

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

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED
USE ONLY: [] DESK REVIEWED

DATE RECEIVED _____ [] INITIAL []
INTERMEDIARY NO. _____ [] FINAL [] RE-OPENING
MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT FRANCIS MEDICAL CENTER (26-0183) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
	1	PART A	PART B	4	
1	HOSPITAL	2	3		1
2	SUBPROVIDER I	711562	113333		2
3	SWING BED - SNF	225792			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	937354	113333		100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09
11/15/2010 14:53

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 211 ST. FRANCIS DRIVE

1.01 CITY: CAPE GIRARDEAU

STATE: MO

P.O.BOX:

ZIP CODE: 63703

COUNTY: CAPE GIRARDEAU

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:			PROVIDER	DATE	PAYMENT SYSTEM			
COMPONENT	COMPONENT NAME	NUMBER	CERTIFIED	(P,T,O OR N)	V	XVIII	XIX	
0	1	2	3		4	5	6	
2	HOSPITAL	SAINT FRANCIS MEDICAL CENTER	26-0183	07/01/1966	N	P	P	2
3	SUBPROVIDER I	REHAB UNIT	26-T183	07/01/1988	N	P	N	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	HOME HEALTH AGENCY	26-7515	08/08/1996	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2009	TO: 06/30/2010				17
18	TYPE OF CONTROL							18
TYPE OF HOSPITAL/SUBPROVIDER								
19	HOSPITAL			1				19
20	SUBPROVIDER I			5				20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 16020	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			2				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO		NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			YES				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO	25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO	25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO	25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO	25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO	25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.		26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.		28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st		28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.		28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00 NO	28.03
28.04	RECRUITMENT	0.00 NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00 NO	28.05
28.06	TRAINING	0.00 NO	28.06
28.07	OTHER (SPECIFY)	NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)		30.03
30.04	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. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO	31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO		35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	V 1	XVIII 2	XIX 3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?					37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES		40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:		P.O.BOX:	40.02
40.03	CITY:		STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 1448151	PAID LOSSES:		AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4				
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.						56			
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO	NO			58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60			
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01			
MULTICAMPUS										
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61			
	COUNTY:	1	STATE:	2	ZIP CODE	3	CBSA	4	FTE/ CAMPUS	5
SETTLEMENT DATA										
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	10/05/2010				63		

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PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09
 11/15/2010 14:53

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT		TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL.		5689	1955	10375	1
	SWING BED, OBSERV & HOSPICE DAYS					
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS -					3
	SWING BED SNF					
4	HOSPITAL ADULTS & PEDS -					4
	SWING BED NF					
5	TOTAL ADULTS & PEDS					5
	EXCL OBSERVATION BEDS					
6	INTENSIVE CARE UNIT					6
6.01	NEONATOLOGY/NICU					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		5689	1955	10375	12
13	RPCH VISITS					13
14	SUBPROVIDER I		223		316	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	113723033		113723033	3579364.00	31.77		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	21746		21746	131.00	166.00		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	3160836		3160836	22413.00	141.03		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	26252522	1042850	27295372	512439.00	53.27		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	57287		57287	1980.00	28.93		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'	30000		30000	2080.00	14.42		9.03
10	CONTRACT LABOR: PHYSICIAN PART A	65178		65178	547.00	119.16		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	26135512		26135512			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	4683741		4683741			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	2566		2566			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	438945		438945			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	726706	538	727244	23321.00	31.18		21
22	ADMINISTRATIVE & GENERAL	10225728	-988702	9237026	313292.00	29.48		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	563437		563437	2897.00	194.49		22.01
23	MAINTENANCE & REPAIRS	1961460	-334288	1627172	107446.00	15.14		23
24	OPERATION OF PLANT	533926	296	534222	26797.00	19.94		24
25	LAUNDRY & LINEN SERVICE	598380	102	598482	40072.00	14.94		25
26	HOUSEKEEPING	1688236	769	1689005	117303.00	14.40		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1784663	158	1784821	110914.00	16.09		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1888460	1279	1889739	69717.00	27.11		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1340960	630	1341590	68017.00	19.72		33
34	SOCIAL SERVICE	326498	167	326665	12505.00	26.12		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
1		1	2	3	4	5	
1	NET SALARIES	111125634		111125634	3559848.00	31.22	1
2	EXCLUDED AREA SALARIES	26252522	1042850	27295372	512439.00	53.27	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	84873112	-1042850	83830262	3047409.00	27.51	3
4	SUBTOTAL OTHER WAGES & REL COSTS	152465		152465	4607.00	33.09	4
5	SUBTOTAL WAGE-RELATED COSTS	26138078		26138078		31.18%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	111163655	-1042850	110120805	3052016.00	36.08	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	21638454	-1319051	20319403	892281.00	22.77	13

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 26-7515

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		13		1	14	1
2 UNDUPLICATED CENSUS COUNT		285.00		282.00	567.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)		1.04		1.04	4
5 OTHER ADMINISTRATIVE PERSONNEL		.91		.91	5
6 DIRECT NURSING SERVICE		5.68		5.68	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE		2.02		2.02	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE		.12		.12	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE		.04		.04	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE					14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE		.01		.01	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY MSA CODES

19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	1	19
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	9926		99926		20

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 26-7515

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

		FULL EPISODES WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
21	SKILLED NURSING VISITS	1511	116	148	35			1810	21
22	SKILLED NURSING VISIT CHARGES	349031	30640	35093	8120			422884	22
23	PHYSICAL THERAPY VISITS	1491		36	34			1561	23
24	PHYSICAL THERAPY VISIT CHARGES	342639		8267	8816			359722	24
25	OCCUPATIONAL THERAPY VISITS	85		3				88	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	20353		662				21015	26
27	SPEECH PATHOLOGY VISITS	40		1				41	27
28	SPEECH PATHOLOGY VISIT CHARGES	14338		645				14983	28
29	MEDICAL SOCIAL SERVICE VISITS								29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES								30
31	HOME HEALTH AIDE VISITS	21						21	31
32	HOME HEALTH AIDE VISIT CHARGES	2564						2564	32
33	TOTAL VISITS	3148	116	188	69			3521	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	728925	30640	44667	16936			821168	35
36	TOTAL NUMBER OF EPISODES	252		68	8			328	36
37	TOTAL NUMBER OF OUTLIER EPISODES		3					3	37
38	TOTAL MEDICAL SUPPLY CHARGES	58216	3240	7123	309			68888	38

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	20320501 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	20320501 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.240239 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	119411561 28
29	TOTAL GROSS MEDICAID COST	28687314 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	40990753 30
31	UNCOMPENSATED CARE COST	9847578 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	28687314 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		309426	309426	44211	353637	-1316	352321	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		7618533	7618533	4612812	12231345	-255638	11975707	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		10358268	10358268	117533	10475801	13503	10489304	4
5	0500 EMPLOYEE BENEFITS	726706	5549216	6275922	245574	6521496		6521496	5
6.01	0610 COMMUNICATIONS	226795	100548	327343	235631	562974	-39856	523118	6.01
6.02	0620 DATA PROCESSING	1365660	1877402	3243062	1747	3244809		3244809	6.02
6.03	0630 PURCHASING	395252	235254	630506	-38774	591732		591732	6.03
6.04	0640 ADMITTING								6.04
6.05	0650 CREDIT & COLLECTIONS	734437	4507533	5241970	1094	5243064		5243064	6.05
6.06	0660 OTHER ADMINISTRATIVE & GENERAL	7503584	64987442	72491026	-12472716	60018310	-31485246	28533064	6.06
7	0700 MAINTENANCE & REPAIRS	1961460	1352611	3314071	-547884	2766187		2766187	7
8	0800 OPERATION OF PLANT	275284	2815769	3091053	289	3091342	-5676	3085666	8
8.10	0801 SPD SOILED PROCESSING	258642	132374	391016	197	391213		391213	8.10
9	0900 LAUNDRY & LINEN SERVICE	598380	594318	1192698	167	1192865		1192865	9
10	1000 HOUSEKEEPING	1688236	978347	2666583	1261	2667844		2667844	10
11	1100 DIETARY	1784663	1787587	3572250	258	3572508	-1110296	2462212	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	1329039	325500	1654539	1018	1655557		1655557	14
14.10	1401 SPD STERILE PROCESSING	559421	456019	1015440	1079	1016519	-205318	811201	14.10
17	1700 MEDICAL RECORDS & LIBRARY	1340960	802325	2143285	1033	2144318	-8263	2136055	17
18	1800 SOCIAL SERVICE	326498	92978	419476	273	419749		419749	18
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	18049019	5559393	23608412	58476	23666888		23666888	25
26	2600 INTENSIVE CARE UNIT	4566944	1313004	5879948	27993	5907941		5907941	26
26.01	2060 NEONATOLOGY/NICU	2837841	1026724	3864565	24337	3888902	-30490	3858412	26.01
31	3100 SUBPROVIDER I	1189660	533089	1722749	3911	1726660	-44184	1682476	31
33	3300 NURSERY	844061	231511	1075572	4839	1080411		1080411	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	7127537	4444325	11571862	72598	11644460		11644460	37
38	3800 RECOVERY ROOM	878799	250766	1129565	5160	1134725		1134725	38
39	3900 DELIVERY ROOM & LABOR ROOM	692516	194063	886579	5537	892116		892116	39
40	4000 ANESTHESIOLOGY	213863	421859	635722	4232	639954		639954	40
41	4100 RADIOLOGY-DIAGNOSTIC	3046270	2669659	5715929	9654	5725583	-67170	5658413	41
42	4200 RADIOLOGY-THERAPEUTIC	502961	547049	1050010		1050010	-378	1049632	42
43	4300 RADIOISOTOPE	252924	180800	433724	100	433824		433824	43
44	4400 LABORATORY	3643149	7315454	10958603	-233207	10725396		10725396	44
44.10	4401 CARDIOVASCULAR LABORATORY	2409954	1151196	3561150	13041	3574191	-4636	3569555	44.10
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	2702658	1466679	4169337	24425	4193762	-80673	4113089	49
50	5000 PHYSICAL THERAPY	1709424	492390	2201814	2477	2204291		2204291	50
51	5100 OCCUPATIONAL THERAPY	729266	211109	940375	592	940967		940967	51
52	5200 SPEECH PATHOLOGY	538414	138541	676955	2401	679356		679356	52
53	5300 ELECTROCARDIOLOGY	689229	790812	1480041	58463	1538504	-417713	1120791	53
54	5400 ELECTROENCEPHALOGRAPHY	612166	517884	1130050	4287	1134337	-254042	880295	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	652586	36348390	37000976	-25065762	11935214		11935214	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				25092446	25092446		25092446	55.30
56	5600 DRUGS CHARGED TO PATIENTS	2616727	11414805	14031532	23863	14055395	-10914	14044481	56
56.10	5601 REHABILITATION SERVICES	2643846	2846723	5490569	17488	5508057	-191093	5316964	56.10
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	8282667	2340109	10622776	54394	10677170	-3609413	7067757	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	6500 AMBULANCE SERVICES		269244	269244		269244		269244	65
67	6700 DURABLE MEDICAL EQUIP-SOLD	152673	867736	1020409	106	1020515		1020515	67
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	721430	300081	1021511	213	1021724		1021724	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		4362619	4362619	-4362619				88
90	9000 OTHER CAPITAL RELATED COSTS		411937	411937	-411937				90
95	SUBTOTALS	89381601	193499401	282881002	-12357689	270523313	-37808812	232714501	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
100	7950 FITNESS CENTER	1196936	578737	1775673	3807	1779480		1779480	100
100.01	7951 RETAIL PHARMACY	604319	4426462	5030781	122	5030903		5030903	100.01
100.02	7952 GARDEN VIEW DELI	77398	163965	241363		241363		241363	100.02

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
 11/15/2010 14:53

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
100.03 7953 MEDICAL OFFICE BLDG							100.03	
100.04 7954 PHYSICIAN SERVICES	2694980	367361	3062341	1552	3063893		3063893	100.04
100.05 7955 ENDOCRINOLOGIST	824548	230345	1054893	1255	1056148		1056148	100.05
100.06 7956 HOSPITALIST	3229921	834741	4064662	4117	4068779		4068779	100.06
100.07 7957 NEONATOLOGY PHYSICIANS	1127828	182640	1310468	91	1310559		1310559	100.07
100.08 7958 ANESTHESIOLOGISTS	3062771	5174258	8237029	760	8237789		8237789	100.08
100.09 7959 PHYSICIAN CARDIOLOGIST								100.09
100.10 7960 PHYSICIAN ONCOLOGIST	2498442	7084612	9583054	2827	9585881		9585881	100.10
100.11 7961 PERINATOLOGY	482506	93876	576382	662	577044		577044	100.11
100.12 7962 TRAUMA PHYSICIANS	935502	554732	1490234	258	1490492		1490492	100.12
100.13 7963 LANDMARK HOSPITAL				17755	17755		17755	100.13
100.14 7964 GYN SURG ONCOLOGIST	582226	127989	710215	213	710428		710428	100.14
100.15 7965 CAPE GASTROENTEROLOGY	2512414	387147	2899561	1230	2900791		2900791	100.15
100.16 7966 CAPE PHYSICIAN ASSOCIATES	4498950	5742230	10241180	10477	10251657		10251657	100.16
100.17 7967 NONPATIENT MEALS								100.17
100.18 7968 BEAUTY SHOP								100.18
100.19 7969 MARKETING COSTS				12310664	12310664		12310664	100.19
100.20 7970 CAPE PRIMARY CARE	12691	6539	19230	1899	21129		21129	100.20
101 TOTAL	113723033	219455035	333178068		333178068	-37808812	295369256	101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	----- INCREASE -----			
		1	COST CENTER	LINE #	SALARY	OTHER
			2	3	4	5
1	RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		244693 1
2		A				2
3	RECLASS INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		4362619 3
4	RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	6.01		232640 4
5	RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	6.06	38789	5
6	RECLASS MARKETING COST	E	MARKETING COSTS	100.19	1011670	11298994 6
7	RECLASS BIOMED	F	EMPLOYEE BENEFITS	5	538	343 7
8		F	COMMUNICATIONS	6.01	1824	1167 8
9		F	DATA PROCESSING	6.02	1066	681 9
10		F	PURCHASING	6.03	9	6 10
11		F				11
12		F	CREDIT & COLLECTIONS	6.05	667	427 12
13		F	OTHER ADMINISTRATIVE & GENERA	6.06	19402	12397 13
14		F	MAINTENANCE & REPAIRS	7	50881	32511 14
15		F	OPERATION OF PLANT	8	176	113 15
16		F	SPD SOILED PROCESSING	8.10	120	77 16
17		F	LAUNDRY & LINEN SERVICE	9	102	65 17
18		F	HOUSEKEEPING	10	769	492 18
19		F	DIETARY	11	158	100 19
20		F	NURSING ADMINISTRATION	14	621	397 20
21		F	SPD STERILE PROCESSING	14.10	658	421 21
22		F	MEDICAL RECORDS & LIBRARY	17	630	403 22
23		F	SOCIAL SERVICE	18	167	106 23
24		F	ADULTS & PEDIATRICS	25	51621	32983 24
25		F	INTENSIVE CARE UNIT	26	19840	12677 25
26		F	NEONATOLOGY/NICU	26.01	14849	9488 26
27		F	SUBPROVIDER I	31	2488	1590 27
28		F	NURSERY	33	2953	1886 28
29		F	OPERATING ROOM	37	51328	32796 29
30		F	RECOVERY ROOM	38	3149	2011 30
31		F	DELIVERY ROOM & LABOR ROOM	39	3378	2159 31
32		F	ANESTHESIOLOGY	40	2582	1650 32
33		F	RADIOLOGY-DIAGNOSTIC	41	5686	3633 33
34		F	RADIOLOGY-DIAGNOSTIC	41	278	178 34
35		F	RADIOISOTOPE	43	61	39 35
36	SUBTOTAL				1286460	16289742 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	-----	DECREASE	-----		WKST A-7
		1	COST CENTER	LINE #	SALARY	OTHER	REF.
			6	7	8	9	10
1	RECLASS EMPLOYEE BENEFITS	A	RADIOLOGY-DIAGNOSTIC	41		121	1
2		A	LABORATORY	44		244572	2
3	RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	88		4362619	11 3
4	RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	6.06		232640	4
5	RECLASS MAIL CLERK	D	PURCHASING	6.03	38789		5
6	RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	6.06	1011670	11298994	6
7	RECLASS BIOMED	F					7
8		F					8
9		F					9
10		F					10
11		F					11
12		F					12
13		F					13
14		F					14
15		F					15
16		F					16
17		F					17
18		F					18
19		F					19
20		F					20
21		F					21
22		F					22
23		F					23
24		F					24
25		F					25
26		F					26
27		F					27
28		F					28
29		F					29
30		F					30
31		F					31
32		F					32
33		F					33
34		F					34
35		F					35
36	SUBTOTAL				1050459	16138946	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
1		2	3	4	5
1	F	LABORATORY	44	6934	4431 1
2	F	CARDIOVASCULAR LABORATORY	44.10	8287	5295 2
3	F	RESPIRATORY THERAPY	49	14902	9523 3
4	F	PHYSICAL THERAPY	50	1511	966 4
5	F	OCCUPATIONAL THERAPY	51	361	231 5
6	F	SPEECH PATHOLOGY	52	1465	936 6
7	F	ELECTROCARDIOLOGY	53	3482	2224 7
8	F	ELECTROENCEPHALOGRAPHY	54	2616	1671 8
9	F	MEDICAL SUPPLIES CHARGED TO P	55	16281	10403 9
10	F	DRUGS CHARGED TO PATIENTS	56	14560	9303 10
11	F	REHABILITATION SERVICES	56.10	10670	6818 11
12	F	EMERGENCY	61	39211	25054 12
13	F	DURABLE MEDICAL EQUIP-SOLD	67	65	41 13
14	F	HOME HEALTH AGENCY	71	130	83 14
15	F	FITNESS CENTER	100	2323	1484 15
16	F	RETAIL PHARMACY	100.01	74	48 16
17	F				17
18	F	PHYSICIAN SERVICES	100.04	947	605 18
19	F	ENDOCRINOLOGIST	100.05	766	489 19
20	F	HOSPITALIST	100.06	2512	1605 20
21	F	NEONATOLOGY PHYSICIANS	100.07	56	35 21
22	F	ANESTHESIOLOGISTS	100.08	463	297 22
23	F	PHYSICIAN ONCOLOGIST	100.10	1725	1102 23
24	F	PERINATOLOGY	100.11	404	258 24
25	F	TRAUMA PHYSICIANS	100.12	158	100 25
26	F	LANDMARK HOSPITAL	100.13	10833	6922 26
27	F	GYN SURG ONCOLOGIST	100.14	130	83 27
28	F	CAPE GASTROENTEROLOGY	100.15	751	479 28
29	F	CAPE PHYSICIAN ASSOCIATES	100.16	6392	4085 29
30	F	CAPE PRIMARY CARE	100.20	1159	740 30
31	H	ELECTROCARDIOLOGY	53	42757	10000 31
32	H				32
33	H				33
34	H				34
35	H				35
36		SUBTOTAL		1478385	16395053 36

RECLASSIFICATIONS

WORKSHEET A-6

PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	F					1
2	F					2
3	F					3
4	F					4
5	F					5
6	F					6
7	F					7
8	F					8
9	F					9
10	F					10
11	F					11
12	F					12
13	F					13
14	F					14
15	F					15
16	F					16
17	F					17
18	F					18
19	F					19
20	F					20
21	F					21
22	F					22
23	F					23
24	F					24
25	F					25
26	F					26
27	F					27
28	F					28
29	F					29
30	F	MAINTENANCE & REPAIRS	7	385169	246107	30
31 RECLASS EKG COSTS	H					31
32	H	ADULTS & PEDIATRICS	25	21041	5087	32
33	H	INTENSIVE CARE UNIT	26	3716	808	33
34	H	SUBPROVIDER I	31	131	36	34
35	H	OPERATING ROOM	37	9178	2348	35
36 SUBTOTAL				1469694	16393332	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
			COST CENTER	LINE #	SALARY	OTHER
2			2	3	4	5
1		H				1
2		H				2
3	RECLASS IMP. DEVICES CHARGED	I	IMPL. DEV. CHARGED TO PATIENT	55.30	391552	24700894
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS				1869937	41095947

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	-----	DECREASE	-----		WKST A-7
		1	COST CENTER	LINE #	SALARY	OTHER	REF.
			6	7	8	9	10
1		H	CARDIOVASCULAR LABORATORY	44.10	432	109	1
2		H	EMERGENCY	61	8259	1612	2
3	RECLASS IMP. DEVICES CHARGED	I	MEDICAL SUPPLIES CHARGED TO P	55	391552	24700894	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				1869937	41095947	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	64377					64377		1
2 LAND IMPROVEMENTS	1849079					1849079	1717592	2
3 BUILDINGS AND FIXTURES	16874649					16874649	5466940	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	14655432					14655432	14599266	5
6 MOVABLE EQUIPMENT	2502137				279055	2223082	2211232	6
7 SUBTOTAL	35945674				279055	35666619	23995030	7
8 RECONCILING ITEMS								8
9 TOTAL	35945674				279055	35666619	23995030	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	2787491	50300		50300		2837791		1
2 LAND IMPROVEMENTS	4712251	56759		56759		4769010	340032	2
3 BUILDINGS AND FIXTURES	91598497	62381116		62381116	28851741	125127872	3324134	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	56451121	2547536		2547536		58998657	2545598	5
6 MOVABLE EQUIPMENT	82305093	8435197		8435197	4226118	86514172	29209787	6
7 SUBTOTAL	237854453	73470908		73470908	33077859	278247502	35419551	7
8 RECONCILING ITEMS								8
9 TOTAL	237854453	73470908		73470908	33077859	278247502	35419551	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

