED TO PATIENTS	21,624,432	183,503	403,406	130,894	7,978	73
73.10 REHABILITATION SERVICES	7,033,813	1,132,977	693,033	179,663	30,268	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,782,584	864,815	765,866	481,549	28,156	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	189,535			3	235	95
97 DURABLE MEDICAL EQUIP-SOLD	1,091,050			7,608	1,408	97
101 HOME HEALTH AGENCY	1,131,584	36,979	318	34,743	5,162	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	286,610,988	15,306,363	13,789,705	4,537,025	489,214	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		57,420			939	190
194 FITNESS CENTER	1,831,703	939,809	50,028	52,696	10,793	194
194.01 RETAIL PHARMACY	5,101,793	49,401	23,376	29,681	8,681	194.01
194.02 GARDEN VIEW DELI	79,590	23,861	1,277	934	704	194.02
194.03 MEDICAL OFFICE BLDG			2,024			194.03
194.04 PHYSICIAN SERVICES	3,394,552	80,289	19,204	128,400	3,520	194.04

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 DEPARTMENT 4	COMMUNI- CATIONS 5.01	
194.05 ENDOCRINOLOGIST	1,250,892		24,331	39,895		194.05
194.06 HOSPITALIST	10,927,280	19,397	82,562	339,102	1,642	194.06
194.07 NEONATOLOGY PHYSICIANS	1,964,897	10,263	691	73,485	1,408	194.07
194.08 ANESTHESIOLOGISTS	10,271,044	15,200		154,716		194.08
194.09 PHYSICIAN CARDIOLOGIST	6,851,283	393,048	123,736	254,650	469	194.09
194.10 PHYSICIAN ONCOLOGIST	3,038,485	170,912	25,824	110,797	8,447	194.10
194.11 PERINATOLOGY	1,027,566	62,910	26,864	38,778	3,285	194.11
194.12 TRAUMA PHYSICIANS	1,596,594	59,989	868	35,960	4,458	194.12
194.13 LANDMARK HOSPITAL	22,626			598		194.13
194.14 GYN SURG ONCOLOGIST	842,766		3,657	32,490	4,458	194.14
194.15 CAPE GASTROENTEROLOGY	3,983,908		26,866	149,957	3,754	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	10,722,974	555,060	111,730	229,934	35,430	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP		2,643			235	194.18
194.19 MARKETING COSTS	15,562,970			73,156		194.19
194.20 CAPE PRIMARY CARE	24,434		1,517	174,716		194.20
194.21 CAPE CARE FOR WOMEN	5,523,650		97,104	174,486		194.21
194.22 JACKSON FAMILY CLINIC	1,729,772		53,969	51,998		194.22
194.23 CAPE MEDICAL GROUP	927,921		51,166	24,007		194.23
194.24 CAPE ENT GROUP	2,109,306		50,356	72,920		194.24
194.25 CHARLESTON FAMILY CARE	835,261		31,218	24,778		194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS	24,909		15,374	91		194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	376,257,164	17,746,565	14,613,447	6,805,250	577,437	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCHASING 5.03	CREDIT & COLLECTION 5.05	SUBTOTAL (COLS.0-4) 4A	OTHER ADMIN & GENERAL 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING	8,350,040					5.02
5.03 PURCHASING	34,977	921,259				5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	109,702	1,655	6,076,884			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,381,604	8,156		36,626,602	36,626,602	5.06
6 MAINTENANCE & REPAIRS	76,314	5,036		4,267,609	460,227	6
7 OPERATION OF PLANT	9,539	4,989		5,966,985	643,492	7
7.10 SPD SOILED PROCESSING	3,180	362		721,182	77,774	7.10
8 LAUNDRY & LINEN SERVICE		4,303		1,438,954	155,180	8
9 HOUSEKEEPING	25,438	3,294		3,594,099	387,595	9
10 DIETARY	93,803	4,439		3,297,614	355,621	10
11 CAFETERIA				203,493	21,945	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	104,932	93		2,123,827	229,038	13
13.10 SPD STERILE PROCESSING	6,360	3,430		1,192,355	128,586	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	176,476	935		2,987,418	322,169	16
17 SOCIAL SERVICE	11,129			499,022	53,816	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,325,958	10,559	360,861	32,578,399	3,513,480	30
31 INTENSIVE CARE UNIT	152,628	4,167	121,582	8,678,134	935,867	31
31.01 NEONATOLOGY/NICU	125,600	2,701	104,676	4,654,511	501,952	31.01
41 SUBPROVIDER - IRF	33,387	480	19,076	2,152,429	232,122	41
43 NURSERY		1,810	23,208	1,554,566	167,648	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	564,407	24,145	393,768	19,112,409	2,061,120	50
51 RECOVERY ROOM		261	61,592	1,469,801	158,506	51
52 DELIVERY ROOM & LABOR ROOM	50,876	532	31,080	1,438,320	155,111	52
53 ANESTHESIOLOGY	6,360	4,136	119,077	837,726	90,342	53
54 RADIOLOGY-DIAGNOSTIC	224,173	11,070	288,784	9,461,570	1,020,355	54
56 RADIOISOTOPE		1,651	50,166	826,688	89,152	56
57 CT SCAN		5,000	374,489	1,763,949	190,228	57
58 MRI	4,770	3,741	100,675	921,093	99,333	58
59 CARDIAC CATHETERIZATION	155,808	9,883	240,083	7,665,414	826,654	59
60 LABORATORY	316,386	54,812	878,067	14,944,623	1,611,658	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	100,162	7,767	315,026	5,551,441	598,679	65
66 PHYSICAL THERAPY	20,668	319	63,043	3,432,473	370,165	66
67 OCCUPATIONAL THERAPY	3,180	263	25,164	1,328,747	143,295	67
68 SPEECH PATHOLOGY	9,539	189	16,219	910,248	98,163	68
69 ELECTROCARDIOLOGY	111,291	4,202	113,608	2,719,179	293,242	69
70 ELECTROENCEPHALOGRAPHY	28,618	1,000	32,196	1,707,143	184,102	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,129	163,902	539,963	15,328,648	1,653,072	71
72 IMPL. DEV. CHARGED TO PATIENTS	15,899	267,387	809,945	29,837,490	3,217,735	72
73 DRUGS CHARGED TO PATIENTS	71,545	184,168	558,580	23,164,506	2,498,107	73
73.10 REHABILITATION SERVICES	472,194	8,263	136,140	9,686,351	1,044,595	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	290,948	9,288	285,833	11,509,039	1,241,158	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES			1,372	191,145	20,613	95
97 DURABLE MEDICAL EQUIP-SOLD	4,770	49	12,611	1,117,496	120,513	97
101 HOME HEALTH AGENCY	55,646	1,042		1,265,474	136,471	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	6,189,396	819,479	6,076,884	278,728,172	26,108,881	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				58,359	6,294	190
194 FITNESS CENTER	74,724	1,059		2,960,812	319,300	194
194.01 RETAIL PHARMACY	11,129	43,785		5,267,846	568,095	194.01
194.02 GARDEN VIEW DELI		90		106,456	11,480	194.02
194.03 MEDICAL OFFICE BLDG				2,024	218	194.03
194.04 PHYSICIAN SERVICES	168,527	620		3,795,112	409,272	194.04

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	
194.05 ENDOCRINOLOGIST	62,005	1,245		1,378,368	148,646	194.05
194.06 HOSPITALIST	220,993	4,582		11,595,558	1,250,488	194.06
194.07 NEONATOLOGY PHYSICIANS	20,668	129		2,071,541	223,399	194.07
194.08 ANESTHESIOLOGISTS	1,590	3		10,442,553	1,126,146	194.08
194.09 PHYSICIAN CARDIOLOGIST	254,381	930		7,878,497	849,633	194.09
194.10 PHYSICIAN ONCOLOGIST	119,241	428		3,474,134	374,658	194.10
194.11 PERINATOLOGY	28,618	289		1,188,310	128,150	194.11
194.12 TRAUMA PHYSICIANS	7,949			1,705,818	183,959	194.12
194.13 LANDMARK HOSPITAL	135,140			158,364	17,078	194.13
194.14 GYN SURG ONCOLOGIST	47,696	93		931,160	100,418	194.14
194.15 CAPE GASTROENTEROLOGY	19,079	927		4,184,491	451,264	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	281,408	37,643		11,974,179	1,291,319	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP				2,878	310	194.18
194.19 MARKETING COSTS				15,636,126	1,686,231	194.19
194.20 CAPE PRIMARY CARE	55,646	22		256,335	27,644	194.20
194.21 CAPE CARE FOR WOMEN	268,689	4,196		6,068,125	654,399	194.21
194.22 JACKSON FAMILY CLINIC	62,005	2,786		1,900,530	204,957	194.22
194.23 CAPE MEDICAL GROUP	149,449	552		1,153,095	124,352	194.23
194.24 CAPE ENT GROUP	141,499	1,310		2,375,391	256,167	194.24
194.25 CHARLESTON FAMILY CARE	30,208	914		922,379	99,471	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		177		40,551	4,373	194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,350,040	921,259	6,076,884	376,257,164	36,626,602	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 DEPARTMENT						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	4,727,836					6
7 OPERATION OF PLANT	642,388	7,252,865				7
7.10 SPD SOILED PROCESSING	55,983	99,387	954,326			7.10
8 LAUNDRY & LINEN SERVICE	39,809	70,672	462,661	2,167,276		8
9 HOUSEKEEPING	34,147	60,620	491,665	150,783	4,718,909	9
10 DIETARY	79,520	141,171		32,036	94,867	10
11 CAFETERIA	62,230	110,476			74,240	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,286	7,609			5,113	13
13.10 SPD STERILE PROCESSING	31,363	55,678		179,132	37,416	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	50,083	88,913			59,749	16
17 SOCIAL SERVICE	1,870	3,320			2,231	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	692,684	1,229,721		739,372	826,374	30
31 INTENSIVE CARE UNIT	154,308	273,941		154,368	184,088	31
31.01 NEONATOLOGY/NICU	40,696	72,247		16,580	48,550	31.01
41 SUBPROVIDER - IRF	69,428	123,254		3,278	82,827	41
43 NURSERY	3,993	7,088		18,762	4,763	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	373,702	663,430		235,404	445,825	50
51 RECOVERY ROOM	33,397	59,289		24,215	39,842	51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY	1,108	1,967			1,322	53
54 RADIOLOGY-DIAGNOSTIC	130,462	231,609		1,860	155,641	54
56 RADIOISOTOPE	17,955	31,875		71	21,420	56
57 CT SCAN	14,884	26,423		349	17,756	57
58 MRI	10,345	18,366		334	12,342	58
59 CARDIAC CATHETERIZATION	274,463	487,252		10,943	327,433	59
60 LABORATORY	118,506	210,382		32	141,377	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	35,276	62,625		3,331	42,084	65
66 PHYSICAL THERAPY	152,209	270,215		4,955	181,584	66
67 OCCUPATIONAL THERAPY	39,010	69,253			46,538	67
68 SPEECH PATHOLOGY	7,375	13,094			8,799	68
69 ELECTROCARDIOLOGY				4		69
70 ELECTROENCEPHALOGRAPHY	24,237	43,028		88	28,915	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	43,011	76,357		1,806	51,312	71
72 IMPL. DEV. CHARGED TO PATIENTS	64,516	114,535		2,711	76,968	72
73 DRUGS CHARGED TO PATIENTS	56,116	99,623		418	66,947	73
73.10 REHABILITATION SERVICES	346,471	615,088		56,194	413,339	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	264,466	469,504		201,945	315,507	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
101 HOME HEALTH AGENCY	11,309	20,076			13,491	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	3,981,606	5,928,088	954,326	1,838,971	3,828,660	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,559	31,173			20,948	190
194 FITNESS CENTER	287,400	510,218		292,319	342,867	194
194.01 RETAIL PHARMACY	15,107	26,820			18,023	194.01
194.02 GARDEN VIEW DELI	7,297	12,954			8,705	194.02
194.03 MEDICAL OFFICE BLDG						194.03
194.04 PHYSICIAN SERVICES	24,553	43,589		9,408	29,292	194.04

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/25/2013 14:17

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	
194.05 ENDOCRINOLOGIST						194.05
194.06 HOSPITALIST	5,932	10,531			7,077	194.06
194.07 NEONATOLOGY PHYSICIANS	3,139	5,572			3,744	194.07
194.08 ANESTHESIOLOGISTS	4,648	8,252			5,545	194.08
194.09 PHYSICIAN CARDIOLOGIST	120,197	213,384		3,842	143,394	194.09
194.10 PHYSICIAN ONCOLOGIST	52,266	92,787			62,353	194.10
194.11 PERINATOLOGY	19,238	34,154		127	22,951	194.11
194.12 TRAUMA PHYSICIANS	18,345	32,568			21,886	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	169,741	301,340			202,500	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	808	1,435		22,609	964	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)	4,727,836	7,252,865	954,326	2,167,276	4,718,909	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	
	10	11	13	13.10	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	4,000,829					10
11 CAFETERIA	1,603,451	2,075,835				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		21,984	2,391,857			13
13.10 SPD STERILE PROCESSING		22,721		1,647,251		13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		41,985			3,550,317	16
17 SOCIAL SERVICE		7,359				17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,207,572	427,739	1,484,206		1,662,615	30
31 INTENSIVE CARE UNIT	153,386	87,288	302,878	79	23,787	31
31.01 NEONATOLOGY/NICU		47,312	164,164	2,878	20,592	31.01
41 SUBPROVIDER - IRF	94,324	25,954	90,057		25,207	41
43 NURSERY		13,710		28,446	91,243	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		146,346		1,380,860	450,535	50
51 RECOVERY ROOM		17,335				51
52 DELIVERY ROOM & LABOR ROOM		22,611	78,458			52
53 ANESTHESIOLOGY		3,109				53
54 RADIOLOGY-DIAGNOSTIC		64,409		109,989	228,995	54
56 RADIOISOTOPE		5,913				56
57 CT SCAN		9,518				57
58 MRI		5,641				58
59 CARDIAC CATHETERIZATION		44,010		6,909	8,521	59
60 LABORATORY		105,994	55,647	17,219		60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		62,606		43,911		65
66 PHYSICAL THERAPY		36,823		108	17,397	66
67 OCCUPATIONAL THERAPY		14,600				67
68 SPEECH PATHOLOGY		9,517		394		68
69 ELECTROCARDIOLOGY		23,690			16,686	69
70 ELECTROENCEPHALOGRAPHY		18,379	63,773		5,325	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,936		20,324		71
72 IMPL. DEV. CHARGED TO PATIENTS		17,903		30,496		72
73 DRUGS CHARGED TO PATIENTS		42,750				73
73.10 REHABILITATION SERVICES		83,370	86,065	513	4,260	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		129,466	66,609	5,125	995,154	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		3				95
97 DURABLE MEDICAL EQUIP-SOLD		3,789				97
101 HOME HEALTH AGENCY		12,582				101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	3,058,733	1,588,352	2,391,857	1,647,251	3,550,317	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 FITNESS CENTER		40,454				194
194.01 RETAIL PHARMACY		9,312				194.01
194.02 GARDEN VIEW DELI		1,013				194.02
194.03 MEDICAL OFFICE BLDG		1,561				194.03
194.04 PHYSICIAN SERVICES		12,789				194.04

