

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

**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. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 11/21/2014	TIME: 16:59
		2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
		3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
		4. <input checked="" type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> 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. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.	
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN		
	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 WERE 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 07/01/2013 AND ENDING 06/30/2014, 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	TITLE XVIII		HIT	TITLE XIX	
		PART A	PART B			
	1	2	3	4	5	
1 HOSPITAL		-288,258	351,619	8,964		1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		128,895				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		-159,363	351,619	8,964		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.

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Hospital and Hospital Health Care Complex Address:										
1	Street: 211 ST. FRANCIS DRIVE	P.O. Box:								1
2	City: CAPE GIRARDEAU	State: MO	ZIP Code: 63703	County: CAPE GIRARDEAU						2
Hospital and Hospital-Based Component Identification:										
							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	SAINT FRANCIS MEDICAL CENTER	26-0183	16020	1	07/01/1966	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF	REHAB UNIT	26-T183	16020	5	07/01/1988	N	P	N	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	HOME HEALTH AGENCY	26-7515	16020		08/08/1996	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2013	To: 06 / 30 / 2014							20
21	Type of control (see instructions)	1								21
Inpatient PPS Information										
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or '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
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	Y	22.01
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	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	6			
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	9,570	1,308	723	1,040					24
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid 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.	347	284		31					25
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.			1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.			1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			Beginning:		Ending:				38
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)							N	N	39

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			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
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			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, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline 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 FTEs 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.				
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1	2	3	4
	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.				
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

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider 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	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)				64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65					65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider 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	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)				66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67
Inpatient Psychiatric Facility PPS		1	2	3	
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 5th or subsequent academic years of the new teaching program in existence, enter 5.				71
Inpatient Rehabilitation Facility PPS		1	2	3	
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 5th or subsequent academic years of the new teaching program in existence, enter 5.	N	N		76
Long Term Care Hospital PPS					
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.		N		80
TEFRA Providers					
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.		N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

		V	XIX					
Title V and XIX 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? (see instructions)			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 25 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.	Physical	Occupational	Speech	Respiratory	N	N	109
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'	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			
		Premiums	Paid Losses	Self Insurance				
118.01	List amounts of malpractice premiums and paid losses:	1,430,394			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 high cost 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			

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

All Providers						
		1	2			
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 (see instructions)	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:		
142	Street:	P.O. Box:				
143	City:	State:		ZIP Code:		
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	2	3	
155	Hospital	N	N	N	N	
156	Subprovider - IPF	N	N			
157	Subprovider - IRF	N	N	N	N	
158	Subprovider - Other					
159	SNF	N	N			
160	HHA	N	N	N	N	
161	CMHC		N			
161.10	CORF					
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.				166	
	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.	Y			167	
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168	
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	1.00			169	
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	05/01/2013	07/29/2013		170	

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## HOSPITAL AND HOSPITAL 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		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
		1	2		
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			1
		Y/N	DATE	V/I	
		1	2	3	
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 'T' FOR INVOLUNTARY.	N			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
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
		1	2	3	
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		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
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		Y/N	Y/N		
		1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			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
<b>BAD DEBTS</b>					
				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
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y	15
<b>PART A</b>					
		Y/N	DATE		
		1	2		
<b>PS&amp;R REPORT DATA</b>					
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	10/25/2014	Y	10/25/2014
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	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## HOSPITAL AND HOSPITAL 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 COSTS			
22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		35
HOME OFFICE COSTS		Y/N	DATE
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
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.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: DAVID	LAST NAME: PRATHER	TITLE: CONTOLLER
42	EMPLOYER: SFMC		
43	PHONE NUMBER: 573-331-5244	E-MAIL ADDRESS: DPRATHER@SFMC.NET	

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	196	71,540			24,229	4,787	42,536	1
2	HMO AND OTHER (see instructions)						2,032	1,349		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER						60			4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		196	71,540			24,229	4,787	42,536	7
8	INTENSIVE CARE UNIT	31	32	11,680			4,428	888	6,982	8
8.01	NEONATOLOGY/NICU	31.01	26	9,490				3,966	4,686	8.01
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						1,448	1,681	13
14	TOTAL (see instructions)		254	92,710			28,657	11,089	55,885	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41	23	8,395			2,006	662	3,684	17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					4,011		6,214	22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		277					598	6,753	27
28	OBSERVATION BED DAYS									28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							203	347	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEE S ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					5,641	2,267	10,986	1
2	HMO AND OTHER (see instructions)					381			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
8.01	NEONATOLOGY/NICU								8.01
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)		2,140.05			5,641	2,267	10,986	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF		22.34			162	34	299	17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY		11.11						22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)		2,173.50						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PARTS II-III

## PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	200	157,495,772		157,495,772	4,472,052.00	35.22	1
2							2
3							3
4		43,200		43,200	192.00	225.00	4
4.01							4.01
5		5,363,273		5,363,273	31,093.00	172.49	5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		51,309,968	1,633,272	52,943,240	956,800.00	55.33	10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11							11
12							12
13		64,969		64,969	336.00	193.36	13
14							14
15							15
16							16
<b>WAGE-RELATED COSTS</b>							
17		32,261,780		32,261,780			17
18							18
19		9,028,215		9,028,215			19
20							20
21							21
22		4,197		4,197			22
22.01							22.01
23		679,672		679,672			23
24							24
25							25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26		1,703,485	819	1,704,304	23,815.00	71.56	26
27		14,709,442	-1,546,745	13,162,697	398,533.00	33.03	27
28		1,966,780		1,966,780	10,203.00	192.76	28
29		2,354,127	-402,967	1,951,160	75,372.00	25.89	29
30		469,898	360	470,258	23,261.00	20.22	30
31		550,563		550,563	41,038.00	13.42	31
32		1,188,133	1,444	1,189,577	78,800.00	15.10	32
33		1,254,709		1,254,709	134,193.00	9.35	33
34		1,796,534	692	1,797,226	117,694.00	15.27	34
35							35
36							36
37							37
38		2,294,517	1,439	2,295,956	83,031.00	27.65	38
39							39
40							40
41		1,453,478	331	1,453,809	71,098.00	20.45	41
42		332,707	234	332,941	12,549.00	26.53	42
43							43

## PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)	155,353,988		155,353,988	4,585,355.00	33.88	1
2	EXCLUDED AREA SALARIES (see instructions)	51,309,968	1,633,272	52,943,240	956,800.00	55.33	2
3	SUBTOTAL SALARIES (line 1 minus line 2)	104,044,020	-1,633,272	102,410,748	3,628,555.00	28.22	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)	64,969		64,969	336.00	193.36	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)	32,265,977		32,265,977		31.51%	5
6	TOTAL (sum of lines 3 through 5)	136,374,966	-1,633,272	134,741,694	3,628,891.00	37.13	6
7	TOTAL OVERHEAD COST (see instructions)	30,074,373	-1,944,393	28,129,980	1,069,587.00	26.30	7

Optimizer Systems, Inc.

**Win LASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

**HOSPITAL WAGE RELATED COSTS****WORKSHEET S-3  
PART IV****PART IV - WAGE RELATED COST****PART A - CORE LIST**

		AMOUNT REPORTED	
	<b>RETIREMENT COST</b>		
1	401K EMPLOYER CONTRIBUTIONS	4,944,279	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
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
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
	<b>HEALTH AND INSURANCE COST</b>		
8	HEALTH INSURANCE (Purchased or Self Funded)	23,989,029	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	349,266	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	1,053,298	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	354,269	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	1,296,305	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-EMPLOYERS PORTION ONLY	9,635,037	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	97,450	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	<b>OTHER</b>		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES	26,405	22
23	TUITION REIMBURSEMENT	222,125	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	41,973,863	24

**PART B - OTHER THAN CORE RELATED COST**

25	OTHER WAGE RELATED (OTHER WAGE REL		25
----	------------------------------------	--	----

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---	--	---

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

EXHIBIT 3

<b>STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>			
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
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>			
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

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>			
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	<b>DEPOSIT DATE(S)</b>	<b>CONTRIBUTION(S)</b>
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
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>			
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

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

**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 LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	172,156		1
2	HOSPITAL	172,156		2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED 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

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 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 instructions)		422.00		166.00	588.00	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)			
		STAFF	CONTRACT	TOTAL	
		1	2	3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		1.04		1.04
5	OTHER ADMINISTRATIVE PERSONNEL		1.01		1.01
6	DIRECT NURSING SERVICE		5.57		5.57
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE		2.08		2.08
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE		0.27		0.27
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE		0.12		0.12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE				14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE		0.03		0.03
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

## HOME HEALTH AGENCY - CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		1	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (line 20 contains the first code).		99926	20

## PPS ACTIVITY

		FULL EPISODES				TOTAL (columns 1 through 4)	
		WITHOUT OUTLIERS	WITH OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES		
		1	2	3	4		
21	SKILLED NURSING VISITS	1,967	82	241	23	2,313	21
22	SKILLED NURSING VISIT CHARGES	476,150	21,951	47,697	5,420	551,218	22
23	PHYSICAL THERAPY VISITS	1,272	13	38	10	1,333	23
24	PHYSICAL THERAPY VISIT CHARGES	343,357	3,523	9,214	2,440	358,534	24
25	OCCUPATIONAL THERAPY VISITS	113		6		119	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	32,249		1,626		33,875	26
27	SPEECH PATHOLOGY VISITS	99		3	4	106	27
28	SPEECH PATHOLOGY VISIT CHARGES	28,184		542	1,084	29,810	28
29	MEDICAL SOCIAL SERVICE VISITS						29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES						30
31	HOME HEALTH AIDE VISITS	133	5		2	140	31
32	HOME HEALTH AIDE VISIT CHARGES	19,040	700		280	20,020	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	3,584	100	288	39	4,011	33
34	OTHER CHARGES						34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	898,980	26,174	59,079	9,224	993,457	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	283		72	4	359	36
37	TOTAL NUMBER OF OUTLIER EPISODES		3			3	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	105,436	8,390	7,998	361	122,185	38

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

## UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.181215	1
---	--	--	----------	---

## MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		33,411,387	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		9,512,587	5
6	MEDICAID CHARGES		249,697,862	6
7	MEDICAID COST (line 1 times line 6)		45,248,998	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.		2,325,024	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 AND INDIGENT CARE COST COMPUTATION

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)		2,325,024		19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		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	32,425,866	7,074,187	39,500,053	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	5,876,053	1,281,949	7,158,002	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	23,015	30,722	53,737	22
23	COST OF CHARITY CARE (line 21 minus line 22)	5,853,038	1,251,227	7,104,265	23

24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM?		N		24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (see instructions)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)			44,948,209	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)			1,018,576	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)			43,929,633	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)			7,960,708	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)			15,064,973	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)			17,389,997	31

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

## WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	CAP REL COSTS-BLDG & FIXT		11,778,218	11,778,218	4,253,750	16,031,968	-1,103,832	14,928,136	1
2	00200	CAP REL COSTS-MVBLE EQUIP		16,054,677	16,054,677	149,271	16,203,948	14,087	16,218,035	2
3	00300	OTHER CAP REL COSTS		514,745	514,745	-514,745			-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	1,703,485	4,151,263	5,854,748	389,281	6,244,029	-622,488	5,621,541	4
5.01	00540	COMMUNICATIONS	228,004	83,222	311,226	300,630	611,856	-37,439	574,417	5.01
5.02	00550	DATA PROCESSING	2,203,504	3,778,141	5,981,645	1,826	5,983,471		5,983,471	5.02
5.03	00560	PURCHASING	463,976	327,061	791,037	-36,916	754,121		754,121	5.03
5.04	00570	ADMITTING								5.04
5.05	00580	CREDIT & COLLECTIONS	667,159	5,102,517	5,769,676	572	5,770,248		5,770,248	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	11,146,799	38,297,767	49,444,566	-9,643,487	39,801,079	-368,440	39,432,639	5.06
6	00600	MAINTENANCE & REPAIRS	2,354,127	1,577,962	3,932,089	-656,485	3,275,604		3,275,604	6
7	00700	OPERATION OF PLANT	289,503	3,830,789	4,120,292	476	4,120,768	-6,094	4,114,674	7
7.10	00701	SPD SOILED PROCESSING	180,395	109,293	289,688	111	289,799		289,799	7.10
8	00800	LAUNDRY & LINEN SERVICE	550,563	621,074	1,171,637		1,171,637		1,171,637	8
9	00900	HOUSEKEEPING	1,188,133	2,044,404	3,232,537	2,353	3,234,890		3,234,890	9
10	01000	DIETARY	1,796,534	2,017,765	3,814,299	1,127	3,815,426	-1,359,719	2,455,707	10
11	01100	CAFETERIA								11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	1,618,605	407,315	2,025,920	1,089	2,027,009		2,027,009	13
13.10	01301	SPD STERILE PROCESSING	675,912	593,358	1,269,270	1,254	1,270,524	-118,254	1,152,270	13.10
14	01400	CENTRAL SERVICES & SUPPLY								14
15	01500	PHARMACY								15
16	01600	MEDICAL RECORDS & LIBRARY	1,453,478	1,021,484	2,474,962	540	2,475,502	-975	2,474,527	16
17	01700	SOCIAL SERVICE	332,707	97,641	430,348	381	430,729		430,729	17
		<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	03000	ADULTS & PEDIATRICS	18,827,286	6,183,307	25,010,593	62,457	25,073,050		25,073,050	30
31	03100	INTENSIVE CARE UNIT	5,716,747	1,828,520	7,545,267	33,907	7,579,174		7,579,174	31
31.01	02060	NEONATOLOGY/NICU	2,621,103	1,203,212	3,824,315	48,191	3,872,506	-37,995	3,834,511	31.01
41	04100	SUBPROVIDER - IRF	1,300,336	436,119	1,736,455	5,597	1,742,052		1,742,052	41
43	04300	NURSERY	1,062,995	412,551	1,475,546	10,489	1,486,035		1,486,035	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	OPERATING ROOM	8,312,729	5,488,445	13,801,174	67,262	13,868,436		13,868,436	50
51	05100	RECOVERY ROOM	889,396	279,797	1,169,193	6,139	1,175,332		1,175,332	51
52	05200	DELIVERY ROOM & LABOR ROOM	1,032,890	288,490	1,321,380	12,603	1,333,983		1,333,983	52
53	05300	ANESTHESIOLOGY	199,512	488,040	687,552	3,668	691,220		691,220	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,710,827	3,742,452	7,453,279	8,335	7,461,614	-743,756	6,717,858	54
56	05600	RADIOISOTOPE	316,090	234,195	550,285	425	550,710		550,710	56
57	05700	CT SCAN	457,329	633,165	1,090,494	156	1,090,650		1,090,650	57
58	05800	MRI	250,975	429,650	680,625	1,420	682,045		682,045	58
59	05900	CARDIAC CATHETERIZATION	2,997,400	2,127,274	5,124,674	12,529	5,137,203		5,137,203	59
60	06000	LABORATORY	4,383,989	8,663,114	13,047,103	-374,969	12,672,134		12,672,134	60
60.10	06001	CARDIOVASCULAR LABORATORY								60.10
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	2,905,673	1,796,372	4,702,045	38,518	4,740,563	-62,173	4,678,390	65
66	06600	PHYSICAL THERAPY	1,995,721	663,406	2,659,127	4,561	2,663,688		2,663,688	66
67	06700	OCCUPATIONAL THERAPY	898,168	253,141	1,151,309	1,770	1,153,079		1,153,079	67
68	06800	SPEECH PATHOLOGY	627,345	183,152	810,497	2,037	812,534		812,534	68
69	06900	ELECTROCARDIOLOGY	1,277,579	968,924	2,246,503	84,322	2,330,825	-192,072	2,138,753	69
70	07000	ELECTROENCEPHALOGRAPHY	1,059,234	727,657	1,786,891	6,105	1,792,996	-303,397	1,489,599	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	753,212	40,457,440	41,210,652	-25,510,775	15,699,877		15,699,877	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				25,532,157	25,532,157		25,532,157	72
73	07300	DRUGS CHARGED TO PATIENTS	2,943,452	21,106,099	24,049,551	26,180	24,075,731	-9,458	24,066,273	73
73.10	07301	REHABILITATION SERVICES	4,373,683	3,194,742	7,568,425	19,472	7,587,897	-122,322	7,465,575	73.10
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	09100	EMERGENCY	11,547,693	3,286,420	14,834,113	21,546	14,855,659	-6,203,516	8,652,143	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	09500	AMBULANCE SERVICES		267,204	267,204		267,204		267,204	95
97	09700	DURABLE MEDICAL EQUIP-SOLD	171,892	906,084	1,077,976	381	1,078,357		1,078,357	97
101	10100	HOME HEALTH AGENCY	827,378	341,328	1,168,706	127	1,168,833		1,168,833	101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
113	11300	INTEREST EXPENSE		7,281,682	7,281,682	-7,281,682				113
118		SUBTOTALS (sum of lines 1-117)	108,313,518	206,280,678	314,594,196	-12,906,044	301,688,152	-11,277,843	290,410,309	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN								190
194	07950	FITNESS CENTER	1,189,014	547,695	1,736,709	3,067	1,739,776		1,739,776	194
194.0	07951	RETAIL PHARMACY	659,499	4,420,294	5,079,793	524	5,080,317		5,080,317	194.0

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

## WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
194.0 2	07952	GARDEN VIEW DELI	20,812	61,796	82,608		82,608		82,608	194.0 2
194.0 3	07953	MEDICAL OFFICE BLDG								194.0 3
194.0 4	07954	PHYSICIAN SERVICES	2,889,430	399,685	3,289,115	413	3,289,528		3,289,528	194.0 4
194.0 5	07955	ENDOCRINOLOGIST	914,162	327,550	1,241,712	809	1,242,521		1,242,521	194.0 5
194.0 6	07956	HOSPITALIST	7,133,082	4,056,546	11,189,628	2,937	11,192,565		11,192,565	194.0 6
194.0 7	07957	NEONATOLOGY PHYSICIANS	1,723,323	282,263	2,005,586	1,397	2,006,983		2,006,983	194.0 7
194.0 8	07958	ANESTHESIOLOGISTS	3,649,187	6,899,173	10,548,360		10,548,360		10,548,360	194.0 8
194.0 9	07959	PHYSICIAN CARDIOLOGIST	6,123,761	984,605	7,108,366	2,232	7,110,598		7,110,598	194.0 9
194.1 0	07960	PHYSICIAN ONCOLOGIST	2,733,632	511,946	3,245,578	2,462	3,248,040		3,248,040	194.1 0
194.1 1	07961	PERINATOLOGY	718,411	119,002	837,413	1,219	838,632		838,632	194.1 1
194.1 2	07962	TRAUMA PHYSICIANS	786,705	854,219	1,640,924	572	1,641,496		1,641,496	194.1 2
194.1 3	07963	LANDMARK HOSPITAL				17,503	17,503		17,503	194.1 3
194.1 4	07964	GYN SURG ONCOLOGIST	733,245	85,985	819,230	159	819,389		819,389	194.1 4
194.1 5	07965	CAPE GASTROENTEROLOGY	3,503,872	607,448	4,111,320	1,045	4,112,365		4,112,365	194.1 5
194.1 6	07966	CAPE PHYSICIAN ASSOCIATES	4,724,963	2,264,434	6,989,397	7,132	6,996,529		6,996,529	194.1 6
194.1 7	07967	NONPATIENT MEALS								194.1 7
194.1 8	07968	BEAUTY SHOP								194.1 8
194.1 9	07969	MARKETING COSTS				12,842,435	12,842,435		12,842,435	194.1 9
194.2 0	07970	CAPE PRIMARY CARE		2,543	2,543	3,207	5,750		5,750	194.2 0
194.2 1	07971	CAPE CARE FOR WOMEN	4,490,823	1,649,600	6,140,423	4,248	6,144,671		6,144,671	194.2 1
194.2 2	07972	JACKSON FAMILY CLINIC	1,153,646	552,873	1,706,519	2,924	1,709,443		1,709,443	194.2 2
194.2 3	07973	CAPE MEDICAL GROUP	609,247	385,261	994,508	1,182	995,690		995,690	194.2 3
194.2 4	07974	CAPE ENT GROUP	1,801,412	479,412	2,280,824	2,630	2,283,454		2,283,454	194.2 4
194.2 5	07975	CHARLESTON FAMILY CARE	515,101	278,546	793,647	1,498	795,145		795,145	194.2 5
194.2 6	07976	AWL FAMILY HEALTHCARE SYSTEMS		1,770	1,770		1,770		1,770	194.2 6
194.2 7	07977	CAPE CEREBROVASCULAR & ENDOVASCULAR	829,251	209,487	1,038,738		1,038,738		1,038,738	194.2 7
194.2 8	07978	HOSPICE	26,925	18,676	45,601		45,601		45,601	194.2 8
194.2 9	07979	IMMEDIATE CONVENIENT CARE - JACKSON	177,120	90,964	268,084	797	268,881		268,881	194.2 9
194.3 0	07980	JACKSON PHYSICIAN ASSOCIATES	252,848	114,301	367,149	5,652	372,801		372,801	194.3 0
194.3 1	07981	PHYSICIANS PARK PRIMARY CARE	1,049,956	3,713,372	4,763,328		4,763,328		4,763,328	194.3 1
194.3 2	07982	IMMEDIATE CONVENIENT CARE - BLACK RI	3,630	7,327	10,957		10,957		10,957	194.3 2
194.3 3	07983	FARMINGTON PHYSICIAN ASSOCIATES	769,197	400,342	1,169,539		1,169,539		1,169,539	194.3 3
200		TOTAL (sum of lines 118-199)	157,495,772	236,607,793	394,103,565		394,103,565	-11,277,843	382,825,722	200