DESCRIPTION		----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----			
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BLDG & FIXT	33379160		33379160	.107324			44211	44211
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000				
3	NEW CAP REL COSTS-BLDG & FIXT	188895539		188895539	.607358			250193	250193
4	NEW CAP REL COSTS-MVBLE EQUIP	88737254		88737254	.285318			117533	117533
5	TOTAL	311011953		311011953	1.000000			411937	411937

				SUMMARY OF OLD AND NEW CAPITAL						
DESCRIPTION				DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
				9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT			308110					44211	352321
2	OLD CAP REL COSTS-MVBLE EQUIP									
3	NEW CAP REL COSTS-BLDG & FIXT			7603315		4122199			250193	11975707
4	NEW CAP REL COSTS-MVBLE EQUIP			10371771					117533	10489304
5	TOTAL			18283196		4122199			411937	22817332

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

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A / 01/01/2010			SUMMARY OF OLD AND NEW CAPITAL						
DESCRIPTION			DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL - RELATED COSTS	TOTAL
			9	10	11	12	13	14	15
1	OLD CAP REL	COSTS-BLDG & FIXT	309426						309426
2	OLD CAP REL	COSTS-MVBLE EQUIP							
3	NEW CAP REL	COSTS-BLDG & FIXT	7618533						7618533
4	NEW CAP REL	COSTS-MVBLE EQUIP	10358268						10358268
5	TOTAL		18286227						18286227

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO.	WKST A-7 REF
		1	2	COST CENTER 3	4	5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-240420	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS					6
7	REFUNDS AND REBATES OF EXPENSES					7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-39856	COMMUNICATIONS	6.01	9
10	TELEVISION AND RADIO SERVICE					10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
		A-8-2	-4533536			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST				
		A-8-1	-1316			14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-1110296	DIETARY	11	16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-10914	DRUGS CHARGED TO PATIENTS	56	19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-8263	MEDICAL RECORDS & LIBRARY	17	20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22	VENDING MACHINES					22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
		A-8-4				
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
		A-8-4				
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
		A-8-3		HOME HEALTH AGENCY	71	27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34	PHYSICIANS' ASSISTANT					34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
		WKST A-8-4				35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
		WKST A-8-4				
37	DEPR. ON PT. PHONE	A	-3000	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37
38	TELEVISION ELECTRIC USAGE	A	-5676	OPERATION OF PLANT	8	38
39						39
40	COMMUNITY WELLNESS	B	-77663	REHABILITATION SERVICES	56.10	40
41	OUTSIDE STERILE PROCESS	B	-205318	SPD STERILE PROCESSING	14.10	41
42						42
43	COMMUNITY TRAINING CENTER	B	-69888	REHABILITATION SERVICES	56.10	43
44	SPEC. EDUC. REIMB	B	-8734	OTHER ADMINISTRATIVE & GENERAL	6.06	44
45	MISC. INCOME	B	-45627	OTHER ADMINISTRATIVE & GENERAL	6.06	45
46	NON-ALLOW SUPPLIES-REHAB.	B	-15310	REHABILITATION SERVICES	56.10	46
47						47
48						48
49	REHAB GYM USE	B	-3395	REHABILITATION SERVICES	56.10	49
49.01	ADJ. DEPR. EXP.	A	-9094	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.01
49.02	ADJ. DEPR. EXP.	A	-2730	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.02
49.03	PROVISION FOR BAD DEBTS	A	-31405008	OTHER ADMINISTRATIVE & GENERAL	6.06	49.03
49.04	ADJ. DEPR. EXP	A	22577	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.04
49.05	AHA DUES FOR LOBBYING	A	-18956	OTHER ADMINISTRATIVE & GENERAL	6.06	49.05
49.06	DEPR. NEW BLDG & FIX.	A	-6124	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.06
49.07	DEPR. NEW MOV. EQUIP.	A	-3344	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.07
49.08	NON-ALLOWABLE EXPENSE	A	-6921	OTHER ADMINISTRATIVE & GENERAL	6.06	49.08
50	TOTAL		-37808812			50

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	1	OLD CAP REL COSTS-BLDG & FIXT	SFHS	1316	-1316	9
2						
3						
4						
5		TOTALS		1316	-1316	5

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

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

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

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

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

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
 11/15/2010 14:53

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 31	SUBPROVIDER I							
2 41	RADIOLOGY-DIAGNOSTIC	111813		111813	153400	917	67629	3381
3 42	RADIOLOGY-THERAPEUTIC	67170	67170		195000			
4 49	RESPIRATORY THERAPY	378	378		195000			
5 53	ELECTROCARDIOLOGY	80673	80673		153400			
6 54	ELECTROENCEPHALOGRAPHY	417713	417713		153400			
7 56.10	REHABILITATION SERVICES	254042	254042		153400			
8 61	EMERGENCY	65178		65178	153400	547	40341	2017
9 26.01	NEONATOLOGY/NICU	3619074	3597328	21746	153400	131	9661	483
10 44.10	CARDIOVASCULAR LABORATOR	30490	30490		153400			
101	TOTAL	4636	4636		153400			
		4651167	4452430	198737		1595	117631	5881

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1 31	SUBPROVIDER I					67629	44184	44184
2 41	RADIOLOGY-DIAGNOSTIC							67170
3 42	RADIOLOGY-THERAPEUTIC							378
4 49	RESPIRATORY THERAPY							80673
5 53	ELECTROCARDIOLOGY							417713
6 54	ELECTROENCEPHALOGRAPHY							254042
7 56.10	REHABILITATION SERVICES					40341	24837	24837
8 61	EMERGENCY					9661	12085	3609413
9 26.01	NEONATOLOGY/NICU							30490
10 44.10	CARDIOVASCULAR LABORATOR							4636
101	TOTAL					117631	81106	4533536

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT	352321	352321							1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	11975707		11975707						3
4	NEW CAP REL COSTS-MVBLE EQUIP	10489304			10489304					4
5	EMPLOYEE BENEFITS	6521496	6204	210870	113112	6851682				5
6.01	COMMUNICATIONS	523118	466	15843	45	13863	553335			6.01
6.02	DATA PROCESSING	3244809	3061	104035	2553882	82874	12379	6001040		6.02
6.03	PURCHASING	591732	1437	48833	159822	21615	4671	217501	1045611	6.03
6.04	ADMITTING									6.04
6.05	CREDIT & COLLECTIONS	5243064	1429	48586	4110	44575	9810	148296	1835	6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	28533064	18589	631872	406442	397179	46014	1517560	9983	6.06
7	MAINTENANCE & REPAIRS	2766187	14337	487343	143265	98667	35503	84034	5703	7
8	OPERATION OF PLANT	3085666	38075	1294218	7373	16703	1635	59318	5123	8
8.10	SPD SOILED PROCESSING	391213	3384	115036	15842	15691	701		535	8.10
9	LAUNDRY & LINEN SERVICE	1192865	2686	91286	33692	36290	934		5721	9
10	HOUSEKEEPING	2667844	2094	71192	6852	102416	1635		3495	10
11	DIETARY	2462212	6862	233229	178603	108226	5139	88978	4765	11
12	CAFETERIA		5379	182853						12
14	NURSING ADMINISTRATION	1655557	371	12595	41400	80627	5372	79091	122	14
14.10	SPD STERILE PROCESSING	811201	2514	85460	22664	33962	2569		3733	14.10
17	MEDICAL RECORDS & LIBRARY	2136055	4400	149557	6941	81350	19153	192785	1493	17
18	SOCIAL SERVICE	419749	162	5494		19808	1401	44489	16	18
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	23666888	44616	1516517	270040	1096246	71007	944150	11479	25
26	INTENSIVE CARE UNIT	5907941	7243	246181	63157	277903	11912	118637	3858	26
26.01	NEONATOLOGY/NICU	3858412	3520	119640	101889	172979	7708	98864	3345	26.01
31	SUBPROVIDER I	1682476	6002	204004	12645	72280	7474	69205	840	31
33	NURSERY	1080411	345	11732	939	51360			710	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	11644460	29565	1004941	1701475	434748	45313	138409	25526	37
38	RECOVERY ROOM	1134725	1768	60093	31140	53479	2803		330	38
39	DELIVERY ROOM & LABOR ROOM	892116				42197			604	39
40	ANESTHESIOLOGY	639954	96	3256	60494	13125	1869		5261	40
41	RADIOLOGY-DIAGNOSTIC	5658413	10334	351247	1088227	185061	25693	202671	15649	41
42	RADIOLOGY-THERAPEUTIC	1049632	1287	43734	450694	30515	1869		6733	42
43	RADIOISOTOPE	433824	1008	34255	37108	15340	1869	34602	1748	43
44	LABORATORY	10725396	7599	258297	486883	221330	21722	296592	66640	44
44.10	CARDIOVASCULAR LABORATORY	3569555	5441	184929	916622	146609	17752	173012	8993	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	4113089	2698	91707	94976	164785	7941	148296	8548	49
50	PHYSICAL THERAPY	2204291	12981	441246	55874	103746	2102		364	50
51	OCCUPATIONAL THERAPY	940967	3372	114625	1566	44242	2102		211	51
52	SPEECH PATHOLOGY	679356	638	21672	4315	32737	2102	39546	306	52
53	ELECTROCARDIOLOGY	1120791			146178	44597	3036		2396	53
54	ELECTROENCEPHALOGRAPHY	880295	1100	37396	49125	37279	6774		981	54
55	MEDICAL SUPPLIES CHARGED TO PAT	11935214	2909	98880	6555	16223	934	29659	208183	55
55.30	IMPL. DEV. CHARGED TO PATIENT	25092446	4363	148318	9833	24335	1168	44489	312308	55.30
56	DRUGS CHARGED TO PATIENTS	14044481	2221	75495	451584	159553	7941	148296	153583	56
56.10	REHABILITATION SERVICES	5316964	22469	763749	60887	160962	35270	514092	6402	56.10
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	7067757	13650	463967	455491	504113	26861	271876	7916	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES	269244					234			65
67	DURABLE MEDICAL EQUIP-SOLD	1020515			244	9262	1401		64	67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	1021724	978	33229	457	43753	5139	44489	1249	71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	232714501	297653	10117412	10252443	5312605	466912	5748937	896751	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN		1400	47602			934			96
100	FITNESS CENTER	1779480	24460	831431	41724	72719	10744	59318	1581	100
100.01	RETAIL PHARMACY	5030903	1306	44391	31857	36649	8642	74148	61758	100.01
100.02	GARDEN VIEW DELI	241363	2051	69722	7598	4693	701		563	100.02
100.03	MEDICAL OFFICE BLDG				2493					100.03
100.04	PHYSICIAN SERVICES	3063893	2122	72146	6095	163473	3504	39546	1725	100.04

COST ALLOCATION - GENERAL SERVICE COSTS								WORKSHEET B PART I	
COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
100.05ENDOCRINOLOGIST	1056148			10485	50045			1683	100.05
100.06HOSPITALIST	4068779	208	7065	427	196005	1635		4515	100.06
100.07NEONATOLOGY PHYSICIANS	1310559	271	9222		68392	1401	34602	835	100.07
100.08ANESTHESIOLOGISTS	8237789	250	8505		185745			3	100.08
100.09PHYSICIAN CARDIOLOGIST						467			100.09
100.10PHYSICIAN ONCOLOGIST	9585881	5033	171079	13641	151603	8409		1730	100.10
100.11PERINATOLOGY	577044	1531	52047	37643	29282	3270		507	100.11
100.12TRAUMA PHYSICIANS	1490492	1586	53905	41	56736	4438		8	100.12
100.13LANDMARK HOSPITAL	17755				657				100.13
100.14GYN SURG ONCOLOGIST	710428			833	35312	4438		113	100.14
100.15CAPE GASTROENTEROLOGY	2900791			4621	152391	2336		2360	100.15
100.16CAPE PHYSICIAN ASSOCIATES	10251657	14380	488806	79213	273190		44489	71427	100.16
100.17NONPATIENT MEALS									100.17
100.18BEAUTY SHOP		70	2374			234			100.18
100.19MARKETING COSTS	12310664				61345				100.19
100.20CAPE PRIMARY CARE	21129			190	840	35270		52	100.20
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	295369256	352321	11975707	10489304	6851682	553335	6001040	1045611	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		CREDIT & COLLECTION	SUBTOTAL	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		6.05	5A	6.06	7	8	8.10	9	10	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING									6.03
6.04	ADMITTING									6.04
6.05	CREDIT & COLLECTIONS	5501705								6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		31560703	31560703						6.06
7	MAINTENANCE & REPAIRS		3635039	434878	4069917					7
8	OPERATION OF PLANT		4508111	539328	505102	5552541				8
8.10	SPD SOILED PROCESSING		542402	64890	44896	69929	722117			8.10
9	LAUNDRY & LINEN SERVICE		1363474	163119	35627	55492	346301	1964013		9
10	HOUSEKEEPING		2855528	341621	27785	43277	375816	103935	3747962	10
11	DIETARY		3088014	369435	91024	141778		42549	98699	11
12	CAFETERIA		188232	22519	71363	111155			77381	12
14	NURSING ADMINISTRATION		1875135	224332	4915	7656			5330	14
14.10	SPD STERILE PROCESSING		962103	115101	33353	51950		169103	36165	14.10
17	MEDICAL RECORDS & LIBRARY		2591734	310062	58368	90914			63290	17
18	SOCIAL SERVICE		491119	58755	2144	3340			2325	18
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	298834	27919777	3340149	591854	921880		777684	641764	25
26	INTENSIVE CARE UNIT	103020	6739852	806322	96079	149651		112571	104180	26
26.01	NEONATOLOGY/NICU	92378	4458735	533421	46693	72728		15034	50630	26.01
31	SUBPROVIDER I	15619	2070545	247710	79618	124012			86331	31
33	NURSERY	16614	1162111	139029	4579	7132		13796	4965	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	411636	15436073	1846695	392204	610895		212856	425274	37
38	RECOVERY ROOM	59250	1343588	160740	23453	36530		210	25431	38
39	DELIVERY ROOM & LABOR ROOM	22309	957226	114518						39
40	ANESTHESIOLOGY	119626	843681	100934	1271	1979			1378	40
41	RADIOLOGY-DIAGNOSTIC	332384	7869679	941489	137083	213520		3724	148642	41
42	RADIOLOGY-THERAPEUTIC	370731	1955195	233910	17068	26585		824	18507	42
43	RADIOISOTOPE	38775	598529	71605	13369	20823			14496	43
44	LABORATORY	770251	12854710	1537873	100807	157016		136	109307	44
44.10	CARDIOVASCULAR LABORATORY	193311	5216224	624043	72173	112417		28885	78259	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	297797	4929837	589781	35791	55748		3508	38809	49
50	PHYSICAL THERAPY	60413	2881017	344670	172207	268229		5168	186728	50
51	OCCUPATIONAL THERAPY	23370	1130455	135242	44735	69679		38	48507	51
52	SPEECH PATHOLOGY	15817	796489	95288	8458	13174			9171	52
53	ELECTROCARDIOLOGY	92637	1409635	168642						53
54	ELECTROENCEPHALOGRAPHY	27424	1040374	124465	14595	22732			15825	54
55	MEDICAL SUPPLIES CHARGED TO PAT	518097	12816654	1533320	38590	60108		1597	41844	55
55.30	IMPL. DEV. CHARGED TO PATIENT	782176	26419436	3160689	57885	90161		2394	62766	55.30
56	DRUGS CHARGED TO PATIENTS	458732	15501886	1854568	29464	45893		34	31948	56
56.10	REHABILITATION SERVICES	110460	6991255	836399	298073	464276		56851	323206	56.10
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	251298	9062929	1084244	181075	282041		115557	196343	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES	2093	271571	32489						65
67	DURABLE MEDICAL EQUIP-SOLD	16653	1048139	125394						67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		1151018	137702	12968	20199			14062	71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	5501705	228538214	23565371	3344669	4422899	722117	1666454	2961563	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN		49936	5974	18578	28937			20144	96
100	FITNESS CENTER		2821457	337545	324487	505420		279818	351848	100
100.01	RETAIL PHARMACY		5289654	632828	17325	26985			18785	100.01
100.02	GARDEN VIEW DELI		326691	39084	27211	42384			29505	100.02
100.03	MEDICAL OFFICE BLDG		2493	298						100.03
100.04	PHYSICIAN SERVICES		3352504	401077	28157	43857		11280	30531	100.04

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CREDIT & COLLECTION	SUBTOTAL	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING
	6.05	5A	6.06	7	8	8.10	9	10
100.05ENDOCRINOLOGIST		1118361	133795					100.05
100.06HOSPITALIST		4278634	511874	2757	4295			2990 100.06
100.07NEONATOLOGY PHYSICIANS		1425282	170514	3599	5606			3903 100.07
100.08ANESTHESIOLOGISTS		8432292	1008797	3319	5170			3599 100.08
100.09PHYSICIAN CARDIOLOGIST		467	56					100.09
100.10PHYSICIAN ONCOLOGIST		9937376	1188858	66768	103997			72398 100.10
100.11PERINATOLOGY		701324	83903	20313	31639			22025 100.11
100.12TRAUMA PHYSICIANS		1607206	192278	21038	32768			22812 100.12
100.13LANDMARK HOSPITAL		18412	2203					100.13
100.14GYN SURG ONCOLOGIST		751124	89861					100.14
100.15CAPE GASTROENTEROLOGY		3062499	366382					100.15
100.16CAPE PHYSICIAN ASSOCIATES		11223162	1342683	190769	297141			206854 100.16
100.17NONPATIENT MEALS								100.17
100.18BEAUTY SHOP		2678	320	927	1443		6461	1005 100.18
100.19MARKETING COSTS		12372009	1480125					100.19
100.20CAPE PRIMARY CARE		57481	6877					100.20
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5501705	295369256	31560703	4069917	5552541	722117	1964013	3747962 103

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
		11	12	14	14.10	17	18	25	26
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	COMMUNICATIONS								6.01
6.02	DATA PROCESSING								6.02
6.03	PURCHASING								6.03
6.04	ADMITTING								6.04
6.05	CREDIT & COLLECTIONS								6.05
6.06	OTHER ADMINISTRATIVE & GENERAL								6.06
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
8.10	SPD SOILED PROCESSING								8.10
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY	3831499							11
12	CAFETERIA	1485664	1956314						12
14	NURSING ADMINISTRATION		24360	2141728					14
14.10	SPD STERILE PROCESSING		23336		1391111				14.10
17	MEDICAL RECORDS & LIBRARY		46518			3160886			17
18	SOCIAL SERVICE		8554				566237		18
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1198373	463669	1396496		1396340	341244	38989230	25
26	INTENSIVE CARE UNIT	145041	92628	278983	276	23388	42102	8591073	26
26.01	NEONATOLOGY/NICU		53361	160714	1797	17383	36203	5446699	26.01
31	SUBPROVIDER I	88608	28876	86971		22440	43041	2878152	31
33	NURSERY		13471		17629	60051		1422763	33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		161513		1108450	457018		20650978	37
38	RECOVERY ROOM		18619					1608571	38
39	DELIVERY ROOM & LABOR ROOM		17410	52437				1141591	39
40	ANESTHESIOLOGY		4272					953515	40
41	RADIOLOGY-DIAGNOSTIC		86364		134308	216183		9750992	41
42	RADIOLOGY-THERAPEUTIC		12198					2264287	42
43	RADIOISOTOPE		4983					723805	43
44	LABORATORY		102376	19103	22313			14903641	44
44.10	CARDIOVASCULAR LABORATORY		40969		8262	3161	134	6184527	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		67106		37446			5758026	49
50	PHYSICAL THERAPY		37369		57	9482		3904927	50
51	OCCUPATIONAL THERAPY		14837					1443493	51
52	SPEECH PATHOLOGY		9855		472			932907	52
53	ELECTROCARDIOLOGY		17341			11694		1607312	53
54	ELECTROENCEPHALOGRAPHY		14057	42337		4109		1278494	54
55	MEDICAL SUPPLIES CHARGED TO PAT		11799		21516			14525428	55
55.30	IMPL. DEV. CHARGED TO PATIENT		17698		32282			29843311	55.30
56	DRUGS CHARGED TO PATIENTS		45461		976			17510230	56
56.10	REHABILITATION SERVICES		64650	44561	529	1264	61008	9142072	56.10
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY		131272	60126	4798	938373	42505	12099263	61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES							304060	65
67	DURABLE MEDICAL EQUIP-SOLD		4001					1177534	67
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY		13728					1349677	71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	2917686	1652651	2141728	1391111	3160886	566237	216386558	95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN							123569	96
100	FITNESS CENTER		48846					4669421	100
100.01	RETAIL PHARMACY		10632					5996209	100.01
100.02	GARDEN VIEW DELI		3676					468551	100.02
100.03	MEDICAL OFFICE BLDG		915					3706	100.03
100.04	PHYSICIAN SERVICES		14076					3881482	100.04