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	
	10	11	13	13.10	16	
194.05 ENDOCRINOLOGIST		12,838				194.05
194.06 HOSPITALIST		44,286				194.06
194.07 NEONATOLOGY PHYSICIANS		10,652				194.07
194.08 ANESTHESIOLOGISTS		20,701				194.08
194.09 PHYSICIAN CARDIOLOGIST		42,688				194.09
194.10 PHYSICIAN ONCOLOGIST		15,981				194.10
194.11 PERINATOLOGY		5,126				194.11
194.12 TRAUMA PHYSICIANS		3,041				194.12
194.13 LANDMARK HOSPITAL		30,807				194.13
194.14 GYN SURG ONCOLOGIST		5,129				194.14
194.15 CAPE GASTROENTEROLOGY		18,103				194.15
194.16 CAPE PHYSICIAN ASSOCIATES		88,078				194.16
194.17 NONPATIENT MEALS	942,096					194.17
194.18 BEAUTY SHOP		300				194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE		24,621				194.20
194.21 CAPE CARE FOR WOMEN		46,005				194.21
194.22 JACKSON FAMILY CLINIC		16,289				194.22
194.23 CAPE MEDICAL GROUP		10,321				194.23
194.24 CAPE ENT GROUP		17,656				194.24
194.25 CHARLESTON FAMILY CARE		9,636				194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		96				194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,000,829	2,075,835	2,391,857	1,647,251	3,550,317	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 DEPARTMENT					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	567,618				17
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	340,547	44,702,709		44,702,709	30
31 INTENSIVE CARE UNIT	15,090	10,963,214		10,963,214	31
31.01 NEONATOLOGY/NICU	30,662	5,600,144		5,600,144	31.01
41 SUBPROVIDER - IRF	42,976	2,941,856		2,941,856	41
43 NURSERY		1,890,219		1,890,219	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		24,869,631		24,869,631	50
51 RECOVERY ROOM		1,802,385		1,802,385	51
52 DELIVERY ROOM & LABOR ROOM		1,694,500		1,694,500	52
53 ANESTHESIOLOGY		935,574		935,574	53
54 RADIOLOGY-DIAGNOSTIC		11,404,890		11,404,890	54
56 RADIOISOTOPE		993,074		993,074	56
57 CT SCAN		2,023,107		2,023,107	57
58 MRI		1,067,454		1,067,454	58
59 CARDIAC CATHETERIZATION	241	9,651,840		9,651,840	59
60 LABORATORY		17,205,438		17,205,438	60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		6,399,953		6,399,953	65
66 PHYSICAL THERAPY		4,465,929		4,465,929	66
67 OCCUPATIONAL THERAPY		1,641,443		1,641,443	67
68 SPEECH PATHOLOGY		1,047,590		1,047,590	68
69 ELECTROCARDIOLOGY		3,052,801		3,052,801	69
70 ELECTROENCEPHALOGRAPHY		2,074,990		2,074,990	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		17,186,466		17,186,466	71
72 IMPL. DEV. CHARGED TO PATIENTS		33,362,354		33,362,354	72
73 DRUGS CHARGED TO PATIENTS		25,928,467		25,928,467	73
73.10 REHABILITATION SERVICES	81,002	12,417,248		12,417,248	73.10
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	57,100	15,255,073		15,255,073	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES		211,761		211,761	95
97 DURABLE MEDICAL EQUIP-SOLD		1,241,798		1,241,798	97
101 HOME HEALTH AGENCY		1,459,403		1,459,403	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	567,618	263,491,311		263,491,311	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		134,333		134,333	190
194 FITNESS CENTER		4,753,370		4,753,370	194
194.01 RETAIL PHARMACY		5,905,203		5,905,203	194.01
194.02 GARDEN VIEW DELI		147,905		147,905	194.02
194.03 MEDICAL OFFICE BLDG		3,803		3,803	194.03
194.04 PHYSICIAN SERVICES		4,324,015		4,324,015	194.04

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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	
194.05 ENDOCRINOLOGIST		1,539,852		1,539,852	194.05
194.06 HOSPITALIST		12,913,872		12,913,872	194.06
194.07 NEONATOLOGY PHYSICIANS		2,318,047		2,318,047	194.07
194.08 ANESTHESIOLOGISTS		11,607,845		11,607,845	194.08
194.09 PHYSICIAN CARDIOLOGIST		9,251,635		9,251,635	194.09
194.10 PHYSICIAN ONCOLOGIST		4,072,179		4,072,179	194.10
194.11 PERINATOLOGY		1,398,056		1,398,056	194.11
194.12 TRAUMA PHYSICIANS		1,965,617		1,965,617	194.12
194.13 LANDMARK HOSPITAL		206,249		206,249	194.13
194.14 GYN SURG ONCOLOGIST		1,036,707		1,036,707	194.14
194.15 CAPE GASTROENTEROLOGY		4,653,858		4,653,858	194.15
194.16 CAPE PHYSICIAN ASSOCIATES		14,027,157		14,027,157	194.16
194.17 NONPATIENT MEALS		942,096		942,096	194.17
194.18 BEAUTY SHOP		29,304		29,304	194.18
194.19 MARKETING COSTS		17,322,357		17,322,357	194.19
194.20 CAPE PRIMARY CARE		308,600		308,600	194.20
194.21 CAPE CARE FOR WOMEN		6,768,529		6,768,529	194.21
194.22 JACKSON FAMILY CLINIC		2,121,776		2,121,776	194.22
194.23 CAPE MEDICAL GROUP		1,287,768		1,287,768	194.23
194.24 CAPE ENT GROUP		2,649,214		2,649,214	194.24
194.25 CHARLESTON FAMILY CARE		1,031,486		1,031,486	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		45,020		45,020	194.26
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	567,618	376,257,164		376,257,164	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		272,034	6,466	278,500	278,500	4
5.01 COMMUNICATIONS		16,484	45	16,529	424	5.01
5.02 DATA PROCESSING		157,455	2,913,054	3,070,509	3,400	5.02
5.03 PURCHASING		138,089	4,235	142,324	745	5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS		57,277	228,386	285,663	1,261	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		924,160	177,344	1,101,504	14,376	5.06
6 MAINTENANCE & REPAIRS		720,833	126,421	847,254	3,403	6
7 OPERATION OF PLANT		2,100,637	4,946	2,105,583	549	7
7.10 SPD SOILED PROCESSING		183,069	17,238	200,307	551	7.10
8 LAUNDRY & LINEN SERVICE		130,177	37,230	167,407	1,026	8
9 HOUSEKEEPING		111,661	12,440	124,101	3,626	9
10 DIETARY		260,034	180,828	440,862	3,290	10
11 CAFETERIA		203,493		203,493		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		14,016	39,936	53,952	2,702	13
13.10 SPD STERILE PROCESSING		102,558	22,624	125,182	1,120	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		163,775	4,994	168,769	2,765	16
17 SOCIAL SERVICE		6,115		6,115	616	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		2,265,117	595,536	2,860,653	35,938	30
31 INTENSIVE CARE UNIT		504,593	262,994	767,587	9,748	31
31.01 NEONATOLOGY/NICU		133,077	93,547	226,624	4,996	31.01
41 SUBPROVIDER - IRF		227,031	12,736	239,767	2,367	41
43 NURSERY		13,056	43	13,099	1,860	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,222,021	2,527,751	3,749,772	14,018	50
51 RECOVERY ROOM		109,209	74,822	184,031	1,598	51
52 DELIVERY ROOM & LABOR ROOM					1,803	52
53 ANESTHESIOLOGY		3,623	34,183	37,806	370	53
54 RADIOLOGY-DIAGNOSTIC		426,618	1,876,948	2,303,566	6,185	54
56 RADIOISOTOPE		58,712	110,806	169,518	619	56
57 CT SCAN		48,670	279,200	327,870	849	57
58 MRI		33,830	39,246	73,076	483	58
59 CARDIAC CATHETERIZATION		897,506	1,348,814	2,246,320	5,303	59
60 LABORATORY		387,519	358,589	746,108	8,117	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		115,354	82,031	197,385	5,401	65
66 PHYSICAL THERAPY		497,729	33,375	531,104	3,622	66
67 OCCUPATIONAL THERAPY		127,563	1,712	129,275	1,554	67
68 SPEECH PATHOLOGY		24,118	5,791	29,909	1,148	68
69 ELECTROCARDIOLOGY			267,348	267,348	2,437	69
70 ELECTROENCEPHALOGRAPHY		79,257	57,997	137,254	1,838	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		140,648	34,971	175,619	558	71
72 IMPL. DEV. CHARGED TO PATIENTS		210,971	52,455	263,426	838	72
73 DRUGS CHARGED TO PATIENTS		183,503	403,406	586,909	5,358	73
73.10 REHABILITATION SERVICES		1,132,977	693,033	1,826,010	7,354	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		864,815	765,866	1,630,681	19,710	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD					311	97
101 HOME HEALTH AGENCY		36,979	318	37,297	1,422	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		15,306,363	13,789,705	29,096,068	185,659	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		57,420		57,420		190
194 FITNESS CENTER		939,809	50,028	989,837	2,157	194
194.01 RETAIL PHARMACY		49,401	23,376	72,777	1,215	194.01
194.02 GARDEN VIEW DELI		23,861	1,277	25,138	38	194.02
194.03 MEDICAL OFFICE BLDG			2,024	2,024		194.03
194.04 PHYSICIAN SERVICES		80,289	19,204	99,493	5,256	194.04

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 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
194.05 ENDOCRINOLOGIST			24,331	24,331	1,633	194.05
194.06 HOSPITALIST		19,397	82,562	101,959	13,880	194.06
194.07 NEONATOLOGY PHYSICIANS		10,263	691	10,954	3,008	194.07
194.08 ANESTHESIOLOGISTS		15,200		15,200	6,333	194.08
194.09 PHYSICIAN CARDIOLOGIST		393,048	123,736	516,784	10,423	194.09
194.10 PHYSICIAN ONCOLOGIST		170,912	25,824	196,736	4,535	194.10
194.11 PERINATOLOGY		62,910	26,864	89,774	1,587	194.11
194.12 TRAUMA PHYSICIANS		59,989	868	60,857	1,472	194.12
194.13 LANDMARK HOSPITAL					24	194.13
194.14 GYN SURG ONCOLOGIST			3,657	3,657	1,330	194.14
194.15 CAPE GASTROENTEROLOGY			26,866	26,866	6,138	194.15
194.16 CAPE PHYSICIAN ASSOCIATES		555,060	111,730	666,790	9,411	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP		2,643		2,643		194.18
194.19 MARKETING COSTS					2,994	194.19
194.20 CAPE PRIMARY CARE			1,517	1,517	7,151	194.20
194.21 CAPE CARE FOR WOMEN			97,104	97,104	7,142	194.21
194.22 JACKSON FAMILY CLINIC			53,969	53,969	2,128	194.22
194.23 CAPE MEDICAL GROUP			51,166	51,166	983	194.23
194.24 CAPE ENT GROUP			50,356	50,356	2,985	194.24
194.25 CHARLESTON FAMILY CARE			31,218	31,218	1,014	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS			15,374	15,374	4	194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		17,746,565	14,613,447	32,360,012	278,500	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	COMMUNI- CATIONS 5.01	DATA PROCESSING 5.02	PURCHASING 5.03	CREDIT & COLLECTION 5.05	OTHER ADMIN & GENERAL 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 COMMUNICATIONS	16,953					5.01
5.02 DATA PROCESSING	482	3,074,391				5.02
5.03 PURCHASING	152	12,878	156,099			5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	524	40,391	280	328,119		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,233	508,688	1,382		1,627,183	5.06
6 MAINTENANCE & REPAIRS	1,137	28,098	853		20,446	6
7 OPERATION OF PLANT	55	3,512	845		28,588	7
7.10 SPD SOILED PROCESSING	21	1,171	61		3,455	7.10
8 LAUNDRY & LINEN SERVICE	34		729		6,894	8
9 HOUSEKEEPING	48	9,366	558		17,219	9
10 DIETARY	152	34,537	752		15,799	10
11 CAFETERIA					975	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	172	38,635	16		10,175	13
13.10 SPD STERILE PROCESSING	76	2,342	581		5,713	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	565	64,977	158		14,313	16
17 SOCIAL SERVICE	83	4,098			2,391	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,154	488,203	1,789	19,486	156,095	30
31 INTENSIVE CARE UNIT	241	56,196	706	6,565	41,577	31
31.01 NEONATOLOGY/NICU	227	46,245	458	5,652	22,300	31.01
41 SUBPROVIDER - IRF	220	12,293	81	1,030	10,312	41
43 NURSERY			307	1,253	7,448	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,398	207,808	4,091	21,263	91,568	50
51 RECOVERY ROOM	83		44	3,326	7,042	51
52 DELIVERY ROOM & LABOR ROOM		18,732	90	1,678	6,891	52
53 ANESTHESIOLOGY	55	2,342	701	6,430	4,014	53
54 RADIOLOGY-DIAGNOSTIC	909	82,538	1,876	15,594	45,330	54
56 RADIOISOTOPE	55		280	2,709	3,961	56
57 CT SCAN	55		847	20,222	8,451	57
58 MRI	48	1,756	634	5,436	4,413	58
59 CARDIAC CATHETERIZATION	524	57,367	1,674	12,964	36,725	59
60 LABORATORY	682	116,490	9,287	47,389	71,600	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	276	36,879	1,316	17,011	26,597	65
66 PHYSICAL THERAPY	62	7,610	54	3,404	16,445	66
67 OCCUPATIONAL THERAPY	62	1,171	45	1,359	6,366	67
68 SPEECH PATHOLOGY	62	3,512	32	876	4,361	68
69 ELECTROCARDIOLOGY	90	40,976	712	6,135	13,028	69
70 ELECTROENCEPHALOGRAPHY	200	10,537	169	1,739	8,179	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	28	4,098	27,771	29,158	73,440	71
72 IMPL. DEV. CHARGED TO PATIENTS	48	5,854	45,312	43,736	142,951	72
73 DRUGS CHARGED TO PATIENTS	234	26,342	31,205	30,163	110,981	73
73.10 REHABILITATION SERVICES	889	173,856	1,400	7,351	46,407	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	827	107,124	1,574	15,435	55,140	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	7			74	916	95
97 DURABLE MEDICAL EQUIP-SOLD	41	1,756	8	681	5,354	97
101 HOME HEALTH AGENCY	152	20,488	176		6,063	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	14,363	2,278,866	138,854	328,119	1,159,923	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28				280	190
194 FITNESS CENTER	317	27,513	179		14,185	194
194.01 RETAIL PHARMACY	255	4,098	7,419		25,238	194.01
194.02 GARDEN VIEW DELI	21		15		510	194.02
194.03 MEDICAL OFFICE BLDG					10	194.03
194.04 PHYSICIAN SERVICES	103	62,050	105		18,182	194.04

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	
194.05 ENDOCRINOLOGIST		22,830	211		6,604	194.05
194.06 HOSPITALIST	48	81,367	776		55,554	194.06
194.07 NEONATOLOGY PHYSICIANS	41	7,610	22		9,925	194.07
194.08 ANESTHESIOLOGISTS		585	1		50,030	194.08
194.09 PHYSICIAN CARDIOLOGIST	14	93,660	158		37,746	194.09
194.10 PHYSICIAN ONCOLOGIST	248	43,903	72		16,645	194.10
194.11 PERINATOLOGY	96	10,537	49		5,693	194.11
194.12 TRAUMA PHYSICIANS	131	2,927			8,173	194.12
194.13 LANDMARK HOSPITAL		49,757			759	194.13
194.14 GYN SURG ONCOLOGIST	131	17,561	16		4,461	194.14
194.15 CAPE GASTROENTEROLOGY	110	7,025	157		20,048	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	1,040	103,611	6,378		57,368	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	7				14	194.18
194.19 MARKETING COSTS					74,913	194.19
194.20 CAPE PRIMARY CARE		20,488	4		1,228	194.20
194.21 CAPE CARE FOR WOMEN		98,928	711		29,072	194.21
194.22 JACKSON FAMILY CLINIC		22,830	472		9,105	194.22
194.23 CAPE MEDICAL GROUP		55,025	93		5,524	194.23
194.24 CAPE ENT GROUP		52,098	222		11,380	194.24
194.25 CHARLESTON FAMILY CARE		11,122	155		4,419	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS			30		194	194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	16,953	3,074,391	156,099	328,119	1,627,183	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	SPD SOILED PROCESSIN G 7.10	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	901,191					6
7 OPERATION OF PLANT	122,448	2,261,580				7
7.10 SPD SOILED PROCESSING	10,671	30,991	247,228			7.10
8 LAUNDRY & LINEN SERVICE	7,588	22,037	119,857	325,572		8
9 HOUSEKEEPING	6,509	18,903	127,371	22,651	330,352	9
10 DIETARY	15,158	44,020		4,812	6,641	10
11 CAFETERIA	11,862	34,448			5,197	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	817	2,373			358	13
13.10 SPD STERILE PROCESSING	5,978	17,362		26,910	2,619	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	9,547	27,725			4,183	16
17 SOCIAL SERVICE	356	1,035			156	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	132,034	383,451		111,070	57,852	30
31 INTENSIVE CARE UNIT	29,413	85,420		23,190	12,887	31
31.01 NEONATOLOGY/NICU	7,757	22,528		2,491	3,399	31.01
41 SUBPROVIDER - IRF	13,234	38,433		492	5,798	41
43 NURSERY	761	2,210		2,818	333	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,233	206,870		35,363	31,211	50
51 RECOVERY ROOM	6,366	18,487		3,638	2,789	51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY	211	613			93	53
54 RADIOLOGY-DIAGNOSTIC	24,868	72,220		279	10,896	54
56 RADIOISOTOPE	3,422	9,939		11	1,500	56
57 CT SCAN	2,837	8,239		52	1,243	57
58 MRI	1,972	5,727		50	864	58
59 CARDIAC CATHETERIZATION	52,316	151,934		1,644	22,922	59
60 LABORATORY	22,589	65,601		5	9,897	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,724	19,528		500	2,946	65
66 PHYSICAL THERAPY	29,013	84,258		744	12,712	66
67 OCCUPATIONAL THERAPY	7,436	21,595			3,258	67
68 SPEECH PATHOLOGY	1,406	4,083			616	68
69 ELECTROCARDIOLOGY				1		69
70 ELECTROENCEPHALOGRAPHY	4,620	13,417		13	2,024	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,199	23,810		271	3,592	71
72 IMPL. DEV. CHARGED TO PATIENTS	12,298	35,714		407	5,388	72
73 DRUGS CHARGED TO PATIENTS	10,697	31,064		63	4,687	73
73.10 REHABILITATION SERVICES	66,042	191,796		8,442	28,936	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	50,411	146,400		30,337	22,088	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
101 HOME HEALTH AGENCY	2,156	6,260			944	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	758,949	1,848,491	247,228	276,254	268,029	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,347	9,720			1,467	190
194 FITNESS CENTER	54,782	159,096		43,913	24,003	194
194.01 RETAIL PHARMACY	2,880	8,363			1,262	194.01
194.02 GARDEN VIEW DELI	1,391	4,039			609	194.02
194.03 MEDICAL OFFICE BLDG						194.03
194.04 PHYSICIAN SERVICES	4,680	13,592		1,413	2,051	194.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	SPD SOILED PROCESSIN G 7.10	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194.05 ENDOCRINOLOGIST						194.05
194.06 HOSPITALIST	1,131	3,284			495	194.06
194.07 NEONATOLOGY PHYSICIANS	598	1,737			262	194.07
194.08 ANESTHESIOLOGISTS	886	2,573			388	194.08
194.09 PHYSICIAN CARDIOLOGIST	22,911	66,537		577	10,039	194.09
194.10 PHYSICIAN ONCOLOGIST	9,963	28,933			4,365	194.10
194.11 PERINATOLOGY	3,667	10,650		19	1,607	194.11
194.12 TRAUMA PHYSICIANS	3,497	10,155			1,532	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	32,355	93,963			14,176	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	154	447		3,396	67	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)	901,191	2,261,580	247,228	325,572	330,352	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	
	10	11	13	13.10	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	566,023					10
11 CAFETERIA	226,850	482,825				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		5,113	114,313			13
13.10 SPD STERILE PROCESSING		5,285		193,168		13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		9,765			302,767	16
17 SOCIAL SERVICE		1,712				17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	170,843	99,489	70,935		141,785	30
31 INTENSIVE CARE UNIT	21,701	20,303	14,475	9	2,029	31
31.01 NEONATOLOGY/NICU		11,004	7,846	338	1,756	31.01
41 SUBPROVIDER - IRF	13,345	6,037	4,304		2,150	41
43 NURSERY		3,189		3,336	7,781	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		34,039		161,930	38,421	50
51 RECOVERY ROOM		4,032				51
52 DELIVERY ROOM & LABOR ROOM		5,259	3,750			52
53 ANESTHESIOLOGY		723				53
54 RADIOLOGY-DIAGNOSTIC		14,981		12,898	19,528	54
56 RADIOISOTOPE		1,375				56
57 CT SCAN		2,214				57
58 MRI		1,312				58
59 CARDIAC CATHETERIZATION		10,236		810	727	59
60 LABORATORY		24,653	2,659	2,019		60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		14,562		5,149		65
66 PHYSICAL THERAPY		8,565		13	1,484	66
67 OCCUPATIONAL THERAPY		3,396				67
68 SPEECH PATHOLOGY		2,214		46		68
69 ELECTROCARDIOLOGY		5,510			1,423	69
70 ELECTROENCEPHALOGRAPHY		4,275	3,048		454	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,776		2,383		71
72 IMPL. DEV. CHARGED TO PATIENTS		4,164		3,576		72
73 DRUGS CHARGED TO PATIENTS		9,943				73
73.10 REHABILITATION SERVICES		19,391	4,113	60	363	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		30,113	3,183	601	84,866	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		1				95
97 DURABLE MEDICAL EQUIP-SOLD		881				97
101 HOME HEALTH AGENCY		2,927				101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	432,739	369,439	114,313	193,168	302,767	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 FITNESS CENTER		9,409				194
194.01 RETAIL PHARMACY		2,166				194.01
194.02 GARDEN VIEW DELI		236				194.02
194.03 MEDICAL OFFICE BLDG		363				194.03
194.04 PHYSICIAN SERVICES		2,975				194.04