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## RECLASSIFICATIONS

## WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS DEPARTMENT	4		387,947	1
2							2
500	TOTAL RECLASSIFICATIONS					387,947	500
	CODE LETTER - A						
1	RECLASS INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		3,888,276	1
500	TOTAL RECLASSIFICATIONS					3,888,276	500
	CODE LETTER - B						
1	RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	5.01		299,848	1
500	TOTAL RECLASSIFICATIONS					299,848	500
	CODE LETTER - C						
1	RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	5.06	38,202		1
500	TOTAL RECLASSIFICATIONS				38,202		500
	CODE LETTER - D						
1	RECLASS MARKETING COST	E	MARKETING COSTS	194.19	1,590,725	11,251,710	1
500	TOTAL RECLASSIFICATIONS				1,590,725	11,251,710	500
	CODE LETTER - E						
1	RECLASS BIOMED	F	EMPLOYEE BENEFITS DEPARTMENT	4	819	515	1
2			COMMUNICATIONS	5.01	477	305	2
3			DATA PROCESSING	5.02	1,121	705	3
4			PURCHASING	5.03	789	497	4
5			CREDIT & COLLECTIONS	5.05	351	221	5
6			OTHER ADMINISTRATIVE & GENERA	5.06	41,242	25,946	6
7			MAINTENANCE & REPAIRS	6	77,820	48,959	7
8			OPERATION OF PLANT	7	292	184	8
9			SPD SOILED PROCESSING	7.10	68	43	9
10			HOUSEKEEPING	9	1,444	909	10
11			DIETARY	10	692	435	11
12			NURSING ADMINISTRATION	13	669	420	12
13			SPD STERILE PROCESSING	13.10	770	484	13
14			MEDICAL RECORDS & LIBRARY	16	331	209	14
15			SOCIAL SERVICE	17	234	147	15
16			ADULTS & PEDIATRICS	30	58,812	37,001	16
17			INTENSIVE CARE UNIT	31	26,263	16,523	17
18			NEONATOLOGY/NICU	31.01	29,581	18,610	18
19			SUBPROVIDER - IRF	41	3,484	2,192	19
20			NURSERY	43	6,439	4,050	20
21			OPERATING ROOM	50	47,895	30,133	21
22			RECOVERY ROOM	51	3,768	2,371	22
23			DELIVERY ROOM & LABOR ROOM	52	7,736	4,867	23
24			ANESTHESIOLOGY	53	2,252	1,416	24
25			RADIOLOGY-DIAGNOSTIC	54	5,116	3,219	25
26			CT SCAN	57	96	60	26
27			MRI	58	872	548	27
28			RADIOISOTOPE	56	261	164	28
29			LABORATORY	60	7,966	5,012	29
30			CARDIAC CATHETERIZATION	59	8,029	5,052	30
31			RESPIRATORY THERAPY	65	23,643	14,875	31
32			PHYSICAL THERAPY	66	2,800	1,761	32
33			OCCUPATIONAL THERAPY	67	1,086	684	33
34			SPEECH PATHOLOGY	68	1,250	787	34
35			ELECTROCARDIOLOGY	69	7,253	4,562	35
36			ELECTROENCEPHALOGRAPHY	70	3,747	2,358	36
37			MEDICAL SUPPLIES CHARGED TO P	71	13,125	8,257	37
38			DRUGS CHARGED TO PATIENTS	73	16,070	10,110	38
39			REHABILITATION SERVICES	73.10	11,953	7,519	39
40			EMERGENCY	91	24,811	15,610	40
41			DURABLE MEDICAL EQUIP-SOLD	97	234	147	41
42			HOME HEALTH AGENCY	101	78	49	42
43			FITNESS CENTER	194	1,883	1,184	43
44			RETAIL PHARMACY	194.01	322	202	44
45			PHYSICIAN SERVICES	194.04	254	159	45
46			ENDOCRINOLOGIST	194.05	497	312	46
47			HOSPITALIST	194.06	1,803	1,134	47
48			NEONATOLOGY PHYSICIANS	194.07	858	539	48
49			PHYSICIAN CARDIOLOGIST	194.09	1,370	862	49
50			PHYSICIAN ONCOLOGIST	194.10	1,511	951	50
51			PERINATOLOGY	194.11	748	471	51
52			TRAUMA PHYSICIANS	194.12	351	221	52
53			LANDMARK HOSPITAL	194.13	10,744	6,759	53
54			GYN SURG ONCOLOGIST	194.14	98	61	54

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
55			CAPE GASTROENTEROLOGY	194.15	641	404	55
56			CAPE PHYSICIAN ASSOCIATES	194.16	4,378	2,754	56
57			CAPE PRIMARY CARE	194.20	1,969	1,238	57
58			CAPE CARE FOR WOMEN	194.21	2,607	1,641	58
59			JACKSON FAMILY CLINIC	194.22	1,795	1,129	59
60			CAPE MEDICAL GROUP	194.23	726	456	60
61			CAPE ENT GROUP	194.24	1,615	1,015	61
62			CHARLESTON FAMILY CARE	194.25	920	578	62
63			IMMEDIATE CONVENIENT CARE - J	194.29	489	308	63
64			JACKSON PHYSICIAN ASSOCIATES	194.30	3,469	2,183	64
500	TOTAL RECLASSIFICATIONS				480,787	302,477	500
	CODE LETTER - F						
1	RECLASS CAPITALIZED INTEREST CREDIT	G	OTHER ADMINISTRATIVE & GENERA	5.06		3,393,406	1
2	BALANCE IN A&G	G					2
500	TOTAL RECLASSIFICATIONS					3,393,406	500
	CODE LETTER - G						
1	RECLASS EKG COSTS	H	ELECTROCARDIOLOGY	69	58,730	13,777	1
2							2
3							3
4							4
5							5
6							6
7							7
500	TOTAL RECLASSIFICATIONS				58,730	13,777	500
	CODE LETTER - H						
1	RECLASS IMP. DEVICES CHARGED	I	IMPL. DEV. CHARGED TO PATIENT	72	419,208	25,112,949	1
500	TOTAL RECLASSIFICATIONS				419,208	25,112,949	500
	CODE LETTER - I						
	GRAND TOTAL (INCREASES)				2,587,652	44,650,390	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	RECLASS EMPLOYEE BENEFITS	A						
2			LABORATORY	60		387,947		
500	TOTAL RECLASSIFICATIONS CODE LETTER - A					387,947	500	
1	RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	113		3,888,276	11	
500	TOTAL RECLASSIFICATIONS CODE LETTER - B					3,888,276	500	
1	RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	5.06		299,848		
500	TOTAL RECLASSIFICATIONS CODE LETTER - C					299,848	500	
1	RECLASS MAIL CLERK	D	PURCHASING	5.03	38,202			
500	TOTAL RECLASSIFICATIONS CODE LETTER - D				38,202		500	
1	RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	5.06	1,590,725	11,251,710		
500	TOTAL RECLASSIFICATIONS CODE LETTER - E				1,590,725	11,251,710	500	
1	RECLASS BIOMED	F						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64			MAINTENANCE & REPAIRS	6	480,787	302,477		64
500	TOTAL RECLASSIFICATIONS CODE LETTER - F				480,787	302,477		500
1	RECLASS CAPITALIZED INTEREST CREDIT	G	INTEREST EXPENSE	113		3,393,406		1
2	BALANCE IN A&G	G						2
500	TOTAL RECLASSIFICATIONS CODE LETTER - G					3,393,406		500
1	RECLASS EKG COSTS	H						1
2			ADULTS & PEDIATRICS	30	26,428	6,928		2
3			INTENSIVE CARE UNIT	31	7,183	1,696		3
4			SUBPROVIDER - IRF	41	63	16		4
5			OPERATING ROOM	50	8,556	2,210		5
6			CARDIAC CATHETERIZATION	59	444	108		6
7			EMERGENCY	91	16,056	2,819		7
500	TOTAL RECLASSIFICATIONS CODE LETTER - H				58,730	13,777		500
1	RECLASS IMP. DEVICES CHARGED	I	MEDICAL SUPPLIES CHARGED TO P	71	419,208	25,112,949		1
500	TOTAL RECLASSIFICATIONS CODE LETTER - I				419,208	25,112,949		500
	GRAND TOTAL (DECREASES)				2,587,652	44,650,390		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
PARTS I, II & III

## PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIRE- MENTS	ENDING BALANCE	FULLY DEPREC- IATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	3,100,168	465,000		465,000		3,565,168		1
2	LAND IMPROVEMENTS	8,161,855					8,161,855	3,120,618	2
3	BUILDINGS AND FIXTURES	169,056,649	73,184,657		73,184,657	23,858,416	218,382,890	13,743,517	3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT	101,224,810	2,752,491		2,752,491	25,962	103,951,339	22,226,680	5
6	MOVABLE EQUIPMENT	126,951,469	16,409,482		16,409,482	6,919,197	136,441,754	44,616,727	6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	408,494,951	92,811,630		92,811,630	30,803,575	470,503,006	83,707,542	8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	408,494,951	92,811,630		92,811,630	30,803,575	470,503,006	83,707,542	10

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

	DESCRIPTION	SUMMARY OF CAPITAL								
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)	TOTAL(1) (Sum of (cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	11,778,218						11,778,218	1	
2	CAP REL COSTS-MVBLE EQUIP	16,054,677						16,054,677	2	
3	TOTAL (sum of lines 1-2)	27,832,895						27,832,895	3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

\* All line numbers are to be consistent with Worksheet A line numbers for capital cost centers.

## PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITAL- IZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL (sum of (cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI	334,061,252		334,061,252	0.710009			365,474	365,474	1
2	CAP REL COSTS-MVBLE EQU	136,441,754		136,441,754	0.289991			149,271	149,271	2
3	TOTAL (sum of lines 1-2)	470,503,006		470,503,006	1.000000			514,745	514,745	3

	DESCRIPTION	SUMMARY OF CAPITAL								
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)	TOTAL(2) (sum of (cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	11,761,684		2,800,978				365,474	14,928,136	1
2	CAP REL COSTS-MVBLE EQUIP	16,068,764						149,271	16,218,035	2
3	TOTAL (sum of lines 1-2)	27,830,448		2,800,978				514,745	31,146,171	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## ADJUSTMENTS TO EXPENSES

## WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)	B	-1,087,298	CAP REL COSTS-BLDG & FIXT	1	11	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-OTHER (chapter 2)						3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)						4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)						5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-37,439	COMMUNICATIONS	5.01		7
8	TELEVISION AND RADIO SERVICE (chapter 21)						8
9	PARKING LOT (chapter 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7,583,098				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-1,316				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-1,359,719	DIETARY	10		14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-9,458	DRUGS CHARGED TO PATIENTS	73		17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-975	MEDICAL RECORDS & LIBRARY	16		18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1		26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2		27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29	PHYSICIANS' ASSISTANT						29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67		30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32	CAH HIT ADJ FOR DEPRECIATION AND						32
33	DEPR. ON PT. PHONE	A	-2,416	CAP REL COSTS-MVBLE EQUIP	2	9	33
34	TELEVISION ELECTRIC USAGE	A	-6,094	OPERATION OF PLANT	7		34
35							35
36	COMMUNITY WELLNESS	B	30,387	REHABILITATION SERVICES	73.10		36
37	OUTSIDE STERILE PROCESS	B	-118,254	SPD STERILE PROCESSING	13.10		37
38							38
39	COMMUNITY TRAINING CENTER	B	-100,433	REHABILITATION SERVICES	73.10		39
40	SPEC. EDUC. REIMB	B	-5,589	OTHER ADMINISTRATIVE & GENERAL	5.06		40
41	MISC. INCOME	B	-61,736	OTHER ADMINISTRATIVE & GENERAL	5.06		41
42	NON-ALLOW SUPPLIES-REHAB.	B	-9,602	REHABILITATION SERVICES	73.10		42
43							43
44							44
45	REHAB GYM USE	B	-2,485	REHABILITATION SERVICES	73.10		45
45.01	ADJ. DEPR. EXP.	A	-9,094	CAP REL COSTS-BLDG & FIXT	1	9	45.01
45.02	ADJ. DEPR. EXP.	A	-2,730	CAP REL COSTS-MVBLE EQUIP	2	9	45.02
45.04	ADJ. DEPR. EXP.	A	22,577	CAP REL COSTS-MVBLE EQUIP	2	9	45.04
45.05	AHA DUES FOR LOBBYING	A	-37,209	OTHER ADMINISTRATIVE & GENERAL	5.06		45.05
45.06	DEPR. NEW BLDG & FIX.	A	-6,124	CAP REL COSTS-BLDG & FIXT	1	9	45.06
45.07	DEPR. NEW MOV. EQUIP.	A	-3,344	CAP REL COSTS-MVBLE EQUIP	2	9	45.07
45.08	NON-ALLOWABLE EXPENSE	A	-6,294	OTHER ADMINISTRATIVE & GENERAL	5.06		45.08
45.09	NON-ALLOWABLE GOODWILL EXPENSE	A	-257,612	OTHER ADMINISTRATIVE & GENERAL	5.06		45.09
45.10	ER PHYSICAN BENEFITS	A	-622,488	EMPLOYEE BENEFITS DEPARTMENT	4		45.10
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-11,277,843				50

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE#	WKST A-7 REF.
		1	2	3		4	5

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
  - A. Costs - if cost, including applicable overhead, can be determined
  - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripsts thereof.

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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

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 CLAIMED HOME OFFICE COSTS:**

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
	1	2	3	4	5	6	7	
1	1	CAP REL COSTS-BLDG & FIXT	SFHS		1,316	-1,316	9	1
2								2
3								3
4								4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12				1,316	-1,316		5

\* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	E	SFMC		SFHS		HEALTHCARE	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:

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	41	SUBPROVIDER - IRF SUBPROVIDER				153,400				1
2	54	RADIOLOGY-DIAGNOSTIC RADIOLOGY- DIAGN	743,756	743,756		195,000				2
3	57	CT SCAN CT SCAN				195,000				3
4	65	RESPIRATORY THERAPY RESPIRATORY THE	62,173	62,173		153,400				4
5	69	ELECTROCARDIOLOGY ELECTROCARDIOLO	192,072	192,072		153,400				5
6	70	ELECTROENCEPHALGRAP ELECTROENCEPHAL	303,397	303,397		153,400				6
7	73.10	REHABILITATION SERVI REHABILITATION	64,969		64,969	153,400	336	24,780	1,239	7
8	91	EMERGENCY EMERGENCY	6,217,676	6,114,528	43,200	153,400	192	14,160	708	8
9	31.01	NEONATOLOGY/NICU NICU	37,995	37,995		153,400				9
10	59	CARDIAC CATHETERIZAT CARDIOVASCULAR				153,400				10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	7,622,038	7,453,921	108,169		528	38,940	1,947	200

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT - ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	41	SUBPROVIDER - IRF SUBPROVIDER								1
2	54	RADIOLOGY-DIAGNOSTIC RADIOLOGY- DIAGN							743,756	2
3	57	CT SCAN CT SCAN								3
4	65	RESPIRATORY THERAPY RESPIRATORY THE							62,173	4
5	69	ELECTROCARDIOLOGY ELECTROCARDIOLO							192,072	5
6	70	ELECTROENCEPHALOGRAP ELECTROENCEPHAL							303,397	6
7	73.10	REHABILITATION SERVI REHABILITATION					24,780	40,189	40,189	7
8	91	EMERGENCY EMERGENCY					14,160	29,040	6,203,516	8
9	31.01	NEONATOLOGY/NICU NICU							37,995	9
10	59	CARDIAC CATHETERIZAT CARDIOVASCULAR								10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					38,940	69,229	7,583,098	200

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A.col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	14,928,136	14,928,136					1
2	CAP REL COSTS-MVBLE EQUIP	16,218,035		16,218,035				2
4	EMPLOYEE BENEFITS DEPARTMENT	5,621,541	233,031	13,864	5,868,436			4
5.01	COMMUNICATIONS	574,417	13,512	50,589	8,643	647,161		5.01
5.02	DATA PROCESSING	5,983,471	142,471	4,119,912	83,399	18,586	10,347,839	5.02
5.03	PURCHASING	754,121	113,193	4,853	16,136	5,679	41,408	5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	5,770,248	46,950	117,063	25,251	19,619	163,561	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	39,432,639	732,949	202,916	364,502	48,789	1,503,106	5.06
6	MAINTENANCE & REPAIRS	3,275,604	636,038	136,779	73,810	42,593	95,238	6
7	OPERATION OF PLANT	4,114,674	1,778,458	6,197	10,963	2,065	2,070	7
7.10	SPD SOILED PROCESSING	289,799	153,216	23,007	6,827	774	101,449	7.10
8	LAUNDRY & LINEN SERVICE	1,171,637	106,707	38,670	20,827	1,291	18,634	8
9	HOUSEKEEPING	3,234,890	110,967	12,002	45,001	1,807	2,070	9
10	DIETARY	2,455,707	213,153	194,910	67,987	8,261	209,110	10
11	CAFETERIA		166,806					11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,027,009	12,824	68,234	61,256	6,454	142,857	13
13.10	SPD STERILE PROCESSING	1,152,270	84,068	26,504	25,598	2,840		13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	2,474,527	132,428	4,034	54,996	21,168	204,969	16
17	SOCIAL SERVICE	430,729	2,865		12,595	3,098	28,986	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	25,073,050	1,922,084	654,047	713,415	84,668	1,026,916	30
31	INTENSIVE CARE UNIT	7,579,174	413,620	306,798	216,981	9,293	188,406	31
31.01	NEONATOLOGY/NICU	3,834,511	283,527	177,381	100,273	9,809	72,464	31.01
41	SUBPROVIDER - IRF	1,742,052	180,951	19,887	49,320	8,261	99,379	41
43	NURSERY	1,486,035	10,703	279	40,456		68,323	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	13,868,436	1,001,703	2,714,403	315,950	52,403	670,808	50
51	RECOVERY ROOM	1,175,332	89,519	91,110	33,788	3,098	53,830	51
52	DELIVERY ROOM & LABOR ROOM	1,333,983			39,366		89,027	52
53	ANESTHESIOLOGY	691,220	2,970	34,159	7,633	2,065	8,282	53
54	RADIOLOGY-DIAGNOSTIC	6,717,858	349,757	1,860,877	140,570	34,075	318,841	54
56	RADIOISOTOPE	550,710	48,127	141,774	11,967	2,065	4,141	56
57	CT SCAN	1,090,650	39,896	353,759	17,304	2,065	8,282	57
58	MRI	682,045	27,731	24,335	9,527	1,807	4,141	58
59	CARDIAC CATHETERIZATION	5,137,203	735,695	1,321,109	113,676	19,619	186,336	59
60	LABORATORY	12,672,134	317,653	359,932	166,143	25,556	362,319	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	4,678,390	104,904	77,646	110,813	10,326	109,731	65
66	PHYSICAL THERAPY	2,663,688	407,731	30,704	75,602	2,323	57,971	66
67	OCCUPATIONAL THERAPY	1,153,079	104,565	1,846	34,018	3,356	6,211	67
68	SPEECH PATHOLOGY	812,534	19,770	6,572	23,779	2,323	24,845	68
69	ELECTROCARDIOLOGY	2,138,753		383,835	50,826	3,356	136,646	69
70	ELECTROENCEPHALOGRAPHY	1,489,599	64,968	70,143	40,212	7,486	759,835	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,699,877	129,942	52,436	12,755	1,291	14,493	71
72	IMPL. DEV. CHARGED TO PATIENTS	25,532,157	165,379	66,737	16,234	1,549	16,563	72
73	DRUGS CHARGED TO PATIENTS	24,066,273	150,419	289,310	111,956	8,777	134,576	73
73.10	REHABILITATION SERVICES	7,465,575	925,886	695,821	165,904	33,300	846,792	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	8,652,143	708,924	611,223	232,647	30,977	424,431	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	267,204				258		95
97	DURABLE MEDICAL EQUIP-SOLD	1,078,357		587	6,511	1,549	31,056	97
101	HOME HEALTH AGENCY	1,168,833	30,306	269	31,302	5,679	78,675	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	290,410,309	12,916,366	15,366,513	3,766,719	550,358	8,316,778	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		47,068			1,033		190
194	FITNESS CENTER	1,739,776	770,452	56,327	45,050	11,875	144,928	194
194.0	RETAIL PHARMACY	5,080,317	40,495	21,530	24,960	9,551	18,634	194.0
1								1
194.0	GARDEN VIEW DELI	82,608	19,559	856	787	774		194.0
2								2
194.0	MEDICAL OFFICE BLDG			1,165				194.0
3								3