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	SPD STERIL E PROCESSI NG 14.10	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
100.05ENDOCRINOLOGIST		13374					1265530	100.05
100.06HOSPITALIST		19598					4820148	100.06
100.07NEONATOLOGY PHYSICIANS		5729					1614633	100.07
100.08ANESTHESIOLOGISTS		22367					9475544	100.08
100.09PHYSICIAN CARDIOLOGIST							523	100.09
100.10PHYSICIAN ONCOLOGIST		25870					11395267	100.10
100.11PERINATOLOGY		4595					863799	100.11
100.12TRAUMA PHYSICIANS		3761					1879863	100.12
100.13LANDMARK HOSPITAL		14909					35524	100.13
100.14GYN SURG ONCOLOGIST		6465					847450	100.14
100.15CAPE GASTROENTEROLOGY		12909					3441790	100.15
100.16CAPE PHYSICIAN ASSOCIATES		95265					13355874	100.16
100.17NONPATIENT MEALS	913813						913813	100.17
100.18BEAUTY SHOP		352					13186	100.18
100.19MARKETING COSTS							13852134	100.19
100.20CAPE PRIMARY CARE		324					64682	100.20
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3831499	1956314	2141728	1391111	3160886	566237	295369256	103

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	COMMUNICATIONS		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	CREDIT & COLLECTIONS		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
8.10	SPD SOILED PROCESSING		8.10
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
14.10	SPD STERILE PROCESSING		14.10
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	38989230	25
26	INTENSIVE CARE UNIT	8591073	26
26.01	NEONATOLOGY/NICU	5446699	26.01
31	SUBPROVIDER I	2878152	31
33	NURSERY	1422763	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	20650978	37
38	RECOVERY ROOM	1608571	38
39	DELIVERY ROOM & LABOR ROOM	1141591	39
40	ANESTHESIOLOGY	953515	40
41	RADIOLOGY-DIAGNOSTIC	9750992	41
42	RADIOLOGY-THERAPEUTIC	2264287	42
43	RADIOISOTOPE	723805	43
44	LABORATORY	14903641	44
44.10	CARDIOVASCULAR LABORATORY	6184527	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	5758026	49
50	PHYSICAL THERAPY	3904927	50
51	OCCUPATIONAL THERAPY	1443493	51
52	SPEECH PATHOLOGY	932907	52
53	ELECTROCARDIOLOGY	1607312	53
54	ELECTROENCEPHALOGRAPHY	1278494	54
55	MEDICAL SUPPLIES CHARGED TO PAT	14525428	55
55.30	IMPL. DEV. CHARGED TO PATIENT	29843311	55.30
56	DRUGS CHARGED TO PATIENTS	17510230	56
56.10	REHABILITATION SERVICES	9142072	56.10
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY	12099263	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
65	AMBULANCE SERVICES	304060	65
67	DURABLE MEDICAL EQUIP-SOLD	1177534	67
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	1349677	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	216386558	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	123569	96
100	FITNESS CENTER	4669421	100
100.01	RETAIL PHARMACY	5996209	100.01
100.02	GARDEN VIEW DELI	468551	100.02
100.03	MEDICAL OFFICE BLDG	3706	100.03
100.04	PHYSICIAN SERVICES	3881482	100.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
100.05ENDOCRINOLOGIST	1265530	100.05
100.06HOSPITALIST	4820148	100.06
100.07NEONATOLOGY PHYSICIANS	1614633	100.07
100.08ANESTHESIOLOGISTS	9475544	100.08
100.09PHYSICIAN CARDIOLOGIST	523	100.09
100.10PHYSICIAN ONCOLOGIST	11395267	100.10
100.11PERINATOLOGY	863799	100.11
100.12TRAUMA PHYSICIANS	1879863	100.12
100.13LANDMARK HOSPITAL	35524	100.13
100.14GYN SURG ONCOLOGIST	847450	100.14
100.15CAPE GASTROENTEROLOGY	3441790	100.15
100.16CAPE PHYSICIAN ASSOCIATES	13355874	100.16
100.17NONPATIENT MEALS	913813	100.17
100.18BEAUTY SHOP	13186	100.18
100.19MARKETING COSTS	13852134	100.19
100.20CAPE PRIMARY CARE	64682	100.20
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	295369256	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	CREDIT & COLLECTION 6.05
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS		6204	6204	6204				5
6.01	COMMUNICATIONS		466	466	13	479			6.01
6.02	DATA PROCESSING		3061	3061	75	11	3147		6.02
6.03	PURCHASING		1437	1437	20	4	114	1575	6.03
6.04	ADMITTING								6.04
6.05	CREDIT & COLLECTIONS		1429	1429	40	8	78	3	1558 6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		18589	18589	360	40	795	15	6.06
7	MAINTENANCE & REPAIRS		14337	14337	89	31	44	9	7
8	OPERATION OF PLANT		38075	38075	15	1	31	8	8
8.10	SPD SOILED PROCESSING		3384	3384	14	1		1	8.10
9	LAUNDRY & LINEN SERVICE		2686	2686	33	1		9	9
10	HOUSEKEEPING		2094	2094	93	1		5	10
11	DIETARY		6862	6862	98	4	47	7	11
12	CAFETERIA		5379	5379					12
14	NURSING ADMINISTRATION		371	371	73	5	41		14
14.10	SPD STERILE PROCESSING		2514	2514	31	2		6	14.10
17	MEDICAL RECORDS & LIBRARY		4400	4400	74	17	101	2	17
18	SOCIAL SERVICE		162	162	18	1	23		18
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		44616	44616	983	62	495	18	97 25
26	INTENSIVE CARE UNIT		7243	7243	252	10	62	6	34 26
26.01	NEONATOLOGY/NICU		3520	3520	157	7	52	5	30 26.01
31	SUBPROVIDER I		6002	6002	66	6	36	1	5 31
33	NURSERY		345	345	47			1	5 33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		29565	29565	394	39	73	39	134 37
38	RECOVERY ROOM		1768	1768	49	2		1	19 38
39	DELIVERY ROOM & LABOR ROOM				38			1	7 39
40	ANESTHESIOLOGY		96	96	12	2		8	39 40
41	RADIOLOGY-DIAGNOSTIC		10334	10334	168	22	106	24	108 41
42	RADIOLOGY-THERAPEUTIC		1287	1287	28	2		10	121 42
43	RADIOISOTOPE		1008	1008	14	2	18	3	13 43
44	LABORATORY		7599	7599	201	19	156	102	251 44
44.10	CARDIOVASCULAR LABORATORY		5441	5441	133	15	91	14	63 44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		2698	2698	149	7	78	13	97 49
50	PHYSICAL THERAPY		12981	12981	94	2		1	20 50
51	OCCUPATIONAL THERAPY		3372	3372	40	2			8 51
52	SPEECH PATHOLOGY		638	638	30	2	21		5 52
53	ELECTROCARDIOLOGY				40	3		4	30 53
54	ELECTROENCEPHALOGRAPHY		1100	1100	34	6		1	9 54
55	MEDICAL SUPPLIES CHARGED TO PAT		2909	2909	15	1	16	317	169 55
55.30	IMPL. DEV. CHARGED TO PATIENT		4363	4363	22	1	23	455	21 55.30
56	DRUGS CHARGED TO PATIENTS		2221	2221	145	7	78	234	149 56
56.10	REHABILITATION SERVICES		22469	22469	146	31	270	10	36 56.10
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY		13650	13650	457	23	143	12	82 61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES								1 65
67	DURABLE MEDICAL EQUIP-SOLD				8	1			5 67
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY		978	978	40	4	23	2	71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS		297653	297653	4808	405	3015	1347	1558 95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		1400	1400		1			96
100	FITNESS CENTER		24460	24460	66	9	31	2	100
100.01	RETAIL PHARMACY		1306	1306	33	7	39	94	100.01
100.02	GARDEN VIEW DELI		2051	2051	4	1		1	100.02
100.03	MEDICAL OFFICE BLDG								100.03
100.04	PHYSICIAN SERVICES		2122	2122	148	3	21	3	100.04

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	CREDIT & COLLECTION 6.05
100.05ENDOCRINOLOGIST				45			3	100.05
100.06HOSPITALIST		208	208	178	1		7	100.06
100.07NEONATOLOGY PHYSICIANS		271	271	62	1	18	1	100.07
100.08ANESTHESIOLOGISTS		250	250	168				100.08
100.09PHYSICIAN CARDIOLOGIST								100.09
100.10PHYSICIAN ONCOLOGIST		5033	5033	138	7		3	100.10
100.11PERINATOLOGY		1531	1531	27	3		1	100.11
100.12TRAUMA PHYSICIANS		1586	1586	51	4			100.12
100.13LANDMARK HOSPITAL				1				100.13
100.14GYN SURG ONCOLOGIST				32	4			100.14
100.15CAPE GASTROENTEROLOGY				138	2		4	100.15
100.16CAPE PHYSICIAN ASSOCIATES		14380	14380	248		23	109	100.16
100.17NONPATIENT MEALS								100.17
100.18BEAUTY SHOP		70	70					100.18
100.19MARKETING COSTS				56				100.19
100.20CAPE PRIMARY CARE				1	31			100.20
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		352321	352321	6204	479	3147	1575	1558 103

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		OTHER ADMIN & GENERAL 6.06	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SPD SOILED PROCESSIN G 8.10	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING									6.03
6.04	ADMITTING									6.04
6.05	CREDIT & COLLECTIONS									6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	19799								6.06
7	MAINTENANCE & REPAIRS	273	14783							7
8	OPERATION OF PLANT	338	1835	40303						8
8.10	SPD SOILED PROCESSING	41	163	508	4112					8.10
9	LAUNDRY & LINEN SERVICE	102	129	403	1972	5335				9
10	HOUSEKEEPING	214	101	314	2140	282	5244			10
11	DIETARY	232	331	1029		116	138	8864		11
12	CAFETERIA	14	259	807			108	3437	10004	12
14	NURSING ADMINISTRATION	141	18	56			7		125	14
14.10	SPD STERILE PROCESSING	72	121	377		459	51		119	14.10
17	MEDICAL RECORDS & LIBRARY	194	212	660			89		238	17
18	SOCIAL SERVICE	37	8	24			3		44	18
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	2107	2148	6689		2113	898	2772	2375	25
26	INTENSIVE CARE UNIT	505	349	1086		306	146	336	474	26
26.01	NEONATOLOGY/NICU	334	170	528		41	71		273	26.01
31	SUBPROVIDER I	155	289	900			121	205	148	31
33	NURSERY	87	17	52		37	7		69	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	1158	1425	4434		578	595		826	37
38	RECOVERY ROOM	101	85	265		1	36		95	38
39	DELIVERY ROOM & LABOR ROOM	72							89	39
40	ANESTHESIOLOGY	63	5	14			2		22	40
41	RADIOLOGY-DIAGNOSTIC	590	498	1550		10	208		442	41
42	RADIOLOGY-THERAPEUTIC	147	62	193		2	26		62	42
43	RADIOISOTOPE	45	49	151			20		25	43
44	LABORATORY	964	366	1140			153		523	44
44.10	CARDIOVASCULAR LABORATORY	391	262	816		78	110		209	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	370	130	405		10	54		343	49
50	PHYSICAL THERAPY	216	626	1947		14	261		191	50
51	OCCUPATIONAL THERAPY	85	162	506			68		76	51
52	SPEECH PATHOLOGY	60	31	96			13		50	52
53	ELECTROCARDIOLOGY	106							89	53
54	ELECTROENCEPHALOGRAPHY	78	53	165			22		72	54
55	MEDICAL SUPPLIES CHARGED TO PAT	961	140	436		4	59		60	55
55.30	IMPL. DEV. CHARGED TO PATIENT	1981	210	654		7	88		90	55.30
56	DRUGS CHARGED TO PATIENTS	1163	107	333			45		232	56
56.10	REHABILITATION SERVICES	524	1083	3370		154	452		331	56.10
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	680	658	2047		314	275		671	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES	20								65
67	DURABLE MEDICAL EQUIP-SOLD	79							20	67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	86	47	147			20		70	71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	14786	12149	32102	4112	4526	4146	6750	8453	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN	4	67	210			28			96
100	FITNESS CENTER	212	1179	3669		760	492		250	100
100.01	RETAIL PHARMACY	397	63	196			26		54	100.01
100.02	GARDEN VIEW DELI	25	99	308			41		19	100.02
100.03	MEDICAL OFFICE BLDG								5	100.03
100.04	PHYSICIAN SERVICES	251	102	318		31	43		72	100.04

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OTHER ADMIN & GENERAL 6.06	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SPD SOILED PROCESSIN G 8.10	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12
100.05ENDOCRINOLOGIST	84							68 100.05
100.06HOSPITALIST	321	10	31			4		100 100.06
100.07NEONATOLOGY PHYSICIANS	107	13	41			5		29 100.07
100.08ANESTHESIOLOGISTS	632	12	38			5		114 100.08
100.09PHYSICIAN CARDIOLOGIST								100.09
100.10PHYSICIAN ONCOLOGIST	745	243	755			101		132 100.10
100.11PERINATOLOGY	53	74	230			31		23 100.11
100.12TRAUMA PHYSICIANS	121	76	238			32		19 100.12
100.13LANDMARK HOSPITAL	1							76 100.13
100.14GYN SURG ONCOLOGIST	56							33 100.14
100.15CAPE GASTROENTEROLOGY	230							66 100.15
100.16CAPE PHYSICIAN ASSOCIATES	842	693	2157			289		487 100.16
100.17NONPATIENT MEALS							2114	100.17
100.18BEAUTY SHOP		3	10		18	1		2 100.18
100.19MARKETING COSTS	928							100.19
100.20CAPE PRIMARY CARE	4							2 100.20
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	19799	14783	40303	4112	5335	5244	8864	10004 103

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION 14	SPD STERIL E PROCESSI NG 14.10	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	COMMUNICATIONS								6.01
6.02	DATA PROCESSING								6.02
6.03	PURCHASING								6.03
6.04	ADMITTING								6.04
6.05	CREDIT & COLLECTIONS								6.05
6.06	OTHER ADMINISTRATIVE & GENERAL								6.06
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
8.10	SPD SOILED PROCESSING								8.10
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY								11
12	CAFETERIA								12
14	NURSING ADMINISTRATION	837							14
14.10	SPD STERILE PROCESSING		3752						14.10
17	MEDICAL RECORDS & LIBRARY			5987					17
18	SOCIAL SERVICE				320				18
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	546		2645	194	68758		68758	25
26	INTENSIVE CARE UNIT	109	1	44	24	10987		10987	26
26.01	NEONATOLOGY/NICU	63	5	33	20	5309		5309	26.01
31	SUBPROVIDER I	34		43	24	8035		8035	31
33	NURSERY		48	114		829		829	33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		2990	866		43116		43116	37
38	RECOVERY ROOM					2422		2422	38
39	DELIVERY ROOM & LABOR ROOM	20				227		227	39
40	ANESTHESIOLOGY					263		263	40
41	RADIOLOGY-DIAGNOSTIC		362	409		14831		14831	41
42	RADIOLOGY-THERAPEUTIC					1940		1940	42
43	RADIOISOTOPE					1348		1348	43
44	LABORATORY	7	60			11541		11541	44
44.10	CARDIOVASCULAR LABORATORY		22	6		7651		7651	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		101			4455		4455	49
50	PHYSICAL THERAPY			18		16371		16371	50
51	OCCUPATIONAL THERAPY					4319		4319	51
52	SPEECH PATHOLOGY		1			947		947	52
53	ELECTROCARDIOLOGY			22		294		294	53
54	ELECTROENCEPHALOGRAPHY	17		8		1565		1565	54
55	MEDICAL SUPPLIES CHARGED TO PAT		58			5145		5145	55
55.30	IMPL. DEV. CHARGED TO PATIENT		87			8002		8002	55.30
56	DRUGS CHARGED TO PATIENTS		3			4717		4717	56
56.10	REHABILITATION SERVICES	17	1	2	34	28930		28930	56.10
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	24	13	1777	24	20850		20850	61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES					21		21	65
67	DURABLE MEDICAL EQUIP-SOLD					113		113	67
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY					1417		1417	71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	837	3752	5987	320	274403		274403	95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN					1710		1710	96
100	FITNESS CENTER					31130		31130	100
100.01	RETAIL PHARMACY					2215		2215	100.01
100.02	GARDEN VIEW DELI					2549		2549	100.02
100.03	MEDICAL OFFICE BLDG					5		5	100.03
100.04	PHYSICIAN SERVICES					3114		3114	100.04

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	SPD STERIL E PROCESSI NG 14.10	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
100.05ENDOCRINOLOGIST					200		200	100.05
100.06HOSPITALIST					860		860	100.06
100.07NEONATOLOGY PHYSICIANS					548		548	100.07
100.08ANESTHESIOLOGISTS					1219		1219	100.08
100.09PHYSICIAN CARDIOLOGIST								100.09
100.10PHYSICIAN ONCOLOGIST					7157		7157	100.10
100.11PERINATOLOGY					1973		1973	100.11
100.12TRAUMA PHYSICIANS					2127		2127	100.12
100.13LANDMARK HOSPITAL					78		78	100.13
100.14GYN SURG ONCOLOGIST					125		125	100.14
100.15CAPE GASTROENTEROLOGY					440		440	100.15
100.16CAPE PHYSICIAN ASSOCIATES					19228		19228	100.16
100.17NONPATIENT MEALS					2114		2114	100.17
100.18BEAUTY SHOP					104		104	100.18
100.19MARKETING COSTS					984		984	100.19
100.20CAPE PRIMARY CARE					38		38	100.20
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	837	3752	5987	320	352321		352321	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS		210870	113112	323982	323982				5
6.01	COMMUNICATIONS		15843	45	15888	655	16543			6.01
6.02	DATA PROCESSING		104035	2553882	2657917	3918	370	2662205		6.02
6.03	PURCHASING		48833	159822	208655	1022	140	96488	306305	6.03
6.04	ADMITTING									6.04
6.05	CREDIT & COLLECTIONS		48586	4110	52696	2108	293	65788	538	6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		631872	406442	1038314	18779	1376	673226	2925	6.06
7	MAINTENANCE & REPAIRS		487343	143265	630608	4665	1061	37280	1671	7
8	OPERATION OF PLANT		1294218	7373	1301591	790	49	26315	1501	8
8.10	SPD SOILED PROCESSING		115036	15842	130878	742	21		157	8.10
9	LAUNDRY & LINEN SERVICE		91286	33692	124978	1716	28		1676	9
10	HOUSEKEEPING		71192	6852	78044	4842	49		1024	10
11	DIETARY		233229	178603	411832	5117	154	39473	1396	11
12	CAFETERIA		182853		182853					12
14	NURSING ADMINISTRATION		12595	41400	53995	3812	161	35087	36	14
14.10	SPD STERILE PROCESSING		85460	22664	108124	1606	77		1094	14.10
17	MEDICAL RECORDS & LIBRARY		149557	6941	156498	3846	573	85524	438	17
18	SOCIAL SERVICE		5494		5494	937	42	19736	5	18
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS		1516517	270040	1786557	51855	2121	418848	3363	25
26	INTENSIVE CARE UNIT		246181	63157	309338	13140	356	52630	1130	26
26.01	NEONATOLOGY/NICU		119640	101889	221529	8179	230	43858	980	26.01
31	SUBPROVIDER I		204004	12645	216649	3418	223	30701	246	31
33	NURSERY		11732	939	12671	2428			208	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM		1004941	1701475	2706416	20555	1355	61402	7478	37
38	RECOVERY ROOM		60093	31140	91233	2529	84		97	38
39	DELIVERY ROOM & LABOR ROOM					1995			177	39
40	ANESTHESIOLOGY		3256	60494	63750	621	56		1541	40
41	RADIOLOGY-DIAGNOSTIC		351247	1088227	1439474	8750	768	89910	4585	41
42	RADIOLOGY-THERAPEUTIC		43734	450694	494428	1443	56		1973	42
43	RADIOISOTOPE		34255	37108	71363	725	56	15350	512	43
44	LABORATORY		258297	486883	745180	10465	649	131575	19524	44
44.10	CARDIOVASCULAR LABORATORY		184929	916622	1101551	6932	531	76752	2635	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY		91707	94976	186683	7791	237	65788	2504	49
50	PHYSICAL THERAPY		441246	55874	497120	4905	63		107	50
51	OCCUPATIONAL THERAPY		114625	1566	116191	2092	63		62	51
52	SPEECH PATHOLOGY		21672	4315	25987	1548	63	17543	90	52
53	ELECTROCARDIOLOGY			146178	146178	2109	91		702	53
54	ELECTROENCEPHALOGRAPHY		37396	49125	86521	1763	203		287	54
55	MEDICAL SUPPLIES CHARGED TO PAT		98880	6555	105435	767	28	13158	60992	55
55.30	IMPL. DEV. CHARGED TO PATIENT		148318	9833	158151	1151	35	19736	91465	55.30
56	DRUGS CHARGED TO PATIENTS		75495	451584	527079	7544	237	65788	44996	56
56.10	REHABILITATION SERVICES		763749	60887	824636	7610	1054	228064	1875	56.10
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY		463967	455491	919458	23835	803	120611	2319	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES						7			65
67	DURABLE MEDICAL EQUIP-SOLD			244	244	438	42		19	67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		33229	457	33686	2069	154	19736	366	71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS		10117412	10252443	20369855	251212	13959	2550367	262694	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN		47602		47602		28			96
100	FITNESS CENTER		831431	41724	873155	3438	321	26315	463	100
100.01	RETAIL PHARMACY		44391	31857	76248	1733	258	32894	18093	100.01
100.02	GARDEN VIEW DELI		69722	7598	77320	222	21		165	100.02
100.03	MEDICAL OFFICE BLDG			2493	2493					100.03
100.04	PHYSICIAN SERVICES		72146	6095	78241	7729	105	17543	505	100.04