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/25/2013 14:17

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	
	10	11	13	13.10	16	
194.05 ENDOCRINOLOGIST		2,986				194.05
194.06 HOSPITALIST		10,301				194.06
194.07 NEONATOLOGY PHYSICIANS		2,478				194.07
194.08 ANESTHESIOLOGISTS		4,815				194.08
194.09 PHYSICIAN CARDIOLOGIST		9,929				194.09
194.10 PHYSICIAN ONCOLOGIST		3,717				194.10
194.11 PERINATOLOGY		1,192				194.11
194.12 TRAUMA PHYSICIANS		707				194.12
194.13 LANDMARK HOSPITAL		7,165				194.13
194.14 GYN SURG ONCOLOGIST		1,193				194.14
194.15 CAPE GASTROENTEROLOGY		4,211				194.15
194.16 CAPE PHYSICIAN ASSOCIATES		20,486				194.16
194.17 NONPATIENT MEALS	133,284					194.17
194.18 BEAUTY SHOP		70				194.18
194.19 MARKETING COSTS						194.19
194.20 CAPE PRIMARY CARE		5,727				194.20
194.21 CAPE CARE FOR WOMEN		10,700				194.21
194.22 JACKSON FAMILY CLINIC		3,789				194.22
194.23 CAPE MEDICAL GROUP		2,401				194.23
194.24 CAPE ENT GROUP		4,107				194.24
194.25 CHARLESTON FAMILY CARE		2,241				194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		22				194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	566,023	482,825	114,313	193,168	302,767	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 DEPARTMENT					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	16,562				17
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	9,937	4,741,714		4,741,714	30
31 INTENSIVE CARE UNIT	440	1,092,487		1,092,487	31
31.01 NEONATOLOGY/NICU	895	364,516		364,516	31.01
41 SUBPROVIDER - IRF	1,254	351,117		351,117	41
43 NURSERY		44,395		44,395	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		4,668,985		4,668,985	50
51 RECOVERY ROOM		231,436		231,436	51
52 DELIVERY ROOM & LABOR ROOM		38,203		38,203	52
53 ANESTHESIOLOGY		53,358		53,358	53
54 RADIOLOGY-DIAGNOSTIC		2,611,668		2,611,668	54
56 RADIOISOTOPE		193,389		193,389	56
57 CT SCAN		372,879		372,879	57
58 MRI		95,771		95,771	58
59 CARDIAC CATHETERIZATION	7	2,601,473		2,601,473	59
60 LABORATORY		1,127,096		1,127,096	60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		334,274		334,274	65
66 PHYSICAL THERAPY		699,090		699,090	66
67 OCCUPATIONAL THERAPY		175,517		175,517	67
68 SPEECH PATHOLOGY		48,265		48,265	68
69 ELECTROCARDIOLOGY		337,660		337,660	69
70 ELECTROENCEPHALOGRAPHY		187,767		187,767	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		351,703		351,703	71
72 IMPL. DEV. CHARGED TO PATIENTS		563,712		563,712	72
73 DRUGS CHARGED TO PATIENTS		847,646		847,646	73
73.10 REHABILITATION SERVICES	2,363	2,384,773		2,384,773	73.10
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	1,666	2,200,156		2,200,156	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES		998		998	95
97 DURABLE MEDICAL EQUIP-SOLD		9,032		9,032	97
101 HOME HEALTH AGENCY		77,885		77,885	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	16,562	26,806,965		26,806,965	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		72,262		72,262	190
194 FITNESS CENTER		1,325,391		1,325,391	194
194.01 RETAIL PHARMACY		125,673		125,673	194.01
194.02 GARDEN VIEW DELI		31,997		31,997	194.02
194.03 MEDICAL OFFICE BLDG		2,397		2,397	194.03
194.04 PHYSICIAN SERVICES		209,900		209,900	194.04

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	
194.05 ENDOCRINOLOGIST		58,595		58,595	194.05
194.06 HOSPITALIST		268,795		268,795	194.06
194.07 NEONATOLOGY PHYSICIANS		36,635		36,635	194.07
194.08 ANESTHESIOLOGISTS		80,811		80,811	194.08
194.09 PHYSICIAN CARDIOLOGIST		768,778		768,778	194.09
194.10 PHYSICIAN ONCOLOGIST		309,117		309,117	194.10
194.11 PERINATOLOGY		124,871		124,871	194.11
194.12 TRAUMA PHYSICIANS		89,451		89,451	194.12
194.13 LANDMARK HOSPITAL		57,705		57,705	194.13
194.14 GYN SURG ONCOLOGIST		28,349		28,349	194.14
194.15 CAPE GASTROENTEROLOGY		64,555		64,555	194.15
194.16 CAPE PHYSICIAN ASSOCIATES		1,005,578		1,005,578	194.16
194.17 NONPATIENT MEALS		133,284		133,284	194.17
194.18 BEAUTY SHOP		6,798		6,798	194.18
194.19 MARKETING COSTS		77,907		77,907	194.19
194.20 CAPE PRIMARY CARE		36,115		36,115	194.20
194.21 CAPE CARE FOR WOMEN		243,657		243,657	194.21
194.22 JACKSON FAMILY CLINIC		92,293		92,293	194.22
194.23 CAPE MEDICAL GROUP		115,192		115,192	194.23
194.24 CAPE ENT GROUP		121,148		121,148	194.24
194.25 CHARLESTON FAMILY CARE		50,169		50,169	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		15,624		15,624	194.26
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	16,562	32,360,012		32,360,012	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQ 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	COMMUNI-CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING WORK ORDER S 5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,823,277					1
2 CAP REL COSTS-MVBLE EQUIP		14,435,896				2
4 EMPLOYEE BENEFITS DEPARTMENT	104,593	6,387	156,398,179			4
5.01 COMMUNICATIONS	6,338	44	238,027	2,461		5.01
5.02 DATA PROCESSING	60,539	2,877,659	1,908,983	70	5,252	5.02
5.03 PURCHASING	53,093	4,184	418,398	22	22	5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	22,022	225,611	708,175	76	69	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	355,325	175,189	8,071,721	179	869	5.06
6 MAINTENANCE & REPAIRS	277,149	124,885	1,910,661	165	48	6
7 OPERATION OF PLANT	807,662	4,886	308,277	8	6	7
7.10 SPD SOILED PROCESSING	70,387	17,029	309,274	3	2	7.10
8 LAUNDRY & LINEN SERVICE	50,051	36,778	576,000	5		8
9 HOUSEKEEPING	42,932	12,289	2,035,707	7	16	9
10 DIETARY	99,979	178,631	1,847,444	22	59	10
11 CAFETERIA	78,240					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,389	39,451	1,517,268	25	66	13
13.10 SPD STERILE PROCESSING	39,432	22,349	628,754	11	4	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	62,969	4,933	1,552,594	82	111	16
17 SOCIAL SERVICE	2,351		345,741	12	7	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	870,901	588,300	20,204,030	313	834	30
31 INTENSIVE CARE UNIT	194,008	259,799	5,473,249	35	96	31
31.01 NEONATOLOGY/NICU	51,166	92,410	2,805,037	33	79	31.01
41 SUBPROVIDER - IRF	87,290	12,581	1,329,158	32	21	41
43 NURSERY	5,020	42	1,044,232			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	469,848	2,497,040	7,871,136	203	355	50
51 RECOVERY ROOM	41,989	73,913	897,463	12		51
52 DELIVERY ROOM & LABOR ROOM			1,012,428			52
53 ANESTHESIOLOGY	1,393	33,768	207,916	8	4	53
54 RADIOLOGY-DIAGNOSTIC	164,028	1,854,144	3,472,530	132	141	54
56 RADIOISOTOPE	22,574	109,460	347,392	8		56
57 CT SCAN	18,713	275,808	476,492	8		57
58 MRI	13,007	38,769	271,221	7	3	58
59 CARDIAC CATHETERIZATION	345,077	1,332,426	2,977,767	76	98	59
60 LABORATORY	148,995	354,232	4,557,791	99	199	60
60.10 RADIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	44,352	81,034	3,032,643	40	63	65
66 PHYSICAL THERAPY	191,369	32,970	2,033,411	9	13	66
67 OCCUPATIONAL THERAPY	49,046	1,691	872,615	9	2	67
68 SPEECH PATHOLOGY	9,273	5,721	644,319	9	6	68
69 ELECTROCARDIOLOGY		264,100	1,368,090	13	70	69
70 ELECTROENCEPHALOGRAPHY	30,473	57,292	1,032,068	29	18	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	54,077	34,546	313,506	4	7	71
72 IMPL. DEV. CHARGED TO PATIENTS	81,115	51,818	470,258	7	10	72
73 DRUGS CHARGED TO PATIENTS	70,554	398,505	3,008,239	34	45	73
73.10 REHABILITATION SERVICES	435,612	684,613	4,129,035	129	297	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	332,508	756,561	11,067,044	120	183	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES			58	1		95
97 DURABLE MEDICAL EQUIP-SOLD			174,843	6	3	97
101 HOME HEALTH AGENCY	14,218	314	798,469	22	35	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	5,885,057	13,622,162	104,269,464	2,085	3,893	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,077			4		190
194 FITNESS CENTER	361,342	49,420	1,211,057	46	47	194
194.01 RETAIL PHARMACY	18,994	23,092	682,143	37	7	194.01
194.02 GARDEN VIEW DELI	9,174	1,261	21,469	3		194.02
194.03 MEDICAL OFFICE BLDG		1,999				194.03
194.04 PHYSICIAN SERVICES	30,870	18,971	2,950,916	15	106	194.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	COMMUNI-	DATA	
	BLDGS & FIXTURES SQ	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS DEPARTMENT GROSS SALARIES	CATIONS NUMBER OF PHONES	PROCESSING WORK ORDER S	
	1	2	4	5.01	5.02	
194.05 ENDOCRINOLOGIST		24,035	916,880		39	194.05
194.06 HOSPITALIST	7,458	81,559	7,793,294	7	139	194.06
194.07 NEONATOLOGY PHYSICIANS	3,946	683	1,688,848	6	13	194.07
194.08 ANESTHESIOLOGISTS	5,844		3,555,711		1	194.08
194.09 PHYSICIAN CARDIOLOGIST	151,121	122,233	5,852,409	2	160	194.09
194.10 PHYSICIAN ONCOLOGIST	65,713	25,510	2,546,348	36	75	194.10
194.11 PERINATOLOGY	24,188	26,538	891,194	14	18	194.11
194.12 TRAUMA PHYSICIANS	23,065	857	826,450	19	5	194.12
194.13 LANDMARK HOSPITAL			13,747		85	194.13
194.14 GYN SURG ONCOLOGIST		3,613	746,694	19	30	194.14
194.15 CAPE GASTROENTEROLOGY		26,540	3,446,348	16	12	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	213,412	110,373	5,284,374	151	177	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP	1,016			1		194.18
194.19 MARKETING COSTS			1,681,282			194.19
194.20 CAPE PRIMARY CARE		1,499	4,015,359		35	194.20
194.21 CAPE CARE FOR WOMEN		95,924	4,010,055		169	194.21
194.22 JACKSON FAMILY CLINIC		53,313	1,195,018		39	194.22
194.23 CAPE MEDICAL GROUP		50,544	551,725		94	194.23
194.24 CAPE ENT GROUP		49,744	1,675,864		89	194.24
194.25 CHARLESTON FAMILY CARE		30,839	569,441		19	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS		15,187	2,089			194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	17,746,565	14,613,447	6,805,250	577,437	8,350,040	202
203 UNIT COST MULT-WS B PT I	2.600886	1.012299	0.043512	234.635108	1,589.878142	203
204 COST TO BE ALLOC PER B PT II			278,500	16,953	3,074,391	204
205 UNIT COST MULT-WS B PT II			0.001781	6.888663	585.375286	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	CREDIT & COLLECTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQ	
	COSTED REQUISITIO 5.03	GROSS CHARGES 5.05	5A.06	5.06	6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	89,047,828					5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	160,004	1,373,047,307				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	788,362		-36,626,602	339,630,562		5.06
6 MAINTENANCE & REPAIRS	486,788			4,267,609	5,944,218	6
7 OPERATION OF PLANT	482,238			5,966,985	807,662	7
7.10 SPD SOILED PROCESSING	35,023			721,182	70,387	7.10
8 LAUNDRY & LINEN SERVICE	415,863			1,438,954	50,051	8
9 HOUSEKEEPING	318,418			3,594,099	42,932	9
10 DIETARY	429,020			3,297,614	99,979	10
11 CAFETERIA				203,493	78,240	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,943			2,123,827	5,389	13
13.10 SPD STERILE PROCESSING	331,506			1,192,355	39,432	13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	90,329			2,987,418	62,969	16
17 SOCIAL SERVICE				499,022	2,351	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,020,578	81,532,080		32,578,399	870,901	30
31 INTENSIVE CARE UNIT	402,745	27,470,001		8,678,134	194,008	31
31.01 NEONATOLOGY/NICU	261,113	23,650,297		4,654,511	51,166	31.01
41 SUBPROVIDER - IRF	46,420	4,310,047		2,152,429	87,290	41
43 NURSERY	174,950	5,243,491		1,554,566	5,020	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,333,732	88,967,022		19,112,409	469,848	50
51 RECOVERY ROOM	25,182	13,915,953		1,469,801	41,989	51
52 DELIVERY ROOM & LABOR ROOM	51,439	7,022,252		1,438,320		52
53 ANESTHESIOLOGY	399,753	26,903,945		837,726	1,393	53
54 RADIOLOGY-DIAGNOSTIC	1,070,006	65,247,149		9,461,570	164,028	54
56 RADIOISOTOPE	159,547	11,334,483		826,688	22,574	56
57 CT SCAN	483,239	84,611,241		1,763,949	18,713	57
58 MRI	361,594	22,746,200		921,093	13,007	58
59 CARDIAC CATHETERIZATION	955,218	54,243,858		7,665,414	345,077	59
60 LABORATORY	5,297,898	198,438,591		14,944,623	148,995	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	750,773	71,176,186		5,551,441	44,352	65
66 PHYSICAL THERAPY	30,814	14,243,882		3,432,473	191,369	66
67 OCCUPATIONAL THERAPY	25,462	5,685,406		1,328,747	49,046	67
68 SPEECH PATHOLOGY	18,237	3,664,407		910,248	9,273	68
69 ELECTROCARDIOLOGY	406,106	25,668,382		2,719,179		69
70 ELECTROENCEPHALOGRAPHY	96,642	7,274,331		1,707,143	30,473	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,842,087	121,998,051		15,328,648	54,077	71
72 IMPL. DEV. CHARGED TO PATIENTS	25,847,616	182,997,077		29,837,490	81,115	72
73 DRUGS CHARGED TO PATIENTS	17,800,915	126,204,230		23,164,506	70,554	73
73.10 REHABILITATION SERVICES	798,629	30,759,060		9,686,351	435,612	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	897,771	64,580,495		11,509,039	332,508	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		309,995		191,145		95
97 DURABLE MEDICAL EQUIP-SOLD	4,690	2,849,195		1,117,496		97
101 HOME HEALTH AGENCY	100,684			1,265,474	14,218	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	79,210,334	1,373,047,307	-36,626,602	242,101,570	5,005,998	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				58,359	22,077	190
194 FITNESS CENTER	102,387			2,960,812	361,342	194
194.01 RETAIL PHARMACY	4,232,109			5,267,846	18,994	194.01
194.02 GARDEN VIEW DELI	8,676			106,456	9,174	194.02
194.03 MEDICAL OFFICE BLDG				2,024		194.03
194.04 PHYSICIAN SERVICES	59,886			3,795,112	30,870	194.04