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A.col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
194.0 4	PHYSICIAN SERVICES	3,289,528	65,814	21,464	109,314	3,872	178,054	194.0 4
194.0 5	ENDOCRINOLOGIST	1,242,521		40,565	34,601		99,379	194.0 5
194.0 6	HOSPITALIST	11,192,565	15,900	74,567	269,906	1,549	217,392	194.0 6
194.0 7	NEONATOLOGY PHYSICIANS	2,006,983	19,842	915	65,224	1,549	37,267	194.0 7
194.0 8	ANESTHESIOLOGISTS	10,548,360	12,459		138,045			194.0 8
194.0 9	PHYSICIAN CARDIOLOGIST	7,110,598	322,186	147,200	231,708	516	244,307	194.0 9
194.1 0	PHYSICIAN ONCOLOGIST	3,248,040	140,098	28,904	103,468	9,293	41,408	194.1 0
194.1 1	PERINATOLOGY	838,632	51,568	40,367	27,205	3,614	45,549	194.1 1
194.1 2	TRAUMA PHYSICIANS	1,641,496	49,174	1,058	29,774	4,905		194.1 2
194.1 3	LANDMARK HOSPITAL	17,503			406			194.1 3
194.1 4	GYN SURG ONCOLOGIST	819,389		8,206	27,742	4,905	47,619	194.1 4
194.1 5	CAPE GASTROENTEROLOGY	4,112,365		33,451	132,572	4,130	35,197	194.1 5
194.1 6	CAPE PHYSICIAN ASSOCIATES	6,996,529	454,989	105,924	178,906	38,979	469,980	194.1 6
194.1 7	NONPATIENT MEALS							194.1 7
194.1 8	BEAUTY SHOP		2,166			258		194.1 8
194.1 9	MARKETING COSTS	12,842,435			60,176			194.1 9
194.2 0	CAPE PRIMARY CARE	5,750			170,056		35,197	194.2 0
194.2 1	CAPE CARE FOR WOMEN	6,144,671		85,263	169,982			194.2 1
194.2 2	JACKSON FAMILY CLINIC	1,709,443		53,628	43,709		144,928	194.2 2
194.2 3	CAPE MEDICAL GROUP	995,690		40,713	23,075		60,041	194.2 3
194.2 4	CAPE ENT GROUP	2,283,454		58,159	68,207		138,717	194.2 4
194.2 5	CHARLESTON FAMILY CARE	795,145		31,260	19,521		43,478	194.2 5
194.2 6	AWL FAMILY HEALTHCARE SYSTEMS	1,770						194.2 6
194.2 7	CAPE CEREBROVASCULAR & ENDOVASCULAR	1,038,738			31,370		4,141	194.2 7
194.2 8	HOSPICE	45,601			1,019		4,141	194.2 8
194.2 9	IMMEDIATE CONVENIENT CARE - JACKSON	268,881			16,265			194.2 9
194.3 0	JACKSON PHYSICIAN ASSOCIATES	372,801			9,565		20,704	194.3 0
194.3 1	PHYSICIANS PARK PRIMARY CARE	4,763,328			39,719			194.3 1
194.3 2	IMMEDIATE CONVENIENT CARE - BLACK RI	10,957			156			194.3 2
194.3 3	FARMINGTON PHYSICIAN ASSOCIATES	1,169,539			29,229			194.3 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	382,825,722	14,928,136	16,218,035	5,868,436	647,161	10,347,839	202

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	PURCHASING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	4A	5.06	6	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	935,390						5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	1,606	6,144,298					5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	9,197		42,294,098	42,294,098			5.06
6	MAINTENANCE & REPAIRS	6,722		4,266,784	529,935	4,796,719		6
7	OPERATION OF PLANT	4,447		5,918,874	735,124	655,709	7,309,707	7
7.10	SPD SOILED PROCESSING	281		575,353	71,459	56,490	99,716	7.10
8	LAUNDRY & LINEN SERVICE	4,096		1,361,862	169,143	39,342	69,447	8
9	HOUSEKEEPING	3,623		3,410,360	423,567	40,913	72,220	9
10	DIETARY	4,400		3,153,528	391,668	78,588	138,724	10
11	CAFETERIA			166,806	20,717	61,500	108,560	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	354		2,318,988	288,018	4,728	8,346	13
13.10	SPD STERILE PROCESSING	3,629		1,294,909	160,828	30,995	54,713	13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	1,014		2,893,136	359,327	48,825	86,186	16
17	SOCIAL SERVICE	6		478,279	59,402	1,056	1,865	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	11,114	363,695	29,848,989	3,707,317	708,663	1,250,929	30
31	INTENSIVE CARE UNIT	4,363	138,221	8,856,856	1,100,022	152,500	269,192	31
31.01	NEONATOLOGY/NICU	2,684	97,493	4,578,142	568,605	104,535	184,525	31.01
41	SUBPROVIDER - IRF	524	17,637	2,118,011	263,057	66,716	117,767	41
43	NURSERY	1,812	24,916	1,632,524	202,759	3,946	6,965	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	24,692	405,675	19,054,070	2,366,515	369,323	651,929	50
51	RECOVERY ROOM	197	61,820	1,508,694	187,380	33,005	58,261	51
52	DELIVERY ROOM & LABOR ROOM	483	34,177	1,497,036	185,932			52
53	ANESTHESIOLOGY	4,683	123,847	874,859	108,657	1,095	1,933	53
54	RADIOLOGY-DIAGNOSTIC	11,643	296,968	9,730,589	1,208,539	128,954	227,629	54
56	RADIOISOTOPE	1,775	47,716	808,275	100,388	17,744	31,322	56
57	CT SCAN	5,703	393,956	1,911,615	237,423	14,709	25,965	57
58	MRI	3,926	99,811	853,323	105,983	10,224	18,048	58
59	CARDIAC CATHETERIZATION	13,532	251,888	7,779,058	966,159	271,247	478,805	59
60	LABORATORY	59,736	900,046	14,863,519	1,846,049	117,117	206,735	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	8,939	304,629	5,405,378	671,348	38,677	68,273	65
66	PHYSICAL THERAPY	281	61,647	3,299,947	409,853	150,329	265,360	66
67	OCCUPATIONAL THERAPY	239	26,450	1,329,764	165,157	38,553	68,053	67
68	SPEECH PATHOLOGY	183	16,297	906,303	112,563	7,289	12,867	68
69	ELECTROCARDIOLOGY	4,894	113,285	2,831,595	351,684			69
70	ELECTROENCEPHALOGRAPHY	1,391	31,150	2,464,784	306,126	23,953	42,282	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	185,880	578,614	16,675,288	2,071,071	47,909	84,569	71
72	IMPL. DEV. CHARGED TO PATIENTS	236,600	736,418	26,771,637	3,325,037	60,975	107,632	72
73	DRUGS CHARGED TO PATIENTS	214,116	568,671	25,544,098	3,172,577	55,459	97,896	73
73.10	REHABILITATION SERVICES	8,057	132,131	10,273,466	1,275,964	341,370	602,585	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	8,935	303,906	10,973,186	1,362,870	261,377	461,382	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES		1,508	268,970	33,406			95
97	DURABLE MEDICAL EQUIP-SOLD	56	11,726	1,129,842	140,326			97
101	HOME HEALTH AGENCY	1,154		1,316,218	163,474	11,174	19,724	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	856,967	6,144,298	283,239,013	29,925,429	4,054,989	6,000,405	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			48,101	5,974	17,354	30,633	190
194	FITNESS CENTER	1,141		2,769,549	343,978	284,062	501,426	194
194.0	RETAIL PHARMACY	44,771		5,240,258	650,840	14,930	26,355	194.0
1								1
194.0	GARDEN VIEW DELI	91		104,675	13,001	7,211	12,729	194.0
2								2
194.0	MEDICAL OFFICE BLDG			1,165	145			194.0
3								3

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	PURCHASING 5.03	CREDIT & COLLECTION 5.05	SUBTOTAL (cols.0-4) 4A	OTHER ADMIN & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
194.0 4	PHYSICIAN SERVICES	629		3,668,675	455,649	24,265	42,833	194.0 4
194.0 5	ENDOCRINOLOGIST	1,209		1,418,275	176,150			194.0 5
194.0 6	HOSPITALIST	4,216		11,776,095	1,462,591	5,862	10,348	194.0 6
194.0 7	NEONATOLOGY PHYSICIANS	215		2,131,995	264,794	7,316	12,914	194.0 7
194.0 8	ANESTHESIOLOGISTS			10,698,864	1,328,799	4,594	8,109	194.0 8
194.0 9	PHYSICIAN CARDIOLOGIST	961		8,057,476	1,000,739	118,788	209,685	194.0 9
194.1 0	PHYSICIAN ONCOLOGIST	506		3,571,717	443,607	51,654	91,179	194.1 0
194.1 1	PERINATOLOGY	180		1,007,115	125,084	19,013	33,562	194.1 1
194.1 2	TRAUMA PHYSICIANS	1		1,726,408	214,420	18,130	32,003	194.1 2
194.1 3	LANDMARK HOSPITAL			17,909	2,224			194.1 3
194.1 4	GYN SURG ONCOLOGIST	103		907,964	112,769			194.1 4
194.1 5	CAPE GASTROENTEROLOGY	785		4,318,500	536,358			194.1 5
194.1 6	CAPE PHYSICIAN ASSOCIATES	8,461		8,253,768	1,025,118	167,752	296,116	194.1 6
194.1 7	NONPATIENT MEALS							194.1 7
194.1 8	BEAUTY SHOP			2,424	301	799	1,410	194.1 8
194.1 9	MARKETING COSTS			12,902,611	1,602,504			194.1 9
194.2 0	CAPE PRIMARY CARE	10		211,013	26,208			194.2 0
194.2 1	CAPE CARE FOR WOMEN	5,232		6,405,148	795,519			194.2 1
194.2 2	JACKSON FAMILY CLINIC	2,599		1,954,307	242,725			194.2 2
194.2 3	CAPE MEDICAL GROUP	813		1,120,332	139,145			194.2 3
194.2 4	CAPE ENT GROUP	1,318		2,549,855	316,692			194.2 4
194.2 5	CHARLESTON FAMILY CARE	1,111		890,515	110,602			194.2 5
194.2 6	AWL FAMILY HEALTHCARE SYSTEMS	4		1,774	220			194.2 6
194.2 7	CAPE CEREBROVASCULAR & ENDOVASCULAR	63		1,074,312	133,430			194.2 7
194.2 8	HOSPICE	101		50,862	6,317			194.2 8
194.2 9	IMMEDIATE CONVENIENT CARE - JACKSON	138		285,284	35,432			194.2 9
194.3 0	JACKSON PHYSICIAN ASSOCIATES	265		403,335	50,094			194.3 0
194.3 1	PHYSICIANS PARK PRIMARY CARE	2,630		4,805,677	596,865			194.3 1
194.3 2	IMMEDIATE CONVENIENT CARE - BLACK RI			11,113	1,380			194.3 2
194.3 3	FARMINGTON PHYSICIAN ASSOCIATES	870		1,199,638	148,995			194.3 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	935,390	6,144,298	382,825,722	42,294,098	4,796,719	7,309,707	202

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.10	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	803,018						7.10
8	LAUNDRY & LINEN SERVICE	389,307	2,029,101					8
9	HOUSEKEEPING	413,711	120,881	4,481,652				9
10	DIETARY		33,390	87,958	3,883,856			10
11	CAFETERIA			68,832	1,745,181	2,171,596		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			5,292		26,250	2,651,622	13
13.10	SPD STERILE PROCESSING		158,027	34,691		27,251		13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY			54,646		45,579		16
17	SOCIAL SERVICE			1,182		8,049		17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		676,838	793,150	1,186,465	445,876	1,351,883	30
31	INTENSIVE CARE UNIT		139,650	170,680	174,145	110,746	335,781	31
31.01	NEONATOLOGY/NICU		20,607	116,998		51,325	155,617	31.01
41	SUBPROVIDER - IRF		19,291	74,670	91,886	29,861	90,539	41
43	NURSERY		16,952	4,416		22,385		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		229,570	413,353		166,447		50
51	RECOVERY ROOM		36,202	36,940		18,899		51
52	DELIVERY ROOM & LABOR ROOM					22,849	69,278	52
53	ANESTHESIOLOGY			1,226		3,375		53
54	RADIOLOGY-DIAGNOSTIC		4,533	144,327		71,394		54
56	RADIOISOTOPE		111	19,860		6,332		56
57	CT SCAN		1,311	16,463		10,244		57
58	MRI		357	11,443		6,032		58
59	CARDIAC CATHETERIZATION		11,206	303,585		48,426		59
60	LABORATORY		183	131,080		116,553	55,448	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		5,294	43,289		67,817		65
66	PHYSICAL THERAPY		4,464	168,251		40,751		66
67	OCCUPATIONAL THERAPY			43,149		17,067		67
68	SPEECH PATHOLOGY			8,158		10,530		68
69	ELECTROCARDIOLOGY		1,713			25,036		69
70	ELECTROENCEPHALOGRAPHY		659	26,809		21,191	64,252	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,895	53,620		14,307		71
72	IMPL. DEV. CHARGED TO PATIENTS		2,411	68,244		18,208		72
73	DRUGS CHARGED TO PATIENTS		1,163	62,071		47,292		73
73.10	REHABILITATION SERVICES		43,270	382,067		95,658	78,758	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY		205,872	292,538		148,439	450,066	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD					4,174		97
101	HOME HEALTH AGENCY			12,506		14,817		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	803,018	1,735,850	3,651,494	3,197,677	1,763,160	2,651,622	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			19,422				190
194	FITNESS CENTER		264,339	317,928		44,897		194
194.0	RETAIL PHARMACY			16,710		9,915		194.0
1								1
194.0	GARDEN VIEW DELI			8,071		1,124		194.0
2								2
194.0	MEDICAL OFFICE BLDG					50		194.0
3								3

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7.10	8	9	10	11	13	
194.0 4	PHYSICIAN SERVICES							194.0 4
194.0 5	ENDOCRINOLOGIST		9,887	27,158		13,795		194.0 5
194.0 6	HOSPITALIST			6,561		47,733		194.0 6
194.0 7	NEONATOLOGY PHYSICIANS			8,188		12,032		194.0 7
194.0 8	ANESTHESIOLOGISTS			5,141		23,632		194.0 8
194.0 9	PHYSICIAN CARDIOLOGIST		2,666	132,950		47,307		194.0 9
194.1 0	PHYSICIAN ONCOLOGIST			57,812		19,986		194.1 0
194.1 1	PERINATOLOGY		377	21,280		5,189		194.1 1
194.1 2	TRAUMA PHYSICIANS			20,292		3,062		194.1 2
194.1 3	LANDMARK HOSPITAL							194.1 3
194.1 4	GYN SURG ONCOLOGIST					5,616		194.1 4
194.1 5	CAPE GASTROENTEROLOGY					20,168		194.1 5
194.1 6	CAPE PHYSICIAN ASSOCIATES			187,751		83,382		194.1 6
194.1 7	NONPATIENT MEALS				686,179			194.1 7
194.1 8	BEAUTY SHOP		15,982	894		330		194.1 8
194.1 9	MARKETING COSTS							194.1 9
194.2 0	CAPE PRIMARY CARE					24,884		194.2 0
194.2 1	CAPE CARE FOR WOMEN							194.2 1
194.2 2	JACKSON FAMILY CLINIC							194.2 2
194.2 3	CAPE MEDICAL GROUP					10,654		194.2 3
194.2 4	CAPE ENT GROUP					19,461		194.2 4
194.2 5	CHARLESTON FAMILY CARE							194.2 5
194.2 6	AWL FAMILY HEALTHCARE SYSTEMS							194.2 6
194.2 7	CAPE CEREBROVASCULAR & ENDOVASCULAR					1,769		194.2 7
194.2 8	HOSPICE							194.2 8
194.2 9	IMMEDIATE CONVENIENT CARE - JACKSON							194.2 9
194.3 0	JACKSON PHYSICIAN ASSOCIATES							194.3 0
194.3 1	PHYSICIANS PARK PRIMARY CARE							194.3 1
194.3 2	IMMEDIATE CONVENIENT CARE - BLACK RI							194.3 2
194.3 3	FARMINGTON PHYSICIAN ASSOCIATES							194.3 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	803,018	2,029,101	4,481,652	3,883,856	2,171,596	2,651,622	202

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		13.10	16	17	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	1,761,414						13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		3,487,699					16
17	SOCIAL SERVICE			549,833				17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		1,653,169	340,533	41,963,812		41,963,812	30
31	INTENSIVE CARE UNIT	892	30,343	15,550	11,356,357		11,356,357	31
31.01	NEONATOLOGY/NICU	5,242	21,275	23,746	5,830,617		5,830,617	31.01
41	SUBPROVIDER - IRF		27,902	37,090	2,936,790		2,936,790	41
43	NURSERY	27,631	85,797		2,003,375		2,003,375	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	1,492,572	414,687		25,158,466		25,158,466	50
51	RECOVERY ROOM				1,879,381		1,879,381	51
52	DELIVERY ROOM & LABOR ROOM				1,775,095		1,775,095	52
53	ANESTHESIOLOGY				991,145		991,145	53
54	RADIOLOGY-DIAGNOSTIC	102,199	217,632		11,835,796		11,835,796	54
56	RADIOISOTOPE				984,032		984,032	56
57	CT SCAN				2,217,730		2,217,730	57
58	MRI				1,005,410		1,005,410	58
59	CARDIAC CATHETERIZATION	6,687	2,790	630	9,868,593		9,868,593	59
60	LABORATORY	16,628			17,353,312		17,353,312	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	49,433			6,349,509		6,349,509	65
66	PHYSICAL THERAPY	79	23,368		4,362,402		4,362,402	66
67	OCCUPATIONAL THERAPY				1,661,743		1,661,743	67
68	SPEECH PATHOLOGY	158			1,057,868		1,057,868	68
69	ELECTROCARDIOLOGY		18,834		3,228,862		3,228,862	69
70	ELECTROENCEPHALOGRAPHY		5,580		2,955,636		2,955,636	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,253			18,972,912		18,972,912	71
72	IMPL. DEV. CHARGED TO PATIENTS	30,873			30,385,017		30,385,017	72
73	DRUGS CHARGED TO PATIENTS	11			28,980,567		28,980,567	73
73.10	REHABILITATION SERVICES	339	3,488	72,499	13,169,464		13,169,464	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	4,417	982,834	59,785	15,202,766		15,202,766	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES				302,376		302,376	95
97	DURABLE MEDICAL EQUIP-SOLD				1,274,342		1,274,342	97
101	HOME HEALTH AGENCY				1,537,913		1,537,913	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	1,761,414	3,487,699	549,833	266,601,288		266,601,288	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				121,484		121,484	190
194	FITNESS CENTER				4,526,179		4,526,179	194
194.0	RETAIL PHARMACY				5,959,008		5,959,008	194.0
1								1
194.0	GARDEN VIEW DELI				146,811		146,811	194.0
2								2
194.0	MEDICAL OFFICE BLDG				1,360		1,360	194.0
3								3

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		13.10	16	17	24	25	26	
194.04	PHYSICIAN SERVICES				4,242,262		4,242,262	194.04
194.05	ENDOCRINOLOGIST				1,607,875		1,607,875	194.05
194.06	HOSPITALIST				13,309,190		13,309,190	194.06
194.07	NEONATOLOGY PHYSICIANS				2,437,239		2,437,239	194.07
194.08	ANESTHESIOLOGISTS				12,069,139		12,069,139	194.08
194.09	PHYSICIAN CARDIOLOGIST				9,569,611		9,569,611	194.09
194.10	PHYSICIAN ONCOLOGIST				4,235,955		4,235,955	194.10
194.11	PERINATOLOGY				1,211,620		1,211,620	194.11
194.12	TRAUMA PHYSICIANS				2,014,315		2,014,315	194.12
194.13	LANDMARK HOSPITAL				20,133		20,133	194.13
194.14	GYN SURG ONCOLOGIST				1,026,349		1,026,349	194.14
194.15	CAPE GASTROENTEROLOGY				4,875,026		4,875,026	194.15
194.16	CAPE PHYSICIAN ASSOCIATES				10,013,887		10,013,887	194.16
194.17	NONPATIENT MEALS				686,179		686,179	194.17
194.18	BEAUTY SHOP				22,140		22,140	194.18
194.19	MARKETING COSTS				14,505,115		14,505,115	194.19
194.20	CAPE PRIMARY CARE				262,105		262,105	194.20
194.21	CAPE CARE FOR WOMEN				7,200,667		7,200,667	194.21
194.22	JACKSON FAMILY CLINIC				2,197,032		2,197,032	194.22
194.23	CAPE MEDICAL GROUP				1,270,131		1,270,131	194.23
194.24	CAPE ENT GROUP				2,886,008		2,886,008	194.24
194.25	CHARLESTON FAMILY CARE				1,001,117		1,001,117	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS				1,994		1,994	194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR				1,209,511		1,209,511	194.27
194.28	HOSPICE				57,179		57,179	194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON				320,716		320,716	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES				453,429		453,429	194.30
194.31	PHYSICIANS PARK PRIMARY CARE				5,402,542		5,402,542	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				12,493		12,493	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES				1,348,633		1,348,633	194.33
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,761,414	3,487,699	549,833	382,825,722		382,825,722	202