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03
100.05ENDOCRINOLOGIST			10485	10485	2366			493 100.05
100.06HOSPITALIST		7065	427	7492	9267	49		1323 100.06
100.07NEONATOLOGY PHYSICIANS		9222		9222	3234	42	15350	245 100.07
100.08ANESTHESIOLOGISTS		8505		8505	8782			1 100.08
100.09PHYSICIAN CARDIOLOGIST						14		100.09
100.10PHYSICIAN ONCOLOGIST		171079	13641	184720	7168	251		507 100.10
100.11PERINATOLOGY		52047	37643	89690	1385	98		149 100.11
100.12TRAUMA PHYSICIANS		53905	41	53946	2683	133		2 100.12
100.13LANDMARK HOSPITAL					31			100.13
100.14GYN SURG ONCOLOGIST			833	833	1670	133		33 100.14
100.15CAPE GASTROENTEROLOGY			4621	4621	7205	70		691 100.15
100.16CAPE PHYSICIAN ASSOCIATES		488806	79213	568019	12917		19736	20926 100.16
100.17NONPATIENT MEALS								100.17
100.18BEAUTY SHOP		2374		2374		7		100.18
100.19MARKETING COSTS					2900			100.19
100.20CAPE PRIMARY CARE			190	190	40	1054		15 100.20
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		11975707	10489304	22465011	323982	16543	2662205	306305 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION		CREDIT & COLLECTION 6.05	OTHER ADMIN & GENERAL 6.06	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SPD SOILED PROCESSING G 8.10	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING									6.03
6.04	ADMITTING									6.04
6.05	CREDIT & COLLECTIONS	121423								6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		1734620							6.06
7	MAINTENANCE & REPAIRS		23900	699185						7
8	OPERATION OF PLANT		29641	86773	1446660					8
8.10	SPD SOILED PROCESSING		3566	7713	18219	161296				8.10
9	LAUNDRY & LINEN SERVICE		8965	6120	14458	77352	235293			9
10	HOUSEKEEPING		18775	4773	11275	83944	12452	215178		10
11	DIETARY		20304	15637	36939		5097	5666	541615	11
12	CAFETERIA		1238	12260	28960			4443	210011	12
14	NURSING ADMINISTRATION		12329	844	1995			306		14
14.10	SPD STERILE PROCESSING		6326	5730	13535		20259	2076		14.10
17	MEDICAL RECORDS & LIBRARY		17041	10027	23687			3634		17
18	SOCIAL SERVICE		3229	368	870			133		18
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	6612	183650	101677	240185		93169	36846	169400	25
26	INTENSIVE CARE UNIT	2279	44315	16506	38990		13486	5981	20503	26
26.01	NEONATOLOGY/NICU	2044	29316	8021	18949		1801	2907		26.01
31	SUBPROVIDER I	346	13614	13678	32310			4956	12526	31
33	NURSERY	368	7641	787	1858		1653	285		33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	9107	101492	67378	159162		25501	24416		37
38	RECOVERY ROOM	1311	8834	4029	9518		25	1460		38
39	DELIVERY ROOM & LABOR ROOM	494	6294							39
40	ANESTHESIOLOGY	2647	5547	218	516			79		40
41	RADIOLOGY-DIAGNOSTIC	7354	51743	23550	55631		446	8534		41
42	RADIOLOGY-THERAPEUTIC	8202	12855	2932	6927		99	1063		42
43	RADIOISOTOPE	858	3935	2297	5425			832		43
44	LABORATORY	17042	84520	17318	40909		16	6275		44
44.10	CARDIOVASCULAR LABORATORY	4277	34297	12399	29289		3461	4493		44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	6589	32414	6149	14525		420	2228		49
50	PHYSICAL THERAPY	1337	18943	29584	69884		619	10720		50
51	OCCUPATIONAL THERAPY	517	7433	7685	18154		4	2785		51
52	SPEECH PATHOLOGY	350	5237	1453	3432			527		52
53	ELECTROCARDIOLOGY	2050	9268							53
54	ELECTROENCEPHALOGRAPHY	607	6840	2507	5923			909		54
55	MEDICAL SUPPLIES CHARGED TO PAT	11463	84270	6630	15661		191	2402		55
55.30	IMPL. DEV. CHARGED TO PATIENT	17002	173708	9944	23491		287	3603		55.30
56	DRUGS CHARGED TO PATIENTS	10149	101925	5062	11957		4	1834		56
56.10	REHABILITATION SERVICES	2444	45968	51207	120963		6811	18556		56.10
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	5560	59589	31108	73483		13844	11272		61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES	46	1786							65
67	DURABLE MEDICAL EQUIP-SOLD	368	6892							67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		7568	2228	5263			807		71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	121423	1295208	574592	1152343	161296	199645	170028	412440	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN		328	3192	7539			1157		96
100	FITNESS CENTER		18551	55745	131682		33523	20200		100
100.01	RETAIL PHARMACY		34779	2976	7031			1078		100.01
100.02	GARDEN VIEW DELI		2148	4675	11043			1694		100.02
100.03	MEDICAL OFFICE BLDG		16							100.03
100.04	PHYSICIAN SERVICES		22043	4837	11426		1351	1753		100.04

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COST CENTER DESCRIPTION	CREDIT & COLLECTION 6.05	OTHER ADMIN & GENERAL 6.06	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SPD SOILED PROCESSIN G 8.10	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
100.05ENDOCRINOLOGIST		7353							100.05
100.06HOSPITALIST		28132	474	1119			172		100.06
100.07NEONATOLOGY PHYSICIANS		9371	618	1461			224		100.07
100.08ANESTHESIOLOGISTS		55442	570	1347			207		100.08
100.09PHYSICIAN CARDIOLOGIST		3							100.09
100.10PHYSICIAN ONCOLOGIST		65338	11470	27096			4156		100.10
100.11PERINATOLOGY		4611	3490	8243			1265		100.11
100.12TRAUMA PHYSICIANS		10567	3614	8537			1310		100.12
100.13LANDMARK HOSPITAL		121							100.13
100.14GYN SURG ONCOLOGIST		4939							100.14
100.15CAPE GASTROENTEROLOGY		20136							100.15
100.16CAPE PHYSICIAN ASSOCIATES		73792	32773	77417			11876		100.16
100.17NONPATIENT MEALS								129175	100.17
100.18BEAUTY SHOP		18	159	376		774	58		100.18
100.19MARKETING COSTS		81346							100.19
100.20CAPE PRIMARY CARE		378							100.20
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	121423	1734620	699185	1446660	161296	235293	215178	541615	103

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COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
		12	14	14.10	17	18	25	26	27
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	COMMUNICATIONS								6.01
6.02	DATA PROCESSING								6.02
6.03	PURCHASING								6.03
6.04	ADMITTING								6.04
6.05	CREDIT & COLLECTIONS								6.05
6.06	OTHER ADMINISTRATIVE & GENERAL								6.06
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
8.10	SPD SOILED PROCESSING								8.10
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY								11
12	CAFETERIA	439765							12
14	NURSING ADMINISTRATION	5476	114041						14
14.10	SPD STERILE PROCESSING	5246		164073					14.10
17	MEDICAL RECORDS & LIBRARY	10457			311725				17
18	SOCIAL SERVICE	1923				32737			18
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	104234	74359		137706	19730	3430312		3430312 25
26	INTENSIVE CARE UNIT	20822	14855	33	2307	2434	559105		559105 26
26.01	NEONATOLOGY/NICU	11995	8558	212	1714	2093	362386		362386 26.01
31	SUBPROVIDER I	6491	4631		2213	2488	344490		344490 31
33	NURSERY	3028		2079	5922		38928		38928 33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	36307		130735	45071		3396375		3396375 37
38	RECOVERY ROOM	4185					123305		123305 38
39	DELIVERY ROOM & LABOR ROOM	3914	2792				15666		15666 39
40	ANESTHESIOLOGY	960					75935		75935 40
41	RADIOLOGY-DIAGNOSTIC	19414		15841	21320		1747320		1747320 41
42	RADIOLOGY-THERAPEUTIC	2742					532720		532720 42
43	RADIOISOTOPE	1120					102473		102473 43
44	LABORATORY	23013	1017	2632			1100135		1100135 44
44.10	CARDIOVASCULAR LABORATORY	9210		974	312	8	1287121		1287121 44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY	15085		4416			344829		344829 49
50	PHYSICAL THERAPY	8400		7	935		642624		642624 50
51	OCCUPATIONAL THERAPY	3335					158321		158321 51
52	SPEECH PATHOLOGY	2215		56			58501		58501 52
53	ELECTROCARDIOLOGY	3898			1153		165449		165449 53
54	ELECTROENCEPHALOGRAPHY	3160	2254		405		111379		111379 54
55	MEDICAL SUPPLIES CHARGED TO PAT	2652		2538			306187		306187 55
55.30	IMPL. DEV. CHARGED TO PATIENT	3978		3807			506358		506358 55.30
56	DRUGS CHARGED TO PATIENTS	10219		115			786909		786909 56
56.10	REHABILITATION SERVICES	14533	2373	62	125	3527	1329808		1329808 56.10
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	29509	3202	566	92542	2457	1390158		1390158 61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES						1839		1839 65
67	DURABLE MEDICAL EQUIP-SOLD	899					8902		8902 67
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	3086					74963		74963 71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	371506	114041	164073	311725	32737	19002498		19002498 95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN						59846		59846 96
100	FITNESS CENTER	10980					1174373		1174373 100
100.01	RETAIL PHARMACY	2390					177480		177480 100.01
100.02	GARDEN VIEW DELI	826					98114		98114 100.02
100.03	MEDICAL OFFICE BLDG	206					2715		2715 100.03
100.04	PHYSICIAN SERVICES	3164					148697		148697 100.04

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COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	SPD STERIL E PROCESSI NG 14.10	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
100.05ENDOCRINOLOGIST	3006					23703		23703 100.05
100.06HOSPITALIST	4405					52433		52433 100.06
100.07NEONATOLOGY PHYSICIANS	1288					41055		41055 100.07
100.08ANESTHESIOLOGISTS	5028					79882		79882 100.08
100.09PHYSICIAN CARDIOLOGIST						17		17 100.09
100.10PHYSICIAN ONCOLOGIST	5815					306521		306521 100.10
100.11PERINATOLOGY	1033					109964		109964 100.11
100.12TRAUMA PHYSICIANS	845					81637		81637 100.12
100.13LANDMARK HOSPITAL	3351					3503		3503 100.13
100.14GYN SURG ONCOLOGIST	1453					9061		9061 100.14
100.15CAPE GASTROENTEROLOGY	2902					35625		35625 100.15
100.16CAPE PHYSICIAN ASSOCIATES	21415					838871		838871 100.16
100.17NONPATIENT MEALS						129175		129175 100.17
100.18BEAUTY SHOP	79					3845		3845 100.18
100.19MARKETING COSTS						84246		84246 100.19
100.20CAPE PRIMARY CARE	73					1750		1750 100.20
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	439765	114041	164073	311725	32737	22465011		22465011 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OLD CAP BLDGS & FIXTURES SQ	NEW CAP BLDGS & FIXTURES SQ	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO	
		1	3	4	5	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT	5124211							1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT		5124211						3
4	NEW CAP REL COSTS-MVBLE EQUIP			10359720					4
5	EMPLOYEE BENEFITS	90228	90228	111715	112995789				5
6.01	COMMUNICATIONS	6779	6779	44	228619	2369			6.01
6.02	DATA PROCESSING	44515	44515	2522328	1366726	53	1214		6.02
6.03	PURCHASING	20895	20895	157848	356472	20	44	72468676	6.03
6.04	ADMITTING								6.04
6.05	CREDIT & COLLECTIONS	20789	20789	4059	735104	42	30	127169	6.05
6.06	OTHER ADMINISTRATIVE & GENERA	270368	270368	401421	6550105	197	307	691936	6.06
7	MAINTENANCE & REPAIRS	208526	208526	141495	1627172	152	17	395249	7
8	OPERATION OF PLANT	553775	553775	7282	275460	7	12	355057	8
8.10	SPD SOILED PROCESSING	49222	49222	15646	258762	3		37053	8.10
9	LAUNDRY & LINEN SERVICE	39060	39060	33276	598482	4		396548	9
10	HOUSEKEEPING	30462	30462	6767	1689005	7		242237	10
11	DIETARY	99795	99795	176397	1784821	22	18	330294	11
12	CAFETERIA	78240	78240						12
14	NURSING ADMINISTRATION	5389	5389	40889	1329660	23	16	8445	14
14.10	SPD STERILE PROCESSING	36567	36567	22384	560079	11		258745	14.10
17	MEDICAL RECORDS & LIBRARY	63993	63993	6855	1341590	82	39	103508	17
18	SOCIAL SERVICE	2351	2351		326665	6	9	1078	18
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	648893	648893	266704	18079599	304	191	795587	25
26	INTENSIVE CARE UNIT	105337	105337	62377	4583068	51	24	267420	26
26.01	NEONATOLOGY/NICU	51192	51192	100630	2852690	33	20	231864	26.01
31	SUBPROVIDER I	87290	87290	12489	1192017	32	14	58246	31
33	NURSERY	5020	5020	927	847014			49197	33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	429998	429998	1680456	7169687	194	28	1769220	37
38	RECOVERY ROOM	25713	25713	30755	881948	12		22875	38
39	DELIVERY ROOM & LABOR ROOM				695894			41841	39
40	ANESTHESIOLOGY	1393	1393	59747	216445	8		364650	40
41	RADIOLOGY-DIAGNOSTIC	150293	150293	1074784	3051956	110	41	1084648	41
42	RADIOLOGY-THERAPEUTIC	18713	18713	445126	503239	8		466653	42
43	RADIOISOTOPE	14657	14657	36650	252985	8	7	121136	43
44	LABORATORY	110521	110521	480868	3650083	93	60	4618806	44
44.10	CARDIOVASCULAR LABORATORY	79128	79128	905299	2417809	76	35	623303	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	39240	39240	93803	2717560	34	30	592480	49
50	PHYSICAL THERAPY	188802	188802	55184	1710935	9		25212	50
51	OCCUPATIONAL THERAPY	49046	49046	1547	729627	9		14650	51
52	SPEECH PATHOLOGY	9273	9273	4262	539879	9	8	21228	52
53	ELECTROCARDIOLOGY			144372	735468	13		166059	53
54	ELECTROENCEPHALOGRAPHY	16001	16001	48518	614782	29		68004	54
55	MEDICAL SUPPLIES CHARGED TO P	42309	42309	6474	267546	4	6	14429097	55
55.30	IMPL. DEV. CHARGED TO PATIENT	63463	63463	9712	401321	5	9	21643646	55.30
56	DRUGS CHARGED TO PATIENTS	32303	32303	446005	2631287	34	30	10644793	56
56.10	REHABILITATION SERVICES	326796	326796	60135	2654516	151	104	443690	56.10
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	198524	198524	449864	8313619	115	55	548684	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES					1			65
67	DURABLE MEDICAL EQUIP-SOLD			241	152738	6		4461	67
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	14218	14218	451	721560	22	9	86572	71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	4329077	4329077	10125786	87613994	1999	1163	62151341	95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	20368	20368			4			96
100	FITNESS CENTER	355756	355756	41209	1199259	46	12	109549	100
100.01	RETAIL PHARMACY	18994	18994	31463	604393	37	15	4280412	100.01
100.02	GARDEN VIEW DELI	29833	29833	7504	77398	3		39003	100.02

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COST CENTER DESCRIPTION	OLD CAP BLDGS & FIXTURES SQ	NEW CAP BLDGS & FIXTURES SQ	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO	
	1	3	4	5	6.01	6.02	6.03	
100.03 MEDICAL OFFICE BLDG			2462					100.03
100.04 PHYSICIAN SERVICES	30870	30870	6020	2695927	15	8	119564	100.04
100.05 ENDOCRINOLOGIST			10355	825314			116656	100.05
100.06 HOSPITALIST	3023	3023	422	3232433	7		312911	100.06
100.07 NEONATOLOGY PHYSICIANS	3946	3946		1127884	6	7	57902	100.07
100.08 ANESTHESIOLOGISTS	3639	3639		3063234			198	100.08
100.09 PHYSICIAN CARDIOLOGIST					2			100.09
100.10 PHYSICIAN ONCOLOGIST	73202	73202	13472	2500167	36		119872	100.10
100.11 PERINATOLOGY	22270	22270	37178	482910	14		35158	100.11
100.12 TRAUMA PHYSICIANS	23065	23065	40	935660	19		557	100.12
100.13 LANDMARK HOSPITAL				10833				100.13
100.14 GYN SURG ONCOLOGIST			823	582356	19		7819	100.14
100.15 CAPE GASTROENTEROLOGY			4564	2513165	10		163539	100.15
100.16 CAPE PHYSICIAN ASSOCIATES	209152	209152	78234	4505342		9	4950588	100.16
100.17 NONPATIENT MEALS								100.17
100.18 BEAUTY SHOP	1016	1016			1			100.18
100.19 MARKETING COSTS				1011670				100.19
100.20 CAPE PRIMARY CARE			188	13850	151		3607	100.20
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	352321	11975707	10489304	6851682	553335	6001040	1045611	103
104 UNIT COST MULT-WS B PT I		2.337083		.060637		4943.196046		104
104 UNIT COST MULT-WS B PT I	.068756		1.012508		233.573238		.014428	104
105 COST TO BE ALLOC PER B PT II				6204	479	3147	1575	105
106 UNIT COST MULT-WS B PT II				.000055		2.592257		106
106 UNIT COST MULT-WS B PT II					.202195		.000022	106
107 COST TO BE ALLOC PER B PT III				323982	16543	2662205	306305	107
108 UNIT COST MULT-WS B PT III				.002867		2192.920099		108
108 UNIT COST MULT-WS B PT III					6.983115		.004227	108

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COST CENTER DESCRIPTION		CREDIT & COLLECTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	SPD SOILED PROCESSIN G HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQ	
		GROSS CHARGES 6.05	6A.06	6.06	7	8	8.10	9	10	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING									6.03
6.04	ADMITTING									6.04
6.05	CREDIT & COLLECTIONS	895095368								6.05
6.06	OTHER ADMINISTRATIVE & GENERA		-31560703	263808553						6.06
7	MAINTENANCE & REPAIRS			3635039	4462111					7
8	OPERATION OF PLANT			4508111	553775	3908336				8
8.10	SPD SOILED PROCESSING			542402	49222	49222	16025			8.10
9	LAUNDRY & LINEN SERVICE			1363474	39060	39060	7685	1832572		9
10	HOUSEKEEPING			2855528	30462	30462	8340	96979	3789592	10
11	DIETARY			3088014	99795	99795		39701	99795	11
12	CAFETERIA			188232	78240	78240			78240	12
14	NURSING ADMINISTRATION			1875135	5389	5389			5389	14
14.10	SPD STERILE PROCESSING			962103	36567	36567		157786	36567	14.10
17	MEDICAL RECORDS & LIBRARY			2591734	63993	63993			63993	17
18	SOCIAL SERVICE			491119	2351	2351			2351	18
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	48614650		27919777	648893	648893		725638	648893	25
26	INTENSIVE CARE UNIT	16759420		6739852	105337	105337		105037	105337	26
26.01	NEONATOLOGY/NICU	15028069		4458735	51192	51192		14028	51192	26.01
31	SUBPROVIDER I	2540875		2070545	87290	87290			87290	31
33	NURSERY	2702826		1162111	5020	5020		12873	5020	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	66965308		15436073	429998	429998		198611	429998	37
38	RECOVERY ROOM	9638889		1343588	25713	25713		196	25713	38
39	DELIVERY ROOM & LABOR ROOM	3629257		957226						39
40	ANESTHESIOLOGY	19460878		843681	1393	1393			1393	40
41	RADIOLOGY-DIAGNOSTIC	54072606		7869679	150293	150293		3475	150293	41
42	RADIOLOGY-THERAPEUTIC	60310893		1955195	18713	18713		769	18713	42
43	RADIOISOTOPE	6307971		598529	14657	14657			14657	43
44	LABORATORY	125305199		12854710	110521	110521		127	110521	44
44.10	CARDIOVASCULAR LABORATORY	31447996		5216224	79128	79128		26952	79128	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	48445868		4929837	39240	39240		3273	39240	49
50	PHYSICAL THERAPY	9828029		2881017	188802	188802		4822	188802	50
51	OCCUPATIONAL THERAPY	3801896		1130455	49046	49046		35	49046	51
52	SPEECH PATHOLOGY	2573122		796489	9273	9273			9273	52
53	ELECTROCARDIOLOGY	15070356		1409635						53
54	ELECTROENCEPHALOGRAPHY	4461429		1040374	16001	16001			16001	54
55	MEDICAL SUPPLIES CHARGED TO P	84284525		12816654	42309	42309		1490	42309	55
55.30	IMPL. DEV. CHARGED TO PATIENT	127317707		26419436	63463	63463		2234	63463	55.30
56	DRUGS CHARGED TO PATIENTS	74626998		15501886	32303	32303		32	32303	56
56.10	REHABILITATION SERVICES	17969667		6991255	326796	326796		53046	326796	56.10
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	40881339		9062929	198524	198524		107823	198524	61
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES	340447		271571						65
67	DURABLE MEDICAL EQUIP-SOLD	2709148		1048139						67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY			1151018	14218	14218			14218	71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	895095368	-31560703	196977511	3666977	3113202	16025	1554927	2994458	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & C			49936	20368	20368			20368	96
100	FITNESS CENTER			2821457	355756	355756		261091	355756	100
100.01	RETAIL PHARMACY			5289654	18994	18994			18994	100.01
100.02	GARDEN VIEW DELI			326691	29833	29833			29833	100.02