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/25/2013 14:17

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	
194.05 ENDOCRINOLOGIST	120,366			1,378,368		194.05
194.06 HOSPITALIST	442,894			11,595,558	7,458	194.06
194.07 NEONATOLOGY PHYSICIANS	12,430			2,071,541	3,946	194.07
194.08 ANESTHESIOLOGISTS	288			10,442,553	5,844	194.08
194.09 PHYSICIAN CARDIOLOGIST	89,889			7,878,497	151,121	194.09
194.10 PHYSICIAN ONCOLOGIST	41,330			3,474,134	65,713	194.10
194.11 PERINATOLOGY	27,973			1,188,310	24,188	194.11
194.12 TRAUMA PHYSICIANS	30			1,705,818	23,065	194.12
194.13 LANDMARK HOSPITAL				158,364		194.13
194.14 GYN SURG ONCOLOGIST	9,032			931,160		194.14
194.15 CAPE GASTROENTEROLOGY	89,577			4,184,491		194.15
194.16 CAPE PHYSICIAN ASSOCIATES	3,638,375			11,974,179	213,412	194.16
194.17 NONPATIENT MEALS						194.17
194.18 BEAUTY SHOP				2,878	1,016	194.18
194.19 MARKETING COSTS				15,636,126		194.19
194.20 CAPE PRIMARY CARE	2,102			256,335		194.20
194.21 CAPE CARE FOR WOMEN	405,535			6,068,125		194.21
194.22 JACKSON FAMILY CLINIC	269,280			1,900,530		194.22
194.23 CAPE MEDICAL GROUP	53,328			1,153,095		194.23
194.24 CAPE ENT GROUP	126,607			2,375,391		194.24
194.25 CHARLESTON FAMILY CARE	88,307			922,379		194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS	17,093			40,551		194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	921,259	6,076,884		36,626,602	4,727,836	202
203 UNIT COST MULT-WS B PT I	0.010346	0.004426		0.107842	0.795367	203
204 COST TO BE ALLOC PER B PT II	156,099	328,119		1,627,183	901,191	204
205 UNIT COST MULT-WS B PT II	0.001753	0.000239		0.004791	0.151608	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 DEPARTMENT					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	5,136,556				7
7.10 SPD SOILED PROCESSING	70,387	23,296			7.10
8 LAUNDRY & LINEN SERVICE	50,051	11,294	1,830,923		8
9 HOUSEKEEPING	42,932	12,002	127,382	4,973,186	9
10 DIETARY	99,979		27,064	99,979	518,407
11 CAFETERIA	78,240			78,240	207,767
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	5,389			5,389	13
13.10 SPD STERILE PROCESSING	39,432		151,331	39,432	13.10
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	62,969			62,969	16
17 SOCIAL SERVICE	2,351			2,351	17
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	870,901		624,626	870,901	156,471
31 INTENSIVE CARE UNIT	194,008		130,411	194,008	19,875
31.01 NEONATOLOGY/NICU	51,166		14,007	51,166	31.01
41 SUBPROVIDER - IRF	87,290		2,769	87,290	12,222
43 NURSERY	5,020		15,850	5,020	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	469,848		198,870	469,848	50
51 RECOVERY ROOM	41,989		20,457	41,989	51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY	1,393			1,393	53
54 RADIOLOGY-DIAGNOSTIC	164,028		1,571	164,028	54
56 RADIOISOTOPE	22,574		60	22,574	56
57 CT SCAN	18,713		295	18,713	57
58 MRI	13,007		282	13,007	58
59 CARDIAC CATHETERIZATION	345,077		9,245	345,077	59
60 LABORATORY	148,995		27	148,995	60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	44,352		2,814	44,352	65
66 PHYSICAL THERAPY	191,369		4,186	191,369	66
67 OCCUPATIONAL THERAPY	49,046			49,046	67
68 SPEECH PATHOLOGY	9,273			9,273	68
69 ELECTROCARDIOLOGY			3		69
70 ELECTROENCEPHALOGRAPHY	30,473		74	30,473	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	54,077		1,526	54,077	71
72 IMPL. DEV. CHARGED TO PATIENTS	81,115		2,290	81,115	72
73 DRUGS CHARGED TO PATIENTS	70,554		353	70,554	73
73.10 REHABILITATION SERVICES	435,612		47,473	435,612	73.10
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	332,508		170,604	332,508	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
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)	4,198,336	23,296	1,553,570	4,034,966	396,335
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,077			22,077	190
194 FITNESS CENTER	361,342		246,952	361,342	194
194.01 RETAIL PHARMACY	18,994			18,994	194.01
194.02 GARDEN VIEW DELI	9,174			9,174	194.02
194.03 MEDICAL OFFICE BLDG					194.03
194.04 PHYSICIAN SERVICES	30,870		7,948	30,870	194.04

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	
194.05 ENDOCRINOLOGIST		7	7.10	8	9	10
194.06 HOSPITALIST	7,458				7,458	194.05
194.07 NEONATOLOGY PHYSICIANS	3,946				3,946	194.06
194.08 ANESTHESIOLOGISTS	5,844				5,844	194.07
194.09 PHYSICIAN CARDIOLOGIST	151,121		3,246		151,121	194.08
194.10 PHYSICIAN ONCOLOGIST	65,713				65,713	194.09
194.11 PERINATOLOGY	24,188		107		24,188	194.10
194.12 TRAUMA PHYSICIANS	23,065				23,065	194.11
194.13 LANDMARK HOSPITAL						194.12
194.14 GYN SURG ONCOLOGIST						194.13
194.15 CAPE GASTROENTEROLOGY						194.14
194.16 CAPE PHYSICIAN ASSOCIATES	213,412				213,412	194.15
194.17 NONPATIENT MEALS						122,072
194.18 BEAUTY SHOP	1,016		19,100		1,016	194.16
194.19 MARKETING COSTS						194.17
194.20 CAPE PRIMARY CARE						194.18
194.21 CAPE CARE FOR WOMEN						194.19
194.22 JACKSON FAMILY CLINIC						194.20
194.23 CAPE MEDICAL GROUP						194.21
194.24 CAPE ENT GROUP						194.22
194.25 CHARLESTON FAMILY CARE						194.23
194.26 AWL FAMILY HEALTHCARE SYSTEMS						194.24
200 CROSS FOOT ADJUSTMENTS						194.25
201 NEGATIVE COST CENTER						194.26
202 COST TO BE ALLOC PER B PT I	7,252,865	954,326	2,167,276	4,718,909	4,000,829	200
203 UNIT COST MULT-WS B PT I	1.412009	40.965230	1.183707	0.948870	7.717544	201
204 COST TO BE ALLOC PER B PT II	2,261,580	247,228	325,572	330,352	566,023	202
205 UNIT COST MULT-WS B PT II	0.440291	10.612466	0.177819	0.066427	1.091851	203

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 DEPARTMENT						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	3,563,068					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	37,734	1,183,191				13
13.10 SPD STERILE PROCESSING	39,000		167,123			13.10
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	72,065			10,000		16
17 SOCIAL SERVICE	12,632				4,702	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	734,199	734,199		4,683	2,821	30
31 INTENSIVE CARE UNIT	149,826	149,826	8	67	125	31
31.01 NEONATOLOGY/NICU	81,208	81,208	292	58	254	31.01
41 SUBPROVIDER - IRF	44,549	44,549		71	356	41
43 NURSERY	23,532		2,886	257		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	251,195		140,096	1,269		50
51 RECOVERY ROOM	29,754					51
52 DELIVERY ROOM & LABOR ROOM	38,811	38,811				52
53 ANESTHESIOLOGY	5,336					53
54 RADIOLOGY-DIAGNOSTIC	110,555		11,159	645		54
56 RADIOISOTOPE	10,150					56
57 CT SCAN	16,337					57
58 MRI	9,682					58
59 CARDIAC CATHETERIZATION	75,541		701	24	2	59
60 LABORATORY	181,933	27,527	1,747			60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	107,460		4,455			65
66 PHYSICAL THERAPY	63,204		11	49		66
67 OCCUPATIONAL THERAPY	25,061					67
68 SPEECH PATHOLOGY	16,335		40			68
69 ELECTROCARDIOLOGY	40,662			47		69
70 ELECTROENCEPHALOGRAPHY	31,547	31,547		15		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,487		2,062			71
72 IMPL. DEV. CHARGED TO PATIENTS	30,730		3,094			72
73 DRUGS CHARGED TO PATIENTS	73,379					73
73.10 REHABILITATION SERVICES	143,100	42,574	52	12	671	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	222,221	32,950	520	2,803	473	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	6					95
97 DURABLE MEDICAL EQUIP-SOLD	6,504					97
101 HOME HEALTH AGENCY	21,597					101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,726,332	1,183,191	167,123	10,000	4,702	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 FITNESS CENTER	69,438					194
194.01 RETAIL PHARMACY	15,983					194.01
194.02 GARDEN VIEW DELI	1,739					194.02
194.03 MEDICAL OFFICE BLDG	2,679					194.03
194.04 PHYSICIAN SERVICES	21,952					194.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA HOURS	NURSING ADMINIS- TRATION HOURS OF SERVIC	SPD STERIL E PROCESSI NG SURVEY	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES	
	11	13	13.10	16	17	
194.05 ENDOCRINOLOGIST	22,035					194.05
194.06 HOSPITALIST	76,014					194.06
194.07 NEONATOLOGY PHYSICIANS	18,284					194.07
194.08 ANESTHESIOLOGISTS	35,532					194.08
194.09 PHYSICIAN CARDIOLOGIST	73,271					194.09
194.10 PHYSICIAN ONCOLOGIST	27,430					194.10
194.11 PERINATOLOGY	8,799					194.11
194.12 TRAUMA PHYSICIANS	5,220					194.12
194.13 LANDMARK HOSPITAL	52,878					194.13
194.14 GYN SURG ONCOLOGIST	8,804					194.14
194.15 CAPE GASTROENTEROLOGY	31,073					194.15
194.16 CAPE PHYSICIAN ASSOCIATES	151,181					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	42,260					194.20
194.21 CAPE CARE FOR WOMEN	78,965					194.21
194.22 JACKSON FAMILY CLINIC	27,959					194.22
194.23 CAPE MEDICAL GROUP	17,716					194.23
194.24 CAPE ENT GROUP	30,306					194.24
194.25 CHARLESTON FAMILY CARE	16,539					194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS	164					194.26
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,075,835	2,391,857	1,647,251	3,550,317	567,618	202
203 UNIT COST MULT-WS B PT I	0.582598	2.021531	9.856519	355.031700	120.718418	203
204 COST TO BE ALLOC PER B PT II	482,825	114,313	193,168	302,767	16,562	204
205 UNIT COST MULT-WS B PT II	0.135508	0.096614	1.155843	30.276700	3.522331	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 DEPARTMENT	4
5.01 COMMUNICATIONS	5.01
5.02 DATA PROCESSING	5.02
5.03 PURCHASING	5.03
5.04 ADMITTING	5.04
5.05 CREDIT & COLLECTIONS	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	5.06
6 MAINTENANCE & REPAIRS	6
7 OPERATION OF PLANT	7
7.10 SPD SOILED PROCESSING	7.10
8 LAUNDRY & LINEN SERVICE	8
9 HOUSEKEEPING	9
10 DIETARY	10
11 CAFETERIA	11
12 MAINTENANCE OF PERSONNEL	12
13 NURSING ADMINISTRATION	13
13.10 SPD STERILE PROCESSING	13.10
14 CENTRAL SERVICES & SUPPLY	14
15 PHARMACY	15
16 MEDICAL RECORDS & LIBRARY	16
17 SOCIAL SERVICE	17
INPATIENT ROUTINE SERV COST CENTERS	
30 ADULTS & PEDIATRICS	30
31 INTENSIVE CARE UNIT	31
31.01 NEONATOLOGY/NICU	31.01
41 SUBPROVIDER - IRF	41
43 NURSERY	43
ANCILLARY SERVICE COST CENTERS	
50 OPERATING ROOM	50
51 RECOVERY ROOM	51
52 DELIVERY ROOM & LABOR ROOM	52
53 ANESTHESIOLOGY	53
54 RADIOLOGY-DIAGNOSTIC	54
56 RADIOISOTOPE	56
57 CT SCAN	57
58 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 CHARGED TO PATIENTS	71
72 IMPL. DEV. CHARGED TO PATIENTS	72
73 DRUGS CHARGED TO PATIENTS	73
73.10 REHABILITATION SERVICES	73.10
74 RENAL DIALYSIS	74
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 (NON-DISTINCT PART)	92
OTHER REIMBURSABLE COST CENTERS	
94 HOME PROGRAM DIALYSIS	94
95 AMBULANCE SERVICES	95
97 DURABLE MEDICAL EQUIP-SOLD	97
101 HOME HEALTH AGENCY	101
SPECIAL PURPOSE COST CENTERS	
118 SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS	
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
194 FITNESS CENTER	194
194.01 RETAIL PHARMACY	194.01
194.02 GARDEN VIEW DELI	194.02
194.03 MEDICAL OFFICE BLDG	194.03
194.04 PHYSICIAN SERVICES	194.04