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		233,031	13,864	246,895	246,895		4
5.01	COMMUNICATIONS		13,512	50,589	64,101	364	64,465	5.01
5.02	DATA PROCESSING		142,471	4,119,912	4,262,383	3,510	1,851	5.02
5.03	PURCHASING		113,193	4,853	118,046	679	566	5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS		46,950	117,063	164,013	1,063	1,954	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		732,949	202,916	935,865	15,340	4,860	5.06
6	MAINTENANCE & REPAIRS		636,038	136,779	772,817	3,106	4,243	6
7	OPERATION OF PLANT		1,778,458	6,197	1,784,655	461	206	7
7.10	SPD SOILED PROCESSING		153,216	23,007	176,223	287	77	7.10
8	LAUNDRY & LINEN SERVICE		106,707	38,670	145,377	876	129	8
9	HOUSEKEEPING		110,967	12,002	122,969	1,894	180	9
10	DIETARY		213,153	194,910	408,063	2,861	823	10
11	CAFETERIA		166,806		166,806			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		12,824	68,234	81,058	2,578	643	13
13.10	SPD STERILE PROCESSING		84,068	26,504	110,572	1,077	283	13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		132,428	4,034	136,462	2,314	2,109	16
17	SOCIAL SERVICE		2,865		2,865	530	309	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		1,922,084	654,047	2,576,131	29,950	8,431	30
31	INTENSIVE CARE UNIT		413,620	306,798	720,418	9,131	926	31
31.01	NEONATOLOGY/NICU		283,527	177,381	460,908	4,220	977	31.01
41	SUBPROVIDER - IRF		180,951	19,887	200,838	2,076	823	41
43	NURSERY		10,703	279	10,982	1,703		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		1,001,703	2,714,403	3,716,106	13,296	5,220	50
51	RECOVERY ROOM		89,519	91,110	180,629	1,422	309	51
52	DELIVERY ROOM & LABOR ROOM					1,657		52
53	ANESTHESIOLOGY		2,970	34,159	37,129	321	206	53
54	RADIOLOGY-DIAGNOSTIC		349,757	1,860,877	2,210,634	5,916	3,394	54
56	RADIOISOTOPE		48,127	141,774	189,901	504	206	56
57	CT SCAN		39,896	353,759	393,655	728	206	57
58	MRI		27,731	24,335	52,066	401	180	58
59	CARDIAC CATHETERIZATION		735,695	1,321,109	2,056,804	4,784	1,954	59
60	LABORATORY		317,653	359,932	677,585	6,992	2,546	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		104,904	77,646	182,550	4,663	1,029	65
66	PHYSICAL THERAPY		407,731	30,704	438,435	3,182	231	66
67	OCCUPATIONAL THERAPY		104,565	1,846	106,411	1,432	334	67
68	SPEECH PATHOLOGY		19,770	6,572	26,342	1,001	231	68
69	ELECTROCARDIOLOGY			383,835	383,835	2,139	334	69
70	ELECTROENCEPHALOGRAPHY		64,968	70,143	135,111	1,692	746	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		129,942	52,436	182,378	537	129	71
72	IMPL. DEV. CHARGED TO PATIENTS		165,379	66,737	232,116	683	154	72
73	DRUGS CHARGED TO PATIENTS		150,419	289,310	439,729	4,712	874	73
73.10	REHABILITATION SERVICES		925,886	695,821	1,621,707	6,982	3,317	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY		708,924	611,223	1,320,147	9,791	3,086	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES						26	95
97	DURABLE MEDICAL EQUIP-SOLD			587	587	274	154	97
101	HOME HEALTH AGENCY		30,306	269	30,575	1,317	566	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)		12,916,366	15,366,513	28,282,879	158,446	54,822	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		47,068		47,068		103	190
194	FITNESS CENTER		770,452	56,327	826,779	1,896	1,183	194
194.0	RETAIL PHARMACY		40,495	21,530	62,025	1,050	951	194.0
1								1
194.0	GARDEN VIEW DELI		19,559	856	20,415	33	77	194.0
2								2
194.0	MEDICAL OFFICE BLDG			1,165	1,165			194.0
3								3

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
194.0 4	PHYSICIAN SERVICES		65,814	21,464	87,278	4,600	386	194.0 4
194.0 5	ENDOCRINOLOGIST			40,565	40,565	1,456		194.0 5
194.0 6	HOSPITALIST		15,900	74,567	90,467	11,359	154	194.0 6
194.0 7	NEONATOLOGY PHYSICIANS		19,842	915	20,757	2,745	154	194.0 7
194.0 8	ANESTHESIOLOGISTS		12,459		12,459	5,810		194.0 8
194.0 9	PHYSICIAN CARDIOLOGIST		322,186	147,200	469,386	9,751	51	194.0 9
194.1 0	PHYSICIAN ONCOLOGIST		140,098	28,904	169,002	4,354	926	194.1 0
194.1 1	PERINATOLOGY		51,568	40,367	91,935	1,145	360	194.1 1
194.1 2	TRAUMA PHYSICIANS		49,174	1,058	50,232	1,253	489	194.1 2
194.1 3	LANDMARK HOSPITAL					17		194.1 3
194.1 4	GYN SURG ONCOLOGIST			8,206	8,206	1,167	489	194.1 4
194.1 5	CAPE GASTROENTEROLOGY			33,451	33,451	5,579	411	194.1 5
194.1 6	CAPE PHYSICIAN ASSOCIATES		454,989	105,924	560,913	7,529	3,883	194.1 6
194.1 7	NONPATIENT MEALS							194.1 7
194.1 8	BEAUTY SHOP		2,166		2,166		26	194.1 8
194.1 9	MARKETING COSTS					2,532		194.1 9
194.2 0	CAPE PRIMARY CARE					7,157		194.2 0
194.2 1	CAPE CARE FOR WOMEN			85,263	85,263	7,154		194.2 1
194.2 2	JACKSON FAMILY CLINIC			53,628	53,628	1,839		194.2 2
194.2 3	CAPE MEDICAL GROUP			40,713	40,713	971		194.2 3
194.2 4	CAPE ENT GROUP			58,159	58,159	2,870		194.2 4
194.2 5	CHARLESTON FAMILY CARE			31,260	31,260	822		194.2 5
194.2 6	AWL FAMILY HEALTHCARE SYSTEMS							194.2 6
194.2 7	CAPE CEREBROVASCULAR & ENDOVASCULAR					1,320		194.2 7
194.2 8	HOSPICE					43		194.2 8
194.2 9	IMMEDIATE CONVENIENT CARE - JACKSON					685		194.2 9
194.3 0	JACKSON PHYSICIAN ASSOCIATES					403		194.3 0
194.3 1	PHYSICIANS PARK PRIMARY CARE					1,672		194.3 1
194.3 2	IMMEDIATE CONVENIENT CARE - BLACK RI					7		194.3 2
194.3 3	FARMINGTON PHYSICIAN ASSOCIATES					1,230		194.3 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		14,928,136	16,218,035	31,146,171	246,895	64,465	202

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCHASING	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.02	5.03	5.05	5.06	6	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	4,267,744						5.02
5.03	PURCHASING	17,078	136,369					5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	67,457	234	234,721				5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	619,923	1,341		1,577,329			5.06
6	MAINTENANCE & REPAIRS	39,279	980		19,764	840,189		6
7	OPERATION OF PLANT	854	648		27,416	114,853	1,929,093	7
7.10	SPD SOILED PROCESSING	41,841	41		2,665	9,895	26,316	7.10
8	LAUNDRY & LINEN SERVICE	7,685	597		6,308	6,891	18,328	8
9	HOUSEKEEPING	854	528		15,797	7,166	19,059	9
10	DIETARY	86,243	642		14,607	13,765	36,610	10
11	CAFETERIA				773	10,772	28,650	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	58,918	52		10,742	828	2,203	13
13.10	SPD STERILE PROCESSING		529		5,998	5,429	14,439	13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	84,535	148		13,401	8,552	22,745	16
17	SOCIAL SERVICE	11,954	1		2,215	185	492	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	423,530	1,621	13,915	138,249	124,132	330,132	30
31	INTENSIVE CARE UNIT	77,704	636	5,288	41,025	26,712	71,042	31
31.01	NEONATOLOGY/NICU	29,886	391	3,730	21,206	18,310	48,698	31.01
41	SUBPROVIDER - IRF	40,987	76	675	9,811	11,686	31,080	41
43	NURSERY	28,178	264	953	7,562	691	1,838	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	276,660	3,600	15,521	88,258	64,690	172,049	50
51	RECOVERY ROOM	22,201	29	2,365	6,988	5,781	15,376	51
52	DELIVERY ROOM & LABOR ROOM	36,717	70	1,308	6,934			52
53	ANESTHESIOLOGY	3,416	683	4,738	4,052	192	510	53
54	RADIOLOGY-DIAGNOSTIC	131,499	1,698	11,362	45,072	22,587	60,073	54
56	RADIOISOTOPE	1,708	259	1,826	3,744	3,108	8,266	56
57	CT SCAN	3,416	832	15,072	8,855	2,576	6,852	57
58	MRI	1,708	572	3,819	3,953	1,791	4,763	58
59	CARDIAC CATHETERIZATION	76,850	1,973	9,637	36,033	47,511	126,361	59
60	LABORATORY	149,431	8,710	34,078	68,848	20,514	54,559	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	45,256	1,303	11,655	25,038	6,775	18,018	65
66	PHYSICAL THERAPY	23,909	41	2,359	15,285	26,331	70,031	66
67	OCCUPATIONAL THERAPY	2,562	35	1,012	6,159	6,753	17,960	67
68	SPEECH PATHOLOGY	10,247	27	624	4,198	1,277	3,396	68
69	ELECTROCARDIOLOGY	56,357	714	4,334	13,116			69
70	ELECTROENCEPHALOGRAPHY	313,378	203	1,192	11,417	4,196	11,159	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,977	27,104	22,137	77,240	8,392	22,318	71
72	IMPL. DEV. CHARGED TO PATIENTS	6,831	34,477	28,175	124,006	10,680	28,405	72
73	DRUGS CHARGED TO PATIENTS	55,503	31,221	21,757	118,320	9,714	25,836	73
73.10	REHABILITATION SERVICES	349,241	1,175	5,055	47,587	59,794	159,027	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	175,048	1,303	11,627	50,828	45,782	121,763	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES			58	1,246			95
97	DURABLE MEDICAL EQUIP-SOLD	12,808	8	449	5,233			97
101	HOME HEALTH AGENCY	32,448	168		6,097	1,957	5,205	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	3,430,077	124,934	234,721	1,116,046	710,268	1,583,559	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				223	3,040	8,084	190
194	FITNESS CENTER	59,772	166		12,829	49,756	132,330	194
194.0	RETAIL PHARMACY	7,685	6,528		24,273	2,615	6,955	194.0
1								1
194.0	GARDEN VIEW DELI		13		485	1,263	3,359	194.0
2								2
194.0	MEDICAL OFFICE BLDG				5			194.0
3								3

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCHASING	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.02	5.03	5.05	5.06	6	7	
194.0 4	PHYSICIAN SERVICES	73,435	92		16,993	4,250	11,304	194.0 4
194.0 5	ENDOCRINOLOGIST	40,987	176		6,569			194.0 5
194.0 6	HOSPITALIST	89,658	615		54,547	1,027	2,731	194.0 6
194.0 7	NEONATOLOGY PHYSICIANS	15,370	31		9,875	1,281	3,408	194.0 7
194.0 8	ANESTHESIOLOGISTS				49,557	805	2,140	194.0 8
194.0 9	PHYSICIAN CARDIOLOGIST	100,759	140		37,322	20,807	55,338	194.0 9
194.1 0	PHYSICIAN ONCOLOGIST	17,078	74		16,544	9,048	24,063	194.1 0
194.1 1	PERINATOLOGY	18,786	26		4,665	3,330	8,857	194.1 1
194.1 2	TRAUMA PHYSICIANS				7,997	3,176	8,446	194.1 2
194.1 3	LANDMARK HOSPITAL				83			194.1 3
194.1 4	GYN SURG ONCOLOGIST	19,639	15		4,206			194.1 4
194.1 5	CAPE GASTROENTEROLOGY	14,516	114		20,003			194.1 5
194.1 6	CAPE PHYSICIAN ASSOCIATES	193,833	1,234		38,231	29,383	78,147	194.1 6
194.1 7	NONPATIENT MEALS							194.1 7
194.1 8	BEAUTY SHOP				11	140	372	194.1 8
194.1 9	MARKETING COSTS				59,765			194.1 9
194.2 0	CAPE PRIMARY CARE	14,516	1		977			194.2 0
194.2 1	CAPE CARE FOR WOMEN		763		29,669			194.2 1
194.2 2	JACKSON FAMILY CLINIC	59,772	379		9,052			194.2 2
194.2 3	CAPE MEDICAL GROUP	24,763	119		5,189			194.2 3
194.2 4	CAPE ENT GROUP	57,211	192		11,811			194.2 4
194.2 5	CHARLESTON FAMILY CARE	17,932	162		4,125			194.2 5
194.2 6	AWL FAMILY HEALTHCARE SYSTEMS		1		8			194.2 6
194.2 7	CAPE CEREBROVASCULAR & ENDOVASCULAR	1,708	9		4,976			194.2 7
194.2 8	HOSPICE	1,708	15		236			194.2 8
194.2 9	IMMEDIATE CONVENIENT CARE - JACKSON		20		1,321			194.2 9
194.3 0	JACKSON PHYSICIAN ASSOCIATES	8,539	39		1,868			194.3 0
194.3 1	PHYSICIANS PARK PRIMARY CARE		384		22,260			194.3 1
194.3 2	IMMEDIATE CONVENIENT CARE - BLACK RI				51			194.3 2
194.3 3	FARMINGTON PHYSICIAN ASSOCIATES		127		5,557			194.3 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	4,267,744	136,369	234,721	1,577,329	840,189	1,929,093	202

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.10	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	257,345						7.10
8	LAUNDRY & LINEN SERVICE	124,762	310,953					8
9	HOUSEKEEPING	132,583	18,525	319,555				9
10	DIETARY		5,117	6,272	575,003			10
11	CAFETERIA			4,908	258,374	470,283		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			377		5,685	163,084	13
13.10	SPD STERILE PROCESSING		24,217	2,474		5,902		13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY			3,896		9,871		16
17	SOCIAL SERVICE			84		1,743		17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		103,724	56,552	175,655	96,560	83,145	30
31	INTENSIVE CARE UNIT		21,401	12,170	25,782	23,983	20,652	31
31.01	NEONATOLOGY/NICU		3,158	8,342		11,115	9,571	31.01
41	SUBPROVIDER - IRF		2,956	5,324	13,604	6,467	5,568	41
43	NURSERY		2,598	315		4,848		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		35,181	29,474		36,046		50
51	RECOVERY ROOM		5,548	2,634		4,093		51
52	DELIVERY ROOM & LABOR ROOM					4,948	4,261	52
53	ANESTHESIOLOGY			87		731		53
54	RADIOLOGY-DIAGNOSTIC		695	10,291		15,461		54
56	RADIOISOTOPE		17	1,416		1,371		56
57	CT SCAN		201	1,174		2,218		57
58	MRI		55	816		1,306		58
59	CARDIAC CATHETERIZATION		1,717	21,647		10,487		59
60	LABORATORY		28	9,346		25,241	3,410	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		811	3,087		14,686		65
66	PHYSICAL THERAPY		684	11,997		8,825		66
67	OCCUPATIONAL THERAPY			3,077		3,696		67
68	SPEECH PATHOLOGY			582		2,280		68
69	ELECTROCARDIOLOGY		262			5,422		69
70	ELECTROENCEPHALOGRAPHY		101	1,912		4,589	3,952	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		290	3,823		3,098		71
72	IMPL. DEV. CHARGED TO PATIENTS		369	4,866		3,943		72
73	DRUGS CHARGED TO PATIENTS		178	4,426		10,242		73
73.10	REHABILITATION SERVICES		6,631	27,243		20,716	4,844	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY		31,549	20,859		32,146	27,681	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD					904		97
101	HOME HEALTH AGENCY			892		3,209		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	257,345	266,013	260,363	473,415	381,832	163,084	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,385				190
194	FITNESS CENTER		40,509	22,669		9,723		194
194.0	RETAIL PHARMACY				1,191	2,147		194.0
1								1
194.0	GARDEN VIEW DELI			575		243		194.0
2								2
194.0	MEDICAL OFFICE BLDG					11		194.0
3								3

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7.10	8	9	10	11	13	
194.0 4	PHYSICIAN SERVICES		1,515	1,936		2,987		194.0 4
194.0 5	ENDOCRINOLOGIST					2,913		194.0 5
194.0 6	HOSPITALIST			468		10,337		194.0 6
194.0 7	NEONATOLOGY PHYSICIANS			584		2,606		194.0 7
194.0 8	ANESTHESIOLOGISTS			367		5,118		194.0 8
194.0 9	PHYSICIAN CARDIOLOGIST		409	9,480		10,245		194.0 9
194.1 0	PHYSICIAN ONCOLOGIST			4,122		4,328		194.1 0
194.1 1	PERINATOLOGY		58	1,517		1,124		194.1 1
194.1 2	TRAUMA PHYSICIANS			1,447		663		194.1 2
194.1 3	LANDMARK HOSPITAL							194.1 3
194.1 4	GYN SURG ONCOLOGIST					1,216		194.1 4
194.1 5	CAPE GASTROENTEROLOGY					4,368		194.1 5
194.1 6	CAPE PHYSICIAN ASSOCIATES			13,387		18,057		194.1 6
194.1 7	NONPATIENT MEALS				101,588			194.1 7
194.1 8	BEAUTY SHOP		2,449	64		71		194.1 8
194.1 9	MARKETING COSTS							194.1 9
194.2 0	CAPE PRIMARY CARE					5,389		194.2 0
194.2 1	CAPE CARE FOR WOMEN							194.2 1
194.2 2	JACKSON FAMILY CLINIC							194.2 2
194.2 3	CAPE MEDICAL GROUP					2,307		194.2 3
194.2 4	CAPE ENT GROUP					4,215		194.2 4
194.2 5	CHARLESTON FAMILY CARE							194.2 5
194.2 6	AWL FAMILY HEALTHCARE SYSTEMS							194.2 6
194.2 7	CAPE CEREBROVASCULAR & ENDOVASCULAR					383		194.2 7
194.2 8	HOSPICE							194.2 8
194.2 9	IMMEDIATE CONVENIENT CARE - JACKSON							194.2 9
194.3 0	JACKSON PHYSICIAN ASSOCIATES							194.3 0
194.3 1	PHYSICIANS PARK PRIMARY CARE							194.3 1
194.3 2	IMMEDIATE CONVENIENT CARE - BLACK RI							194.3 2
194.3 3	FARMINGTON PHYSICIAN ASSOCIATES							194.3 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	257,345	310,953	319,555	575,003	470,283	163,084	202

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		13.10	16	17	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	170,920						13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		284,033					16
17	SOCIAL SERVICE			20,378				17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		134,632	12,621	4,308,980		4,308,980	30
31	INTENSIVE CARE UNIT	87	2,471	576	1,060,004		1,060,004	31
31.01	NEONATOLOGY/NICU	509	1,733	880	623,634		623,634	31.01
41	SUBPROVIDER - IRF		2,272	1,375	335,618		335,618	41
43	NURSERY	2,681	6,987		69,600		69,600	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	144,831	33,772		4,634,704		4,634,704	50
51	RECOVERY ROOM				247,375		247,375	51
52	DELIVERY ROOM & LABOR ROOM				55,895		55,895	52
53	ANESTHESIOLOGY				52,065		52,065	53
54	RADIOLOGY-DIAGNOSTIC	9,917	17,724		2,546,323		2,546,323	54
56	RADIOISOTOPE				212,326		212,326	56
57	CT SCAN				435,785		435,785	57
58	MRI				71,430		71,430	58
59	CARDIAC CATHETERIZATION	649	227	23	2,396,657		2,396,657	59
60	LABORATORY	1,614			1,062,902		1,062,902	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	4,797			319,668		319,668	65
66	PHYSICAL THERAPY	8	1,903		603,221		603,221	66
67	OCCUPATIONAL THERAPY				149,431		149,431	67
68	SPEECH PATHOLOGY	15			50,220		50,220	68
69	ELECTROCARDIOLOGY		1,534		468,047		468,047	69
70	ELECTROENCEPHALOGRAPHY		454		490,102		490,102	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,353			355,776		355,776	71
72	IMPL. DEV. CHARGED TO PATIENTS	2,996			477,701		477,701	72
73	DRUGS CHARGED TO PATIENTS	1			722,513		722,513	73
73.10	REHABILITATION SERVICES	33	284	2,687	2,316,323		2,316,323	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	429	80,040	2,216	1,934,295		1,934,295	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES				1,330		1,330	95
97	DURABLE MEDICAL EQUIP-SOLD				20,417		20,417	97
101	HOME HEALTH AGENCY				82,434		82,434	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	170,920	284,033	20,378	26,104,776		26,104,776	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				59,903		59,903	190
194	FITNESS CENTER				1,157,612		1,157,612	194
194.0	RETAIL PHARMACY				115,420		115,420	194.0
1								1
194.0	GARDEN VIEW DELI				26,463		26,463	194.0
2								2
194.0	MEDICAL OFFICE BLDG				1,181		1,181	194.0
3								3