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CREDIT & COLLECTION GROSS CHARGES 6.05	RECON- CILIATION 6A.06	OTHER ADMIN & GENERAL ACCUM COST 6.06	MAIN- TENANCE & REPAIRS SQ 7	OPERATION OF PLANT SQ 8	SPD SOILED PROCESSIN G HOURS 8.10	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQ 10	
100.03 MEDICAL OFFICE BLDG			2493						100.03
100.04 PHYSICIAN SERVICES			3352504	30870	30870		10525	30870	100.04
100.05 ENDOCRINOLOGIST			1118361						100.05
100.06 HOSPITALIST			4278634	3023	3023			3023	100.06
100.07 NEONATOLOGY PHYSICIANS			1425282	3946	3946			3946	100.07
100.08 ANESTHESIOLOGISTS			8432292	3639	3639			3639	100.08
100.09 PHYSICIAN CARDIOLOGIST			467						100.09
100.10 PHYSICIAN ONCOLOGIST			9937376	73202	73202			73202	100.10
100.11 PERINATOLOGY			701324	22270	22270			22270	100.11
100.12 TRAUMA PHYSICIANS			1607206	23065	23065			23065	100.12
100.13 LANDMARK HOSPITAL			18412						100.13
100.14 GYN SURG ONCOLOGIST			751124						100.14
100.15 CAPE GASTROENTEROLOGY			3062499						100.15
100.16 CAPE PHYSICIAN ASSOCIATES			11223162	209152	209152			209152	100.16
100.17 NONPATIENT MEALS									100.17
100.18 BEAUTY SHOP			2678	1016	1016		6029	1016	100.18
100.19 MARKETING COSTS			12372009						100.19
100.20 CAPE PRIMARY CARE			57481						100.20
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	5501705		31560703	4069917	5552541	722117	1964013	3747962	103
104 UNIT COST MULT-WS B PT I	.006147		.119635		1.420692		1.071725		104
104 UNIT COST MULT-WS B PT I				.912106		45.061903		.989015	104
105 COST TO BE ALLOC PER B PT II	1558		19799	14783	40303	4112	5335	5244	105
106 UNIT COST MULT-WS B PT II	.000002		.000075		.010312		.002911		106
106 UNIT COST MULT-WS B PT II				.003313		.256599		.001384	106
107 COST TO BE ALLOC PER B PT III	121423		1734620	699185	1446660	161296	235293	215178	107
108 UNIT COST MULT-WS B PT III	.000136		.006575		.370147		.128395		108
108 UNIT COST MULT-WS B PT III				.156694		10.065273		.056781	108

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINIS- TRATION HOURS OF SERVICE	SPD STERIL E PROCESSI NG SURVEY	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES	
		MEALS SERVED 11	HOURS 12	14	14.10	17	18	
1	GENERAL SERVICE COST CENTERS							1
2	OLD CAP REL COSTS-BLDG & FIXT							2
3	OLD CAP REL COSTS-MVBLE EQUIP							3
4	NEW CAP REL COSTS-BLDG & FIXT							4
5	NEW CAP REL COSTS-MVBLE EQUIP							5
6.01	EMPLOYEE BENEFITS							6.01
6.02	COMMUNICATIONS							6.02
6.03	DATA PROCESSING							6.03
6.04	PURCHASING							6.04
6.05	ADMITTING							6.05
6.06	CREDIT & COLLECTIONS							6.06
7	OTHER ADMINISTRATIVE & GENERA							7
8	MAINTENANCE & REPAIRS							8
8.10	OPERATION OF PLANT							8.10
9	SPD SOILED PROCESSING							9
10	LAUNDRY & LINEN SERVICE							10
11	HOUSEKEEPING							11
12	DIETARY	454419						12
14	CAFETERIA	176201	2861405					14
14.10	NURSING ADMINISTRATION		35630	1040091				14.10
17	SPD STERILE PROCESSING		34132		171077			17
18	MEDICAL RECORDS & LIBRARY		68039			10001		18
25	SOCIAL SERVICE		12511				4223	25
26	INPATIENT ROUTINE SERV COST CENTERS							26
26.01	ADULTS & PEDIATRICS	142128	678183	678183		4418	2545	26.01
31	INTENSIVE CARE UNIT	17202	135483	135483	34	74	314	31
33	NEONATOLOGY/NICU		78048	78048	221	55	270	33
	SUBPROVIDER I	10509	42236	42236		71	321	
	NURSERY		19703		2168	190		
37	ANCILLARY SERVICE COST CENTERS							37
38	OPERATING ROOM		236237		136316	1446		38
39	RECOVERY ROOM		27233					39
40	DELIVERY ROOM & LABOR ROOM		25465	25465				40
41	ANESTHESIOLOGY		6249					41
42	RADIOLOGY-DIAGNOSTIC		126321		16517	684		42
43	RADIOLOGY-THERAPEUTIC		17842					43
44	RADIOISOTOPE		7288					44
44.10	LABORATORY	149740	59924	9277	2744			44.10
46.30	CARDIOVASCULAR LABORATORY				1016	10	1	46.30
49	BLOOD CLOTTING FACTORS ADMIN							49
50	RESPIRATORY THERAPY		98153		4605			50
51	PHYSICAL THERAPY		54658		7	30		51
52	OCCUPATIONAL THERAPY		21702					52
53	SPEECH PATHOLOGY		14415		58			53
54	ELECTROCARDIOLOGY		25364			37		54
55	ELECTROENCEPHALOGRAPHY		20560	20560		13		55
55.30	MEDICAL SUPPLIES CHARGED TO P		17258		2646			55.30
56	IMPL. DEV. CHARGED TO PATIENT		25886		3970			56
56.10	DRUGS CHARGED TO PATIENTS		66493		120			56.10
61	REHABILITATION SERVICES		94560	21640	65	4	455	61
62	OUTPATIENT SERVICE COST CENTERS							62
63.50	EMERGENCY		192005	29199	590	2969	317	63.50
63.60	OBSERVATION BEDS (NON-DISTINC							63.60
65	RHC							65
67	FQHC							67
69.10	OTHER REIMBURSABLE COST CENTERS							69.10
69.20	AMBULANCE SERVICES							69.20
69.30	DURABLE MEDICAL EQUIP-SOLD		5852					69.30
69.40	CMHC							69.40
71	OUTPATIENT PHYSICAL THERAPY							71
85.01	OUTPATIENT OCCUPATIONAL THERA							85.01
85.02	OUTPATIENT SPEECH PATHOLOGY							85.02
85.03	HOME HEALTH AGENCY		20080					85.03
95	SPECIAL PURPOSE COST CENTERS							95
96	PANCREAS ACQUISITION							96
100	INTESTINAL ACQUISITION							100
100.01	ISLET CELL ACQUISITION							100.01
100.02	SUBTOTALS	346040	2417250	1040091	171077	10001	4223	100.02
	NONREIMBURSABLE COST CENTERS							
	GIFT, FLOWER, COFFEE SHOP & C							
	FITNESS CENTER		71444					
	RETAIL PHARMACY		15551					
	GARDEN VIEW DELI		5377					

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	SPD STERIL	MEDICAL	SOCIAL
	MEALS SERVED 11	HOURS 12	ADMINIS- TRATION HOURS OF SERVIC 14	E PROCESSI NG SURVEY 14.10	RECORDS & LIBRARY TIME SPENT 17	SERVICE PATIENT CA SES 18
100.03 MEDICAL OFFICE BLDG		1339				100.03
100.04 PHYSICIAN SERVICES		20589				100.04
100.05 ENDOCRINOLOGIST		19561				100.05
100.06 HOSPITALIST		28665				100.06
100.07 NEONATOLOGY PHYSICIANS		8380				100.07
100.08 ANESTHESIOLOGISTS		32715				100.08
100.09 PHYSICIAN CARDIOLOGIST						100.09
100.10 PHYSICIAN ONCOLOGIST		37839				100.10
100.11 PERINATOLOGY		6721				100.11
100.12 TRAUMA PHYSICIANS		5501				100.12
100.13 LANDMARK HOSPITAL		21807				100.13
100.14 GYN SURG ONCOLOGIST		9456				100.14
100.15 CAPE GASTROENTEROLOGY		18881				100.15
100.16 CAPE PHYSICIAN ASSOCIATES		139340				100.16
100.17 NONPATIENT MEALS	108379					100.17
100.18 BEAUTY SHOP		515				100.18
100.19 MARKETING COSTS						100.19
100.20 CAPE PRIMARY CARE		474				100.20
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	3831499	1956314	2141728	1391111	3160886	566237
104 UNIT COST MULT-WS B PT I	8.431643		2.059174		316.056994	
104 UNIT COST MULT-WS B PT I		.683690		8.131490		134.084063
105 COST TO BE ALLOC PER B PT II	8864	10004	837	3752	5987	320
106 UNIT COST MULT-WS B PT II	.019506		.000805		.598640	
106 UNIT COST MULT-WS B PT II		.003496		.021932		.075776
107 COST TO BE ALLOC PER B PT III	541615	439765	114041	164073	311725	32737
108 UNIT COST MULT-WS B PT III	1.191885		.109645		31.169383	
108 UNIT COST MULT-WS B PT III		.153688		.959059		7.752072

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	38989230		38989230		38989230	25
26 INTENSIVE CARE UNIT	8591073		8591073		8591073	26
26.01 NEONATOLOGY/NICU	5446699		5446699		5446699	26.01
31 SUBPROVIDER I	2878152		2878152	44184	2922336	31
33 NURSERY	1422763		1422763		1422763	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	20650978		20650978		20650978	37
38 RECOVERY ROOM	1608571		1608571		1608571	38
39 DELIVERY ROOM & LABOR ROOM	1141591		1141591		1141591	39
40 ANESTHESIOLOGY	953515		953515		953515	40
41 RADIOLOGY-DIAGNOSTIC	9750992		9750992		9750992	41
42 RADIOLOGY-THERAPEUTIC	2264287		2264287		2264287	42
43 RADIOISOTOPE	723805		723805		723805	43
44 LABORATORY	14903641		14903641		14903641	44
44.10 CARDIOVASCULAR LABORATORY	6184527		6184527		6184527	44.10
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5758026		5758026		5758026	49
50 PHYSICAL THERAPY	3904927		3904927		3904927	50
51 OCCUPATIONAL THERAPY	1443493		1443493		1443493	51
52 SPEECH PATHOLOGY	932907		932907		932907	52
53 ELECTROCARDIOLOGY	1607312		1607312		1607312	53
54 ELECTROENCEPHALOGRAPHY	1278494		1278494		1278494	54
55 MEDICAL SUPPLIES CHARGED TO	14525428		14525428		14525428	55
55.30 IMPL. DEV. CHARGED TO PATIE	29843311		29843311		29843311	55.30
56 DRUGS CHARGED TO PATIENTS	17510230		17510230		17510230	56
56.10 REHABILITATION SERVICES	9142072		9142072	24837	9166909	56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	12099263		12099263	12085	12111348	61
62 OBSERVATION BEDS (NON-DISTI	3219685		3219685		3219685	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	304060		304060		304060	65
67 DURABLE MEDICAL EQUIP-SOLD	1177534		1177534		1177534	67
101 SUBTOTAL	218256566		218256566	81106	218337672	101
102 LESS OBSERVATION BEDS	3219685		3219685		3219685	102
103 TOTAL	215036881		215036881	81106	215117987	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL 8				
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	43583849		43583849				25
26 INTENSIVE CARE UNIT	16759420		16759420				26
26.01 NEONATOLOGY/NICU	15028069		15028069				26.01
31 SUBPROVIDER I	2540875		2540875				31
33 NURSERY	2702826		2702826				33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	31854953	35110355	66965308	.308383	.308383	.308383	37
38 RECOVERY ROOM	4505224	5133665	9638889	.166883	.166883	.166883	38
39 DELIVERY ROOM & LABOR ROOM	3397398	231859	3629257	.314552	.314552	.314552	39
40 ANESTHESIOLOGY	10392464	9068414	19460878	.048997	.048997	.048997	40
41 RADIOLOGY-DIAGNOSTIC	17708793	36363813	54072606	.180331	.180331	.180331	41
42 RADIOLOGY-THERAPEUTIC	18305758	42005135	60310893	.037544	.037544	.037544	42
43 RADIOISOTOPE	1794217	4513754	6307971	.114745	.114745	.114745	43
44 LABORATORY	48517710	76787489	125305199	.118939	.118939	.118939	44
44.10 CARDIOVASCULAR LABORATORY	13089845	18358151	31447996	.196659	.196659	.196659	44.10
46.30 BLOOD CLOTTING FACTORS ADMI							46.30
49 RESPIRATORY THERAPY	42475011	5970857	48445868	.118855	.118855	.118855	49
50 PHYSICAL THERAPY	4699839	5128190	9828029	.397326	.397326	.397326	50
51 OCCUPATIONAL THERAPY	3175483	626413	3801896	.379677	.379677	.379677	51
52 SPEECH PATHOLOGY	1848945	724177	2573122	.362558	.362558	.362558	52
53 ELECTROCARDIOLOGY	7413304	7657052	15070356	.106654	.106654	.106654	53
54 ELECTROENCEPHALOGRAPHY	1730056	2731373	4461429	.286566	.286566	.286566	54
55 MEDICAL SUPPLIES CHARGED TO	51515630	32768895	84284525	.172338	.172338	.172338	55
55.30 IMPL. DEV. CHARGED TO PATIE	93284281	34033426	127317707	.234400	.234400	.234400	55.30
56 DRUGS CHARGED TO PATIENTS	55872985	18754013	74626998	.234637	.234637	.234637	56
56.10 REHABILITATION SERVICES	1757741	16211926	17969667	.508750	.508750	.510132	56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	11228213	29653126	40881339	.295961	.295961	.296256	61
62 OBSERVATION BEDS (NON-DISTI	1300000	3730801	5030801	.639995	.639995	.639995	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	86322	254125	340447	.893120	.893120	.893120	65
67 DURABLE MEDICAL EQUIP-SOLD		2709148	2709148	.434651	.434651	.434651	67
101 SUBTOTAL	506569211	388526157	895095368				101
102 LESS OBSERVATION BEDS							102
103 TOTAL	506569211	388526157	895095368				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK
APPLICABLE
BOXES

[]
[XX]
[]

TITLE V
TITLE XVIII-PT A
TITLE XIX

COST CENTER DESCRIPTION		OLD CAPITAL		NEW CAPITAL		
		CAPITAL RELATED COST	SWING-BED ADJUSTMENT	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	
		1	2	4	5	
INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS	68758		3430312		25
26	INTENSIVE CARE UNIT	10987		559105		26
26.01	NEONATOLOGY/NICU	5309		362386		26.01
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	8035		344490		31
33	NURSERY	829		38928		33
101	TOTAL	93918		4735221		101

COST CENTER DESCRIPTION		OLD CAPITAL		NEW CAPITAL		
		TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM CAPITAL COST	PER DIEM CAPITAL COST	
		7	8	9	11	
INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS	46150	25109	1.49	74.33	25
26	INTENSIVE CARE UNIT	5734	4329	1.92	97.51	26
26.01	NEONATOLOGY/NICU	5037		1.05	71.94	26.01
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	3503	2579	2.29	98.34	31
33	NURSERY	1298		.64	29.99	33
101	TOTAL	61722	32017			101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-0183) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	43116	3396375	66965308	20569965	.000644	13247	.050718	1043267	37
38 RECOVERY ROOM	2422	123305	9638889	2679296	.000251	673	.012792	34274	38
39 DELIVERY ROOM & LABOR ROOM	227	15666	3629257	35810	.000063	2	.004317	155	39
40 ANESTHESIOLOGY	263	75935	19460878	6489581	.000014	91	.003902	25322	40
41 RADIOLOGY-DIAGNOSTIC	14831	1747320	54072606	9961532	.000274	2729	.032314	321897	41
42 RADIOLOGY-THERAPEUTIC	1940	532720	60310893	10903582	.000032	349	.008833	96311	42
43 RADIOISOTOPE	1348	102473	6307971	1286700	.000214	275	.016245	20902	43
44 LABORATORY	11541	1100135	125305199	30605599	.000092	2816	.008780	268717	44
44.10 CARDIOVASCULAR LABORATORY	7651	1287121	31447996	7614467	.000243	1850	.040929	311653	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	4455	344829	48445868	17728276	.000092	1631	.007118	126190	49
50 PHYSICAL THERAPY	16371	642624	9828029	1380767	.001666	2300	.065387	90284	50
51 OCCUPATIONAL THERAPY	4319	158321	3801896	932224	.001136	1059	.041643	38821	51
52 SPEECH PATHOLOGY	947	58501	2573122	614850	.000368	226	.022735	13979	52
53 ELECTROCARDIOLOGY	294	165449	15070356	6929198	.000020	139	.010978	76069	53
54 ELECTROENCEPHALOGRAPHY	1565	111379	4461429	391935	.000351	138	.024965	9785	54
55 MEDICAL SUPPLIES CHARGED TO P	5145	306187	84284525	35864811	.000061	2188	.003633	130297	55
55.30 IMPL. DEV. CHARGED TO PATIENT	8002	506358	127317707	44132740	.000063	2780	.003977	175516	55.30
56 DRUGS CHARGED TO PATIENTS	4717	786909	74626998	34107697	.000063	2149	.010545	359666	56
56.10 REHABILITATION SERVICES	28930	1329808	17969667	783149	.001610	1261	.074003	57955	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	20850	1390158	40881339	2958327	.000510	1509	.034005	100598	61
62 OBSERVATION BEDS (NON-DISTINC	5680	283271	5030801	1120962	.001129	1266	.056307	63118	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
67 DURABLE MEDICAL EQUIP-SOLD	113	8902	2709148		.000042		.003286		67
101 TOTAL	184727	14473746	814139882	237091468		38678		3364776	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK
APPLICABLE
BOXES

[]
[XX]
[]

TITLE V
TITLE XVIII-PT A
TITLE XIX

COST CENTER DESCRIPTION		NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					46150		25109	25
26	INTENSIVE CARE UNIT					5734		4329	26
26.01	NEONATOLOGY/NICU					5037			26.01
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					3503		2579	31
33	NURSERY					1298			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					61722		32017	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK
APPLICABLE
BOXES

[]

TITLE V

[XX]

TITLE XVIII-PT A

[]

TITLE XIX

[XX]

HOSPITAL (26-0183)

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SUB I

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SUB II

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SUB III

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SUB IV

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SNF

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NF

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ICF/MR

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PPS

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TEFRA

COST CENTER DESCRIPTION	OUTPATIENT						TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2	N/A 2.01	N/A 2.02	N/A 2.03	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
44.10 CARDIOVASCULAR LABORATORY							44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.10 REHABILITATION SERVICES							56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD							67
101 TOTAL							101

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09
11/15/2010 14:53

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (26-0183)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		66965308			20569965		12952759	37
38 RECOVERY ROOM		9638889			2679296		4814971	38
39 DELIVERY ROOM & LABOR ROOM		3629257			35810			39
40 ANESTHESIOLOGY		19460878			6489581		4628020	40
41 RADIOLOGY-DIAGNOSTIC		54072606			9961532		16451635	41
42 RADIOLOGY-THERAPEUTIC		60310893			10903582		15259909	42
43 RADIOISOTOPE		6307971			1286700		2531345	43
44 LABORATORY		125305199			30605599		3082960	44
44.10 CARDIOVASCULAR LABORATORY		31447996			7614467		7444907	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		48445868			17728276		904037	49
50 PHYSICAL THERAPY		9828029			1380767		4224	50
51 OCCUPATIONAL THERAPY		3801896			932224			51
52 SPEECH PATHOLOGY		2573122			614850		65327	52
53 ELECTROCARDIOLOGY		15070356			6929198		2090725	53
54 ELECTROENCEPHALOGRAPHY		4461429			391935		1217896	54
55 MEDICAL SUPPLIES CHARGED TO P		84284525			35864811		12147226	55
55.30 IMPL. DEV. CHARGED TO PATIENT		127317707			44132740		14613639	55.30
56 DRUGS CHARGED TO PATIENTS		74626998			34107697		12603605	56
56.10 REHABILITATION SERVICES		17969667			783149		6277577	56.10
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		40881339			2958327		8725046	61
62 OBSERVATION BEDS (NON-DISTINC		5030801			1120962		1799459	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
67 DURABLE MEDICAL EQUIP-SOLD		2709148						67
101 TOTAL		814139882			237091468		127615267	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK
APPLICABLE
BOXES