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 14:17

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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	44,702,709		44,702,709		44,702,709	30
31 INTENSIVE CARE UNIT	10,963,214		10,963,214		10,963,214	31
31.01 NEONATOLOGY/NICU	5,600,144		5,600,144		5,600,144	31.01
41 SUBPROVIDER - IRF	2,941,856		2,941,856		2,941,856	41
43 NURSERY	1,890,219		1,890,219		1,890,219	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	24,869,631		24,869,631		24,869,631	50
51 RECOVERY ROOM	1,802,385		1,802,385		1,802,385	51
52 DELIVERY ROOM & LABOR ROOM	1,694,500		1,694,500		1,694,500	52
53 ANESTHESIOLOGY	935,574		935,574		935,574	53
54 RADIOLOGY-DIAGNOSTIC	11,404,890		11,404,890		11,404,890	54
56 RADIOISOTOPE	993,074		993,074		993,074	56
57 CT SCAN	2,023,107		2,023,107		2,023,107	57
58 MRI	1,067,454		1,067,454		1,067,454	58
59 CARDIAC CATHETERIZATION	9,651,840		9,651,840		9,651,840	59
60 LABORATORY	17,205,438		17,205,438		17,205,438	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	6,399,953		6,399,953		6,399,953	65
66 PHYSICAL THERAPY	4,465,929		4,465,929		4,465,929	66
67 OCCUPATIONAL THERAPY	1,641,443		1,641,443		1,641,443	67
68 SPEECH PATHOLOGY	1,047,590		1,047,590		1,047,590	68
69 ELECTROCARDIOLOGY	3,052,801		3,052,801		3,052,801	69
70 ELECTROENCEPHALOGRAPHY	2,074,990		2,074,990		2,074,990	70
71 MEDICAL SUPPLIES CHARGED TO	17,186,466		17,186,466		17,186,466	71
72 IMPL. DEV. CHARGED TO PATIE	33,362,354		33,362,354		33,362,354	72
73 DRUGS CHARGED TO PATIENTS	25,928,467		25,928,467		25,928,467	73
73.10 REHABILITATION SERVICES	12,417,248		12,417,248	139,411	12,556,659	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	15,255,073		15,255,073	24,006	15,279,079	91
92 OBSERVATION BEDS (NON-DISTI	4,871,093		4,871,093		4,871,093	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	211,761		211,761		211,761	95
97 DURABLE MEDICAL EQUIP-SOLD	1,241,798		1,241,798		1,241,798	97
101 HOME HEALTH AGENCY	1,459,403		1,459,403		1,459,403	101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	268,362,404		268,362,404	163,417	268,525,821	200
201 LESS OBSERVATION BEDS	4,871,093		4,871,093		4,871,093	201
202 TOTAL (SEE INSTRUCTIONS)	263,491,311		263,491,311		263,654,728	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	72,571,702		72,571,702			30
31 INTENSIVE CARE UNIT	27,470,001		27,470,001			31
31.01 NEONATOLOGY/NICU	23,650,297		23,650,297			31.01
41 SUBPROVIDER - IRF	4,310,047		4,310,047			41
43 NURSERY	5,243,491		5,243,491			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,649,482	44,317,540	88,967,022	0.279538	0.279538	0.279538 50
51 RECOVERY ROOM	6,139,754	7,773,199	13,912,953	0.129547	0.129547	0.129547 51
52 DELIVERY ROOM & LABOR ROOM	5,957,846	1,064,406	7,022,252	0.241304	0.241304	0.241304 52
53 ANESTHESIOLOGY	15,070,129	11,833,816	26,903,945	0.034775	0.034775	0.034775 53
54 RADIOLOGY-DIAGNOSTIC	18,480,332	46,766,817	65,247,149	0.174795	0.174795	0.174795 54
56 RADIOISOTOPE	2,850,574	8,483,909	11,334,483	0.087615	0.087615	0.087615 56
57 CT SCAN	25,410,462	59,200,779	84,611,241	0.023911	0.023911	0.023911 57
58 MRI	5,729,073	17,017,128	22,746,201	0.046929	0.046929	0.046929 58
59 CARDIAC CATHETERIZATION	19,704,210	34,539,648	54,243,858	0.177934	0.177934	0.177934 59
60 LABORATORY	69,478,784	128,959,807	198,438,591	0.086704	0.086704	0.086704 60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	61,694,043	9,482,143	71,176,186	0.089917	0.089917	0.089917 65
66 PHYSICAL THERAPY	7,610,867	6,633,015	14,243,882	0.313533	0.313533	0.313533 66
67 OCCUPATIONAL THERAPY	4,868,147	817,259	5,685,406	0.288712	0.288712	0.288712 67
68 SPEECH PATHOLOGY	2,863,803	800,604	3,664,407	0.285883	0.285883	0.285883 68
69 ELECTROCARDIOLOGY	10,308,227	15,360,155	25,668,382	0.118932	0.118932	0.118932 69
70 ELECTROENCEPHALOGRAPHY	3,061,141	4,213,190	7,274,331	0.285248	0.285248	0.285248 70
71 MEDICAL SUPPLIES CHARGED TO	81,359,167	40,638,884	121,998,051	0.140875	0.140875	0.140875 71
72 IMPL. DEV. CHARGED TO PATIE	122,038,751	60,958,326	182,997,077	0.182311	0.182311	0.182311 72
73 DRUGS CHARGED TO PATIENTS	82,568,101	43,636,129	126,204,230	0.205448	0.205448	0.205448 73
73.10 REHABILITATION SERVICES	2,124,099	28,634,961	30,759,060	0.403694	0.403694	0.403694 73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	18,591,639	45,988,856	64,580,495	0.236218	0.236218	0.236590 91
92 OBSERVATION BEDS (NON-DISTI	1,000,000	7,960,378	8,960,378	0.543626	0.543626	0.543626 92
OTHER REIMBURSABLE COST CENTERS						
HOME PROGRAM DIALYSIS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	86,611	223,384	309,995	0.683111	0.683111	0.683111 95
97 DURABLE MEDICAL EQUIP-SOLD		2,849,195	2,849,195	0.435842	0.435842	0.435842 97
101 HOME HEALTH AGENCY		2,009,825	2,009,825			101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	744,890,780	630,163,353	1,375,054,133			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	744,890,780	630,163,353	1,375,054,133			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,741,714		4,741,714	90.52	26,762	2,422,496	30
31 INTENSIVE CARE UNIT	1,092,487		1,092,487	164.90	4,352	717,645	31
31.01 NEONATOLOGY/NICU	364,516		364,516	69.92			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	351,117		351,117	86.18	2,452	211,313	41
42 SUBPROVIDER I							42
43 NURSERY	44,395		44,395	27.14			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	6,594,229		6,594,229		33,566	3,351,454	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 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	4,668,985	88,967,022	0.052480	29,116,290	1,528,023	50
51 RECOVERY ROOM	231,436	13,912,953	0.016635	4,459,399	74,182	51
52 DELIVERY ROOM & LABOR ROOM	38,203	7,022,252	0.005440	44,074	240	52
53 ANESTHESIOLOGY	53,358	26,903,945	0.001983	3,717,774	7,372	53
54 RADIOLOGY-DIAGNOSTIC	2,611,668	65,247,149	0.040027	11,384,309	455,680	54
56 RADIOISOTOPE	193,389	11,334,483	0.017062	2,037,596	34,765	56
57 CT SCAN	372,879	84,611,241	0.004407	15,232,952	67,132	57
58 MRI	95,771	22,746,201	0.004210	3,159,272	13,301	58
59 CARDIAC CATHETERIZATION	2,601,473	54,243,858	0.047959	13,157,854	631,038	59
60 LABORATORY	1,127,096	198,438,591	0.005680	43,915,080	249,438	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	334,274	71,176,186	0.004696	24,694,784	115,967	65
66 PHYSICAL THERAPY	699,090	14,243,882	0.049080	3,322,317	163,059	66
67 OCCUPATIONAL THERAPY	175,517	5,685,406	0.030871	1,642,498	50,706	67
68 SPEECH PATHOLOGY	48,265	3,664,407	0.013171	1,001,326	13,188	68
69 ELECTROCARDIOLOGY	337,660	25,668,382	0.013155	3,179,607	41,828	69
70 ELECTROENCEPHALOGRAPHY	187,767	7,274,331	0.025812	1,201,978	31,025	70
71 MEDICAL SUPPLIES CHARGED TO P	351,703	121,998,051	0.002883	46,309,205	133,509	71
72 IMPL. DEV. CHARGED TO PATIENT	563,712	182,997,077	0.003080	59,443,206	183,085	72
73 DRUGS CHARGED TO PATIENTS	847,646	126,204,230	0.006716	48,261,091	324,121	73
73.10 REHABILITATION SERVICES	2,384,773	30,759,060	0.077531	516,047	40,010	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,200,156	64,580,495	0.034068	4,482,879	152,723	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	516,687	8,960,378	0.057664	617,869	35,629	92
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	9,032	2,849,195	0.003170			97
200 TOTAL (SUM OF LINES 50-199)	20,650,540	1,239,488,775		320,897,407	4,346,021	200

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 14:17

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
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	52,383		26,762		30
31 INTENSIVE CARE UNIT	6,625		4,352		31
31.01 NEONATOLOGY/NICU	5,213				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	4,074		2,452		41
42 SUBPROVIDER I					42
43 NURSERY	1,636				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	69,931		33,566		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					
	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	CT SCAN					57
58	MRI					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 CHARGED TO P					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
73.10	REHABILITATION SERVICES					73.10
74	RENAL DIALYSIS					74
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 (NON-DISTINC					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
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 [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (26-0183) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA						
COST CENTER DESCRIPTION	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 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	88,967,022			29,116,290	23,298,431		50			
51	RECOVERY ROOM	13,912,953			4,459,399	7,392,357		51			
52	DELIVERY ROOM & LABOR ROOM	7,022,252			44,074			52			
53	ANESTHESIOLOGY	26,903,945			3,717,774	2,328,635		53			
54	RADIOLOGY-DIAGNOSTIC	65,247,149			11,384,309	13,660,150		54			
56	RADIOISOTOPE	11,334,483			2,037,596	7,070,766		56			
57	CT SCAN	84,611,241			15,232,952	35,948,295		57			
58	MRI	22,746,201			3,159,272	7,600,445		58			
59	CARDIAC CATHETERIZATION	54,243,858			13,157,854	17,488,766		59			
60	LABORATORY	198,438,591			43,915,080	4,203,265		60			
60.10	CARDIOVASCULAR LABORATORY							60.10			
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30			
65	RESPIRATORY THERAPY	71,176,186			24,694,784	1,368,511		65			
66	PHYSICAL THERAPY	14,243,882			3,322,317	12,065		66			
67	OCCUPATIONAL THERAPY	5,685,406			1,642,498			67			
68	SPEECH PATHOLOGY	3,664,407			1,001,326	64,061		68			
69	ELECTROCARDIOLOGY	25,668,382			3,179,607	3,728,187		69			
70	ELECTROENCEPHALOGRAPHY	7,274,331			1,201,978	1,321,135		70			
71	MEDICAL SUPPLIES CHARGED TO	121,998,051			46,309,205	21,657,912		71			
72	IMPL. DEV. CHARGED TO PATIEN	182,997,077			59,443,206	24,012,738		72			
73	DRUGS CHARGED TO PATIENTS	126,204,230			48,261,091	27,836,330		73			
73.10	REHABILITATION SERVICES	30,759,060			516,047	4,589,217		73.10			
74	RENAL DIALYSIS							74			
76.97	CARDIAC REHABILITATION							76.97			
76.98	HYPERBARIC OXYGEN THERAPY							76.98			
76.99	LITHOTRIPSY							76.99			
OUTPATIENT SERVICE COST CENTERS											
91	EMERGENCY	64,580,495			4,482,879	12,641,233		91			
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	8,960,378			617,869	3,675,727		92			
94	HOME PROGRAM DIALYSIS							94			
95	AMBULANCE SERVICES							95			
97	DURABLE MEDICAL EQUIP-SOLD	2,849,195						97			
200	TOTAL (SUM OF LINES 50-199)	1,239,488,775			320,897,407	219,898,226		200			

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9 1	SERVICES 2	DED & COINS 3	DED & COINS 4	SERVICES 5	DED & COINS 6	DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.279538	23,298,431			6,512,797			50
51 RECOVERY ROOM	0.129547	7,392,357			957,658			51
52 DELIVERY ROOM & LABOR ROOM	0.241304							52
53 ANESTHESIOLOGY	0.034775	2,328,635			80,978			53
54 RADIOLOGY-DIAGNOSTIC	0.174795	13,660,150			2,387,726			54
56 RADIOISOTOPE	0.087615	7,070,766			619,505			56
57 CT SCAN	0.023911	35,948,295			859,560			57
58 MRI	0.046929	7,600,445			356,681			58
59 CARDIAC CATHETERIZATION	0.177934	17,488,766			3,111,846			59
60 LABORATORY	0.086704	4,203,265			364,440			60
60.10 CARDIOVASCULAR LABORATORY								60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.089917	1,368,511			123,052			65
66 PHYSICAL THERAPY	0.313533	12,065			3,783			66
67 OCCUPATIONAL THERAPY	0.288712							67
68 SPEECH PATHOLOGY	0.285883	64,061			18,314			68
69 ELECTROCARDIOLOGY	0.118932	3,728,187			443,401			69
70 ELECTROENCEPHALOGRAPHY	0.285248	1,321,135			376,851			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.140875	21,657,912			3,051,058			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.182311	24,012,738			4,377,786			72
73 DRUGS CHARGED TO PATIENTS	0.205448	27,836,330		84,375	5,718,918		17,335	73
73.10 REHABILITATION SERVICES	0.403694	4,589,217			1,852,639			73.10
74 RENAL DIALYSIS								74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.236218	12,641,233			2,986,087			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.543626	3,675,727			1,998,221			92
HOME PROGRAM DIALYSIS								
94 HOME PROGRAM DIALYSIS								94
95 AMBULANCE SERVICES	0.683111							95
97 DURABLE MEDICAL EQUIP-SOLD	0.435842							97
200 SUBTOTAL (SEE INSTRUCTIONS)		219,898,226		84,375	36,201,301		17,335	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		219,898,226		84,375	36,201,301		17,335	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	4,668,985	88,967,022	0.052480	23,911	1,255		50
51	RECOVERY ROOM	231,436	13,912,953	0.016635	1,104	18		51
52	DELIVERY ROOM & LABOR ROOM	38,203	7,022,252	0.005440				52
53	ANESTHESIOLOGY	53,358	26,903,945	0.001983				53
54	RADIOLOGY-DIAGNOSTIC	2,611,668	65,247,149	0.040027	70,039	2,803		54
56	RADIOISOTOPE	193,389	11,334,483	0.017062	24,892	425		56
57	CT SCAN	372,879	84,611,241	0.004407	91,120	402		57
58	MRI	95,771	22,746,201	0.004210	42,717	180		58
59	CARDIAC CATHETERIZATION	2,601,473	54,243,858	0.047959	9,036	433		59
60	LABORATORY	1,127,096	198,438,591	0.005680	573,188	3,256		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	334,274	71,176,186	0.004696	342,592	1,609		65
66	PHYSICAL THERAPY	699,090	14,243,882	0.049080	1,222,216	59,986		66
67	OCCUPATIONAL THERAPY	175,517	5,685,406	0.030871	1,145,161	35,352		67
68	SPEECH PATHOLOGY	48,265	3,664,407	0.013171	366,751	4,830		68
69	ELECTROCARDIOLOGY	337,660	25,668,382	0.013155	12,097	159		69
70	ELECTROENCEPHALOGRAPHY	187,767	7,274,331	0.025812	5,548	143		70
71	MEDICAL SUPPLIES CHARGED TO P	351,703	121,998,051	0.002883	363,450	1,048		71
72	IMPL. DEV. CHARGED TO PATIENT	563,712	182,997,077	0.003080	12,586	39		72
73	DRUGS CHARGED TO PATIENTS	847,646	126,204,230	0.006716	1,566,712	10,522		73
73.10	REHABILITATION SERVICES	2,384,773	30,759,060	0.077531	196,089	15,203		73.10
74	RENAL DIALYSIS							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	2,200,156	64,580,495	0.034068	537	18		91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		8,960,378	8,960,378				92
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD	9,032	2,849,195	0.003170				97
200	TOTAL (SUM OF LINES 50-199)	20,133,853	1,239,488,775		6,069,746	137,681		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"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (26-T183)	<input type="checkbox"/>	NF				