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		13.10	16	17	24	25	26	
194.04	PHYSICIAN SERVICES				204,776		204,776	194.04
194.05	ENDOCRINOLOGIST				92,666		92,666	194.05
194.06	HOSPITALIST				261,363		261,363	194.06
194.07	NEONATOLOGY PHYSICIANS				56,811		56,811	194.07
194.08	ANESTHESIOLOGISTS				76,256		76,256	194.08
194.09	PHYSICIAN CARDIOLOGIST				713,688		713,688	194.09
194.10	PHYSICIAN ONCOLOGIST				249,539		249,539	194.10
194.11	PERINATOLOGY				131,803		131,803	194.11
194.12	TRAUMA PHYSICIANS				73,703		73,703	194.12
194.13	LANDMARK HOSPITAL				100		100	194.13
194.14	GYN SURG ONCOLOGIST				34,938		34,938	194.14
194.15	CAPE GASTROENTEROLOGY				78,442		78,442	194.15
194.16	CAPE PHYSICIAN ASSOCIATES				944,597		944,597	194.16
194.17	NONPATIENT MEALS				101,588		101,588	194.17
194.18	BEAUTY SHOP				5,299		5,299	194.18
194.19	MARKETING COSTS				62,297		62,297	194.19
194.20	CAPE PRIMARY CARE				28,040		28,040	194.20
194.21	CAPE CARE FOR WOMEN				122,849		122,849	194.21
194.22	JACKSON FAMILY CLINIC				124,670		124,670	194.22
194.23	CAPE MEDICAL GROUP				74,062		74,062	194.23
194.24	CAPE ENT GROUP				134,458		134,458	194.24
194.25	CHARLESTON FAMILY CARE				54,301		54,301	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS				9		9	194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR				8,396		8,396	194.27
194.28	HOSPICE				2,002		2,002	194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON				2,026		2,026	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES				10,849		10,849	194.30
194.31	PHYSICIANS PARK PRIMARY CARE				24,316		24,316	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				58		58	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES				6,914		6,914	194.33
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	170,920	284,033	20,378	31,146,171		31,146,171	202

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	7,002,027						1
2	CAP REL COSTS-MVBLE EQUIP		16,026,862					2
4	EMPLOYEE BENEFITS DEPARTMENT	109,303	13,701	155,131,273				4
5.01	COMMUNICATIONS	6,338	49,993	228,481	2,507			5.01
5.02	DATA PROCESSING	66,826	4,071,343	2,204,625	72	4,998		5.02
5.03	PURCHASING	53,093	4,796	426,563	22	20	88,794,939	5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	22,022	115,683	667,510	76	79	152,483	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	343,789	200,524	9,635,518	189	726	873,119	5.06
6	MAINTENANCE & REPAIRS	298,333	135,167	1,951,160	165	46	638,112	6
7	OPERATION OF PLANT	834,184	6,124	289,795	8	1	422,149	7
7.10	SPD SOILED PROCESSING	71,866	22,736	180,463	3	49	26,698	7.10
8	LAUNDRY & LINEN SERVICE	50,051	38,214	550,563	5	9	388,798	8
9	HOUSEKEEPING	52,049	11,861	1,189,577	7	1	343,892	9
10	DIETARY	99,979	192,613	1,797,226	32	101	417,660	10
11	CAFETERIA	78,240						11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	6,015	67,430	1,619,274	25	69	33,629	13
13.10	SPD STERILE PROCESSING	39,432	26,192	676,682	11		344,542	13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	62,115	3,986	1,453,809	82	99	96,258	16
17	SOCIAL SERVICE	1,344		332,941	12	14	544	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	901,551	646,337	18,859,670	328	496	1,055,037	30
31	INTENSIVE CARE UNIT	194,008	303,182	5,735,827	36	91	414,167	31
31.01	NEONATOLOGY/NICU	132,988	175,290	2,650,684	38	35	254,768	31.01
41	SUBPROVIDER - IRF	84,875	19,653	1,303,757	32	48	49,711	41
43	NURSERY	5,020	276	1,069,434		33	171,992	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	469,848	2,682,407	8,352,068	203	324	2,344,075	50
51	RECOVERY ROOM	41,989	90,036	893,164	12	26	18,737	51
52	DELIVERY ROOM & LABOR ROOM			1,040,626		43	45,886	52
53	ANESTHESIOLOGY	1,393	33,756	201,764	8	4	444,544	53
54	RADIOLOGY-DIAGNOSTIC	164,053	1,838,942	3,715,943	132	154	1,105,283	54
56	RADIOISOTOPE	22,574	140,103	316,351	8	2	168,514	56
57	CT SCAN	18,713	349,589	457,425	8	4	541,436	57
58	MRI	13,007	24,048	251,847	7	2	372,665	58
59	CARDIAC CATHETERIZATION	345,077	1,305,537	3,004,985	76	90	1,284,647	59
60	LABORATORY	148,995	355,689	4,391,955	99	175	5,670,739	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	49,205	76,731	2,929,316	40	53	848,564	65
66	PHYSICAL THERAPY	191,246	30,342	1,998,521	9	28	26,715	66
67	OCCUPATIONAL THERAPY	49,046	1,824	899,254	13	3	22,729	67
68	SPEECH PATHOLOGY	9,273	6,495	628,595	9	12	17,385	68
69	ELECTROCARDIOLOGY		379,311	1,343,562	13	66	464,604	69
70	ELECTROENCEPHALOGRAPHY	30,473	69,316	1,062,981	29	367	132,051	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,949	51,818	337,188	5	7	17,645,757	71
72	IMPL. DEV. CHARGED TO PATIENTS	77,571	65,950	429,149	6	8	22,458,237	72
73	DRUGS CHARGED TO PATIENTS	70,554	285,900	2,959,522	34	65	20,326,225	73
73.10	REHABILITATION SERVICES	434,286	687,619	4,385,636	129	409	764,819	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	332,520	604,018	6,149,975	120	205	848,251	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES				1			95
97	DURABLE MEDICAL EQUIP-SOLD		580	172,126	6	15	5,343	97
101	HOME HEALTH AGENCY	14,215	266	827,456	22	38	109,532	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	6,058,408	15,185,378	99,572,968	2,132	4,017	81,350,297	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,077			4			190
194	FITNESS CENTER	361,380	55,663	1,190,897	46	70	108,353	194
194.0	RETAIL PHARMACY	18,994	21,276	659,821	37	9	4,250,139	194.0
1								1
194.0	GARDEN VIEW DELI	9,174	846	20,812	3		8,594	194.0
2								2
194.0	MEDICAL OFFICE BLDG		1,151					194.0
3								3

## Optimizer Systems, Inc.

## Win LASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNI- CATIONS  NUMBER OF PHONES	DATA PROCESSING  WORK ORDER S	PURCHASING  COSTED REQUISITIO 5.03	
		1	2	4	5.01	5.02	5.03	
194.0 4	PHYSICIAN SERVICES	30,870	21,211	2,889,684	15	86	59,687	194.0 4
194.0 5	ENDOCRINOLOGIST		40,087	914,659		48	114,797	194.0 5
194.0 6	HOSPITALIST	7,458	73,688	7,134,885	6	105	400,223	194.0 6
194.0 7	NEONATOLOGY PHYSICIANS	9,307	904	1,724,181	6	18	20,426	194.0 7
194.0 8	ANESTHESIOLOGISTS	5,844		3,649,187				194.0 8
194.0 9	PHYSICIAN CARDIOLOGIST	151,121	145,465	6,125,131	2	118	91,242	194.0 9
194.1 0	PHYSICIAN ONCOLOGIST	65,713	28,563	2,735,143	36	20	48,025	194.1 0
194.1 1	PERINATOLOGY	24,188	39,891	719,159	14	22	17,133	194.1 1
194.1 2	TRAUMA PHYSICIANS	23,065	1,046	787,056	19		63	194.1 2
194.1 3	LANDMARK HOSPITAL			10,744				194.1 3
194.1 4	GYN SURG ONCOLOGIST		8,109	733,343	19	23	9,734	194.1 4
194.1 5	CAPE GASTROENTEROLOGY		33,057	3,504,513	16	17	74,475	194.1 5
194.1 6	CAPE PHYSICIAN ASSOCIATES	213,412	104,675	4,729,341	151	227	803,196	194.1 6
194.1 7	NONPATIENT MEALS							194.1 7
194.1 8	BEAUTY SHOP	1,016			1			194.1 8
194.1 9	MARKETING COSTS			1,590,725				194.1 9
194.2 0	CAPE PRIMARY CARE			4,495,399		17	934	194.2 0
194.2 1	CAPE CARE FOR WOMEN		84,258	4,493,430			496,682	194.2 1
194.2 2	JACKSON FAMILY CLINIC		52,996	1,155,441		70	246,696	194.2 2
194.2 3	CAPE MEDICAL GROUP		40,233	609,973		29	77,169	194.2 3
194.2 4	CAPE ENT GROUP		57,473	1,803,027		67	125,107	194.2 4
194.2 5	CHARLESTON FAMILY CARE		30,892	516,021		21	105,513	194.2 5
194.2 6	AWL FAMILY HEALTHCARE SYSTEMS						334	194.2 6
194.2 7	CAPE CEREBROVASCULAR & ENDOVASCULAR			829,251		2	5,991	194.2 7
194.2 8	HOSPICE			26,925		2	9,578	194.2 8
194.2 9	IMMEDIATE CONVENIENT CARE - JACKSON			429,968			13,129	194.2 9
194.3 0	JACKSON PHYSICIAN ASSOCIATES			252,848		10	25,146	194.3 0
194.3 1	PHYSICIANS PARK PRIMARY CARE			1,049,956			249,679	194.3 1
194.3 2	IMMEDIATE CONVENIENT CARE - BLACK RI			4,119				194.3 2
194.3 3	FARMINGTON PHYSICIAN ASSOCIATES			772,666			82,597	194.3 3
200 201	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER							200 201
202	COST TO BE ALLOC PER B PT I	14,928,136	16,218,035	5,868,436	647,161	10,347,839	935,390	202
203	UNIT COST MULT-WS B PT I	2,131,973	1,011,928	0,037,829	258,141,604	2,070,395,958	0,010534	203
204	COST TO BE ALLOC PER B PT II			246,895	64,465	4,267,744	136,369	204
205	UNIT COST MULT-WS B PT II			0,001592	25,714,001	853,890,356	0,001536	205

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CREDIT & COLLECTION GROSS CHARGES	RECONCILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	SPD SOILED PROCESSING HOURS	
		5.05	5A.06	5.06	6	7	7.10	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	1,469,329,807						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		-42,294,098	340,531,624				5.06
6	MAINTENANCE & REPAIRS			4,266,784	6,102,323			6
7	OPERATION OF PLANT			5,918,874	834,184	5,268,139		7
7.10	SPD SOILED PROCESSING			575,353	71,866	71,866	23,296	7.10
8	LAUNDRY & LINEN SERVICE			1,361,862	50,051	50,051	11,294	8
9	HOUSEKEEPING			3,410,360	52,049	52,049	12,002	9
10	DIETARY			3,153,528	99,979	99,979		10
11	CAFETERIA			166,806	78,240	78,240		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			2,318,988	6,015	6,015		13
13.10	SPD STERILE PROCESSING			1,294,909	39,432	39,432		13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY			2,893,136	62,115	62,115		16
17	SOCIAL SERVICE			478,279	1,344	1,344		17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	86,966,657		29,848,989	901,551	901,551		30
31	INTENSIVE CARE UNIT	33,051,453		8,856,856	194,008	194,008		31
31.01	NEONATOLOGY/NICU	23,312,610		4,578,142	132,988	132,988		31.01
41	SUBPROVIDER - IRF	4,217,250		2,118,011	84,875	84,875		41
43	NURSERY	5,957,839		1,632,524	5,020	5,020		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	97,005,071		19,054,070	469,848	469,848		50
51	RECOVERY ROOM	14,782,417		1,508,694	41,989	41,989		51
52	DELIVERY ROOM & LABOR ROOM	8,172,467		1,497,036				52
53	ANESTHESIOLOGY	29,614,267		874,859	1,393	1,393		53
54	RADIOLOGY-DIAGNOSTIC	71,011,116		9,730,589	164,053	164,053		54
56	RADIOISOTOPE	11,409,871		808,275	22,574	22,574		56
57	CT SCAN	94,202,684		1,911,615	18,713	18,713		57
58	MRI	23,866,871		853,323	13,007	13,007		58
59	CARDIAC CATHETERIZATION	60,231,362		7,779,058	345,077	345,077		59
60	LABORATORY	215,324,069		14,863,519	148,995	148,995		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	72,842,921		5,405,378	49,205	49,205		65
66	PHYSICAL THERAPY	14,741,049		3,299,947	191,246	191,246		66
67	OCCUPATIONAL THERAPY	6,324,712		1,329,764	49,046	49,046		67
68	SPEECH PATHOLOGY	3,897,049		906,303	9,273	9,273		68
69	ELECTROCARDIOLOGY	27,088,650		2,831,595				69
70	ELECTROENCEPHALOGRAPHY	7,448,649		2,464,784	30,473	30,473		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	138,358,253		16,675,288	60,949	60,949		71
72	IMPL. DEV. CHARGED TO PATIENTS	176,092,323		26,771,637	77,571	77,571		72
73	DRUGS CHARGED TO PATIENTS	135,980,691		25,544,098	70,554	70,554		73
73.10	REHABILITATION SERVICES	31,595,077		10,273,466	434,286	434,286		73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	72,669,937		10,973,186	332,520	332,520		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	360,681		268,970				95
97	DURABLE MEDICAL EQUIP-SOLD	2,803,811		1,129,842				97
101	HOME HEALTH AGENCY			1,316,218	14,215	14,215		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,469,329,807	-42,294,098	240,944,915	5,158,704	4,324,520	23,296	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			48,101	22,077	22,077		190
194	FITNESS CENTER			2,769,549	361,380	361,380		194
194.0	RETAIL PHARMACY			5,240,258	18,994	18,994		194.0
1								1
194.0	GARDEN VIEW DELI			104,675	9,174	9,174		194.0
2								2
194.0	MEDICAL OFFICE BLDG			1,165				194.0
3								3

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CREDIT & COLLECTION GROSS CHARGES	RECONCILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	SPD SOILED PROCESSING HOURS	
		5.05	5A.06	5.06	6	7	7.10	
194.04	PHYSICIAN SERVICES			3,668,675	30,870	30,870		194.04
194.05	ENDOCRINOLOGIST			1,418,275				194.05
194.06	HOSPITALIST			11,776,095	7,458	7,458		194.06
194.07	NEONATOLOGY PHYSICIANS			2,131,995	9,307	9,307		194.07
194.08	ANESTHESIOLOGISTS			10,698,864	5,844	5,844		194.08
194.09	PHYSICIAN CARDIOLOGIST			8,057,476	151,121	151,121		194.09
194.10	PHYSICIAN ONCOLOGIST			3,571,717	65,713	65,713		194.10
194.11	PERINATOLOGY			1,007,115	24,188	24,188		194.11
194.12	TRAUMA PHYSICIANS			1,726,408	23,065	23,065		194.12
194.13	LANDMARK HOSPITAL			17,909				194.13
194.14	GYN SURG ONCOLOGIST			907,964				194.14
194.15	CAPE GASTROENTEROLOGY			4,318,500				194.15
194.16	CAPE PHYSICIAN ASSOCIATES			8,253,768	213,412	213,412		194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP			2,424	1,016	1,016		194.18
194.19	MARKETING COSTS			12,902,611				194.19
194.20	CAPE PRIMARY CARE			211,013				194.20
194.21	CAPE CARE FOR WOMEN			6,405,148				194.21
194.22	JACKSON FAMILY CLINIC			1,954,307				194.22
194.23	CAPE MEDICAL GROUP			1,120,332				194.23
194.24	CAPE ENT GROUP			2,549,855				194.24
194.25	CHARLESTON FAMILY CARE			890,515				194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS			1,774				194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR			1,074,312				194.27
194.28	HOSPICE			50,862				194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON			285,284				194.29
194.30	JACKSON PHYSICIAN ASSOCIATES			403,335				194.30
194.31	PHYSICIANS PARK PRIMARY CARE			4,805,677				194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			11,113				194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES			1,199,638				194.33
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	6,144,298		42,294,098	4,796,719	7,309,707	803,018	202
203	UNIT COST MULT-WS B PT I	0.004182		0.124200	0.786048	1.387531	34.470209	203
204	COST TO BE ALLOC PER B PT II	234,721		1,577,329	840,189	1,929,093	257,345	204
205	UNIT COST MULT-WS B PT II	0.000160		0.004632	0.137683	0.366181	11.046746	205

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQ	DIETARY MEALS SERVED	CAFETERIA HOURS	NURSING ADMINISTRATION HOURS OF SERVICE	SPD STERILE PROCESSING SURVEY	
		8	9	10	11	13	13.10	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	1,828,172						8
9	HOUSEKEEPING	108,911	5,094,173					9
10	DIETARY	30,084	99,979	467,147				10
11	CAFETERIA		78,240	209,909	3,387,950			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		6,015		40,953	1,364,400		13
13.10	SPD STERILE PROCESSING	142,379	39,432		42,515		155,927	13.10
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		62,115		71,109			16
17	SOCIAL SERVICE		1,344		12,557			17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	609,816	901,551	142,707	695,616	695,616		30
31	INTENSIVE CARE UNIT	125,821	194,008	20,946	172,777	172,777	79	31
31.01	NEONATOLOGY/NICU	18,566	132,988		80,073	80,073	464	31.01
41	SUBPROVIDER - IRF	17,381	84,875	11,052	46,587	46,587		41
43	NURSERY	15,273	5,020		34,924		2,446	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	206,837	469,848		259,678		132,128	50
51	RECOVERY ROOM	32,617	41,989		29,484			51
52	DELIVERY ROOM & LABOR ROOM				35,647	35,647		52
53	ANESTHESIOLOGY		1,393		5,265			53
54	RADIOLOGY-DIAGNOSTIC	4,084	164,053		111,384		9,047	54
56	RADIOISOTOPE	100	22,574		9,878			56
57	CT SCAN	1,181	18,713		15,982			57
58	MRI	322	13,007		9,410			58
59	CARDIAC CATHETERIZATION	10,096	345,077		75,550		592	59
60	LABORATORY	165	148,995		181,837	28,531	1,472	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	4,770	49,205		105,802		4,376	65
66	PHYSICAL THERAPY	4,022	191,246		63,577		7	66
67	OCCUPATIONAL THERAPY		49,046		26,627			67
68	SPEECH PATHOLOGY		9,273		16,428		14	68
69	ELECTROCARDIOLOGY	1,543			39,059			69
70	ELECTROENCEPHALOGRAPHY	594	30,473		33,061	33,061		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,707	60,949		22,320		2,147	71
72	IMPL. DEV. CHARGED TO PATIENTS	2,172	77,571		28,407		2,733	72
73	DRUGS CHARGED TO PATIENTS	1,048	70,554		73,782		1	73
73.10	REHABILITATION SERVICES	38,985	434,286		149,238	40,525	30	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	185,486	332,520		231,583	231,583	391	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD				6,512			97
101	HOME HEALTH AGENCY		14,215		23,117			101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,563,960	4,150,554	384,614	2,750,739	1,364,400	155,927	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		22,077					190
194	FITNESS CENTER	238,163	361,380		70,045			194
194.0	RETAIL PHARMACY		18,994		15,469			194.0
1								1
194.0	GARDEN VIEW DELI		9,174		1,754			194.0
2								2
194.0	MEDICAL OFFICE BLDG				78			194.0
3								3