[]
[XX]
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TITLE V
TITLE XVIII-PT A
TITLE XIX

[XX]
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HOSPITAL (26-0183)
SUB I
SUB II
SUB III

[]
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SUB IV
SNF
NF
ICF/MR

[]
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PPS
TEFRA

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
44.10 CARDIOVASCULAR LABORATORY						44.10
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
56.10 REHABILITATION SERVICES						56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
67 DURABLE MEDICAL EQUIP-SOLD						67
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK
APPLICABLE
BOXES

[]

[XX]

[]

TITLE V - O/P
TITLE XVIII-PT B
TITLE XIX - O/P

[XX]

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HOSPITAL (26-0183)
SUB I
SUB II
SUB III
SUB IV

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SNF
NF
S/B-SNF
S/B-NF
ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.308383	.308383	.308383			37
38 RECOVERY ROOM	.166883	.166883	.166883			38
39 DELIVERY ROOM & LABOR ROOM	.314552	.314552	.314552			39
40 ANESTHESIOLOGY	.048997	.048997	.048997			40
41 RADIOLOGY-DIAGNOSTIC	.180331	.180331	.180331			41
42 RADIOLOGY-THERAPEUTIC	.037544	.037544	.037544			42
43 RADIOISOTOPE	.114745	.114745	.114745			43
44 LABORATORY	.118939	.118939	.118939			44
44.10 CARDIOVASCULAR LABORATORY	.196659	.196659	.196659			44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.118855	.118855	.118855			49
50 PHYSICAL THERAPY	.397326	.397326	.397326			50
51 OCCUPATIONAL THERAPY	.379677	.379677	.379677			51
52 SPEECH PATHOLOGY	.362558	.362558	.362558			52
53 ELECTROCARDIOLOGY	.106654	.106654	.106654			53
54 ELECTROENCEPHALOGRAPHY	.286566	.286566	.286566			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.172338	.172338	.172338			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.234400	.234400	.234400			55.30
56 DRUGS CHARGED TO PATIENTS	.234637	.234637	.234637			56
56.10 REHABILITATION SERVICES	.508750	.508750	.508750			56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.295961	.295961	.295961			61
62 OBSERVATION BEDS (NON-DISTINCT	.639995	.639995	.639995			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.893120	.893120	.893120			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.893120	.893120				65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.893120	.893120				65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.893120	.893120				65.03
67 DURABLE MEDICAL EQUIP-SOLD	.434651	.434651	.434651			67
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						
						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT			
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.234637	1
2	PROGRAM VACCINE CHARGES	6311	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	1481	3
3.01	PROGRAM COSTS		3.01

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (26-0183)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES						PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC	
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)				
	5	5.01	5.02	5.03	5.04	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		12952759						37	
38 RECOVERY ROOM		4814971						38	
39 DELIVERY ROOM & LABOR ROOM								39	
40 ANESTHESIOLOGY		4628020						40	
41 RADIOLOGY-DIAGNOSTIC		16451635	2720					41	
42 RADIOLOGY-THERAPEUTIC		15259909						42	
43 RADIOISOTOPE		2531345						43	
44 LABORATORY		3082960	5387					44	
44.10 CARDIOVASCULAR LABORATORY		7444907						44.10	
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30	
49 RESPIRATORY THERAPY		904037	3930					49	
50 PHYSICAL THERAPY		4224						50	
51 OCCUPATIONAL THERAPY								51	
52 SPEECH PATHOLOGY		65327	1193					52	
53 ELECTROCARDIOLOGY		2090725						53	
54 ELECTROENCEPHALOGRAPHY		1217896						54	
55 MEDICAL SUPPLIES CHARGED TO PA		12147226						55	
55.30 IMPL. DEV. CHARGED TO PATIENT		14613639						55.30	
56 DRUGS CHARGED TO PATIENTS		12603605						56	
56.10 REHABILITATION SERVICES		6277577						56.10	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		8725046						61	
62 OBSERVATION BEDS (NON-DISTINCT		1799459						62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES								65	
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01	
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02	
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03	
67 DURABLE MEDICAL EQUIP-SOLD								67	
101 SUBTOTAL		127615267	13230					101	
102 CRNA CHARGES								102	
103 PBP CLINIC LAB								103	
104 NET CHARGES		127615267	13230					104	

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (26-0183)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.03) 9.03		
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		3994411				37
38 RECOVERY ROOM		803537				38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY		226759				40
41 RADIOLOGY-DIAGNOSTIC		2966740	491			41
42 RADIOLOGY-THERAPEUTIC		572918				42
43 RADIOISOTOPE		290459				43
44 LABORATORY		366684	641			44
44.10 CARDIOVASCULAR LABORATORY		1464108				44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		107449	467			49
50 PHYSICAL THERAPY		1678				50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY		23685	433			52
53 ELECTROCARDIOLOGY		222984				53
54 ELECTROENCEPHALOGRAPHY		349008				54
55 MEDICAL SUPPLIES CHARGED TO PAT		2093429				55
55.30 IMPL. DEV. CHARGED TO PATIENT		3425437				55.30
56 DRUGS CHARGED TO PATIENTS		2957272				56
56.10 REHABILITATION SERVICES		3193717				56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY		2582273				61
62 OBSERVATION BEDS (NON-DISTINCT		1151645				62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
67 DURABLE MEDICAL EQUIP-SOLD						67
101 SUBTOTAL		26794193	2032			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		26794193	2032			104

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK
 APPLICABLE
 BOXES

[] TITLE V
 [XX] TITLE XVIII-PT A
 [] TITLE XIX

[] HOSPITAL
 [XX] SUB I (26-T183)
 [] SUB II

[] SUB III
 [] SUB IV

[XX] PPS
 [] TEFRA

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	43116	3396375	66965308	37628	.000644	24	.050718	1908	37
38 RECOVERY ROOM	2422	123305	9638889	3176	.000251	1	.012792	41	38
39 DELIVERY ROOM & LABOR ROOM	227	15666	3629257		.000063		.004317		39
40 ANESTHESIOLOGY	263	75935	19460878	7252	.000014		.003902	28	40
41 RADIOLOGY-DIAGNOSTIC	14831	1747320	54072606	125997	.000274	35	.032314	4071	41
42 RADIOLOGY-THERAPEUTIC	1940	532720	60310893	57620	.000032	2	.008833	509	42
43 RADIOISOTOPE	1348	102473	6307971	2832	.000214	1	.016245	46	43
44 LABORATORY	11541	1100135	125305199	564692	.000092	52	.008780	4958	44
44.10 CARDIOVASCULAR LABORATORY	7651	1287121	31447996	6306	.000243	2	.040929	258	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	4455	344829	48445868	300689	.000092	28	.007118	2140	49
50 PHYSICAL THERAPY	16371	642624	9828029	948133	.001666	1580	.065387	61996	50
51 OCCUPATIONAL THERAPY	4319	158321	3801896	997788	.001136	1133	.041643	41551	51
52 SPEECH PATHOLOGY	947	58501	2573122	275636	.000368	101	.022735	6267	52
53 ELECTROCARDIOLOGY	294	165449	15070356	11864	.000020		.010978	130	53
54 ELECTROENCEPHALOGRAPHY	1565	111379	4461429	8425	.000351	3	.024965	210	54
55 MEDICAL SUPPLIES CHARGED TO P	5145	306187	84284525	537973	.000061	33	.003633	1954	55
55.30 IMPL. DEV. CHARGED TO PATIENT	8002	506358	127317707	8106	.000063	1	.003977	32	55.30
56 DRUGS CHARGED TO PATIENTS	4717	786909	74626998	1271603	.000063	80	.010545	13409	56
56.10 REHABILITATION SERVICES	28930	1329808	17969667	324655	.001610	523	.074003	24025	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	20850	1390158	40881339		.000510		.034005		61
62 OBSERVATION BEDS (NON-DISTINC	5680	283271	5030801		.001129		.056307		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
67 DURABLE MEDICAL EQUIP-SOLD	113	8902	2709148		.000042		.003286		67
101 TOTAL	184727	14473746	814139882	5490375		3599		163533	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK
APPLICABLE
BOXES

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TITLE V
TITLE XVIII-PT A
TITLE XIX

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HOSPITAL
SUB I (26-T183)
SUB II
SUB III

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SUB IV
SNF
NF
ICF/MR

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PPS
TEFRA

COST CENTER DESCRIPTION	NONPHYSICIAN	NONPHYSICIAN	MEDICAL				TOTAL
	ANESTHETIST	ANESTHETIST	EDUCATION				COSTS
	COST	COST	COST	N/A	N/A	N/A	3
	1	1.01	2	2.01	2.02	2.03	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
44.10 CARDIOVASCULAR LABORATORY							44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.10 REHABILITATION SERVICES							56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD							67
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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APPLICABLE
BOXES

[] TITLE V
[XX] TITLE XVIII-PT A
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[] HOSPITAL
[XX] SUB I (26-T183)
[] SUB II
[] SUB III

[] SUB IV
[] SNF
[] NF
[] ICF/MR

[] PPS
[] TEFRA

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	OUTPATIENT RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66965308			37628		37
38 RECOVERY ROOM		9638889			3176		38
39 DELIVERY ROOM & LABOR ROOM		3629257					39
40 ANESTHESIOLOGY		19460878			7252		40
41 RADIOLOGY-DIAGNOSTIC		54072606			125997		41
42 RADIOLOGY-THERAPEUTIC		60310893			57620		42
43 RADIOISOTOPE		6307971			2832		43
44 LABORATORY		125305199			564692		44
44.10 CARDIOVASCULAR LABORATORY		31447996			6306		44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		48445868			300689		49
50 PHYSICAL THERAPY		9828029			948133		50
51 OCCUPATIONAL THERAPY		3801896			997788		51
52 SPEECH PATHOLOGY		2573122			275636		52
53 ELECTROCARDIOLOGY		15070356			11864		53
54 ELECTROENCEPHALOGRAPHY		4461429			8425		54
55 MEDICAL SUPPLIES CHARGED TO P		84284525			537973		55
55.30 IMPL. DEV. CHARGED TO PATIENT		127317707			8106		55.30
56 DRUGS CHARGED TO PATIENTS		74626998			1271603		56
56.10 REHABILITATION SERVICES		17969667			324655		56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		40881339					61
62 OBSERVATION BEDS (NON-DISTINC		5030801					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD		2709148					67
101 TOTAL		814139882			5490375		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK
APPLICABLE
BOXES

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TITLE V
TITLE XVIII-PT A
TITLE XIX

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HOSPITAL
SUB I (26-T183)
SUB II
SUB III

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SUB IV
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ICF/MR

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PPS
TEFRA

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
44.10 CARDIOVASCULAR LABORATORY						44.10
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
56.10 REHABILITATION SERVICES						56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
67 DURABLE MEDICAL EQUIP-SOLD						67
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK
APPLICABLE
BOXES

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[XX]

TITLE V
TITLE XVIII-PT A
TITLE XIX

COST CENTER DESCRIPTION		OLD CAPITAL		NEW CAPITAL		
		CAPITAL RELATED COST	SWING-BED ADJUSTMENT	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	
		1	2	4	5	
INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS	68758		3430312		25
26	INTENSIVE CARE UNIT	10987		559105		26
26.01	NEONATOLOGY/NICU	5309		362386		26.01
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	8035		344490		31
33	NURSERY	829		38928		33
101	TOTAL	93918		4735221		101

COST CENTER DESCRIPTION		OLD CAPITAL		NEW CAPITAL		
		TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM CAPITAL COST	PER DIEM CAPITAL COST	
		7	8	9	11	
INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS	46150	4944	1.49	74.33	25
26	INTENSIVE CARE UNIT	5734	1061	1.92	97.51	26
26.01	NEONATOLOGY/NICU	5037	2924	1.05	71.94	26.01
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	3503	385	2.29	98.34	31
33	NURSERY	1298	1043	.64	29.99	33
101	TOTAL	61722	10357			101

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
 11/15/2010 14:53

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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 PART II

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[] TITLE V
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 [XX] TITLE XIX

[XX] HOSPITAL (26-0183)
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 [] SUB II

[] SUB III
 [] SUB IV
 [] OTHER

[XX] PPS
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COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	43116	3396375	66965308	4649517	.000644	2994	.050718	235814	37
38 RECOVERY ROOM	2422	123305	9638889	349559	.000251	88	.012792	4472	38
39 DELIVERY ROOM & LABOR ROOM	227	15666	3629257		.000063		.004317		39
40 ANESTHESIOLOGY	263	75935	19460878	852765	.000014	12	.003902	3327	40
41 RADIOLOGY-DIAGNOSTIC	14831	1747320	54072606	2480604	.000274	680	.032314	80158	41
42 RADIOLOGY-THERAPEUTIC	1940	532720	60310893	2438782	.000032	78	.008833	21542	42
43 RADIOISOTOPE	1348	102473	6307971	202803	.000214	43	.016245	3295	43
44 LABORATORY	11541	1100135	125305199	6949490	.000092	639	.008780	61017	44
44.10 CARDIOVASCULAR LABORATORY	7651	1287121	31447996	1507455	.000243	366	.040929	61699	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	4455	344829	48445868	7225565	.000092	665	.007118	51432	49
50 PHYSICAL THERAPY	16371	642624	9828029	532160	.001666	887	.065387	34796	50
51 OCCUPATIONAL THERAPY	4319	158321	3801896	374753	.001136	426	.041643	15606	51
52 SPEECH PATHOLOGY	947	58501	2573122	473691	.000368	174	.022735	10769	52
53 ELECTROCARDIOLOGY	294	165449	15070356	378932	.000020	8	.010978	4160	53
54 ELECTROENCEPHALOGRAPHY	1565	111379	4461429	398080	.000351	140	.024965	9938	54
55 MEDICAL SUPPLIES CHARGED TO P	5145	306187	84284525	6278801	.000061	383	.003633	22811	55
55.30 IMPL. DEV. CHARGED TO PATIENT	8002	506358	127317707	8535213	.000063	538	.003977	33945	55.30
56 DRUGS CHARGED TO PATIENTS	4717	786909	74626998	12299328	.000063	775	.010545	129696	56
56.10 REHABILITATION SERVICES	28930	1329808	17969667	397880	.001610	641	.074003	29444	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	20850	1390158	40881339	986078	.000510	503	.034005	33532	61
62 OBSERVATION BEDS (NON-DISTINC	5680	283271	5030801	108741	.001129	123	.056307	6123	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
67 DURABLE MEDICAL EQUIP-SOLD	113	8902	2709148		.000042		.003286		67
101 TOTAL	184727	14473746	814139882	57420197		10163		853576	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK
APPLICABLE
BOXES

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TITLE V
TITLE XVIII-PT A
TITLE XIX

COST CENTER DESCRIPTION		NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					46150		4944	25
26	INTENSIVE CARE UNIT					5734		1061	26
26.01	NEONATOLOGY/NICU					5037		2924	26.01
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					3503		385	31
33	NURSERY					1298		1043	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					61722		10357	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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APPLICABLE
BOXES

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TITLE V

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TITLE XVIII-PT A

[XX]

TITLE XIX

[XX]

HOSPITAL (26-0183)

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SUB I

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SUB II

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SUB III

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SUB IV

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OTHER

COST CENTER DESCRIPTION	OUTPATIENT						TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2	N/A 2.01	N/A 2.02	N/A 2.03	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
44.10 CARDIOVASCULAR LABORATORY							44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.10 REHABILITATION SERVICES							56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD							67
101 TOTAL							101

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (26-0183)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66965308			4649517		37
38 RECOVERY ROOM		9638889			349559		38
39 DELIVERY ROOM & LABOR ROOM		3629257					39
40 ANESTHESIOLOGY		19460878			852765		40
41 RADIOLOGY-DIAGNOSTIC		54072606			2480604		41
42 RADIOLOGY-THERAPEUTIC		60310893			2438782		42
43 RADIOISOTOPE		6307971			202803		43
44 LABORATORY		125305199			6949490		44
44.10 CARDIOVASCULAR LABORATORY		31447996			1507455		44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		48445868			7225565		49
50 PHYSICAL THERAPY		9828029			532160		50
51 OCCUPATIONAL THERAPY		3801896			374753		51
52 SPEECH PATHOLOGY		2573122			473691		52
53 ELECTROCARDIOLOGY		15070356			378932		53
54 ELECTROENCEPHALOGRAPHY		4461429			398080		54
55 MEDICAL SUPPLIES CHARGED TO P		84284525			6278801		55
55.30 IMPL. DEV. CHARGED TO PATIENT		127317707			8535213		55.30
56 DRUGS CHARGED TO PATIENTS		74626998			12299328		56
56.10 REHABILITATION SERVICES		17969667			397880		56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		40881339			986078		61
62 OBSERVATION BEDS (NON-DISTINC		5030801			108741		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD		2709148					67
101 TOTAL		814139882			57420197		101

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (26-0183)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
44.10 CARDIOVASCULAR LABORATORY					44.10
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.10 REHABILITATION SERVICES					56.10
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
67 DURABLE MEDICAL EQUIP-SOLD					67
101 TOTAL					101

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0183)	SUB I (PPS) (26-T183)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	46150	3503					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	46150	3503					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8391						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37759	3503					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							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	25109	2579					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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0183)	SUB I (PPS) (26-T183)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	38989230	2922336					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	38989230	2922336					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	43583849	2365485					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6407364						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37176485	2365485					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.894580	1.235407					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	763.60						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	984.57	675.27					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	38989230	2922336					37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (26-0183)	SUB I (PPS) (26-T183)	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	844.84	834.24				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21213088	2151505				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21213088	2151505				41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	8591073	5734	1498.27	4329	6486011	43
43.01	NEONATOLOGY/NICU	5446699	5037	1081.34			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

		HOSPITAL (PPS) (26-0183)	SUB I (PPS) (26-T183)	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	45216589	1559603				48
49	TOTAL PROGRAM INPATIENT COSTS	72915688	3711108				49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2334197	259525				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3403454	167132				51
52	TOTAL PROGRAM EXCLUDABLE COST	5737651	426657				52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	67178037	3284451				53

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WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (26-0183)	SUB I (PPS) (26-T183)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION		1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST							
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

WORKSHEET D-1
PARTS III & IV

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY
SNF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[]	TITLE V-INPT	[XX]	TITLE XVIII-PART A	[]	TITLE XIX-INPT
			HOSPITAL (PPS) (26-0183)	SUB I (PPS) (26-T183)	SUB II SUB III SUB IV
			1	1	1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS	3811	83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	844.84	84
85	OBSERVATION BED COST	3219685	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL ROUTINE COST		TOTAL OBSERVATION BED COST		OBSERVATION BED PASS-THROUGH COST	
COST		DIVIDED BY		COL 3 TIMES COL 4	
1	(FROM LINE 27) 2	COLUMN 1 3	COLUMN 2 4	5	6
86	OLD CAPITAL-RELATED COST	68758	38989230	.001764	3219685
87	NEW CAPITAL-RELATED COST	3430312	38989230	.087981	3219685
88	NON PHYSICIAN ANESTHETIST		38989230		3219685
89	MEDICAL EDUCATION		38989230		3219685

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0183)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	46150					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	46150					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8391					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37759					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						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4944					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						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						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						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	1298					15
16 TITLE V OR XIX NURSERY DAYS	1043					16

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WORKSHEET D-1
PART I (CONT)

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0183)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	38989230						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	38989230						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	43583849						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6407364						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37176485						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.894580						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	763.60						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	984.57						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	38989230						37

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WORKSHEET D-1
PART II

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (26-0183)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	844.84						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4176889						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4176889						41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)	1422763	1298	1096.12	1043	1143253	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	8591073	5734	1498.27	1061	1589664	43	
43.01	NEONATOLOGY/NICU	5446699	5037	1081.34	2924	3161838	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
		HOSPITAL (PPS) (26-0183)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	11291189						48
49	TOTAL PROGRAM INPATIENT COSTS	21362833						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	725721						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	863739						51
52	TOTAL PROGRAM EXCLUDABLE COST	1589460						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	19773373						53

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WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (26-0183)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

WORKSHEET D-1
PARTS III & IV

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT	[] TITLE XVIII-PART A	[XX] TITLE XIX-INPT			
	HOSPITAL (PPS) (26-0183)	SUB I	SUB II	SUB III	SUB IV
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3811	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	844.84	84
85 OBSERVATION BED COST	3219685	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL			TOTAL		OBSERVATION BED	
ROUTINE			OBSERVATION		PASS-THROUGH COST	
COST			BED COST		COL 3 TIMES COL 4	
1			4		5	
(FROM LINE 27)			(FROM LINE 85)			
2			3			
			DIVIDED BY			
			COLUMN 1			
			COLUMN 2			
			3			
86 OLD CAPITAL-RELATED COST	68758	38989230	.001764	3219685	5680	86
87 NEW CAPITAL-RELATED COST	3430312	38989230	.087981	3219685	283271	87
88 NON PHYSICIAN ANESTHETIST		38989230		3219685		88
89 MEDICAL EDUCATION		38989230		3219685		89