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN					
	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	CT SCAN					57
58	MRI					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 CHARGED TO P					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
73.10	REHABILITATION SERVICES					73.10
74	RENAL DIALYSIS					74
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 (NON-DISTINC					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
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 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	88,967,022			23,911		50
51	RECOVERY ROOM	13,912,953			1,104		51
52	DELIVERY ROOM & LABOR ROOM	7,022,252					52
53	ANESTHESIOLOGY	26,903,945					53
54	RADIOLOGY-DIAGNOSTIC	65,247,149			70,039		54
56	RADIOISOTOPE	11,334,483			24,892		56
57	CT SCAN	84,611,241			91,120		57
58	MRI	22,746,201			42,717		58
59	CARDIAC CATHETERIZATION	54,243,858			9,036		59
60	LABORATORY	198,438,591			573,188		60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	71,176,186			342,592		65
66	PHYSICAL THERAPY	14,243,882			1,222,216		66
67	OCCUPATIONAL THERAPY	5,685,406			1,145,161		67
68	SPEECH PATHOLOGY	3,664,407			366,751		68
69	ELECTROCARDIOLOGY	25,668,382			12,097		69
70	ELECTROENCEPHALOGRAPHY	7,274,331			5,548		70
71	MEDICAL SUPPLIES CHARGED TO	121,998,051			363,450		71
72	IMPL. DEV. CHARGED TO PATIEN	182,997,077			12,586		72
73	DRUGS CHARGED TO PATIENTS	126,204,230			1,566,712		73
73.10	REHABILITATION SERVICES	30,759,060			196,089		73.10
74	RENAL DIALYSIS						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	64,580,495			537		91
92	OBSERVATION BEDS (NON-DISTIN	8,960,378					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	2,849,195					97
200	TOTAL (SUM OF LINES 50-199)	1,239,488,775			6,069,746		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 SERVICES	COST REIMB. SERVICES 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	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.279538						50
51 RECOVERY ROOM	0.129547						51
52 DELIVERY ROOM & LABOR ROOM	0.241304						52
53 ANESTHESIOLOGY	0.034775						53
54 RADIOLOGY-DIAGNOSTIC	0.174795						54
56 RADIOISOTOPE	0.087615						56
57 CT SCAN	0.023911						57
58 MRI	0.046929						58
59 CARDIAC CATHETERIZATION	0.177934						59
60 LABORATORY	0.086704						60
60.10 CARDIOVASCULAR LABORATORY							60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.089917						65
66 PHYSICAL THERAPY	0.313533						66
67 OCCUPATIONAL THERAPY	0.288712						67
68 SPEECH PATHOLOGY	0.285883						68
69 ELECTROCARDIOLOGY	0.118932						69
70 ELECTROENCEPHALOGRAPHY	0.285248						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.140875						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.182311						72
73 DRUGS CHARGED TO PATIENTS	0.205448						73
73.10 REHABILITATION SERVICES	0.403694						73.10
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.236218						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.543626						92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES	0.683111						95
97 DURABLE MEDICAL EQUIP-SOLD	0.435842						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	4,741,714		4,741,714	52,383	90.52	5,706	516,507	30
31 INTENSIVE CARE UNIT	1,092,487		1,092,487	6,625	164.90	1,179	194,417	31
31.01 NEONATOLOGY/NICU	364,516		364,516	5,213	69.92	5,166	361,207	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	351,117		351,117	4,074	86.18	514	44,297	41
42 SUBPROVIDER I								42
43 NURSERY	44,395		44,395	1,636	27.14	1,447	39,272	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	6,594,229		6,594,229	69,931		14,012	1,155,700	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	4,668,985	88,967,022	0.052480	6,875,046	360,802	50
51	RECOVERY ROOM	231,436	13,912,953	0.016635	1,094,399	18,205	51
52	DELIVERY ROOM & LABOR ROOM	38,203	7,022,252	0.005440	3,019,974	16,429	52
53	ANESTHESIOLOGY	53,358	26,903,945	0.001983	1,094,674	2,171	53
54	RADIOLOGY-DIAGNOSTIC	2,611,668	65,247,149	0.040027	2,953,936	118,237	54
56	RADIOISOTOPE	193,389	11,334,483	0.017062	393,826	6,719	56
57	CT SCAN	372,879	84,611,241	0.004407	3,532,003	15,566	57
58	MRI	95,771	22,746,201	0.004210	843,080	3,549	58
59	CARDIAC CATHETERIZATION	2,601,473	54,243,858	0.047959	1,891,575	90,718	59
60	LABORATORY	1,127,096	198,438,591	0.005680	10,560,348	59,983	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	334,274	71,176,186	0.004696	13,045,836	61,263	65
66	PHYSICAL THERAPY	699,090	14,243,882	0.049080	1,014,837	49,808	66
67	OCCUPATIONAL THERAPY	175,517	5,685,406	0.030871	729,977	22,535	67
68	SPEECH PATHOLOGY	48,265	3,664,407	0.013171	951,698	12,535	68
69	ELECTROCARDIOLOGY	337,660	25,668,382	0.013155	526,521	6,926	69
70	ELECTROENCEPHALOGRAPHY	187,767	7,274,331	0.025812	729,662	18,834	70
71	MEDICAL SUPPLIES CHARGED TO P	351,703	121,998,051	0.002883	10,219,609	29,463	71
72	IMPL. DEV. CHARGED TO PATIENT	563,712	182,997,077	0.003080	19,131,471	58,925	72
73	DRUGS CHARGED TO PATIENTS	847,646	126,204,230	0.006716	16,869,202	113,294	73
73.10	REHABILITATION SERVICES	2,384,773	30,759,060	0.077531	92,117	7,142	73.10
74	RENAL DIALYSIS						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	2,200,156	64,580,495	0.034068	1,049,669	35,760	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	516,687	8,960,378	0.057664	25,706	1,482	92
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	9,032	2,849,195	0.003170			97
200	TOTAL (SUM OF LINES 50-199)	20,650,540	1,239,488,775		96,645,166	1,110,346	200

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/25/2013 14:17

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	52,383		5,706		30
31 INTENSIVE CARE UNIT	6,625		1,179		31
31.01 NEONATOLOGY/NICU	5,213		5,166		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	4,074		514		41
42 SUBPROVIDER I					42
43 NURSERY	1,636		1,447		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	69,931		14,012		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																																																																																																																																																																																																																																																												
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BOXES	[XX] TITLE XIX	[]	IRF	[]	NF	[]		[]	OTHER																																																																																																																																																																																																																																																												
<table border="1"> <thead> <tr> <th>COST CENTER DESCRIPTION</th> <th>NON PHYSICIAN ANESTHETIST COST 1</th> <th>NURSING SCHOOL 2</th> <th>ALLIED HEALTH 3</th> <th>ALL OTHER MEDICAL EDUCATION COST 4</th> <th>TOTAL COST (SUM OF COLS.1-4) 5</th> <th>TOTAL O/P COST (SUM OF COLS.2-4) 6</th> </tr> </thead> <tbody> <tr> <td colspan="7">ANCILLARY SERVICE COST CENTERS</td> </tr> <tr><td>50</td><td>OPERATING ROOM</td><td></td><td></td><td></td><td></td><td>50</td></tr> <tr><td>51</td><td>RECOVERY ROOM</td><td></td><td></td><td></td><td></td><td>51</td></tr> <tr><td>52</td><td>DELIVERY ROOM & LABOR ROOM</td><td></td><td></td><td></td><td></td><td>52</td></tr> <tr><td>53</td><td>ANESTHESIOLOGY</td><td></td><td></td><td></td><td></td><td>53</td></tr> <tr><td>54</td><td>RADIOLOGY-DIAGNOSTIC</td><td></td><td></td><td></td><td></td><td>54</td></tr> <tr><td>56</td><td>RADIOISOTOPE</td><td></td><td></td><td></td><td></td><td>56</td></tr> <tr><td>57</td><td>CT SCAN</td><td></td><td></td><td></td><td></td><td>57</td></tr> <tr><td>58</td><td>MRI</td><td></td><td></td><td></td><td></td><td>58</td></tr> <tr><td>59</td><td>CARDIAC CATHETERIZATION</td><td></td><td></td><td></td><td></td><td>59</td></tr> <tr><td>60</td><td>LABORATORY</td><td></td><td></td><td></td><td></td><td>60</td></tr> <tr><td>60.10</td><td>CARDIOVASCULAR LABORATORY</td><td></td><td></td><td></td><td></td><td>60.10</td></tr> <tr><td>62.30</td><td>BLOOD CLOTTING FOR HEMOPHILIA</td><td></td><td></td><td></td><td></td><td>62.30</td></tr> <tr><td>65</td><td>RESPIRATORY THERAPY</td><td></td><td></td><td></td><td></td><td>65</td></tr> <tr><td>66</td><td>PHYSICAL THERAPY</td><td></td><td></td><td></td><td></td><td>66</td></tr> <tr><td>67</td><td>OCCUPATIONAL THERAPY</td><td></td><td></td><td></td><td></td><td>67</td></tr> <tr><td>68</td><td>SPEECH PATHOLOGY</td><td></td><td></td><td></td><td></td><td>68</td></tr> <tr><td>69</td><td>ELECTROCARDIOLOGY</td><td></td><td></td><td></td><td></td><td>69</td></tr> <tr><td>70</td><td>ELECTROENCEPHALOGRAPHY</td><td></td><td></td><td></td><td></td><td>70</td></tr> <tr><td>71</td><td>MEDICAL SUPPLIES CHARGED TO P</td><td></td><td></td><td></td><td></td><td>71</td></tr> <tr><td>72</td><td>IMPL. DEV. CHARGED TO PATIENT</td><td></td><td></td><td></td><td></td><td>72</td></tr> <tr><td>73</td><td>DRUGS CHARGED TO PATIENTS</td><td></td><td></td><td></td><td></td><td>73</td></tr> <tr><td>73.10</td><td>REHABILITATION SERVICES</td><td></td><td></td><td></td><td></td><td>73.10</td></tr> <tr><td>74</td><td>RENAL DIALYSIS</td><td></td><td></td><td></td><td></td><td>74</td></tr> <tr><td>76.97</td><td>CARDIAC REHABILITATION</td><td></td><td></td><td></td><td></td><td>76.97</td></tr> <tr><td>76.98</td><td>HYPERBARIC OXYGEN THERAPY</td><td></td><td></td><td></td><td></td><td>76.98</td></tr> <tr><td>76.99</td><td>LITHOTRIPSY</td><td></td><td></td><td></td><td></td><td>76.99</td></tr> <tr><td colspan="7">OUTPATIENT SERVICE COST CENTERS</td></tr> <tr><td>91</td><td>EMERGENCY</td><td></td><td></td><td></td><td></td><td>91</td></tr> <tr><td>92</td><td>OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS</td><td></td><td></td><td></td><td></td><td>92</td></tr> <tr><td colspan="7">OTHER REIMBURSABLE COST CENTERS</td></tr> <tr><td>94</td><td>HOME PROGRAM DIALYSIS</td><td></td><td></td><td></td><td></td><td>94</td></tr> <tr><td>95</td><td>AMBULANCE SERVICES</td><td></td><td></td><td></td><td></td><td>95</td></tr> <tr><td>97</td><td>DURABLE MEDICAL EQUIP-SOLD</td><td></td><td></td><td></td><td></td><td>97</td></tr> <tr><td>200</td><td>TOTAL (SUM OF LINES 50-199)</td><td></td><td></td><td></td><td></td><td>200</td></tr> </tbody> </table>										COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	ANCILLARY SERVICE COST CENTERS							50	OPERATING ROOM					50	51	RECOVERY ROOM					51	52	DELIVERY ROOM & LABOR ROOM					52	53	ANESTHESIOLOGY					53	54	RADIOLOGY-DIAGNOSTIC					54	56	RADIOISOTOPE					56	57	CT SCAN					57	58	MRI					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 CHARGED TO P					71	72	IMPL. DEV. CHARGED TO PATIENT					72	73	DRUGS CHARGED TO PATIENTS					73	73.10	REHABILITATION SERVICES					73.10	74	RENAL DIALYSIS					74	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 (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					92	OTHER REIMBURSABLE COST CENTERS							94	HOME PROGRAM DIALYSIS					94	95	AMBULANCE SERVICES					95	97	DURABLE MEDICAL EQUIP-SOLD					97	200	TOTAL (SUM OF LINES 50-199)					200
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6																																																																																																																																																																																																																																																															
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73.10	REHABILITATION SERVICES					73.10																																																																																																																																																																																																																																																															
74	RENAL DIALYSIS					74																																																																																																																																																																																																																																																															
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 (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					92																																																																																																																																																																																																																																																															
OTHER REIMBURSABLE COST CENTERS																																																																																																																																																																																																																																																																					
94	HOME PROGRAM DIALYSIS					94																																																																																																																																																																																																																																																															
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	88,967,022		6,875,046			50
51						RECOVERY ROOM	13,912,953		1,094,399			51
52						DELIVERY ROOM & LABOR ROOM	7,022,252		3,019,974			52
53						ANESTHESIOLOGY	26,903,945		1,094,674			53
54						RADIOLOGY-DIAGNOSTIC	65,247,149		2,953,936			54
56						RADIOISOTOPE	11,334,483		393,826			56
57						CT SCAN	84,611,241		3,532,003			57
58						MRI	22,746,201		843,080			58
59						CARDIAC CATHETERIZATION	54,243,858		1,891,575			59
60						LABORATORY	198,438,591		10,560,348			60
60.10						CARDIOVASCULAR LABORATORY						60.10
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	71,176,186		13,045,836			65
66						PHYSICAL THERAPY	14,243,882		1,014,837			66
67						OCCUPATIONAL THERAPY	5,685,406		729,977			67
68						SPEECH PATHOLOGY	3,664,407		951,698			68
69						ELECTROCARDIOLOGY	25,668,382		526,521			69
70						ELECTROENCEPHALOGRAPHY	7,274,331		729,662			70
71						MEDICAL SUPPLIES CHARGED TO	121,998,051		10,219,609			71
72						IMPL. DEV. CHARGED TO PATIEN	182,997,077		19,131,471			72
73						DRUGS CHARGED TO PATIENTS	126,204,230		16,869,202			73
73.10						REHABILITATION SERVICES	30,759,060		92,117			73.10
74						RENAL DIALYSIS						74
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
91						EMERGENCY	64,580,495		1,049,669			91
92						OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS)	8,960,378		25,706			92
94						HOME PROGRAM DIALYSIS						94
95						AMBULANCE SERVICES	309,995					95
97						DURABLE MEDICAL EQUIP-SOLD	2,849,195					97
200						TOTAL (SUM OF LINES 50-199)	1,239,488,775		96,645,166			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCS NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.279538						50
51 RECOVERY ROOM	0.129547						51
52 DELIVERY ROOM & LABOR ROOM	0.241304						52
53 ANESTHESIOLOGY	0.034775						53
54 RADIOLOGY-DIAGNOSTIC	0.174795						54
56 RADIOISOTOPE	0.087615						56
57 CT SCAN	0.023911						57
58 MRI	0.046929						58
59 CARDIAC CATHETERIZATION	0.177934						59
60 LABORATORY	0.086704						60
60.10 CARDIOVASCULAR LABORATORY							60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.089917						65
66 PHYSICAL THERAPY	0.313533						66
67 OCCUPATIONAL THERAPY	0.288712						67
68 SPEECH PATHOLOGY	0.285883						68
69 ELECTROCARDIOLOGY	0.118932						69
70 ELECTROENCEPHALOGRAPHY	0.285248						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.140875						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.182311						72
73 DRUGS CHARGED TO PATIENTS	0.205448						73
73.10 REHABILITATION SERVICES	0.403694						73.10
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.236218						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.543626						92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES	0.683111						95
97 DURABLE MEDICAL EQUIP-SOLD	0.435842						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)	52,383	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,383	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,992	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37,683	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)	26,762	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)	44,702,709	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	44,702,709	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	72,571,702	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,505,580	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	63,066,122	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.615980	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	1,057.12	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,673.60	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)	44,702,709	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) 853.38 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 22,838,156 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) 22,838,156 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	10,963,214	6,625	1,654.82	4,352	7,201,777	43
43.01 NEONATOLOGY/NICU	5,600,144	5,213	1,074.27			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)					51,313,404	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					81,353,337	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,140,141 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 4,346,021 51
 52 TOTAL PROGRAM EXCLUDABLE COST 7,486,162 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 73,867,175 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) 5,708 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 853.38 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,871,093 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	4,741,714	44,702,709	0.106072	4,871,093	516,687	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)	4,074	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,074	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,074	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)	2,452	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)	2,941,856	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	2,941,856	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	2,941,856	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)	722.11 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,770,614 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)	1,770,614 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,384,792 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,155,406 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	211,313 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	137,681 51
52	TOTAL PROGRAM EXCLUDABLE COST	348,994 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,806,412 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)	52,383	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,383	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,992	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37,683	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)	5,706	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)	1,636	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,447	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)	44,702,709	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	44,702,709	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	72,571,702	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,505,580	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	63,066,122	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.615980	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	1,057.12	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,673.60	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)	44,702,709	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) 853.38 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,869,386 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) 4,869,386 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)	1,890,219	1,636	1,155.39	1,447	1,671,849 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	10,963,214	6,625	1,654.82	1,179	1,951,033 43
43.01 NEONATOLOGY/NICU	5,600,144	5,213	1,074.27	5,166	5,549,679 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)					15,695,507 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					29,737,454 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,111,403 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,110,346 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,221,749 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 27,515,705 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) 5,708 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		41,965,670			30
31 INTENSIVE CARE UNIT		13,043,164			31
31.01 NEONATOLOGY/NICU					31.01
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.279538	29,116,290	8,139,109		50
51 RECOVERY ROOM	0.129547	4,459,399	577,702		51
52 DELIVERY ROOM & LABOR ROOM	0.241304	44,074	10,635		52
53 ANESTHESIOLOGY	0.034775	3,717,774	129,286		53
54 RADIOLOGY-DIAGNOSTIC	0.174795	11,384,309	1,989,920		54
56 RADIOISOTOPE	0.087615	2,037,596	178,524		56
57 CT SCAN	0.023911	15,232,952	364,235		57
58 MRI	0.046929	3,159,272	148,261		58
59 CARDIAC CATHETERIZATION	0.177934	13,157,854	2,341,230		59
60 LABORATORY	0.086704	43,915,080	3,807,613		60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.089917	24,694,784	2,220,481		65
66 PHYSICAL THERAPY	0.313533	3,322,317	1,041,656		66
67 OCCUPATIONAL THERAPY	0.288712	1,642,498	474,209		67
68 SPEECH PATHOLOGY	0.285883	1,001,326	286,262		68
69 ELECTROCARDIOLOGY	0.118932	3,179,607	378,157		69
70 ELECTROENCEPHALOGRAPHY	0.285248	1,201,978	342,862		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.140875	46,309,205	6,523,809		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.182311	59,443,206	10,837,150		72
73 DRUGS CHARGED TO PATIENTS	0.205448	48,261,091	9,915,145		73
73.10 REHABILITATION SERVICES	0.408226	516,047	210,664		73.10
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.236590	4,482,879	1,060,604		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.543626	617,869	335,890		92
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.435842				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		320,897,407	51,313,404		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		320,897,407			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		2,682,462			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.279538	23,911	6,684		50
51 RECOVERY ROOM	0.129547	1,104	143		51
52 DELIVERY ROOM & LABOR ROOM	0.241304				52
53 ANESTHESIOLOGY	0.034775				53
54 RADIOLOGY-DIAGNOSTIC	0.174795	70,039	12,242		54
56 RADIOISOTOPE	0.087615	24,892	2,181		56
57 CT SCAN	0.023911	91,120	2,179		57
58 MRI	0.046929	42,717	2,005		58
59 CARDIAC CATHETERIZATION	0.177934	9,036	1,608		59
60 LABORATORY	0.086704	573,188	49,698		60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.089917	342,592	30,805		65
66 PHYSICAL THERAPY	0.313533	1,222,216	383,205		66
67 OCCUPATIONAL THERAPY	0.288712	1,145,161	330,622		67
68 SPEECH PATHOLOGY	0.285883	366,751	104,848		68
69 ELECTROCARDIOLOGY	0.118932	12,097	1,439		69
70 ELECTROENCEPHALOGRAPHY	0.285248	5,548	1,583		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.140875	363,450	51,201		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.182311	12,586	2,295		72
73 DRUGS CHARGED TO PATIENTS	0.205448	1,566,712	321,878		73
73.10 REHABILITATION SERVICES	0.408226	196,089	80,049		73.10
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.236590	537	127		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.543626				92
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.435842				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,069,746	1,384,792		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,069,746			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		7,338,951			30
31 INTENSIVE CARE UNIT		3,502,479			31
31.01 NEONATOLOGY/NICU		18,998,522			31.01
41 SUBPROVIDER - IRF					41
43 NURSERY		1,476,440			43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.279538	6,875,046	1,921,837		50
51 RECOVERY ROOM	0.129547	1,094,399	141,776		51
52 DELIVERY ROOM & LABOR ROOM	0.241304	3,019,974	728,732		52
53 ANESTHESIOLOGY	0.034775	1,094,674	38,067		53
54 RADIOLOGY-DIAGNOSTIC	0.174795	2,953,936	516,333		54
56 RADIOISOTOPE	0.087615	393,826	34,505		56
57 CT SCAN	0.023911	3,532,003	84,454		57
58 MRI	0.046929	843,080	39,565		58
59 CARDIAC CATHETERIZATION	0.177934	1,891,575	336,576		59
60 LABORATORY	0.086704	10,560,348	915,624		60
60.10 CARDIOVASCULAR LABORATORY					60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.089917	13,045,836	1,173,042		65
66 PHYSICAL THERAPY	0.313533	1,014,837	318,185		66
67 OCCUPATIONAL THERAPY	0.288712	729,977	210,753		67
68 SPEECH PATHOLOGY	0.285883	951,698	272,074		68
69 ELECTROCARDIOLOGY	0.118932	526,521	62,620		69
70 ELECTROENCEPHALOGRAPHY	0.285248	729,662	208,135		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.140875	10,219,609	1,439,687		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.182311	19,131,471	3,487,878		72
73 DRUGS CHARGED TO PATIENTS	0.205448	16,869,202	3,465,744		73
73.10 REHABILITATION SERVICES	0.408226	92,117	37,605		73.10
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.236590	1,049,669	248,341		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.543626	25,706	13,974		92
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.435842				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		96,645,166	15,695,507		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		96,645,166			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	49,225,511	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	5,449,361	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)	232.43	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)	0.0758	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.2348	31
32	SUM OF LINES 30 AND 31	0.3106	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1484	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	7,305,066	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)	61,979,938	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)	61,979,938	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,637,680	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	66,617,618	59
60	PRIMARY PAYER PAYMENTS	14,071	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	66,603,547	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,809,932	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	213,543	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	739,350	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	517,545	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	657,597	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	62,097,617	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
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	-118,787	70.93
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	61,978,830	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	309,894	71.01
72	INTERIM PAYMENTS	61,237,199	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	431,737	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, 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 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 OPPS (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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		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		61,023,799		26,930,485
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 02/26/2013	213,400		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)		213,400		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)		61,237,199		26,930,485