## Optimizer Systems, Inc.

## Win LASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQ	DIETARY MEALS SERVED	CAFETERIA HOURS	NURSING ADMINISTRATION HOURS OF SERVICE	SPD STERILE PROCESSING SURVEY	
		8	9	10	11	13	13.10	
194.04	PHYSICIAN SERVICES	8,908	30,870		21,522			194.04
194.05	ENDOCRINOLOGIST				20,983			194.05
194.06	HOSPITALIST		7,458		74,470			194.06
194.07	NEONATOLOGY PHYSICIANS		9,307		18,771			194.07
194.08	ANESTHESIOLOGISTS		5,844		36,868			194.08
194.09	PHYSICIAN CARDIOLOGIST	2,402	151,121		73,805			194.09
194.10	PHYSICIAN ONCOLOGIST		65,713		31,181			194.10
194.11	PERINATOLOGY	340	24,188		8,096			194.11
194.12	TRAUMA PHYSICIANS		23,065		4,777			194.12
194.13	LANDMARK HOSPITAL							194.13
194.14	GYN SURG ONCOLOGIST				8,761			194.14
194.15	CAPE GASTROENTEROLOGY				31,464			194.15
194.16	CAPE PHYSICIAN ASSOCIATES		213,412		130,086			194.16
194.17	NONPATIENT MEALS			82,533				194.17
194.18	BEAUTY SHOP	14,399	1,016		515			194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE				38,822			194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.23	CAPE MEDICAL GROUP				16,622			194.23
194.24	CAPE ENT GROUP				30,362			194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR				2,760			194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON							194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE							194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI							194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES							194.33
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	2,029,101	4,481,652	3,883,856	2,171,596	2,651,622	1,761,414	202
203	UNIT COST MULT-WS B PT I	1.109907	0.879760	8.313991	0.640976	1.943434	11.296402	203
204	COST TO BE ALLOC PER B PT II	310,953	319,555	575,003	470,283	163,084	170,920	204
205	UNIT COST MULT-WS B PT II	0.170090	0.062730	1.230882	0.138810	0.119528	1.096154	205

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CASES					
	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						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	10,000					16
17	SOCIAL SERVICE		5,233				17
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	4,740	3,241				30
31	INTENSIVE CARE UNIT	87	148				31
31.01	NEONATOLOGY/NICU	61	226				31.01
41	SUBPROVIDER - IRF	80	353				41
43	NURSERY	246					43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,189					50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	624					54
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION	8	6				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	67					66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	54					69
70	ELECTROENCEPHALOGRAPHY	16					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	10	690				73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	2,818	569				91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD						97
101	HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	10,000	5,233				118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	FITNESS CENTER						194
194.0	RETAIL PHARMACY						194.0
1							1
194.0	GARDEN VIEW DELI						194.0
2							2

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CASES				
		16	17				
194.03	MEDICAL OFFICE BLDG						194.03
194.04	PHYSICIAN SERVICES						194.04
194.05	ENDOCRINOLOGIST						194.05
194.06	HOSPITALIST						194.06
194.07	NEONATOLOGY PHYSICIANS						194.07
194.08	ANESTHESIOLOGISTS						194.08
194.09	PHYSICIAN CARDIOLOGIST						194.09
194.10	PHYSICIAN ONCOLOGIST						194.10
194.11	PERINATOLOGY						194.11
194.12	TRAUMA PHYSICIANS						194.12
194.13	LANDMARK HOSPITAL						194.13
194.14	GYN SURG ONCOLOGIST						194.14
194.15	CAPE GASTROENTEROLOGY						194.15
194.16	CAPE PHYSICIAN ASSOCIATES						194.16
194.17	NONPATIENT MEALS						194.17
194.18	BEAUTY SHOP						194.18
194.19	MARKETING COSTS						194.19
194.20	CAPE PRIMARY CARE						194.20
194.21	CAPE CARE FOR WOMEN						194.21
194.22	JACKSON FAMILY CLINIC						194.22
194.23	CAPE MEDICAL GROUP						194.23
194.24	CAPE ENT GROUP						194.24
194.25	CHARLESTON FAMILY CARE						194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS						194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR						194.27
194.28	HOSPICE						194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON						194.29
194.30	JACKSON PHYSICIAN ASSOCIATES						194.30
194.31	PHYSICIANS PARK PRIMARY CARE						194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI						194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES						194.33
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	3,487,699	549,833				202
203	UNIT COST MULT-WS B PT I	348.769900	105.070323				203
204	COST TO BE ALLOC PER B PT II	284,033	20,378				204
205	UNIT COST MULT-WS B PT II	28.403300	3.894133				205

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	41,963,812		41,963,812		41,963,812	30
31	INTENSIVE CARE UNIT	11,356,357		11,356,357		11,356,357	31
31.01	NEONATOLOGY/NICU	5,830,617		5,830,617		5,830,617	31.01
41	SUBPROVIDER - IRF	2,936,790		2,936,790		2,936,790	41
43	NURSERY	2,003,375		2,003,375		2,003,375	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	25,158,466		25,158,466		25,158,466	50
51	RECOVERY ROOM	1,879,381		1,879,381		1,879,381	51
52	DELIVERY ROOM & LABOR ROOM	1,775,095		1,775,095		1,775,095	52
53	ANESTHESIOLOGY	991,145		991,145		991,145	53
54	RADIOLOGY-DIAGNOSTIC	11,835,796		11,835,796		11,835,796	54
56	RADIOISOTOPE	984,032		984,032		984,032	56
57	CT SCAN	2,217,730		2,217,730		2,217,730	57
58	MRI	1,005,410		1,005,410		1,005,410	58
59	CARDIAC CATHETERIZATION	9,868,593		9,868,593		9,868,593	59
60	LABORATORY	17,353,312		17,353,312		17,353,312	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	6,349,509		6,349,509		6,349,509	65
66	PHYSICAL THERAPY	4,362,402		4,362,402		4,362,402	66
67	OCCUPATIONAL THERAPY	1,661,743		1,661,743		1,661,743	67
68	SPEECH PATHOLOGY	1,057,868		1,057,868		1,057,868	68
69	ELECTROCARDIOLOGY	3,228,862		3,228,862		3,228,862	69
70	ELECTROENCEPHALOGRAPHY	2,955,636		2,955,636		2,955,636	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,972,912		18,972,912		18,972,912	71
72	IMPL. DEV. CHARGED TO PATIENTS	30,385,017		30,385,017		30,385,017	72
73	DRUGS CHARGED TO PATIENTS	28,980,567		28,980,567		28,980,567	73
73.10	REHABILITATION SERVICES	13,169,464		13,169,464	40,189	13,209,653	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	15,202,766		15,202,766	29,040	15,231,806	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,749,369		5,749,369		5,749,369	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES	302,376		302,376		302,376	95
97	DURABLE MEDICAL EQUIP-SOLD	1,274,342		1,274,342		1,274,342	97
101	HOME HEALTH AGENCY	1,537,913		1,537,913		1,537,913	101
113	INTEREST EXPENSE						113
200	SUBTOTAL (SEE INSTRUCTIONS)	272,350,657		272,350,657	69,229	272,419,886	200
201	LESS OBSERVATION BEDS	5,749,369		5,749,369		5,749,369	201
202	TOTAL (SEE INSTRUCTIONS)	266,601,288		266,601,288		266,670,517	202

Optimizer Systems, Inc.

Win LASH

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	76,117,324		76,117,324				30
31	INTENSIVE CARE UNIT	33,051,453		33,051,453				31
31.01	NEONATOLOGY/NICU	23,312,610		23,312,610				31.01
41	SUBPROVIDER - IRF	4,217,250		4,217,250				41
43	NURSERY	5,957,839		5,957,839				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	44,229,374	52,775,697	97,005,071	0.259352	0.259352	0.259352	50
51	RECOVERY ROOM	6,368,661	8,413,756	14,782,417	0.127136	0.127136	0.127136	51
52	DELIVERY ROOM & LABOR ROOM	7,169,032	1,003,436	8,172,468	0.217204	0.217204	0.217204	52
53	ANESTHESIOLOGY	15,353,828	14,260,439	29,614,267	0.033468	0.033468	0.033468	53
54	RADIOLOGY-DIAGNOSTIC	17,548,798	53,462,318	71,011,116	0.166675	0.166675	0.166675	54
56	RADIOISOTOPE	2,360,343	9,049,528	11,409,871	0.086244	0.086244	0.086244	56
57	CT SCAN	25,186,255	69,016,429	94,202,684	0.023542	0.023542	0.023542	57
58	MRI	5,741,810	18,125,061	23,866,871	0.042126	0.042126	0.042126	58
59	CARDIAC CATHETERIZATION	22,043,016	38,188,346	60,231,362	0.163845	0.163845	0.163845	59
60	LABORATORY	72,626,441	142,697,628	215,324,069	0.080592	0.080592	0.080592	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	63,491,487	9,351,433	72,842,920	0.087167	0.087167	0.087167	65
66	PHYSICAL THERAPY	7,660,240	7,080,809	14,741,049	0.295936	0.295936	0.295936	66
67	OCCUPATIONAL THERAPY	5,247,347	1,077,365	6,324,712	0.262738	0.262738	0.262738	67
68	SPEECH PATHOLOGY	2,878,554	1,018,495	3,897,049	0.271454	0.271454	0.271454	68
69	ELECTROCARDIOLOGY	9,910,569	17,178,081	27,088,650	0.119196	0.119196	0.119196	69
70	ELECTROENCEPHALOGRAPHY	2,610,544	4,838,105	7,448,649	0.396802	0.396802	0.396802	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,016,401	50,341,852	138,358,253	0.137129	0.137129	0.137129	71
72	IMPL. DEV. CHARGED TO PATIENTS	112,020,874	64,071,449	176,092,323	0.172552	0.172552	0.172552	72
73	DRUGS CHARGED TO PATIENTS	82,040,958	53,939,733	135,980,691	0.213123	0.213123	0.213123	73
73.10	REHABILITATION SERVICES	1,925,553	29,669,524	31,595,077	0.416820	0.416820	0.418092	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	18,977,125	53,692,812	72,669,937	0.209203	0.209203	0.209603	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,500,000	9,349,333	10,849,333	0.529928	0.529928	0.529928	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	87,675	273,006	360,681	0.838347	0.838347	0.838347	95
97	DURABLE MEDICAL EQUIP-SOLD		2,803,811	2,803,811	0.454504	0.454504	0.454504	97
101	HOME HEALTH AGENCY		1,855,613	1,855,613				101
113	INTEREST EXPENSE							113
200	SUBTOTAL (SEE INSTRUCTIONS)	757,651,361	713,534,059	1,471,185,420				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	757,651,361	713,534,059	1,471,185,420				202

Optimizer Systems, Inc.

**Win LASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

CHECK  TITLE V  PPS  
 APPLICABLE  TITLE XVIII, PART A  TEFRA  
 BOXES:  TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	1	2	3	4	5	6	7		
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS (General Routine Care)	4,308,980		4,308,980	49,289	87.42	24,229	2,118,099	30
31	INTENSIVE CARE UNIT	1,060,004		1,060,004	6,982	151.82	4,428	672,259	31
31.01	NEONATOLOGY/NICU	623,634		623,634	4,686	133.08			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	335,618		335,618	3,684	91.10	2,006	182,747	41
42	SUBPROVIDER I								42
43	NURSERY	69,600		69,600	1,681	41.40			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	6,397,836		6,397,836	66,322		30,663	2,973,105	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0183

WORKSHEET D  
PART II

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	4,634,704	97,005,071	0.047778	29,678,041	1,417,957	50
51	RECOVERY ROOM	247,375	14,782,417	0.016734	4,478,792	74,948	51
52	DELIVERY ROOM & LABOR ROOM	55,895	8,172,468	0.006839	50,541	346	52
53	ANESTHESIOLOGY	52,065	29,614,267	0.001758	3,892,109	6,842	53
54	RADIOLOGY-DIAGNOSTIC	2,546,323	71,011,116	0.035858	10,778,446	386,494	54
56	RADIOISOTOPE	212,326	11,409,871	0.018609	1,844,973	34,333	56
57	CT SCAN	435,785	94,202,684	0.004626	15,367,585	71,090	57
58	MRI	71,430	23,866,871	0.002993	3,229,958	9,667	58
59	CARDIAC CATHETERIZATION	2,396,657	60,231,362	0.039791	14,677,724	584,041	59
60	LABORATORY	1,062,902	215,324,069	0.004936	51,054,705	252,006	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	319,668	72,842,920	0.004388	25,543,784	112,086	65
66	PHYSICAL THERAPY	603,221	14,741,049	0.040921	3,464,069	141,753	66
67	OCCUPATIONAL THERAPY	149,431	6,324,712	0.023627	1,898,833	44,864	67
68	SPEECH PATHOLOGY	50,220	3,897,049	0.012887	1,067,408	13,756	68
69	ELECTROCARDIOLOGY	468,047	27,088,650	0.017278	3,258,623	56,302	69
70	ELECTROENCEPHALOGRAPHY	490,102	7,448,649	0.065797	1,098,322	72,266	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	355,776	138,358,253	0.002571	51,104,744	131,390	71
72	IMPL. DEV. CHARGED TO PATIENTS	477,701	176,092,323	0.002713	62,065,627	168,384	72
73	DRUGS CHARGED TO PATIENTS	722,513	135,980,691	0.005313	48,859,373	259,590	73
73.10	REHABILITATION SERVICES	2,316,323	31,595,077	0.073313	589,584	43,224	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	1,934,295	72,669,937	0.026618	4,711,518	125,411	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	590,362	10,849,333	0.054415	1,197,069	65,139	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	20,417	2,803,811	0.007282			97
200	TOTAL (sum of lines 50-199)	20,213,538	1,326,312,650		339,911,828	4,071,889	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

CHECK  TITLE V  PPS  
 APPLICABLE  TITLE XVIII, PART A  TEFRA  
 BOXES:  TITLE XIX

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS (General Routine Care)						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 (lines 30-199)						200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

CHECK  TITLE V  PPS  
 APPLICABLE  TITLE XVIII, PART A  TEFRA  
 BOXES:  TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	49,289		24,229		30
31	INTENSIVE CARE UNIT	6,982		4,428		31
31.01	NEONATOLOGY/NICU	4,686				31.01
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	3,684		2,006		41
42	SUBPROVIDER I					42
43	NURSERY	1,681				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	66,322		30,663		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0183

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] IRF [ ] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

Win LASH

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0183

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] IRF [ ] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	97,005,071			29,678,041		24,333,637		50
51	RECOVERY ROOM	14,782,417			4,478,792		7,455,329		51
52	DELIVERY ROOM & LABOR ROOM	8,172,468			50,541				52
53	ANESTHESIOLOGY	29,614,267			3,892,109		2,601,345		53
54	RADIOLOGY-DIAGNOSTIC	71,011,116			10,778,446		14,368,701		54
56	RADIOISOTOPE	11,409,871			1,844,973		7,363,695		56
57	CT SCAN	94,202,684			15,367,585		40,569,679		57
58	MRI	23,866,871			3,229,958		7,915,894		58
59	CARDIAC CATHETERIZATION	60,231,362			14,677,724		17,824,367		59
60	LABORATORY	215,324,069			51,054,705		14,778,308		60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	72,842,920			25,543,784		1,454,529		65
66	PHYSICAL THERAPY	14,741,049			3,464,069		10,050		66
67	OCCUPATIONAL THERAPY	6,324,712			1,898,833				67
68	SPEECH PATHOLOGY	3,897,049			1,067,408		40,678		68
69	ELECTROCARDIOLOGY	27,088,650			3,258,623		4,429,520		69
70	ELECTROENCEPHALOGRAPHY	7,448,649			1,098,322		1,489,279		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	138,358,253			51,104,744		24,026,280		71
72	IMPL. DEV. CHARGED TO PATIENTS	176,092,323			62,065,627		21,099,619		72
73	DRUGS CHARGED TO PATIENTS	135,980,691			48,859,373		32,169,317		73
73.10	REHABILITATION SERVICES	31,595,077			589,584		4,588,409		73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	72,669,937			4,711,518		15,687,851		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	10,849,333			1,197,069		3,586,551		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	2,803,811							97
200	TOTAL (sum of lines 50-199)	1,326,312,650			339,911,828		245,793,038		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win LASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0183

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [XX] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.259352	24,333,637			6,310,977			50
51	RECOVERY ROOM	0.127136	7,455,329			947,841			51
52	DELIVERY ROOM & LABOR ROOM	0.217204							52
53	ANESTHESIOLOGY	0.033468	2,601,345			87,062			53
54	RADIOLOGY-DIAGNOSTIC	0.166675	14,368,701			2,394,903			54
56	RADIOISOTOPE	0.086244	7,363,695			635,075			56
57	CT SCAN	0.023542	40,569,679			955,091			57
58	MRI	0.042126	7,915,894			333,465			58
59	CARDIAC CATHETERIZATION	0.163845	17,824,367			2,920,433			59
60	LABORATORY	0.080592	14,778,308			1,191,013			60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.087167	1,454,529			126,787			65
66	PHYSICAL THERAPY	0.295936	10,050			2,974			66
67	OCCUPATIONAL THERAPY	0.262738							67
68	SPEECH PATHOLOGY	0.271454	40,678			11,042			68
69	ELECTROCARDIOLOGY	0.119196	4,429,520			527,981			69
70	ELECTROENCEPHALOGRAPHY	0.396802	1,489,279			590,949			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.137129	24,026,280			3,294,700			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.172552	21,099,619			3,640,781			72
73	DRUGS CHARGED TO PATIENTS	0.213123	32,169,317		71,485	6,856,021		15,235	73
73.10	REHABILITATION SERVICES	0.416820	4,588,409			1,912,541			73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	0.209203	15,687,851			3,281,945			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.529928	3,586,551			1,900,614			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES	0.838347							95
97	DURABLE MEDICAL EQUIP-SOLD	0.454504							97
200	SUBTOTAL (see instructions)		245,793,038		71,485	37,922,195		15,235	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		245,793,038		71,485	37,922,195		15,235	202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-T183

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  TEFRA  
 BOXES:  TITLE XIX  IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	4,634,704	97,005,071	0.047778	7,154	342	50
51	RECOVERY ROOM	247,375	14,782,417	0.016734	494	8	51
52	DELIVERY ROOM & LABOR ROOM	55,895	8,172,468	0.006839			52
53	ANESTHESIOLOGY	52,065	29,614,267	0.001758			53
54	RADIOLOGY-DIAGNOSTIC	2,546,323	71,011,116	0.035858	84,380	3,026	54
56	RADIOISOTOPE	212,326	11,409,871	0.018609	8,858	165	56
57	CT SCAN	435,785	94,202,684	0.004626	94,394	437	57
58	MRI	71,430	23,866,871	0.002993	29,069	87	58
59	CARDIAC CATHETERIZATION	2,396,657	60,231,362	0.039791	7,474	297	59
60	LABORATORY	1,062,902	215,324,069	0.004936	566,652	2,797	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	319,668	72,842,920	0.004388	253,735	1,113	65
66	PHYSICAL THERAPY	603,221	14,741,049	0.040921	1,057,856	43,289	66
67	OCCUPATIONAL THERAPY	149,431	6,324,712	0.023627	1,002,055	23,676	67
68	SPEECH PATHOLOGY	50,220	3,897,049	0.012887	376,176	4,848	68
69	ELECTROCARDIOLOGY	468,047	27,088,650	0.017278	5,344	92	69
70	ELECTROENCEPHALOGRAPHY	490,102	7,448,649	0.065797			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	355,776	138,358,253	0.002571	236,687	609	71
72	IMPL. DEV. CHARGED TO PATIENTS	477,701	176,092,323	0.002713			72
73	DRUGS CHARGED TO PATIENTS	722,513	135,980,691	0.005313	1,332,462	7,079	73
73.10	REHABILITATION SERVICES	2,316,323	31,595,077	0.073313	187,948	13,779	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	1,934,295	72,669,937	0.026618	164	4	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		10,849,333				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	20,417	2,803,811	0.007282			97
200	TOTAL (sum of lines 50-199)	19,623,176	1,326,312,650		5,250,902	101,648	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-T183

WORKSHEET D  
PART IV

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win LASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-T183

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [XX] IRF [ ] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	97,005,071			7,154				50
51	RECOVERY ROOM	14,782,417			494				51
52	DELIVERY ROOM & LABOR ROOM	8,172,468							52
53	ANESTHESIOLOGY	29,614,267							53
54	RADIOLOGY-DIAGNOSTIC	71,011,116			84,380				54
56	RADIOISOTOPE	11,409,871			8,858				56
57	CT SCAN	94,202,684			94,394				57
58	MRI	23,866,871			29,069				58
59	CARDIAC CATHETERIZATION	60,231,362			7,474				59
60	LABORATORY	215,324,069			566,652				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	72,842,920			253,735				65
66	PHYSICAL THERAPY	14,741,049			1,057,856				66
67	OCCUPATIONAL THERAPY	6,324,712			1,002,055				67
68	SPEECH PATHOLOGY	3,897,049			376,176				68
69	ELECTROCARDIOLOGY	27,088,650			5,344				69
70	ELECTROENCEPHALOGRAPHY	7,448,649							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	138,358,253			236,687				71
72	IMPL. DEV. CHARGED TO PATIENTS	176,092,323							72
73	DRUGS CHARGED TO PATIENTS	135,980,691			1,332,462				73
73.10	REHABILITATION SERVICES	31,595,077			187,948				73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	72,669,937			164				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	10,849,333							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	2,803,811							97
200	TOTAL (sum of lines 50-199)	1,326,312,650			5,250,902				200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win LASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-T183