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

☐ TITLE V	☒ HOSPITAL (26-0183)	☐ SNF	☒ PPS
☒ TITLE XVIII-PT A	☐ SUB I	☐ NF	☐ TEFRA
☐ TITLE XIX	☐ SUB II	☐ S/B-SNF	☐ OTHER
	☐ SUB III	☐ S/B-NF	
	☐ SUB IV	☐ ICF/MR	

COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS					
25	ADULTS & PEDIATRICS		23846172		25
26	INTENSIVE CARE UNIT		6799984		26
26.01	NEONATOLOGY/NICU				26.01
31	SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM	.308383	20569965	6343428	37
38	RECOVERY ROOM	.166883	2679296	447129	38
39	DELIVERY ROOM & LABOR ROOM	.314552	35810	11264	39
40	ANESTHESIOLOGY	.048997	6489581	317970	40
41	RADIOLOGY-DIAGNOSTIC	.180331	9961532	1796373	41
42	RADIOLOGY-THERAPEUTIC	.037544	10903582	409364	42
43	RADIOISOTOPE	.114745	1286700	147642	43
44	LABORATORY	.118939	30605599	3640199	44
44.10	CARDIOVASCULAR LABORATORY	.196659	7614467	1497453	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.118855	17728276	2107094	49
50	PHYSICAL THERAPY	.397326	1380767	548615	50
51	OCCUPATIONAL THERAPY	.379677	932224	353944	51
52	SPEECH PATHOLOGY	.362558	614850	222919	52
53	ELECTROCARDIOLOGY	.106654	6929198	739027	53
54	ELECTROENCEPHALOGRAPHY	.286566	391935	112315	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.172338	35864811	6180870	55
55.30	IMPL. DEV. CHARGED TO PATIENT	.234400	44132740	10344714	55.30
56	DRUGS CHARGED TO PATIENTS	.234637	34107697	8002928	56
56.10	REHABILITATION SERVICES	.510132	783149	399509	56.10
OUTPATIENT SERVICE COST CENTERS					
61	EMERGENCY	.296256	2958327	876422	61
62	OBSERVATION BEDS (NON-DISTINCT	.639995	1120962	717410	62
OTHER REIMBURSABLE COST CENTERS					
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
67	DURABLE MEDICAL EQUIP-SOLD	.434651			67
101	TOTAL		237091468	45216589	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		237091468		103

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (26-T183)	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NEONATOLOGY/NICU				26.01
31 SUBPROVIDER I		1939103		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.308383	37628	11604	37
38 RECOVERY ROOM	.166883	3176	530	38
39 DELIVERY ROOM & LABOR ROOM	.314552			39
40 ANESTHESIOLOGY	.048997	7252	355	40
41 RADIOLOGY-DIAGNOSTIC	.180331	125997	22721	41
42 RADIOLOGY-THERAPEUTIC	.037544	57620	2163	42
43 RADIOISOTOPE	.114745	2832	325	43
44 LABORATORY	.118939	564692	67164	44
44.10 CARDIOVASCULAR LABORATORY	.196659	6306	1240	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.118855	300689	35738	49
50 PHYSICAL THERAPY	.397326	948133	376718	50
51 OCCUPATIONAL THERAPY	.379677	997788	378837	51
52 SPEECH PATHOLOGY	.362558	275636	99934	52
53 ELECTROCARDIOLOGY	.106654	11864	1265	53
54 ELECTROENCEPHALOGRAPHY	.286566	8425	2414	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.172338	537973	92713	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.234400	8106	1900	55.30
56 DRUGS CHARGED TO PATIENTS	.234637	1271603	298365	56
56.10 REHABILITATION SERVICES	.510132	324655	165617	56.10
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.296256			61
62 OBSERVATION BEDS (NON-DISTINCT	.639995			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
67 DURABLE MEDICAL EQUIP-SOLD	.434651			67
101 TOTAL		5490375	1559603	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5490375		103

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (26-0183)	[] SNF	[XX] PPS
[] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		6581252		25
26 INTENSIVE CARE UNIT		1708371		26
26.01 NEONATOLOGY/NICU		5409490		26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.308383	4649517	1433832	37
38 RECOVERY ROOM	.166883	349559	58335	38
39 DELIVERY ROOM & LABOR ROOM	.314552			39
40 ANESTHESIOLOGY	.048997	852765	41783	40
41 RADIOLOGY-DIAGNOSTIC	.180331	2480604	447330	41
42 RADIOLOGY-THERAPEUTIC	.037544	2438782	91562	42
43 RADIOISOTOPE	.114745	202803	23271	43
44 LABORATORY	.118939	6949490	826565	44
44.10 CARDIOVASCULAR LABORATORY	.196659	1507455	296455	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.118855	7225565	858795	49
50 PHYSICAL THERAPY	.397326	532160	211441	50
51 OCCUPATIONAL THERAPY	.379677	374753	142285	51
52 SPEECH PATHOLOGY	.362558	473691	171740	52
53 ELECTROCARDIOLOGY	.106654	378932	40415	53
54 ELECTROENCEPHALOGRAPHY	.286566	398080	114076	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.172338	6278801	1082076	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.234400	8535213	2000654	55.30
56 DRUGS CHARGED TO PATIENTS	.234637	12299328	2885877	56
56.10 REHABILITATION SERVICES	.510132	397880	202971	56.10
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.296256	986078	292132	61
62 OBSERVATION BEDS (NON-DISTINCT	.639995	108741	69594	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES	.893120			65
67 DURABLE MEDICAL EQUIP-SOLD	.434651			67
101 TOTAL		57420197	11291189	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		57420197		103

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0183)	COL 1.01	SUB I	SUB II	SUB III	SUB IV
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	10190687					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		11365211				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS		23132409				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	636558	2582154				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	217.58					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3, PT. VI, LN. 15][PLUS LN. 3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0183)	COL 1.01	SUB I	SUB II	SUB III	SUB IV
3.18 CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19 PRIOR YEAR RESIDENT TO BED RATIO						3.19
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.20
3.21 IME PAYMENTS FOR DSCGHS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22 IME PAYMENTS FOR DSCGHS AFTER SEP 30 BUT BEFORE JAN 1						3.22
3.23 IME PAYMENTS FOR DSCGHS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]						3.23
3.24 SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0					3.24
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.0798					4
4.02 SUM OF 4 AND 4.01	0.2191					4.01
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2989					4.02
4.04 DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	0.1387	0.1387				4.03
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	1413448	4784820				4.04
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5
5.02 DIVIDE LINE 5.01 BY LINE 5						5.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.02
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.03
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.04
5.06 TOTAL ADDITIONAL PAYMENT						5.05
6 SUBTOTAL	12240693	41864594				5.06
7 HOSPITAL SPECIFIC PAYMENTS						6
7.01 HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	54105287					7.01
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4235903					8
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						9
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						10
11.01 NURSING AND ALLIED HEALTH MANAGED CARE						11
11.02 ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.01
12 NET ORGAN ACQUISITION COST						11.02
13 COST OF TEACHING PHYSICIANS						12
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS						13
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS						14
16 TOTAL	58341190					15
17 PRIMARY PAYER PAYMENTS	38435					16
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	58302755					17
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4322640					18
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	145211					19
21 REIMBURSABLE BAD DEBTS	1127236					20
21.01 REDUCED PROGRAM REIMBURSABLE BAD DEBTS	789065					21
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1034612					21.01
22 SUBTOTAL	54623969					21.02
						22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0183)	COL 1.01	SUB I	SUB II	SUB III	SUB IV
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24 OTHER ADJUSTMENTS						24
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26 AMOUNT DUE PROVIDER	54623969					26
27 SEQUESTRATION ADJUSTMENT						27
28 INTERIM PAYMENTS	53912407					28
28.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29 BALANCE DUE PROVIDER (PROGRAM)	711562					29
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						30
TO BE COMPLETED BY INTERMEDIARY						
50 OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51 CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						53
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-0183) 1	HOSPITAL (26-0183) 1.01	HOSPITAL (26-0183) 1.02	
1 MEDICAL AND OTHER SERVICES	3513			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	26794193			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	22276846			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3513			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	19541			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	19541			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	19541			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	16028			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3513			17
17.01 TOTAL PPS PAYMENTS	22276846			17.01

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-0183) 1	HOSPITAL (26-0183) 1.01	HOSPITAL (26-0183) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1074		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	5010743		18.01
19 SUBTOTAL	17268542		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	17268542		23
24 PRIMARY PAYER PAYMENTS	5356		24
25 SUBTOTAL	17263186		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	160096		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	112067		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	17375253		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	17375253		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	17261920		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	113333		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (26-T183) 1	SUB I (26-T183) 1.01	SUB I (26-T183) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (26-T183) 1	SUB I (26-T183) 1.01	SUB I (26-T183) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (26-0183)

WORKSHEET E-1

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		53912407		17261920
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		53912407		17261920
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	711562		113333
	PROVIDER TO .02			6.01
	PROGRAM			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		54623969		17375253
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
SUBPROVIDER I (26-T183)

WORKSHEET E-1

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		3494051		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE NONE	NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3494051		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE NONE	NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	225792		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3719843		7
NAME OF INTERMEDIARY: _____	INTERMEDIARY NUMBER: _____			
SIGNATURE OF AUTHORIZED PERSON: _____	DATE (MO/DAY/YR): _____			

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (26-T183)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	3202922				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0464				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	303259				1.04
1.05	OUTLIER PAYMENTS	257404				1.05
1.06	TOTAL PPS PAYMENTS	3763585				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	9.597260				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	3763585				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	3763585				6
7	DEDUCTIBLES	36664				7
8	SUBTOTAL	3726921				8
9	COINSURANCE	7078				9
10	SUBTOTAL	3719843				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	3719843				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (26-T183)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		3719843				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		3494051				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		225792				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
50 TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX			NF I
		HOSPITAL (26-0183) (PPS)	SUB I (26-T183)	SUB II	SUB III	SUB IV	
COMPUTATION OF NET COST OF COVERED SERVICES		1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES						1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL						6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL						9
COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES	11842631					10
11	ANCILLARY SERVICE CHARGES	57420197					11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES	69262828					16
CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES	69262828					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	69262828					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES						23
PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
PART III

[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX		
		HOSPITAL (26-0183) (PPS)	SUB I	SUB II	SUB III	SUB IV
		1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	SUBTOTAL					35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					59
	SECTION 115.2					

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	19997017			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	69761434			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-22860000			6
7	INVENTORY	8287230			7
8	PREPAID EXPENSES	3726339			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	78912020			11
FIXED ASSETS					
12	LAND	2902168			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6618089			13
13.01	ACCUMULATED DEPRECIATION	-4429990			13.01
14	BUILDINGS	142002521			14
14.01	ACCUMULATED DEPRECIATION	-38888576			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	73654089			16
16.01	ACCUMULATED DEPRECIATION	-37241815			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	88737256			18
18.01	ACCUMULATED DEPRECIATION	-59232007			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	174121735			21
OTHER ASSETS					
22	INVESTMENTS	249644497			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	1987313			25
26	TOTAL OTHER ASSETS	251631810			26
27	TOTAL ASSETS	504665565			27
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	16626664			28
29	SALARIES, WAGES & FEES PAYABLE	20935519			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	12613445			35
36	TOTAL CURRENT LIABILITIES	50175628			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	140042984			41
42	TOTAL LONG TERM LIABILITIES	140042984			42
43	TOTAL LIABILITIES	190218612			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	314446953			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	314446953			51
52	TOTAL LIABILITIES AND FUND BALANCES	504665565			52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	273595989			1
2 NET INCOME (LOSS)	40850964			2
3 TOTAL	314446953			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	314446953			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	314446953			19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	50148991		50148991	2
4 SUBPROVIDER I	2540875		2540875	4
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	52689866		52689866	10
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.01
11 INTENSIVE CARE UNIT	16759420		16759420	11
12 NEONATOLOGY/NICU	15028069		15028069	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	31787489		31787489	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	84477355		84477355	18
18.50 ANCILLARY SERVICES	434574936		434574936	18.50
18.60 OUTPATIENT SERVICES		437056888	437056888	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		1309990	1309990	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 TOTAL PATIENT REVENUES	519052291	438366878	957419169	26

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		333178068	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		333178068	40

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	957419169	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	607549102	2
3	NET PATIENT REVENUES	349870067	3
4	LESS - TOTAL OPERATING EXPENSES	333178068	4
5	NET INCOME FROM SERVICE TO PATIENTS	16691999	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	42993	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1110296	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	10914	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	8263	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	FITNESS CENTER	2102363	24
24.01	WELLNESS	236859	24.01
24.02	MISC	843939	24.02
24.03	OTHER: RETAIL PHARMACY	5302626	24.03
24.04	MEDICAL OFFICE BUILDING	591192	24.04
24.05	GAIN ON INVESTMENTS	14252334	24.05
25	TOTAL OTHER INCOME	24501779	25
26	TOTAL	41193778	26
27	LOSS ON SALE OF FIXED ASSETS	342814	27
27.01	LOSS ON INVESTMENTS		27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	342814	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	40850964	31

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7515

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	116588	34324			28880	179792
HHA REIMBURSABLE SERVICES						5
6 SKILLED NURSING CARE	393250	115775	28023			537048
7 PHYSICAL THERAPY	196943	57981	19569			274493
8 OCCUPATIONAL THERAPY	8656	2548	1166			12370
9 SPEECH PATHOLOGY	2826	832	611			4269
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	3167	932	226			4325
12 SUPPLIES					9214	9214
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	721430	212392	49595		38094	1021511

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7515

WORKSHEET H
(CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		179792		179792	5
6 SKILLED NURSING CARE	213	537261		537261	6
7 PHYSICAL THERAPY		274493		274493	7
8 OCCUPATIONAL THERAPY		12370		12370	8
9 SPEECH PATHOLOGY		4269		4269	9
10 MEDICAL SOCIAL SERVICES					10
11 HOME HEALTH AIDE		4325		4325	11
12 SUPPLIES		9214		9214	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	213	1021724		1021724	24

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

HHA NO.: 26-7515

WORKSHEET H-4
PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDG & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION									4
5 ADMINISTRATIVE AND GENERAL	179792					179792	179792		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	537261					537261	114729	651990	6
7 PHYSICAL THERAPY	274493					274493	58617	333110	7
8 OCCUPATIONAL THERAPY	12370					12370	2642	15012	8
9 SPEECH PATHOLOGY	4269					4269	912	5181	9
10 MEDICAL SOCIAL SERVICES									10
11 HOME HEALTH AIDE	4325					4325	924	5249	11
12 SUPPLIES	9214					9214	1968	11182	12
13 DRUGS									13
13.20 COST OF ADMINISTERING VACCINES									13.20
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING									17
18 CLINIC									18
19 HEALTH PROMOTION ACTIVITIES									19
20 DAY CARE PROGRAM									20
21 HOME DELIVERED MEALS PROGRAM									21
22 HOMEMAKER SERVICE									22
23 ALL OTHERS									23
23.50 TELEMEDICINE									23.50
24 TOTAL	1021724					1021724		1021724	24

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-4
PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1	GENERAL SERVICE COST CENTER						1
2	CAPITAL RELATED-BLDG & FIXT						2
3	CAPITAL RELATED-MOVABLE EQUIP						3
4	PLANT OPERATION & MAINTENANCE						4
5	TRANSPORTATION						5
6	ADMINISTRATIVE AND GENERAL				-179792	841932	6
7	HHA REIMBURSABLE SERVICES						7
8	SKILLED NURSING CARE					537261	8
9	PHYSICAL THERAPY					274493	9
10	OCCUPATIONAL THERAPY					12370	10
11	SPEECH PATHOLOGY					4269	11
12	MEDICAL SOCIAL SERVICES						12
13	HOME HEALTH AIDE					4325	13
14	SUPPLIES					9214	14
15	DRUGS						15
16	COST OF ADMINISTERING VACCINES						16
17	DME						17
18	HHA NONREIMBURSABLE SERVICES						18
19	HOME DIALYSIS AIDE SERVICES						19
20	RESPIRATORY THERAPY						20
21	PRIVATE DUTY NURSING						21
22	CLINIC						22
23	HEALTH PROMOTION ACTIVITIES						23
24	DAY CARE PROGRAM						24
25	HOME DELIVERED MEALS PROGRAM						25
26	HOMEMAKER SERVICE						26
27	ALL OTHERS						27
28	TELEMEDICINE						28
29	TOTAL				-179792	841932	29
30	COST TO BE ALLOC (PER W/S H)					179792	30
31	UNIT COST MULTIPLIER					.213547	31

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7515

WORKSHEET H-5
 PART I

HHA COST CENTER	PURCHASING 6.03	ADMITTING 6.04	CREDIT & COLLECTION 6.05	SUBTOTAL 5A	OTHER ADMIN & GENERAL 6.06	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SPD SOILED PROCESSING 8.10
1 ADMINISTRATIVE AND GENERAL	1249			92611	11080	12968	20199	1
2 SKILLED NURSING CARE				675843	80854			2
3 PHYSICAL THERAPY				345052	41280			3
4 OCCUPATIONAL THERAPY				15537	1859			4
5 SPEECH PATHOLOGY				5352	640			5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE				5441	651			7
8 SUPPLIES				11182	1338			8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS	1249			1151018	137702	12968	20199	20
21 UNIT COST MULTIPLIER								21

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7515

WORKSHEET H-5
PART I

HHA COST CENTER		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
		25	26	27	28	29	
1	ADMINISTRATIVE AND GENERAL	164648		164648			1
2	SKILLED NURSING CARE	756697		756697	105135	861832	2
3	PHYSICAL THERAPY	386332		386332	53677	440009	3
4	OCCUPATIONAL THERAPY	17396		17396	2417	19813	4
5	SPEECH PATHOLOGY	5992		5992	833	6825	5
6	MEDICAL SOCIAL SERVICES						6
7	HOME HEALTH AIDE	6092		6092	846	6938	7
8	SUPPLIES	12520		12520	1740	14260	8
9	DRUGS						9
9.20	COST OF ADMINISTERING VACC						9.20
10	DME						10
11	HOME DIALYSIS AIDE SERVICE						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIE						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGR						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
19.50	TELEMEDICINE						19.50
20	TOTALS	1349677		1349677	164648	1349677	20
21	UNIT COST MULTIPLIER				.138940		21

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-5
 PART II

HHA COST CENTER		OLD CAP BLDGS & FIXTURES SQ	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQ	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO	
		1	2	3	4	5	6.01	6.02	6.03	
1	ADMINISTRATIVE AND GENERAL	14218		14218	451	116588	22	9	86572	1
2	SKILLED NURSING CARE					393380				2
3	PHYSICAL THERAPY					196943				3
4	OCCUPATIONAL THERAPY					8656				4
5	SPEECH PATHOLOGY					2826				5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE					3167				7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	14218		14218	451	721560	22	9	86572	20
21	TOTAL COST TO BE ALLOCATED	978		33229	457	43753	5139	44489	1249	21
22	UNIT COST MULTIPLIER	.068786		2.337108		.060637		4943.222222		22
22	UNIT COST MULTIPLIER				1.013304		233.590909		.014427	22

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-5
 PART II

HHA COST CENTER	ADMITTING GROSS CHARGES 6.04	CREDIT & COLLECTION GROSS CHARGES 6.05	RECON- CILIATION 6A.06	OTHER ADMIN & GENERAL ACCUM COST 6.06	MAIN- TENANCE & REPAIRS SQ 7	OPERATION OF PLANT SQ 8	SPD SOILED PROCESSIN G HOURS 8.10	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9
1 ADMINISTRATIVE AND GENERAL				92611	14218	14218		1
2 SKILLED NURSING CARE				675843				2
3 PHYSICAL THERAPY				345052				3
4 OCCUPATIONAL THERAPY				15537				4
5 SPEECH PATHOLOGY				5352				5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE				5441				7
8 SUPPLIES				11182				8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS				1151018	14218	14218		20
21 TOTAL COST TO BE ALLOCATED				137702	12968	20199		21
22 UNIT COST MULTIPLIER					.912083			22
22 UNIT COST MULTIPLIER				.119635		1.420664		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-5
PART II

HHA COST CENTER		HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION HOURS OF SERVIC	SPD STERIL E PROCESSI NG SURVEY	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES
		SQ	MEALS SERVED	HOURS				
		10	11	12	14	14.10	17	18
1	ADMINISTRATIVE AND GENERAL	14218		20080				
2	SKILLED NURSING CARE							
3	PHYSICAL THERAPY							
4	OCCUPATIONAL THERAPY							
5	SPEECH PATHOLOGY							
6	MEDICAL SOCIAL SERVICES							
7	HOME HEALTH AIDE							
8	SUPPLIES							
9	DRUGS							
9.20	COST OF ADMINISTERING VACC							
10	DME							
11	HOME DIALYSIS AIDE SERVICE							
12	RESPIRATORY THERAPY							
13	PRIVATE DUTY NURSING							
14	CLINIC							
15	HEALTH PROMOTION ACTIVITIE							
16	DAY CARE PROGRAM							
17	HOME DELIVERED MEALS PROGR							
18	HOMEMAKER SERVICE							
19	ALL OTHERS							
19.50	TELEMEDICINE							
20	TOTALS	14218		20080				
21	TOTAL COST TO BE ALLOCATED	14062		13728				
22	UNIT COST MULTIPLIER	.989028		.683665				
22	UNIT COST MULTIPLIER							