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	741,631		462,039	6.01
	TO PROVIDER .02				6.02
	PROVIDER TO PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		61,978,830		27,392,524	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		3,208,286		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
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51		NONE	3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.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)		3,208,286		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	44,784			6.01
	TO PROVIDER .02				6.02
	PROVIDER TO PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,253,070			7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 14:17

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] 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	11,189	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	31,114	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,303	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	58,513	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,375,054,133	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	17,879,963	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
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	2,795,069	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.065500	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	235,624	3
4	OUTLIER PAYMENTS	280,791	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 EXCLUDING FTES IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	11.161644	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)	3,311,484	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (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)	3,311,484	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,311,484	19
20	DEDUCTIBLES	19,932	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,291,552	21
22	COINSURANCE	38,482	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,253,070	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)	3,253,070	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)	3,253,070	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	16,265	32.01
33	INTERIM PAYMENTS	3,208,286	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	28,519	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	OUTPATIENT
		TITLE V OR	TITLE V OR
		TITLE XIX	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	31,316,392	8
9	ANCILLARY SERVICE CHARGES	96,645,166	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)	127,961,558	12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	127,961,558	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	127,961,558	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	58,179,504			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	123,494,414			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-60,498,000			6
7	INVENTORY	11,104,115			7
8	PREPAID EXPENSES	7,518,481			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	139,798,514			11
FIXED ASSETS					
12	LAND	3,100,168			12
13	LAND IMPROVEMENTS	8,161,855			13
14	ACCUMULATED DEPRECIATION	-5,436,906			14
15	BUILDINGS	169,056,649			15
16	ACCUMULATED DEPRECIATION	-56,192,267			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	101,224,810			19
20	ACCUMULATED DEPRECIATION	-49,469,550			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	126,951,469			23
24	ACCUMULATED DEPRECIATION	-74,049,449			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)	223,346,779			30
OTHER ASSETS					
31	INVESTMENTS	371,802,450			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	5,129,485			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	376,931,935			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	740,077,228			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	15,961,144			37
38	SALARIES, WAGES & FEES PAYABLE	28,915,854			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	37,714,821			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	82,591,819			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	203,629,763			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	203,629,763			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	286,221,582			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	453,855,646			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)	453,855,646			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	740,077,228			60

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	85,824,607		85,824,607	1
3 SUBPROVIDER IPF				2
4 SUBPROVIDER IRF	4,310,047		4,310,047	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)	90,134,654		90,134,654	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	27,470,001		27,470,001	11
11.01 NEONATOLOGY/NICU	23,650,297		23,650,297	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)	51,120,298		51,120,298	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	141,254,952		141,254,952	17
18 ANCILLARY SERVICES	625,103,574		625,103,574	18
19 OUTPATIENT SERVICES		704,947,711	704,947,711	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		2,009,825	2,009,825	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)	766,358,526	706,957,536	1,473,316,062	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		387,691,365	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)		387,691,365	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,473,316,062	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,058,406,710	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	414,909,352	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	387,691,365	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	27,217,987	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	601,262	6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		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	1,340,956	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	9,171	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	29,268	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)	2,146,297	24
24.01	OTHER (WELLNESS)	241,830	24.01
24.02	OTHER (MISC)	2,356,090	24.02
24.03	OTHER (OTHER: RETAIL PHARMACY)	5,758,323	24.03
24.04	OTHER (MEDICAL OFFICE BUILDING)	499,196	24.04
24.05	OTHER (GAIN ON INVESTMENTS)	15,099,753	24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	28,082,146	25
26	TOTAL (LINE 5 PLUS LINE 25)	55,300,133	26
27	OTHER EXPENSES (LOSS ON SALE OF FIXED ASSETS)	265,768	27
27.01	OTHER EXPENSES (LOSS ON INVESTMENTS)		27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	265,768	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	55,034,365	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	181,761	52,565			28,237	262,563
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	398,991	115,330	34,229			548,550
7 PHYSICAL THERAPY	196,691	56,884	21,162			274,737
8 OCCUPATIONAL THERAPY	9,198	2,660	1,044			12,902
9 SPEECH PATHOLOGY	4,378	1,266	1,797			7,441
10 MEDICAL SOCIAL SERVICES	105	30	27			162
11 HOME HEALTH AIDE	7,344	2,124	481			9,949
12 SUPPLIES (SEE INSTRUCTIONS)					15,108	15,108
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)	798,468	230,859	58,740		43,345	1,131,412

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		262,563		262,563	5
6					
7	172	548,722		548,722	6
8		274,737		274,737	7
9		12,902		12,902	8
10		7,441		7,441	9
11		162		162	10
12		9,949		9,949	11
13		15,108		15,108	12
14					13
15					14
16					15
17					16
18					17
19					18
20					19
21					20
22					21
23					22
24	172	1,131,584		1,131,584	23
					24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 26-7515

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDGS & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL	262,563					262,563	262,563		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	548,722					548,722	165,789	714,511	6
7 PHYSICAL THERAPY	274,737					274,737	83,008	357,745	7
8 OCCUPATIONAL THERAPY	12,902					12,902	3,898	16,800	8
9 SPEECH PATHOLOGY	7,441					7,441	2,248	9,689	9
10 MEDICAL SOCIAL SERVICES	162					162	49	211	10
11 HOME HEALTH AIDE	9,949					9,949	3,006	12,955	11
12 SUPPLIES (SEE INSTRUCTIONS)	15,108					15,108	4,565	19,673	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)	1,131,584					1,131,584		1,131,584	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					-262,563	869,021	5
6 SKILLED NURSING CARE						548,722	6
7 PHYSICAL THERAPY						274,737	7
8 OCCUPATIONAL THERAPY						12,902	8
9 SPEECH PATHOLOGY						7,441	9
10 MEDICAL SOCIAL SERVICES						162	10
11 HOME HEALTH AIDE						9,949	11
12 SUPPLIES (SEE INSTRUCTIONS)						15,108	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)					-262,563	869,021	24
25 COST TO BE ALLOC (PER W/S H)						262,563	25
26 UNIT COST MULTIPLIER						0.302137	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7515

WORKSHEET H-2
 PART I

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP-DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL			176,059		176,059			1
2 SKILLED NURSING CARE			810,798		810,798	111,231	922,029	2
3 PHYSICAL THERAPY			405,806		405,806	55,672	461,478	3
4 OCCUPATIONAL THERAPY			19,055		19,055	2,614	21,669	4
5 SPEECH PATHOLOGY			10,944		10,944	1,501	12,445	5
6 MEDICAL SOCIAL SERVICES			239		239	33	272	6
7 HOME HEALTH AIDE			14,707		14,707	2,018	16,725	7
8 SUPPLIES			21,795		21,795	2,990	24,785	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)			1,459,403		1,459,403	176,059	1,459,403	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.						0.137188		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 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	COMMUNI-CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING WORK ORDER S 5.02	PURCHASING COSTED REQUISITIO 5.03	ADMITTING GROSS CHARGES 5.04	
1 ADMINISTRATIVE AND GENERAL	14,218	314		181,761	22	35	100,684		1
2 SKILLED NURSING CARE				398,991					2
3 PHYSICAL THERAPY				196,691					3
4 OCCUPATIONAL THERAPY				9,198					4
5 SPEECH PATHOLOGY				4,378					5
6 MEDICAL SOCIAL SERVICES				106					6
7 HOME HEALTH AIDE				7,344					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	314		798,469	22	35	100,684		20
21 TOTAL COST TO BE ALLOCATED	36,979	318		34,743	5,162	55,646	1,042		21
22 UNIT COST MULTIPLIER	2.600858				234.636364		0.010349		22
22 UNIT COST MULTIPLIER		1.012739		0.043512		1,589.885714			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	RECON-CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	SPD SOILED PROCESSING HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQ	
	5.05	4A.06	5.06	6	7	7.10	8	9	
1 ADMINISTRATIVE AND GENERAL			107,056	14,218	14,218			14,218	1
2 SKILLED NURSING CARE			731,872						2
3 PHYSICAL THERAPY			366,303						3
4 OCCUPATIONAL THERAPY			17,200						4
5 SPEECH PATHOLOGY			9,879						5
6 MEDICAL SOCIAL SERVICES			216						6
7 HOME HEALTH AIDE			13,275						7
8 SUPPLIES			19,673						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)			1,265,474	14,218	14,218			14,218	20
21 TOTAL COST TO BE ALLOCATED			136,471	11,309	20,076			13,491	21
22 UNIT COST MULTIPLIER			0.107842		1.412013				22
22 UNIT COST MULTIPLIER				0.795400				0.948868	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		21,597						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)		21,597						20
21 TOTAL COST TO BE ALLOCATED		12,582						21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		0.582581						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-2
PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 26-7515

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS COLS. 1+2)	VISITS	COST PER VISIT (COL.3 ÷ COL.4)	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		922,029		922,029	3,772	244.44	1
2	PHYSICAL THERAPY	3	461,478		461,478	2,332	197.89	2
3	OCCUPATIONAL THERAPY	4	21,669		21,669	115	188.43	3
4	SPEECH PATHOLOGY	5	12,445		12,445	198	62.85	4
5	MEDICAL SOCIAL SERVICES	6	272		272	3	90.67	5
6	HOME HEALTH AIDE	7	16,725		16,725	53	315.57	6
7	TOTAL (SUM OF LINES 1-6)		1,434,618		1,434,618	6,473		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		24,785		24,785	120,271	0.206076	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 26-7515

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	1,206	843		294,795	206,063		500,858
2 PHYSICAL THERAPY	1,047	530		207,191	104,882		312,073
3 OCCUPATIONAL THERAPY	57	25		10,741	4,711		15,452
4 SPEECH PATHOLOGY	86	21		5,405	1,320		6,725
5 MEDICAL SOCIAL SERVICES		1			91		91
6 HOME HEALTH AIDE	14	20		4,418	6,311		10,729
7 TOTAL (SUM OF LINES 1-6)	2,410	1,440		522,550	323,378		845,928

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
		2	3	4
8 SKILLED NURSING CARE	99926	1,206	843	8
9 PHYSICAL THERAPY	99926	1,047	530	9
10 OCCUPATIONAL THERAPY	99926	57	25	10
11 SPEECH PATHOLOGY	99926	86	21	11
12 MEDICAL SOCIAL SERVICES	99926		1	12
13 HOME HEALTH AIDE	99926	14	20	13
14 TOTAL (SUM OF LINES 8-13)		2,410	1,440	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
		2	3	
1 PHYSICAL THERAPY	0.313533			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	0.288712			COL 2, LINE 3
3 SPEECH PATHOLOGY	0.285883			COL 2, LINE 4
4 MEDICAL SUPPLIES CHARGED TO PA	0.140875			COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	0.205448			COL 2, LINE 16
5.10 REHABILITATION SERVICES	0.403694			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 B -----		
	PART A 1	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)			1
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	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	423,459	241,745	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	4,223		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	21,110	12,592	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	6,353	1,743	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)	455,145	256,080	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	455,145	256,080	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	455,145	256,080	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)	455,145	256,080	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	455,145	256,080	31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	3,959		31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	451,186	256,080	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, 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		451,186		256,080	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)		451,186		256,080	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	3,959			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		455,145		256,080	7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		NPR DATE: _____	8

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: -

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTE PER 2080 HOURS 4
1 REGISTERED NURSES		HOURS OF SERVICE		1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		2
3 NURSES AIDES		HOURS OF SERVICE		3
4 TECHNICIANS		HOURS OF SERVICE		4
5 SOCIAL WORKERS		HOURS OF SERVICE		5
6 DIETICIANS		HOURS OF SERVICE		6
7 PHYSICIANS		ACCUMULATED COST		7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		8
9 SUBTOTAL (SUM OF LINES 1-8)				9
10 EMPLOYEE BENEFITS		SALARY		10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME		13
14 SUPPLIES		REQUISITIONS		14
15 DRUGS		REQUISITIONS		15
16 OTHER		ACCUMULATED COST		16
17 SUBTOTAL (SUM OF LINES 9-16)				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY		20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST		21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET		22
23 MEDICAL EDUCATION PROGRAM COSTS				23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		24
25 PHARMACY		REQUISITIONS		25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST		26
27 SUBTOTAL (SUM OF LINES 17-26)				27
28 LABORATORY		CHARGES		28
28.10 CARDIOVASCULAR LABORATORY		CHARGES		28.10
29 RESPIRATORY THERAPY		CHARGES		29
30 OTHER ANCILLARY (SPECIFY)		CHARGES		30
30.97 CARDIAC REHABILITATION		CHARGES		30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES		30.98
30.99 LITHOTRIPSY		CHARGES		30.99
31 TOTAL COSTS (SUM OF LINES 27-30)				31

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 14:17

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE		
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS	
	1	2	3	4	DEPARTMENT	5	6
1	TOTAL RENAL DEPT COSTS						1
	MAINTENANCE						
2	HEMODIALYSIS						2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS						12
13	METHOD II HOME PATIENT						13
14	EPO (INCL IN RENAL DEPT)						14
15	ARANESP (INCL IN RENAL DEPT)						15
16	OTHER						16
17	TOTAL (SUM OF LINES 2-16)						17
18	MEDICAL EDUC PGM COSTS						18
19	TOTAL RENAL COSTS (LINES 17+18)						19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1						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

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)	BENEFITS DEPARTMENT (SALARY)
	1	2	3	4	5
1 TOTAL RENAL DEPT COSTS					1
2 MAINTENANCE					2
3 HEMODIALYSIS					3
4 INTERMITTENT PERITONEAL TRAINING					4
5 HEMODIALYSIS					5
6 INTERMITTENT PERITONEAL					6
7 CAPD					7
8 CCPD					8
9 HOME					9
10 HEMODIALYSIS					10
11 INTERMITTENT PERITONEAL					11
12 CAPD					12
13 CCPD					13
14 OTHER BILLABLE SERVICES					14
15 INPT DIAL TRTMNTS					15
16 METHOD II HOME PATIENT					16
17 EPO					17
18 ARANESP					18
19 OTHER					19
20 TOTAL STATISTICAL BASIS					20
21 UNIT COST MULTIPLIER					21
(LINE 1 ÷ LINE 20)					22