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [XX] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [ ] TITLE XIX - O/P [XX] IRF [ ] NF [ ] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.259352							50
51	RECOVERY ROOM	0.127136							51
52	DELIVERY ROOM & LABOR ROOM	0.217204							52
53	ANESTHESIOLOGY	0.033468							53
54	RADIOLOGY-DIAGNOSTIC	0.166675							54
56	RADIOISOTOPE	0.086244							56
57	CT SCAN	0.023542							57
58	MRI	0.042126							58
59	CARDIAC CATHETERIZATION	0.163845							59
60	LABORATORY	0.080592							60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.087167							65
66	PHYSICAL THERAPY	0.295936							66
67	OCCUPATIONAL THERAPY	0.262738							67
68	SPEECH PATHOLOGY	0.271454							68
69	ELECTROCARDIOLOGY	0.119196							69
70	ELECTROENCEPHALOGRAPHY	0.396802							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.137129							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.172552							72
73	DRUGS CHARGED TO PATIENTS	0.213123							73
73.10	REHABILITATION SERVICES	0.416820							73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	0.209203							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.529928							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES	0.838347							95
97	DURABLE MEDICAL EQUIP-SOLD	0.454504							97
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win LASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

CHECK  TITLE V  PPS  
 APPLICABLE  TITLE XVIII, PART A  TEFRA  
 BOXES:  TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	1	2	3	4	5	6	7		
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS (General Routine Care)	4,308,980		4,308,980	49,289	87.42	4,787	418,480	30
31	INTENSIVE CARE UNIT	1,060,004		1,060,004	6,982	151.82	888	134,816	31
31.01	NEONATOLOGY/NICU	623,634		623,634	4,686	133.08	3,966	527,795	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	335,618		335,618	3,684	91.10	662	60,308	41
42	SUBPROVIDER I								42
43	NURSERY	69,600		69,600	1,681	41.40	1,448	59,947	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	6,397,836		6,397,836	66,322		11,751	1,201,346	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0183

WORKSHEET D  
PART II

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [XX] TITLE XIX [ ] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	4,634,704	97,005,071	0.047778	6,953,278	332,214	50
51	RECOVERY ROOM	247,375	14,782,417	0.016734	1,083,798	18,136	51
52	DELIVERY ROOM & LABOR ROOM	55,895	8,172,468	0.006839	3,325,248	22,741	52
53	ANESTHESIOLOGY	52,065	29,614,267	0.001758	1,481,333	2,604	53
54	RADIOLOGY-DIAGNOSTIC	2,546,323	71,011,116	0.035858	2,425,327	86,967	54
56	RADIOISOTOPE	212,326	11,409,871	0.018609	336,272	6,258	56
57	CT SCAN	435,785	94,202,684	0.004626	3,398,876	15,723	57
58	MRI	71,430	23,866,871	0.002993	757,926	2,268	58
59	CARDIAC CATHETERIZATION	2,396,657	60,231,362	0.039791	2,335,425	92,929	59
60	LABORATORY	1,062,902	215,324,069	0.004936	11,066,078	54,622	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	319,668	72,842,920	0.004388	11,868,143	52,077	65
66	PHYSICAL THERAPY	603,221	14,741,049	0.040921	936,108	38,306	66
67	OCCUPATIONAL THERAPY	149,431	6,324,712	0.023627	725,734	17,147	67
68	SPEECH PATHOLOGY	50,220	3,897,049	0.012887	753,035	9,704	68
69	ELECTROCARDIOLOGY	468,047	27,088,650	0.017278	483,774	8,359	69
70	ELECTROENCEPHALOGRAPHY	490,102	7,448,649	0.065797	450,240	29,624	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	355,776	138,358,253	0.002571	10,901,081	28,027	71
72	IMPL. DEV. CHARGED TO PATIENTS	477,701	176,092,323	0.002713	15,991,164	43,384	72
73	DRUGS CHARGED TO PATIENTS	722,513	135,980,691	0.005313	15,820,684	84,055	73
73.10	REHABILITATION SERVICES	2,316,323	31,595,077	0.073313	171,433	12,568	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	1,934,295	72,669,937	0.026618	913,672	24,320	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	590,362	10,849,333	0.054415	63,535	3,457	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	20,417	2,803,811	0.007282			97
200	TOTAL (sum of lines 50-199)	20,213,538	1,326,312,650		92,242,164	985,490	200

(A) Worksheet A line numbers



Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

CHECK            [ ] TITLE V                            [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] TEFRA  
 BOXES:            [XX] TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	49,289		4,787		30
31	INTENSIVE CARE UNIT	6,982		888		31
31.01	NEONATOLOGY/NICU	4,686		3,966		31.01
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	3,684		662		41
42	SUBPROVIDER I					42
43	NURSERY	1,681		1,448		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	66,322		11,751		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0183

WORKSHEET D  
PART IV

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0183

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [XX] TITLE XIX [ ] IRF [ ] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	97,005,071			6,953,278				50
51	RECOVERY ROOM	14,782,417			1,083,798				51
52	DELIVERY ROOM & LABOR ROOM	8,172,468			3,325,248				52
53	ANESTHESIOLOGY	29,614,267			1,481,333				53
54	RADIOLOGY-DIAGNOSTIC	71,011,116			2,425,327				54
56	RADIOISOTOPE	11,409,871			336,272				56
57	CT SCAN	94,202,684			3,398,876				57
58	MRI	23,866,871			757,926				58
59	CARDIAC CATHETERIZATION	60,231,362			2,335,425				59
60	LABORATORY	215,324,069			11,066,078				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	72,842,920			11,868,143				65
66	PHYSICAL THERAPY	14,741,049			936,108				66
67	OCCUPATIONAL THERAPY	6,324,712			725,734				67
68	SPEECH PATHOLOGY	3,897,049			753,035				68
69	ELECTROCARDIOLOGY	27,088,650			483,774				69
70	ELECTROENCEPHALOGRAPHY	7,448,649			450,240				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	138,358,253			10,901,081				71
72	IMPL. DEV. CHARGED TO PATIENTS	176,092,323			15,991,164				72
73	DRUGS CHARGED TO PATIENTS	135,980,691			15,820,684				73
73.10	REHABILITATION SERVICES	31,595,077			171,433				73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	72,669,937			913,672				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	10,849,333			63,535				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	2,803,811							97
200	TOTAL (sum of lines 50-199)	1,326,312,650			92,242,164				200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0183

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [ ] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	0.259352						50
51	RECOVERY ROOM	0.127136						51
52	DELIVERY ROOM & LABOR ROOM	0.217204						52
53	ANESTHESIOLOGY	0.033468						53
54	RADIOLOGY-DIAGNOSTIC	0.166675						54
56	RADIOISOTOPE	0.086244						56
57	CT SCAN	0.023542						57
58	MRI	0.042126						58
59	CARDIAC CATHETERIZATION	0.163845						59
60	LABORATORY	0.080592						60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.087167						65
66	PHYSICAL THERAPY	0.295936						66
67	OCCUPATIONAL THERAPY	0.262738						67
68	SPEECH PATHOLOGY	0.271454						68
69	ELECTROCARDIOLOGY	0.119196						69
70	ELECTROENCEPHALOGRAPHY	0.396802						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.137129						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.172552						72
73	DRUGS CHARGED TO PATIENTS	0.213123						73
73.10	REHABILITATION SERVICES	0.416820						73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	0.209203						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.529928						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	0.838347						95
97	DURABLE MEDICAL EQUIP-SOLD	0.454504						97
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1  
PART I

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX - I/P [ ] IRF [ ] NF [ ] OTHER

## PART I - ALL PROVIDER COMPONENTS

## INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	49,289	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	49,289	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	7,953	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	34,583	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	24,229	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)	41,963,812	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	41,963,812	27

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	76,117,324	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)	9,046,194	29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	67,071,130	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	0.551304	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)	1,137.46	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	1,939.42	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)	41,963,812	37

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [ ] TITLE XIX - I/P [ ] IRF [ ] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					851.38	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					20,628,086	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)					20,628,086	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)						42
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>						
43	INTENSIVE CARE UNIT	11,356,357	6,982	1,626.52	4,428	7,202,231	43
43.01	NEONATOLOGY/NICU	5,830,617	4,686	1,244.26			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

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					52,244,202	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					80,074,519	49

**PASS-THROUGH COST ADJUSTMENTS**

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					2,790,358	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					4,071,889	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					6,862,247	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					73,212,272	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 (line 56 minus line 53)						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 (line 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

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1  
PARTS III & IV

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX - I/P  IRF  NF  OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					6,753	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					851.38	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					5,749,369	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	4,308,980	41,963,812	0.102683	5,749,369	590,362	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-T183

WORKSHEET D-1  
PART I

CHECK [ ] TITLE V - I/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX - I/P [XX] IRF [ ] NF [ ] OTHER

## PART I - ALL PROVIDER COMPONENTS

## INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	3,684	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	3,684	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	3,684	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	2,006	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)	2,936,790	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	2,936,790	27

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	2,936,790	37

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-T183

WORKSHEET D-1  
PART II

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  TEFRA  
 BOXES:  TITLE XIX - I/P  IRF  OTHER

## PART II - HOSPITALS AND SUBPROVIDERS ONLY

## PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	797.17	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,599,123	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)	1,599,123	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	1,163,339	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	2,762,462	49

## PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	182,747	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	101,648	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	284,395	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	2,478,067	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 (line 56 minus line 53)		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 (line 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

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1  
PART I

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX - I/P  IRF  NF  OTHER

## PART I - ALL PROVIDER COMPONENTS

## INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	49,289	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	49,289	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	7,953	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	34,583	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	4,787	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)	1,681	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	1,448	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)	41,963,812	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	41,963,812	27

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	76,117,324	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)	9,046,194	29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	67,071,130	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	0.551304	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)	1,137.46	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	1,939.42	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)	41,963,812	37

Optimizer Systems, Inc.

**Win LASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [XX] TITLE XIX - I/P [ ] IRF [ ] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					851.38	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					4,075,556	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)					4,075,556	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)	2,003,375	1,681	1,191.78	1,448	1,725,697	42
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>						
43	INTENSIVE CARE UNIT	11,356,357	6,982	1,626.52	888	1,444,350	43
43.01	NEONATOLOGY/NICU	5,830,617	4,686	1,244.26	3,966	4,934,735	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

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					14,398,357	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					26,578,695	49

**PASS-THROUGH COST ADJUSTMENTS**

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,141,038	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					985,490	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					2,126,528	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					24,452,167	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 (line 56 minus line 53)						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 (line 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

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1  
PARTS III & IV

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX - I/P  IRF  NF  OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					6,753	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)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

Optimizer Systems, Inc.

WinLASH

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0183

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] SWING BED NF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS		40,341,805		30
31	INTENSIVE CARE UNIT		14,475,382		31
31.01	NEONATOLOGY/NICU				31.01
41	SUBPROVIDER - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.259352	29,678,041	7,697,059	50
51	RECOVERY ROOM	0.127136	4,478,792	569,416	51
52	DELIVERY ROOM & LABOR ROOM	0.217204	50,541	10,978	52
53	ANESTHESIOLOGY	0.033468	3,892,109	130,261	53
54	RADIOLOGY-DIAGNOSTIC	0.166675	10,778,446	1,796,497	54
56	RADIOISOTOPE	0.086244	1,844,973	159,118	56
57	CT SCAN	0.023542	15,367,585	361,784	57
58	MRI	0.042126	3,229,958	136,065	58
59	CARDIAC CATHETERIZATION	0.163845	14,677,724	2,404,872	59
60	LABORATORY	0.080592	51,054,705	4,114,601	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.087167	25,543,784	2,226,575	65
66	PHYSICAL THERAPY	0.295936	3,464,069	1,025,143	66
67	OCCUPATIONAL THERAPY	0.262738	1,898,833	498,896	67
68	SPEECH PATHOLOGY	0.271454	1,067,408	289,752	68
69	ELECTROCARDIOLOGY	0.119196	3,258,623	388,415	69
70	ELECTROENCEPHALOGRAPHY	0.396802	1,098,322	435,816	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.137129	51,104,744	7,007,942	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.172552	62,065,627	10,709,548	72
73	DRUGS CHARGED TO PATIENTS	0.213123	48,859,373	10,413,056	73
73.10	REHABILITATION SERVICES	0.418092	589,584	246,500	73.10
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.209603	4,711,518	987,548	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.529928	1,197,069	634,360	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
97	DURABLE MEDICAL EQUIP-SOLD	0.454504			97
200	TOTAL (sum of lines 50-94, and 96-98)		339,911,828	52,244,202	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		339,911,828		202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-T183

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] SWING BED NF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [XX] IRF [ ] NF [ ] ICF/MR [ ] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	NEONATOLOGY/NICU				31.01
41	SUBPROVIDER - IRF		2,434,900		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.259352	7,154	1,855	50
51	RECOVERY ROOM	0.127136	494	63	51
52	DELIVERY ROOM & LABOR ROOM	0.217204			52
53	ANESTHESIOLOGY	0.033468			53
54	RADIOLOGY-DIAGNOSTIC	0.166675	84,380	14,064	54
56	RADIOISOTOPE	0.086244	8,858	764	56
57	CT SCAN	0.023542	94,394	2,222	57
58	MRI	0.042126	29,069	1,225	58
59	CARDIAC CATHETERIZATION	0.163845	7,474	1,225	59
60	LABORATORY	0.080592	566,652	45,668	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.087167	253,735	22,117	65
66	PHYSICAL THERAPY	0.295936	1,057,856	313,058	66
67	OCCUPATIONAL THERAPY	0.262738	1,002,055	263,278	67
68	SPEECH PATHOLOGY	0.271454	376,176	102,114	68
69	ELECTROCARDIOLOGY	0.119196	5,344	637	69
70	ELECTROENCEPHALOGRAPHY	0.396802			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.137129	236,687	32,457	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.172552			72
73	DRUGS CHARGED TO PATIENTS	0.213123	1,332,462	283,978	73
73.10	REHABILITATION SERVICES	0.418092	187,948	78,580	73.10
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.209603	164	34	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.529928			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
97	DURABLE MEDICAL EQUIP-SOLD	0.454504			97
200	TOTAL (sum of lines 50-94, and 96-98)		5,250,902	1,163,339	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		5,250,902		202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0183

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] SWING BED NF [ ] TEFRA  
 BOXES: [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS		7,271,351		30
31	INTENSIVE CARE UNIT		2,932,907		31
31.01	NEONATOLOGY/NICU		15,210,750		31.01
41	SUBPROVIDER - IRF				41
43	NURSERY		1,889,111		43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.259352	6,953,278	1,803,347	50
51	RECOVERY ROOM	0.127136	1,083,798	137,790	51
52	DELIVERY ROOM & LABOR ROOM	0.217204	3,325,248	722,257	52
53	ANESTHESIOLOGY	0.033468	1,481,333	49,577	53
54	RADIOLOGY-DIAGNOSTIC	0.166675	2,425,327	404,241	54
56	RADIOISOTOPE	0.086244	336,272	29,001	56
57	CT SCAN	0.023542	3,398,876	80,016	57
58	MRI	0.042126	757,926	31,928	58
59	CARDIAC CATHETERIZATION	0.163845	2,335,425	382,648	59
60	LABORATORY	0.080592	11,066,078	891,837	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.087167	11,868,143	1,034,510	65
66	PHYSICAL THERAPY	0.295936	936,108	277,028	66
67	OCCUPATIONAL THERAPY	0.262738	725,734	190,678	67
68	SPEECH PATHOLOGY	0.271454	753,035	204,414	68
69	ELECTROCARDIOLOGY	0.119196	483,774	57,664	69
70	ELECTROENCEPHALOGRAPHY	0.396802	450,240	178,656	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.137129	10,901,081	1,494,854	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.172552	15,991,164	2,759,307	72
73	DRUGS CHARGED TO PATIENTS	0.213123	15,820,684	3,371,752	73
73.10	REHABILITATION SERVICES	0.418092	171,433	71,675	73.10
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.209603	913,672	191,508	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.529928	63,535	33,669	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
97	DURABLE MEDICAL EQUIP-SOLD	0.454504			97
200	TOTAL (sum of lines 50-94, and 96-98)		92,242,164	14,398,357	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		92,242,164		202

(A) Worksheet A line numbers

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

## CHECK

## APPLICABLE BOX:

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)	11,602,811			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	37,445,851			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)	1			1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	5,865,954			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS				3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	235.50			4
	<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS</b>				
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)(iv) 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
	<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON</b>				
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
	<b>DISPROPORTIONATE SHARE ADJUSTMENT</b>				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0750			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.2248			31
32	SUM OF LINES 30 AND 31	0.2998			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.1395			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	2,924,516			34
	<b>UNCOMPENSATED CARE ADJUSTMENT</b>				
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)		PRIOR TO OCTOBER 1	ON OR AFTER OCTOBER 1	
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)			3,962,258	35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)			2,963,551	35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	2,963,551			36

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK  
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
	<b>ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES</b>				
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
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
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 41.01 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 41.01)				46
47	SUBTOTAL (see instructions)	60,802,683			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)	60,802,683			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	4,780,573			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)				52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)				55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS				57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)				58
59	TOTAL (sum of amounts on lines 49 through 58)	65,583,256			59
60	PRIMARY PAYER PAYMENTS				60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	65,583,256			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,847,232			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	157,056			63
64	ALLOWABLE BAD DEBTS (see instructions)	1,022,790			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	664,814			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	979,649			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	61,243,782			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)	-137,102			70.93
71	AMOUNT DUE PROVIDER (see instructions)	61,106,680			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,222,134			71.01
72	INTERIM PAYMENTS	60,172,804			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-288,258			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

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0183

WORKSHEET E  
PART BCHECK APPLICABLE BOX:  HOSPITAL     IPF     IRF     SUB (OTHER)     SNF

## PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	15,235			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	37,922,195			2
3	PPS PAYMENTS	36,463,958			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)	15,235			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	71,485			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)	71,485			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)	71,485			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	56,250			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)	15,235			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	36,463,958			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	7,604,083			26
27	SUBTOTAL (lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23 (see instructions)	28,875,110			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)	28,875,110			30
31	PRIMARY PAYER PAYMENTS	3,296			31
32	SUBTOTAL (line 30 minus line 31)	28,871,814			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	544,249			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	353,762			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	516,847			36
37	SUBTOTAL (see instructions)	29,225,576			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	29,225,576			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	584,512			40.01
41	INTERIM PAYMENTS	28,289,445			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	351,619			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

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-T183

WORKSHEET E  
PART B

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [XX] IRF [ ] SUB (OTHER) [ ] SNF

## PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	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 instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)				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

Optimizer Systems, Inc.

WinLASH

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-0183

WORKSHEET E-1  
PART I

CHECK  HOSPITAL  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOXES:  IRF  SWING BED SNF

	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		60,172,804		28,289,445	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					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				3.03
		TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		60,172,804		28,289,445	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					5.01
		PROGRAM				5.02
		TO				5.03
		PROVIDER				5.04
						5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		933,876		936,131	6.01
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		61,106,680		29,225,576	7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Optimizer Systems, Inc.

WinLASH

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-T183

WORKSHEET E-1  
PART I

CHECK  HOSPITAL  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOXES:  IRF  SWING BED SNF

	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		2,811,639		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				2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT				3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM				3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM			3.03
		TO			3.04
		PROVIDER			3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
					3.51
		PROVIDER			3.52
		TO			3.53
		PROGRAM			3.54
					3.55
					3.56
					3.57
					3.58
					3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)				3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,811,639		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)				5.01
					5.02
		PROGRAM			5.03
		TO			5.04
		PROVIDER			5.05
					5.06
					5.07
					5.08
					5.09
					5.10
					5.50
					5.51
		PROVIDER			5.52
		TO			5.53
		PROGRAM			5.54
					5.55
					5.56
					5.57
					5.58
					5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		188,906		6.01
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		3,000,545		7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1  
PART II**

CHECK                     HOSPITAL     CAH  
**APPLICABLE BOX:**

## TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	10,986	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	28,657	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,032	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	54,204	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,471,185,420	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	39,500,053	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)	2,308,233	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	46,165	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	2,262,068	10

**INPATIENT HOSPITAL SERVICES UNDER PPS & CAH**

30	INITIAL/INTERIM HIT PAYMENT(S)	2,253,104	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	8,964	32

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-T183

WORKSHEET E-3  
PART III

CHECK [ ] HOSPITAL  
 APPLICABLE [XX] SUBPROVIDER IRF  
 BOX :

## PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	NET FEDERAL PPS PAYMENT (see instructions)	2,678,812		1
2	MEDICARE SSI RATIO (see instructions)	0.071600		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	291,991		3
4	OUTLIER PAYMENTS	65,862		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)	10.093151		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)			11
12	TEACHING ADJUSTMENT (see instructions)			12
13	TOTAL PPS PAYMENT (see instructions)	3,036,665		13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)			14
15	ORGAN ACQUISITION			15
16	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)			16
17	SUBTOTAL (see instructions)	3,036,665		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	3,036,665		19
20	DEDUCTIBLES	13,152		20
21	SUBTOTAL (line 19 minus line 20)	3,023,513		21
22	COINSURANCE	22,968		22
23	SUBTOTAL (line 21 minus line 22)	3,000,545		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)	3,000,545		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet 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)	3,000,545		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	60,011		32.01
33	INTERIM PAYMENTS	2,811,639		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	128,895		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

Optimizer Systems, Inc.