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 26-7515

WORKSHEET H-6
PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	861832		861832	2980	289.21	1
2	PHYSICAL THERAPY	3	440009		440009	2081	211.44	2
3	OCCUPATIONAL THERAPY	4	19813		19813	124	159.78	3
4	SPEECH PATHOLOGY	5	6825		6825	65	105.00	4
5	MEDICAL SOCIAL SERV	6						5
6	HOME HEALTH AIDE SERV	7	6938		6938	24	289.08	6
7	TOTAL		1335417		1335417	5274		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST LIMITS	
		1		2	3	4	5	
8	SKILLED NURSING CARE	9926						8
9	PHYSICAL THERAPY	9926						9
10	OCCUPATIONAL THERAPY	9926						10
11	SPEECH PATHOLOGY	9926						11
12	MEDICAL SOCIAL SERV	9926						12
13	HOME HEALTH AIDE SERV	9926						13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL		
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES	RATIO	
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	14260		14260	86820	.164248	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9926		17
18	PER BENEFICIARY COST LIMITATION					9926		18
19	PER BENEFICIARY COST LIMITATION							19

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 26-7515

WORKSHEET H-7
PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B ----- NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
REASONABLE COST OF PROGRAM SERVICES			1
1 REASONABLE COST OF SERVICES			2
2 TOTAL CHARGES			3
CUSTOMARY CHARGES			4
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			5
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)			6
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			7
6 TOTAL CUSTOMARY CHARGES			8
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			9
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			
9 PRIMARY PAYOR PAYMENTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	439595	175985	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		5691	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	12185	9782	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	2374	887	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		657	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	454154	193002	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	454154	193002	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	454154	193002	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	454154	193002	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	454154	193002	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	454154	193002	24
25 TOTAL INTERIM PAYMENTS	454154	193002	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 26-7515

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		454154		193002
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE NONE	NONE NONE	1 2 3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		454154		193002
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE NONE	NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		454154		193002

NAME OF INTERMEDIARY: _____

SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____

DATE (MO/DAY/YR): _____

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (26-0183) 1	HOSPITAL (26-0183) 1.01	SUB I	SUB II	SUB III
PART I - FULLY PROSPECTIVE METHOD					
1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
CAPITAL FEDERAL AMOUNT					
2 CAPITAL DRG OTHER THAN OUTLIER	3647765				2
3 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					3
3.01 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	360517				3.01
4 INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD					4
		[E-3,PT VI, LN.18] [E,PT A, LN.3.17][X E-3,PT VI, LN.1]			
4.01 NO. OF INTERNS & RESIDENTS	0.00	0.00			4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT					4.03
5 % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0798				5
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2191				5.01
5.02 SUM OF LINES 5 AND 5.01	0.2989				5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0624				5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT	227621				5.04
6 TOTAL PROSPECTIVE CAPITAL PAYMENTS	4235903				6
PART II - HOLD HARMLESS METHOD					
1 NEW CAPITAL					1
2 OLD CAPITAL					2
3 TOTAL CAPITAL					3
4 RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7 REDUCED OLD CAPITAL AMOUNT					7
8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9 SUBTOTAL					9
10 PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
PART III - PAYMENT UNDER REASONABLE COST					
1 PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3 TOTAL INPATIENT PROGRAM CAPITAL					3
4 CAPITAL COST PAYMENT FACTOR					4
5 TOTAL INPATIENT PROGRAM CAPITAL COST					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1 PROGRAM INPATIENT CAPITAL COSTS					1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3 NET PROGRAM INPATIENT CAPITAL COSTS					3
4 APPLICABLE EXCEPTION PERCENTAGE					4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8 CAPITAL MINIMUM PAYMENT LEVEL					8
9 CURRENT YEAR CAPITAL PAYMENTS					9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12 NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13 CURRENT YEAR EXCEPTION PAYMENT					13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					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					17

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (26-0183) 1	HOSPITAL (26-0183) 1.01	SUB I	SUB II	SUB III
PART I - FULLY PROSPECTIVE METHOD					
1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
CAPITAL FEDERAL AMOUNT					
2 CAPITAL DRG OTHER THAN OUTLIER					2
3 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					3
3.01 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					3.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4 TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD					4
4.01 NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I					4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					4.03
DISPROPORTIONATE SHARE ADJUSTMENT					
5 % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					5
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					5.01
5.02 SUM OF LINES 5 AND 5.01					5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT					5.04
6 TOTAL PROSPECTIVE CAPITAL PAYMENTS					6
PART II - HOLD HARMLESS METHOD					
1 NEW CAPITAL					1
2 OLD CAPITAL					2
3 TOTAL CAPITAL					3
4 RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7 REDUCED OLD CAPITAL AMOUNT					7
8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9 SUBTOTAL					9
10 PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
PART III - PAYMENT UNDER REASONABLE COST					
1 PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3 TOTAL INPATIENT PROGRAM CAPITAL					3
4 CAPITAL COST PAYMENT FACTOR					4
5 TOTAL INPATIENT PROGRAM CAPITAL COST					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1 PROGRAM INPATIENT CAPITAL COSTS					1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3 NET PROGRAM INPATIENT CAPITAL COSTS					3
4 APPLICABLE EXCEPTION PERCENTAGE					4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8 CAPITAL MINIMUM PAYMENT LEVEL					8
9 CURRENT YEAR CAPITAL PAYMENTS					9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12 NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13 CURRENT YEAR EXCEPTION PAYMENT					13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					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					17

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CREDIT & COLLECTIONS					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.10 SPD SOILED PROCESSING					8.10
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
14.10 SPD STERILE PROCESSING					14.10
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 NEONATOLOGY/NICU					26.01
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
44.10 CARDIOVASCULAR LABORATORY					44.10
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.10 REHABILITATION SERVICES					56.10
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
67 DURABLE MEDICAL EQUIP-SOLD					67
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
100 FITNESS CENTER					100
100.01 RETAIL PHARMACY					100.01
100.02 GARDEN VIEW DELI					100.02
100.03 MEDICAL OFFICE BLDG					100.03
100.04 PHYSICIAN SERVICES					100.04

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
100.05 ENDOCRINOLOGIST						100.05
100.06 HOSPITALIST						100.06
100.07 NEONATOLOGY PHYSICIANS						100.07
100.08 ANESTHESIOLOGISTS						100.08
100.09 PHYSICIAN CARDIOLOGIST						100.09
100.10 PHYSICIAN ONCOLOGIST						100.10
100.11 PERINATOLOGY						100.11
100.12 TRAUMA PHYSICIANS						100.12
100.13 LANDMARK HOSPITAL						100.13
100.14 GYN SURG ONCOLOGIST						100.14
100.15 CAPE GASTROENTEROLOGY						100.15
100.16 CAPE PHYSICIAN ASSOCIATES						100.16
100.17 NONPATIENT MEALS						100.17
100.18 BEAUTY SHOP						100.18
100.19 MARKETING COSTS						100.19
100.20 CAPE PRIMARY CARE						100.20
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	54.41		10.71				65.12 25
26 INTENSIVE CARE UNIT	75.50		18.50				94.00 26
26.01 NEONATOLOGY/NICU			58.05				58.05 26.01
33 NURSERY			80.35				80.35 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	30.72	19.34	6.94				57.00 37
38 RECOVERY ROOM	27.80	49.95	3.63				81.38 38
39 DELIVERY ROOM & LABOR ROOM	0.99						0.99 39
40 ANESTHESIOLOGY	33.35	23.78	4.38				61.51 40
41 RADIOLOGY-DIAGNOSTIC	18.42	30.43	4.59				53.44 41
42 RADIOLOGY-THERAPEUTIC	18.08	25.30	4.04				47.42 42
43 RADIOISOTOPE	20.40	40.13	3.22				63.75 43
44 LABORATORY	24.42	2.46	5.55				32.43 44
44.10 CARDIOVASCULAR LABORATORY	24.21	23.67	4.79				52.67 44.10
49 RESPIRATORY THERAPY	36.59	1.87	14.91				53.37 49
50 PHYSICAL THERAPY	14.05	0.04	5.41				19.50 50
51 OCCUPATIONAL THERAPY	24.52		9.86				34.38 51
52 SPEECH PATHOLOGY	23.90	2.54	18.41				44.85 52
53 ELECTROCARDIOLOGY	45.98	13.87	2.51				62.36 53
54 ELECTROENCEPHALOGRAPHY	8.78	27.30	8.92				45.00 54
55 MEDICAL SUPPLIES CHARGED TO PAT	42.55	14.41	7.45				64.41 55
55.30 IMPL. DEV. CHARGED TO PATIENT	34.66	11.48	6.70				52.84 55.30
56 DRUGS CHARGED TO PATIENTS	45.70	16.89	16.48				79.07 56
56.10 REHABILITATION SERVICES	4.36	34.93	2.21				41.50 56.10
61 EMERGENCY	7.24	21.34	2.41				30.99 61
62 OBSERVATION BEDS (NON-DISTINCT	22.28	35.77	2.16				60.21 62
101 TOTAL CHARGES	26.49	14.26	6.41				47.16 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	73.62						73.62 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.06						0.06 37
38 RECOVERY ROOM	0.03						0.03 38
40 ANESTHESIOLOGY	0.04						0.04 40
41 RADIOLOGY-DIAGNOSTIC	0.23						0.23 41
42 RADIOLOGY-THERAPEUTIC	0.10						0.10 42
43 RADIOISOTOPE	0.04						0.04 43
44 LABORATORY	0.45						0.45 44
44.10 CARDIOVASCULAR LABORATORY	0.02						0.02 44.10
49 RESPIRATORY THERAPY	0.62						0.62 49
50 PHYSICAL THERAPY	9.65						9.65 50
51 OCCUPATIONAL THERAPY	26.24						26.24 51
52 SPEECH PATHOLOGY	10.71						10.71 52
53 ELECTROCARDIOLOGY	0.08						0.08 53
54 ELECTROENCEPHALOGRAPHY	0.19						0.19 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.64						0.64 55
55.30 IMPL. DEV. CHARGED TO PATIENT	0.01						0.01 55.30
56 DRUGS CHARGED TO PATIENTS	1.70						1.70 56
56.10 REHABILITATION SERVICES	1.81						1.81 56.10
101 TOTAL CHARGES	0.61						0.61 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	352321	.12	-352321	-.41			1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	11975707	4.05	-11975707	-14.08			3
4	NEW CAP REL COSTS-MVBLE EQUIP	10489304	3.55	-10489304	-12.33			4
5	EMPLOYEE BENEFITS	6521496	2.21	-6521496	-7.67			5
6.01	COMMUNICATIONS	523118	.18	-523118	-.61			6.01
6.02	DATA PROCESSING	3244809	1.10	-3244809	-3.81			6.02
6.03	PURCHASING	591732	.20	-591732	-.70			6.03
6.04	ADMITTING							6.04
6.05	CREDIT & COLLECTIONS	5243064	1.78	-5243064	-6.16			6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	28533064	9.66	-28533064	-33.54			6.06
7	MAINTENANCE & REPAIRS	2766187	.94	-2766187	-3.25			7
8	OPERATION OF PLANT	3085666	1.04	-3085666	-3.63			8
8.10	SPD SOILED PROCESSING	391213	.13	-391213	-.46			8.10
9	LAUNDRY & LINEN SERVICE	1192865	.40	-1192865	-1.40			9
10	HOUSEKEEPING	2667844	.90	-2667844	-3.14			10
11	DIETARY	2462212	.83	-2462212	-2.89			11
12	CAFETERIA							12
14	NURSING ADMINISTRATION	1655557	.56	-1655557	-1.95			14
14.10	SPD STERILE PROCESSING	811201	.27	-811201	-.95			14.10
17	MEDICAL RECORDS & LIBRARY	2136055	.72	-2136055	-2.51			17
18	SOCIAL SERVICE	419749	.14	-419749	-.49			18
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	23666888	8.01	15322342	18.01	38989230	13.20	25
26	INTENSIVE CARE UNIT	5907941	2.00	2683132	3.15	8591073	2.91	26
26.01	NEONATOLOGY/NICU	3858412	1.31	1588287	1.87	5446699	1.84	26.01
31	SUBPROVIDER I	1682476	.57	1195676	1.41	2878152	.97	31
33	NURSERY	1080411	.37	342352	.40	1422763	.48	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	11644460	3.94	9006518	10.59	20650978	6.99	37
38	RECOVERY ROOM	1134725	.38	473846	.56	1608571	.54	38
39	DELIVERY ROOM & LABOR ROOM	892116	.30	249475	.29	1141591	.39	39
40	ANESTHESIOLOGY	639954	.22	313561	.37	953515	.32	40
41	RADIOLOGY-DIAGNOSTIC	5658413	1.92	4092579	4.81	9750992	3.30	41
42	RADIOLOGY-THERAPEUTIC	1049632	.36	1214655	1.43	2264287	.77	42
43	RADIOISOTOPE	433824	.15	289981	.34	723805	.25	43
44	LABORATORY	10725396	3.63	4178245	4.91	14903641	5.05	44
44.10	CARDIOVASCULAR LABORATORY	3569555	1.21	2614972	3.07	6184527	2.09	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	4113089	1.39	1644937	1.93	5758026	1.95	49
50	PHYSICAL THERAPY	2204291	.75	1700636	2.00	3904927	1.32	50
51	OCCUPATIONAL THERAPY	940967	.32	502526	.59	1443493	.49	51
52	SPEECH PATHOLOGY	679356	.23	253551	.30	932907	.32	52
53	ELECTROCARDIOLOGY	1120791	.38	486521	.57	1607312	.54	53
54	ELECTROENCEPHALOGRAPHY	880295	.30	398199	.47	1278494	.43	54
55	MEDICAL SUPPLIES CHARGED TO PAT	11935214	4.04	2590214	3.05	14525428	4.92	55

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
55.30 IMPL. DEV. CHARGED TO PATIENT	25092446	8.50	4750865	5.59	29843311	10.10	55.30
56 DRUGS CHARGED TO PATIENTS	14044481	4.75	3465749	4.07	17510230	5.93	56
56.10 REHABILITATION SERVICES	5316964	1.80	3825108	4.50	9142072	3.10	56.10
61 EMERGENCY	7067757	2.39	5031506	5.92	12099263	4.10	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	269244	.09	34816	.04	304060	.10	65
67 DURABLE MEDICAL EQUIP-SOLD	1020515	.35	157019	.18	1177534	.40	67
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	1021724	.35	327953	.39	1349677	.46	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			123569	.15	123569	.04	96
100 FITNESS CENTER	1779480	.60	2889941	3.40	4669421	1.58	100
100.01 RETAIL PHARMACY	5030903	1.70	965306	1.13	5996209	2.03	100.01
100.02 GARDEN VIEW DELI	241363	.08	227188	.27	468551	.16	100.02
100.03 MEDICAL OFFICE BLDG			3706		3706		100.03
100.04 PHYSICIAN SERVICES	3063893	1.04	817589	.96	3881482	1.31	100.04
100.05 ENDOCRINOLOGIST	1056148	.36	209382	.25	1265530	.43	100.05
100.06 HOSPITALIST	4068779	1.38	751369	.88	4820148	1.63	100.06
100.07 NEONATOLOGY PHYSICIANS	1310559	.44	304074	.36	1614633	.55	100.07
100.08 ANESTHESIOLOGISTS	8237789	2.79	1237755	1.46	9475544	3.21	100.08
100.09 PHYSICIAN CARDIOLOGIST			523		523		100.09
100.10 PHYSICIAN ONCOLOGIST	9585881	3.25	1809386	2.13	11395267	3.86	100.10
100.11 PERINATOLOGY	577044	.20	286755	.34	863799	.29	100.11
100.12 TRAUMA PHYSICIANS	1490492	.50	389371	.46	1879863	.64	100.12
100.13 LANDMARK HOSPITAL	17755	.01	17769	.02	35524	.01	100.13
100.14 GYN SURG ONCOLOGIST	710428	.24	137022	.16	847450	.29	100.14
100.15 CAPE GASTROENTEROLOGY	2900791	.98	540999	.64	3441790	1.17	100.15
100.16 CAPE PHYSICIAN ASSOCIATES	10251657	3.47	3104217	3.65	13355874	4.52	100.16
100.17 NONPATIENT MEALS			913813	1.07	913813	.31	100.17
100.18 BEAUTY SHOP			13186	.02	13186		100.18
100.19 MARKETING COSTS	12310664	4.17	1541470	1.81	13852134	4.69	100.19
100.20 CAPE PRIMARY CARE	21129	.01	43553	.05	64682	.02	100.20
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	295369256	100.00	0	.00	295369256	100.00	103

PROVIDER NO. 26-0183 SAINT FRANCIS MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM

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APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3439491	66965308	.051362	20569965	1056514	37
38 RECOVERY ROOM	125727	9638889	.013043	2679296	34947	38
39 DELIVERY ROOM & LABOR ROOM	15893	3629257	.004380	35810	157	39
40 ANESTHESIOLOGY	76198	19460878	.003916	6489581	25413	40
41 RADIOLOGY-DIAGNOSTIC	1762151	54072606	.032588	9961532	324626	41
42 RADIOLOGY-THERAPEUTIC	534660	60310893	.008865	10903582	96660	42
43 RADIOISOTOPE	103821	6307971	.016459	1286700	21177	43
44 LABORATORY	1111676	125305199	.008872	30605599	271533	44
44.10 CARDIOVASCULAR LABORATORY	1294772	31447996	.041172	7614467	313503	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	349284	48445868	.007210	17728276	127821	49
50 PHYSICAL THERAPY	658995	9828029	.067053	1380767	92584	50
51 OCCUPATIONAL THERAPY	162640	3801896	.042779	932224	39880	51
52 SPEECH PATHOLOGY	59448	2573122	.023103	614850	14205	52
53 ELECTROCARDIOLOGY	165743	15070356	.010998	6929198	76208	53
54 ELECTROENCEPHALOGRAPHY	112944	4461429	.025316	391935	9923	54
55 MEDICAL SUPPLIES CHARGED TO PAT	311332	84284525	.003694	35864811	132485	55
55.30 IMPL. DEV. CHARGED TO PATIENT	514360	127317707	.004040	44132740	178296	55.30
56 DRUGS CHARGED TO PATIENTS	791626	74626998	.010608	34107697	361815	56
56.10 REHABILITATION SERVICES	1358738	17969667	.075613	783149	59216	56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1411008	40881339	.034515	2958327	102107	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	288951	5030801	.057436	1120962	64384	62
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
67 DURABLE MEDICAL EQUIP-SOLD	9015	2709148	.003328			67
101 TOTAL	14658473	814139882		237091468	3403454	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS									
25	ADULTS & PEDIATRICS	3499070		3499070	46150	75.82	25109	1903764	25
26	INTENSIVE CARE UNIT	570092		570092	5734	99.43	4329	430433	26
26.01	NEONATOLOGY/NICU	367695		367695	5037	72.99			26.01
101	TOTAL	4436857		4436857			29438	2334197	101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2334197		
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							3403454		
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							5737651		
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							5689		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							29438		
PER DISCHARGE CAPITAL COSTS							1008.55		
PER DIEM CAPITAL COSTS							194.91		

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

- | | |
|--|-----------|
| 1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST
EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST
AND MEDICAL EDUCATION COST.
(WORKSHEET D-1 PART II LINE 53) | 67178037 |
| 2. HOSPITAL PART A TITLE XVIII CHARGES
(SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES
ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT) | 267737624 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .251 |

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

- | | |
|--|---------|
| 1. TOTAL MEDICARE COSTS
(WKST D-1 PART II LINE 49 - (WKST D
PART III COLUMN 8 LINE 31 +
WKST D PART IV COL 7 LINE 101)) | 3711108 |
| 2. TOTAL MEDICARE CHARGES
[(WKST D-1 PART II LINE 41 DIVIDED BY
(WKST C PART I LINE 31 COLUMN 3 DIVIDED BY
COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103 | 7389756 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .502 |

II. COST TO CHARGE RATIO FOR CAPITAL

- | | |
|--|---------|
| 1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS
(WKST D PART I LINES 25-30, COLS 10 & 12 +
WKST D PART II, LINE 101, COLS 6 & 8) | 5737651 |
| 2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) | .021 |

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

- | | |
|---|-----------|
| 1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST
EXCLUDING SERVICES NOT SUBJECT TO OPPS.
(WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01,
4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01
LESS LINES 45, 50 - 52, 57, 64, 65 &
SUBSCRIPTS, & 66) | 26768830 |
| 2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES
EXCLUDING SERVICES NOT SUBJECT TO OPPS.
(WKST D, PART V, LINE 104, COLUMNS 2, 2.01,
3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04
LESS LINES 45, 50 - 52, 57, 64, 65 &
SUBSCRIPTS, & 66) | 127545716 |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .210 |