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 14:17

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3
(CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.)	MEDICAL SUPPLIES (REQUIST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL	OVERHEAD (ACCUM. COST)	
	6	7	8	9	10	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						
13						13
14						14
15						15
16						16
17						17
18						18

(LINE 1 ÷ LINE 17)

PROVIDER CCN: 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/25/2013 14:17

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -

WORKSHEET I-4
 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
	6	6.01	6.02	7	7.01	7.02	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)							11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: -

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)	1	2	2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.02
2.03	TOTAL PAYMENT DUE (SEE INSTRUCTIONS)			2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)			12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)			13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)			14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	3,901,464		1	
3	CAPITAL DRG OUTLIER PAYMENTS	483,011		2	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	160.31		3	
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4	
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5	
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6	
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0758		7	
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.2348		8	
10	SUM OF LINES 7 AND 8	0.3106		9	
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0649		10	
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	253,205		11	
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,637,680		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

	CAPITAL FEDERAL AMOUNT	
1	CAPITAL DRG OTHER THAN OUTLIER	1
2	CAPITAL DRG OUTLIER PAYMENTS	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	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)	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	8
9	SUM OF LINES 7 AND 8	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
5.05					5.05
5.06					5.06
6					6
7					7
7.10					7.10
8					8
9					9
10					10
11					11
12					12
13					13
13.10					13.10
14					14
15					15
16					16
17					17
INPATIENT ROUTINE SERV COST CENTERS					
30					30
31					31
31.01					31.01
41					41
43					43
ANCILLARY SERVICE COST CENTERS					
50					50
51					51
52					52
53					53
54					54
56					56
57					57
58					58
59					59
60					60
60.10					60.10
62.30					62.30
65					65
66					66
67					67
68					68
69					69
70					70
71					71
72					72
73					73
73.10					73.10
74					74
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
91					91
92					92
OTHER REIMBURSABLE COST CENTERS					
94					94
95					95
97					97
101					101
SPECIAL PURPOSE COST CENTERS					
113					113
118					118
NONREIMBURSABLE COST CENTERS					
190					190
194					194
194.01					194.01
194.02					194.02
194.03					194.03
194.04					194.04

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	
194.05 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

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	51.09		10.89				61.98 30
31 INTENSIVE CARE UNIT	65.69		17.80				83.49 31
31.01 NEONATOLOGY/NICU			99.10				99.10 31.01
43 NURSERY			88.45				88.45 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	32.73	26.19	7.73				66.65 50
51 RECOVERY ROOM	32.05	53.13	7.87				93.05 51
52 DELIVERY ROOM & LABOR ROOM	0.63		43.01				43.64 52
53 ANESTHESIOLOGY	13.82	8.66	4.07				26.55 53
54 RADIOLOGY-DIAGNOSTIC	17.45	20.94	4.53				42.92 54
56 RADIOISOTOPE	17.98	62.38	3.47				83.83 56
57 CT SCAN	18.00	42.49	4.17				64.66 57
58 MRI	13.89	33.41	3.71				51.01 58
59 CARDIAC CATHETERIZATION	24.26	32.24	3.49				59.99 59
60 LABORATORY	22.13	2.12	5.32				29.57 60
65 RESPIRATORY THERAPY	34.70	1.92	18.33				54.95 65
66 PHYSICAL THERAPY	23.32	0.08	7.12				30.52 66
67 OCCUPATIONAL THERAPY	28.89		12.84				41.73 67
68 SPEECH PATHOLOGY	27.33	1.75	25.97				55.05 68
69 ELECTROCARDIOLOGY	12.39	14.52	2.05				28.96 69
70 ELECTROENCEPHALOGRAPHY	16.52	18.16	10.03				44.71 70
71 MEDICAL SUPPLIES CHARGED TO PAT	37.96	17.75	8.38				64.09 71
72 IMPL. DEV. CHARGED TO PATIENTS	32.48	13.12	10.45				56.05 72
73 DRUGS CHARGED TO PATIENTS	38.24	22.12	13.37				73.73 73
73.10 REHABILITATION SERVICES	1.68	14.92	0.30				16.90 73.10
91 EMERGENCY	6.94	19.57	1.63				28.14 91
92 OBSERVATION BEDS (NON-DISTINCT)	6.90	41.02	0.29				48.21 92
200 TOTAL CHARGES	25.88	17.74	7.80				51.42 200

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	60.19						60.19 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.03						0.03 50
51 RECOVERY ROOM	0.01						0.01 51
54 RADIOLOGY-DIAGNOSTIC	0.11						0.11 54
56 RADIOISOTOPE	0.22						0.22 56
57 CT SCAN	0.11						0.11 57
58 MRI	0.19						0.19 58
59 CARDIAC CATHETERIZATION	0.02						0.02 59
60 LABORATORY	0.29						0.29 60
65 RESPIRATORY THERAPY	0.48						0.48 65
66 PHYSICAL THERAPY	8.58						8.58 66
67 OCCUPATIONAL THERAPY	20.14						20.14 67
68 SPEECH PATHOLOGY	10.01						10.01 68
69 ELECTROCARDIOLOGY	0.05						0.05 69
70 ELECTROENCEPHALOGRAPHY	0.08						0.08 70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.30						0.30 71
72 IMPL. DEV. CHARGED TO PATIENTS	0.01						0.01 72
73 DRUGS CHARGED TO PATIENTS	1.24						1.24 73
73.10 REHABILITATION SERVICES	0.64						0.64 73.10
200 TOTAL CHARGES	0.49						0.49 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	17,746,565	4.72	-17,746,565	-16.83			1
2	CAP REL COSTS-MVBLE EQUIP	14,613,447	3.88	-14,613,447	-13.86			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT	6,526,750	1.73	-6,526,750	-6.19			4
5.01	COMMUNICATIONS	550,551	0.15	-550,551	-0.52			5.01
5.02	DATA PROCESSING	5,180,043	1.38	-5,180,043	-4.91			5.02
5.03	PURCHASING	720,591	0.19	-720,591	-0.68			5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	5,631,218	1.50	-5,631,218	-5.34			5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	33,742,121	8.97	-33,742,121	-31.99			5.06
6	MAINTENANCE & REPAIRS	3,217,153	0.86	-3,217,153	-3.05			6
7	OPERATION OF PLANT	3,831,583	1.02	-3,831,583	-3.63			7
7.10	SPD SOILED PROCESSING	503,172	0.13	-503,172	-0.48			7.10
8	LAUNDRY & LINEN SERVICE	1,241,008	0.33	-1,241,008	-1.18			8
9	HOUSEKEEPING	3,351,046	0.89	-3,351,046	-3.18			9
10	DIETARY	2,672,962	0.71	-2,672,962	-2.53			10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,892,965	0.50	-1,892,965	-1.79			13
13.10	SPD STERILE PROCESSING	1,027,444	0.27	-1,027,444	-0.97			13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	2,554,442	0.68	-2,554,442	-2.42			16
17	SOCIAL SERVICE	463,918	0.12	-463,918	-0.44			17
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	27,067,758	7.19	17,634,951	16.72	44,702,709	11.88	30
31	INTENSIVE CARE UNIT	7,385,806	1.96	3,577,408	3.39	10,963,214	2.91	31
31.01	NEONATOLOGY/NICU	4,065,114	1.08	1,535,030	1.46	5,600,144	1.49	31.01
41	SUBPROVIDER - IRF	1,794,377	0.48	1,147,479	1.09	2,941,856	0.78	41
43	NURSERY	1,471,012	0.39	419,207	0.40	1,890,219	0.50	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	13,990,197	3.72	10,879,434	10.32	24,869,631	6.61	50
51	RECOVERY ROOM	1,182,051	0.31	620,334	0.59	1,802,385	0.48	51
52	DELIVERY ROOM & LABOR ROOM	1,311,779	0.35	382,721	0.36	1,694,500	0.45	52
53	ANESTHESIOLOGY	659,423	0.18	276,151	0.26	935,574	0.25	53
54	RADIOLOGY-DIAGNOSTIC	6,451,908	1.71	4,952,982	4.70	11,404,890	3.03	54
56	RADIOISOTOPE	588,360	0.16	404,714	0.38	993,074	0.26	56
57	CT SCAN	1,033,980	0.27	989,127	0.94	2,023,107	0.54	57
58	MRI	725,388	0.19	342,066	0.32	1,067,454	0.28	58
59	CARDIAC CATHETERIZATION	4,865,919	1.29	4,785,921	4.54	9,651,840	2.57	59
60	LABORATORY	12,727,702	3.38	4,477,736	4.25	17,205,438	4.57	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	4,789,760	1.27	1,610,193	1.53	6,399,953	1.70	65
66	PHYSICAL THERAPY	2,726,749	0.72	1,739,180	1.65	4,465,929	1.19	66
67	OCCUPATIONAL THERAPY	1,130,784	0.30	510,659	0.48	1,641,443	0.44	67
68	SPEECH PATHOLOGY	824,244	0.22	223,346	0.21	1,047,590	0.28	68
69	ELECTROCARDIOLOGY	2,160,152	0.57	892,649	0.85	3,052,801	0.81	69
70	ELECTROENCEPHALOGRAPHY	1,456,364	0.39	618,626	0.59	2,074,990	0.55	70
71	MEDICAL SUPPLIES CHARGED TO PAT	14,423,455	3.83	2,763,011	2.62	17,186,466	4.57	71
72	IMPL. DEV. CHARGED TO PATIENTS	28,458,729	7.56	4,903,625	4.65	33,362,354	8.87	72
73	DRUGS CHARGED TO PATIENTS	21,624,432	5.75	4,304,035	4.08	25,928,467	6.89	73
73.10	REHABILITATION SERVICES	7,033,813	1.87	5,383,435	5.10	12,417,248	3.30	73.10
74	RENAL DIALYSIS							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
91	EMERGENCY	8,782,584	2.33	6,472,489	6.14	15,255,073	4.05	91
92	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)							92
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES	189,535	0.05	22,226	0.02	211,761	0.06	95
97	DURABLE MEDICAL EQUIP-SOLD	1,091,050	0.29	150,748	0.14	1,241,798	0.33	97
OUTPATIENT SERVICE COST CENTERS								
101	HOME HEALTH AGENCY	1,131,584	0.30	327,819	0.31	1,459,403	0.39	101
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN			134,333	0.13	134,333	0.04	190
194	FITNESS CENTER	1,831,703	0.49	2,921,667	2.77	4,753,370	1.26	194
194.01	RETAIL PHARMACY	5,101,793	1.36	803,410	0.76	5,905,203	1.57	194.01
194.02	GARDEN VIEW DELI	79,590	0.02	68,315	0.06	147,905	0.04	194.02
194.03	MEDICAL OFFICE BLDG			3,803		3,803		194.03
194.04	PHYSICIAN SERVICES	3,394,552	0.90	929,463	0.88	4,324,015	1.15	194.04
194.05	ENDOCRINOLOGIST	1,250,892	0.33	288,960	0.27	1,539,852	0.41	194.05
194.06	HOSPITALIST	10,927,280	2.90	1,986,592	1.88	12,913,872	3.43	194.06
194.07	NEONATOLOGY PHYSICIANS	1,964,897	0.52	353,150	0.33	2,318,047	0.62	194.07

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
194.08 ANESTHESIOLOGISTS	10,271,044	2.73	1,336,801	1.27	11,607,845	3.09	194.08
194.09 PHYSICIAN CARDIOLOGIST	6,851,283	1.82	2,400,352	2.28	9,251,635	2.46	194.09
194.10 PHYSICIAN ONCOLOGIST	3,038,485	0.81	1,033,694	0.98	4,072,179	1.08	194.10
194.11 PERINATOLOGY	1,027,566	0.27	370,490	0.35	1,398,056	0.37	194.11
194.12 TRAUMA PHYSICIANS	1,596,594	0.42	369,023	0.35	1,965,617	0.52	194.12
194.13 LANDMARK HOSPITAL	22,626	0.01	183,623	0.17	206,249	0.05	194.13
194.14 GYN SURG ONCOLOGIST	842,766	0.22	193,941	0.18	1,036,707	0.28	194.14
194.15 CAPE GASTROENTEROLOGY	3,983,908	1.06	669,950	0.64	4,653,858	1.24	194.15
194.16 CAPE PHYSICIAN ASSOCIATES	10,722,974	2.85	3,304,183	3.13	14,027,157	3.73	194.16
194.17 NONPATIENT MEALS			942,096	0.89	942,096	0.25	194.17
194.18 BEAUTY SHOP			29,304	0.03	29,304	0.01	194.18
194.19 MARKETING COSTS	15,562,970	4.14	1,759,387	1.67	17,322,357	4.60	194.19
194.20 CAPE PRIMARY CARE	24,434	0.01	284,166	0.27	308,600	0.08	194.20
194.21 CAPE CARE FOR WOMEN	5,523,650	1.47	1,244,879	1.18	6,768,529	1.80	194.21
194.22 JACKSON FAMILY CLINIC	1,729,772	0.46	392,004	0.37	2,121,776	0.56	194.22
194.23 CAPE MEDICAL GROUP	927,921	0.25	359,847	0.34	1,287,768	0.34	194.23
194.24 CAPE ENT GROUP	2,109,306	0.56	539,908	0.51	2,649,214	0.70	194.24
194.25 CHARLESTON FAMILY CARE	835,261	0.22	196,225	0.19	1,031,486	0.27	194.25
194.26 AWL FAMILY HEALTHCARE SYSTEMS	24,909	0.01	20,111	0.02	45,020	0.01	194.26
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	376,257,164	100.00			376,257,164	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,668,985	88,967,022	0.052480	29,116,290	1,528,023	50
51 RECOVERY ROOM	231,436	13,912,953	0.016635	4,459,399	74,182	51
52 DELIVERY ROOM & LABOR ROOM	38,203	7,022,252	0.005440	44,074	240	52
53 ANESTHESIOLOGY	53,358	26,903,945	0.001983	3,717,774	7,372	53
54 RADIOLOGY-DIAGNOSTIC	2,611,668	65,247,149	0.040027	11,384,309	455,680	54
56 RADIOISOTOPE	193,389	11,334,483	0.017062	2,037,596	34,765	56
57 CT SCAN	372,879	84,611,241	0.004407	15,232,952	67,132	57
58 MRI	95,771	22,746,201	0.004210	3,159,272	13,301	58
59 CARDIAC CATHETERIZATION	2,601,473	54,243,858	0.047959	13,157,854	631,038	59
60 LABORATORY	1,127,096	198,438,591	0.005680	43,915,080	249,438	60
60.10 CARDIOVASCULAR LABORATORY						60.10
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	334,274	71,176,186	0.004696	24,694,784	115,967	65
66 PHYSICAL THERAPY	699,090	14,243,882	0.049080	3,322,317	163,059	66
67 OCCUPATIONAL THERAPY	175,517	5,685,406	0.030871	1,642,498	50,706	67
68 SPEECH PATHOLOGY	48,265	3,664,407	0.013171	1,001,326	13,188	68
69 ELECTROCARDIOLOGY	337,660	25,668,382	0.013155	3,179,607	41,828	69
70 ELECTROENCEPHALOGRAPHY	187,767	7,274,331	0.025812	1,201,978	31,025	70
71 MEDICAL SUPPLIES CHARGED TO PAT	351,703	121,998,051	0.002883	46,309,205	133,509	71
72 IMPL. DEV. CHARGED TO PATIENTS	563,712	182,997,077	0.003080	59,443,206	183,085	72
73 DRUGS CHARGED TO PATIENTS	847,646	126,204,230	0.006716	48,261,091	324,121	73
73.10 REHABILITATION SERVICES	2,384,773	30,759,060	0.077531	516,047	40,010	73.10
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,200,156	64,580,495	0.034068	4,482,879	152,723	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	516,687	8,960,378	0.057664	617,869	35,629	92
HOME PROGRAM DIALYSIS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	9,032	2,849,195	0.003170			97
200 TOTAL	20,650,540	1,239,488,775		320,897,407	4,346,021	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS									
30	ADULTS & PEDIATRICS	4,741,714		4,741,714	52,383	90.52	26,762	2,422,496	30
31	INTENSIVE CARE UNIT	1,092,487		1,092,487	6,625	164.90	4,352	717,645	31
31.01	NEONATOLOGY/NICU	364,516		364,516	5,213	69.92			31.01
200	TOTAL	6,198,717		6,198,717	64,221		31,114	3,140,141	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								3,140,141	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								4,346,021	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								7,486,162	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								5,765	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								31,114	
PER DISCHARGE CAPITAL COSTS								1,298.55	
PER DIEM CAPITAL COSTS								240.60	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	73,867,175
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	375,906,241
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.197

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	3,155,406
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 41 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2)	8,752,208
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.361

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	7,486,162
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.020

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	36,179,204
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	219,822,100
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.165

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19