WinLASH

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0183

WORKSHEET E-3  
PART VII

CHECK  TITLE V                     HOSPITAL                     NF                     PPS  
 APPLICABLE  TITLE XIX                     SUB (OTHER)                     ICF/MR                     TEFRA  
 BOXES:                     SNF                     OTHER

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
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
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	27,304,119		8
9	ANCILLARY SERVICE CHARGES	92,242,164		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)	119,546,283		12
	<b>CUSTOMARY CHARGES</b>			
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	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	119,546,283		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	119,546,283		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
	<b>PROSPECTIVE PAYMENT AMOUNT</b>			
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
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
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 Worksheet 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

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## BALANCE SHEET

## WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	CASH ON HAND AND IN BANKS	71,551,454				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	120,587,548				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-58,513,000				6
7	INVENTORY	10,597,836				7
8	PREPAID EXPENSES	7,823,969				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	152,047,807				11
<b>FIXED ASSETS</b>						
12	LAND	3,565,168				12
13	LAND IMPROVEMENTS	8,161,855				13
14	ACCUMULATED DEPRECIATION	-5,790,485				14
15	BUILDINGS	218,382,890				15
16	ACCUMULATED DEPRECIATION	-62,914,209				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT	103,951,339				19
20	ACCUMULATED DEPRECIATION	-54,126,626				20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	136,445,752				23
24	ACCUMULATED DEPRECIATION	-83,516,318				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)	264,159,366				30
<b>OTHER ASSETS</b>						
31	INVESTMENTS	391,354,170				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	5,218,081				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	396,572,251				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	812,779,424				36
<b>LIABILITIES AND FUND BALANCES</b>						
	(Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	ACCOUNTS PAYABLE	21,395,953				37
38	SALARIES, WAGES & FEES PAYABLE	27,651,533				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	41,824,067				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	90,871,553				45
<b>LONG TERM LIABILITIES</b>						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	198,890,478				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	198,890,478				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	289,762,031				51
<b>CAPITAL ACCOUNTS</b>						
52	GENERAL FUND BALANCE	523,017,393				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					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)	523,017,393				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	812,779,424				60

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCES AT BEGINNING OF PERIOD		453,855,646		
2	NET INCOME (loss) (from Worksheet G-3, line 29)		69,161,747		
3	TOTAL (sum of line 1 and line 2)		523,017,393		
4	ADDITIONS (credit adjustments)				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS (sum of lines 4-9)				
11	SUBTOTAL (line 3 plus line 10)		523,017,393		
12	DEDUCTIONS (debit adjustments)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS (sum of lines 12-17)				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		523,017,393		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCES AT BEGINNING OF PERIOD				
2	NET INCOME (loss) (from Worksheet G-3, line 29)				
3	TOTAL (sum of line 1 and line 2)				
4	ADDITIONS (credit adjustments)				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS (sum of lines 4-9)				
11	SUBTOTAL (line 3 plus line 10)				
12	DEDUCTIONS (debit adjustments)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS (sum of lines 12-17)				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)				

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

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	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	HOSPITAL	93,079,165		93,079,165	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF	4,217,250		4,217,250	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)	97,296,415		97,296,415	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	INTENSIVE CARE UNIT	33,051,453		33,051,453	11
11.01	NEONATOLOGY/NICU	23,312,610		23,312,610	11.01
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	56,364,063		56,364,063	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	153,660,478		153,660,478	17
18	ANCILLARY SERVICES	618,635,504		618,635,504	18
19	OUTPATIENT SERVICES		792,082,025	792,082,025	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		1,855,613	1,855,613	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	772,295,982	793,937,638	1,566,233,620	28

**PART II - OPERATING EXPENSES**

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		394,103,565	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 Worksheet G-3, line 4)		394,103,565	43

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## STATEMENT OF REVENUES AND EXPENSES

## WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	1,566,233,620	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,161,067,700	2
3	NET PATIENT REVENUES (line 1 minus line 2)	405,165,920	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	394,103,565	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	11,062,355	5

## OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,890,631	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	1,359,719	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	9,458	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	975	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)	2,113,882	24
24.01	OTHER (WELLNESS)		24.01
24.02	OTHER (MISC)	5,605,639	24.02
24.03	OTHER (OTHER: RETAIL PHARMACY)	5,344,096	24.03
24.04	OTHER (MEDICAL OFFICE BUILDING)	333,334	24.04
24.05	OTHER (GAIN ON INVESTMENTS)	41,764,922	24.05
25	TOTAL OTHER INCOME (sum of lines 6-24)	58,422,656	25
26	TOTAL (line 5 plus line 25)	69,485,011	26
27	OTHER EXPENSES (LOSS ON SALE OF FIXED ASSETS)	323,264	27
27.01	OTHER EXPENSES (LOSS ON INVESTMENTS)		27.01
28	TOTAL OTHER EXPENSES (sum of line 27 and subscripts)	323,264	28
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	69,161,747	29

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7515

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
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	144,010	27,821			48,228	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	SKILLED NURSING CARE	455,065	125,949	37,816			6
7	PHYSICAL THERAPY	196,614	54,427	21,006			7
8	OCCUPATIONAL THERAPY	21,114	5,844	1,758			8
9	SPEECH PATHOLOGY	8,497	2,351	1,501			9
10	MEDICAL SOCIAL SERVICES						10
11	HOME HEALTH AIDE	2,078	575	1,810			11
12	SUPPLIES (see instructions)					12,242	12
13	DRUGS						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
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)	827,378	216,967	63,891		60,470	24

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7515

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	<b>GENERAL SERVICE COST CENTER</b>						
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	220,059		220,059		220,059	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	SKILLED NURSING CARE	618,830	127	618,957		618,957	6
7	PHYSICAL THERAPY	272,047		272,047		272,047	7
8	OCCUPATIONAL THERAPY	28,716		28,716		28,716	8
9	SPEECH PATHOLOGY	12,349		12,349		12,349	9
10	MEDICAL SOCIAL SERVICES						10
11	HOME HEALTH AIDE	4,463		4,463		4,463	11
12	SUPPLIES (see instructions)	12,242		12,242		12,242	12
13	DRUGS						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
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)	1,168,706	127	1,168,833		1,168,833	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.

## Optimizer Systems, Inc.

**WinLASH**

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7515

WORKSHEET H-1  
PART I

	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
	0	1	2	3	
<b>GENERAL SERVICE COST CENTER</b>					
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	220,059				5
<b>HHA REIMBURSABLE SERVICES</b>					
6 SKILLED NURSING CARE	618,957				6
7 PHYSICAL THERAPY	272,047				7
8 OCCUPATIONAL THERAPY	28,716				8
9 SPEECH PATHOLOGY	12,349				9
10 MEDICAL SOCIAL SERVICES					10
11 HOME HEALTH AIDE	4,463				11
12 SUPPLIES (see instructions)	12,242				12
13 DRUGS					13
14 DME					14
<b>HHA NONREIMBURSABLE SERVICES</b>					
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)	1,168,833				24

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7515

WORKSHEET H-1  
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	<b>GENERAL SERVICE COST CENTER</b>					
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		220,059	220,059		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	SKILLED NURSING CARE		618,957	143,562	762,519	6
7	PHYSICAL THERAPY		272,047	63,099	335,146	7
8	OCCUPATIONAL THERAPY		28,716	6,660	35,376	8
9	SPEECH PATHOLOGY		12,349	2,864	15,213	9
10	MEDICAL SOCIAL SERVICES					10
11	HOME HEALTH AIDE		4,463	1,035	5,498	11
12	SUPPLIES (see instructions)		12,242	2,839	15,081	12
13	DRUGS					13
14	DME					14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
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)		1,168,833		1,168,833	24

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-1  
PART II

		CAPITAL RELATED COSTS				RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)			
		1	2	3	4	5A	5	
	<b>GENERAL SERVICE COST CENTER</b>							
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					-220,059	948,774	5
	<b>HHA REIMBURSABLE SERVICES</b>							
6	SKILLED NURSING CARE						618,957	6
7	PHYSICAL THERAPY						272,047	7
8	OCCUPATIONAL THERAPY						28,716	8
9	SPEECH PATHOLOGY						12,349	9
10	MEDICAL SOCIAL SERVICES							10
11	HOME HEALTH AIDE						4,463	11
12	SUPPLIES (see instructions)						12,242	12
13	DRUGS							13
14	DME							14
	<b>HHA NONREIMBURSABLE SERVICES</b>							
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)					-220,059	948,774	24
25	COST TO BE ALLOC (per Worksheet H-1, Part I)						220,059	25
26	UNIT COST MULTIPLIER						0.231940	26

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
1	ADMINISTRATIVE AND GENERAL		30,306	269	5,451	5,679	78,675	1
2	SKILLED NURSING CARE	762,519			17,214			2
3	PHYSICAL THERAPY	335,146			7,438			3
4	OCCUPATIONAL THERAPY	35,376			799			4
5	SPEECH PATHOLOGY	15,213			321			5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE	5,498			79			7
8	SUPPLIES	15,081						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	TOTALS (sum of lines 1-19)(2)	1,168,833	30,306	269	31,302	5,679	78,675	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	PURCHASING	ADMITTING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	ADMINISTRATIVE AND GENERAL	1,154			121,534	15,095	11,174	1
2	SKILLED NURSING CARE				779,733	96,842		2
3	PHYSICAL THERAPY				342,584	42,549		3
4	OCCUPATIONAL THERAPY				36,175	4,493		4
5	SPEECH PATHOLOGY				15,534	1,929		5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE				5,577	693		7
8	SUPPLIES				15,081	1,873		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	TOTALS (sum of lines 1-19)(2)	1,154			1,316,218	163,474	11,174	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	7.10	8	9	10	11	
1	ADMINISTRATIVE AND GENERAL	19,724			12,506		14,817	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
20	TOTALS (sum of lines 1-19)(2)	19,724			12,506		14,817	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12	13	13.10	14	15	16	
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
20	TOTALS (sum of lines 1-19)(2)							20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	SOCIAL SERVICE	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (sum of col.4A-23)	ALLOCATED HHA A&G (see Pt.2)	TOTAL HHA COSTS	
		17	24	25	26	27	28	
1	ADMINISTRATIVE AND GENERAL		194,850		194,850			1
2	SKILLED NURSING CARE		876,575		876,575	127,171	1,003,746	2
3	PHYSICAL THERAPY		385,133		385,133	55,875	441,008	3
4	OCCUPATIONAL THERAPY		40,668		40,668	5,900	46,568	4
5	SPEECH PATHOLOGY		17,463		17,463	2,534	19,997	5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE		6,270		6,270	910	7,180	7
8	SUPPLIES		16,954		16,954	2,460	19,414	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	TOTALS (sum of lines 1-19)(2)		1,537,913		1,537,913	194,850	1,537,913	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.					0.145079		21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

**Win LASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNI- CATIONS  NUMBER OF PHONES	DATA PROCESSING  WORK ORDER S	PURCHASING  COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
1	ADMINISTRATIVE AND GENERAL	14,215	266	144,088	22	38	109,532	1
2	SKILLED NURSING CARE			455,065				2
3	PHYSICAL THERAPY			196,614				3
4	OCCUPATIONAL THERAPY			21,114				4
5	SPEECH PATHOLOGY			8,497				5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE			2,078				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	TOTALS (sum of lines 1-19)	14,215	266	827,456	22	38	109,532	20
21	TOTAL COST TO BE ALLOCATED	30,306	269	31,302	5,679	78,675	1,154	21
22	UNIT COST MULTIPLIER	2.131973		0.037829		2,070.394737		22
22	UNIT COST MULTIPLIER		1.011278		258.136364		0.010536	22

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-2  
PART II

	HHA COST CENTER	ADMITTING  GROSS CHARGES	CREDIT & COLLECTION  GROSS CHARGES	RECON-CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	
		5.04	5.05	4A.06	5.06	6	7	
1	ADMINISTRATIVE AND GENERAL				121,534	14,215	14,215	1
2	SKILLED NURSING CARE				779,733			2
3	PHYSICAL THERAPY				342,584			3
4	OCCUPATIONAL THERAPY				36,175			4
5	SPEECH PATHOLOGY				15,534			5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE				5,577			7
8	SUPPLIES				15,081			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	TOTALS (sum of lines 1-19)				1,316,218	14,215	14,215	20
21	TOTAL COST TO BE ALLOCATED				163,474	11,174	19,724	21
22	UNIT COST MULTIPLIER					0.786071		22
22	UNIT COST MULTIPLIER				0.124200		1.387548	22

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-2  
PART II

	HHA COST CENTER	SPD SOILED PROCESSING HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING  SQ	DIETARY  MEALS SERVED	CAFETERIA  HOURS	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7.10	8	9	10	11	12	
1	ADMINISTRATIVE AND GENERAL			14,215		23,117		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	TOTALS (sum of lines 1-19)			14,215		23,117		20
21	TOTAL COST TO BE ALLOCATED			12,506		14,817		21
22	UNIT COST MULTIPLIER			0.879775		0.640957		22
22	UNIT COST MULTIPLIER							22

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-2  
PART II

	HHA COST CENTER	NURSING ADMINISTRATION HOURS OF SERVICE	SPD STERILE PROCESSING SURVEY	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CASES	
		13	13.10	14	15	16	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	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22

Optimizer Systems, Inc.

**Win L A S H**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-2  
PART II

	HHA COST CENTER						
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	TOTALS (sum of lines 1-19)						20
21	TOTAL COST TO BE ALLOCATED						21
22	UNIT COST MULTIPLIER						22
22	UNIT COST MULTIPLIER						22

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 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								
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PER VISIT (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1,003,746		1,003,746	3,678	272.91	1
2	PHYSICAL THERAPY	3	441,008		441,008	2,043	215.86	2
3	OCCUPATIONAL THERAPY	4	46,568		46,568	171	272.33	3
4	SPEECH PATHOLOGY	5	19,997		19,997	146	136.97	4
5	MEDICAL SOCIAL SERVICES	6						5
6	HOME HEALTH AIDE	7	7,180		7,180	176	40.80	6
7	TOTAL (sum of lines 1-6)		1,518,499		1,518,499	6,214		7

LIMITATION COST COMPUTATION						
	PATIENT SERVICES	CBSA NO.	PART A	PROGRAM VISITS		
				NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
		1	2	3	4	
8	SKILLED NURSING CARE	99926	468	1,845		8
9	PHYSICAL THERAPY	99926	232	1,101		9
10	OCCUPATIONAL THERAPY	99926	28	91		10
11	SPEECH PATHOLOGY	99926	7	99		11
12	MEDICAL SOCIAL SERVICES	99926				12
13	HOME HEALTH AIDE	99926	37	103		13
14	TOTAL (sum of lines 8-13)		772	3,239		14

SUPPLIES AND DRUGS COSTS COMPUTATIONS								
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	19,414		19,414	189,292	0.102561	15
16	COST OF DRUGS	9						16

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

		FROM WKST. C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (from provider records)	HHA SHARED ANCILLARY COSTS (col. 1 x col. 2)	TRANSFER TO PART I AS INDICATED	
			1	2	3	4	
1	PHYSICAL THERAPY	66	0.295936			col. 2, line 2	1
2	OCCUPATIONAL THERAPY	67	0.262738			col. 2, line 3	2
3	SPEECH PATHOLOGY	68	0.271454			col. 2, line 4	3
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.137129			col. 2, line 15	4
5	DRUGS CHARGED TO PATIENTS	73	0.213123			col. 2, line 16	5
5.10	REHABILITATION SERVICES	73.10	0.416820			col. 2, line 16	5.10

Optimizer Systems, Inc.

**Win LASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 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		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (sum of cols 9-10)	
		PART B			PART B				
PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE			
	6	7	8	9	10	11	12		
1 SKILLED NURSING CARE	468	1,845		127,722	503,519		631,241	1	
2 PHYSICAL THERAPY	232	1,101		50,080	237,662		287,742	2	
3 OCCUPATIONAL THERAPY	28	91		7,625	24,782		32,407	3	
4 SPEECH PATHOLOGY	7	99		959	13,560		14,519	4	
5 MEDICAL SOCIAL SERVICES								5	
6 HOME HEALTH AIDE	37	103		1,510	4,202		5,712	6	
7 TOTAL (sum of lines 1-6)	772	3,239		187,896	783,725		971,621	7	

SUPPLIES AND DRUGS COSTS COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES			
		PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
	6	7	8	9	10	11		
15 COST OF MEDICAL SUPPLIES							15	
16 COST OF DRUGS							16	

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 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	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	
		1	2	3
	REASONABLE COST OF PART A & PART B SERVICES			
1	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

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A	PART B	
		SERVICES	SERVICES	
		1	2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	113,545	525,586	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2,681	3,512	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	4,949	21,348	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES		2,842	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	416	88	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)	121,591	553,376	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	121,591	553,376	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	121,591	553,376	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)	121,591	553,376	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	121,591	553,376	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	2,432	11,068	31.01
32	INTERIM PAYMENTS (see instructions)	119,159	542,308	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

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

**ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES**

HHA CCN: 26-7515

WORKSHEET H-5

			PART A		PART B		
DESCRIPTION			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			119,159		542,308	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						2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01				3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)		.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
			.10				3.10
			.50				3.50
			.51				3.51
		PROVIDER	.52				3.52
		TO	.53				3.53
		PROGRAM	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99				3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)			119,159		542,308	4
<b>TO BE COMPLETED BY CONTRACTOR</b>							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)		.01				5.01
			.02				5.02
		PROGRAM	.03				5.03
		TO	.04				5.04
		PROVIDER	.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		PROVIDER	.52				5.52
		TO	.53				5.53
		PROGRAM	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		.01	2,432		11,068	6.01
			.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			121,591		553,376	7
8	NAME OF CONTRACTOR		CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 26-0183

WORKSHEET L

CHECK  TITLE V  HOSPITAL  PPS  
 APPLICABLE  TITLE XVIII, PART A  SUB (OTHER)  COST METHOD  
 BOXES:  TITLE XIX

## PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	3,888,448	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	648,708	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	148.50	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0750	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.2248	8
9	SUM OF LINES 7 AND 8	0.2998	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0626	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	243,417	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	4,780,573	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 (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (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 (from prior year Worksheet 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

## Optimizer Systems, Inc.

## WinLASH

## Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	--------------------------------	--	---

## CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 26-0183

WORKSHEET L

CHECK  TITLE V  HOSPITAL  PPS  
 APPLICABLE  TITLE XVIII, PART A  SUB (OTHER)  COST METHOD  
 BOXES:  TITLE XIX

## PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER		1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS		2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
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 (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet 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 the sum of lines 1 and 1.01)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 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 (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (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 (from prior year Worksheet 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

Optimizer Systems, Inc.

WinLASH

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
31.01	NEONATOLOGY/NICU						31.01
41	SUBPROVIDER - IRF						41
43	NURSERY						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
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
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD						97
101	HOME HEALTH AGENCY						101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	INTEREST EXPENSE						113
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	FITNESS CENTER						194
194.0	RETAIL PHARMACY						194.0
1							1
194.0	GARDEN VIEW DELI						194.0
2							2
194.0	MEDICAL OFFICE BLDG						194.0
3							3

Optimizer Systems, Inc.

**WinLASH**

Micro System

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 16:59 Version: 2014.10
---	---------------------------------------	--	---

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
194.04	PHYSICIAN SERVICES						194.04
194.05	ENDOCRINOLOGIST						194.05
194.06	HOSPITALIST						194.06
194.07	NEONATOLOGY PHYSICIANS						194.07
194.08	ANESTHESIOLOGISTS						194.08
194.09	PHYSICIAN CARDIOLOGIST						194.09
194.10	PHYSICIAN ONCOLOGIST						194.10
194.11	PERINATOLOGY						194.11
194.12	TRAUMA PHYSICIANS						194.12
194.13	LANDMARK HOSPITAL						194.13
194.14	GYN SURG ONCOLOGIST						194.14
194.15	CAPE GASTROENTEROLOGY						194.15
194.16	CAPE PHYSICIAN ASSOCIATES						194.16
194.17	NONPATIENT MEALS						194.17
194.18	BEAUTY SHOP						194.18
194.19	MARKETING COSTS						194.19
194.20	CAPE PRIMARY CARE						194.20
194.21	CAPE CARE FOR WOMEN						194.21
194.22	JACKSON FAMILY CLINIC						194.22
194.23	CAPE MEDICAL GROUP						194.23
194.24	CAPE ENT GROUP						194.24
194.25	CHARLESTON FAMILY CARE						194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS						194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR						194.27
194.28	HOSPICE						194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON						194.29
194.30	JACKSON PHYSICIAN ASSOCIATES						194.30
194.31	PHYSICIANS PARK PRIMARY CARE						194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI						194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES						194.33
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202