

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] 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 GIBSON AREA HOSPITAL AND HEALTH SVCS (14-1317) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2007 AND ENDING 09/30/2008, 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	
		PART A	PART B		
1	HOSPITAL				1
2	SUBPROVIDER I	655172	145622		2
3	SWING BED - SNF	111948			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	RURAL HEALTH CLINIC I		-2926		9
9.01	RURAL HEALTH CLINIC II		4415		9.01
100	TOTAL	767120	147111		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.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1120 N. MELVIN P.O. BOX: 1
 1.01 CITY: GIBSON CITY STATE: IL ZIP CODE: 60936 COUNTY: FORD 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	GIBSON AREA HOSPITAL AND HEALTH SV 14-1317	01/03/2002	N	O	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF	GIBSON COMMUNITY SWING BEDS	04/01/1993	N	O	N	4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	GIBSON HOSPITAL ANNEX SNF	05/19/1999	N	P	O	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	GIBSON HOME HEALTH AGENCY	01/01/1990	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC	MED CLINIC OF EAST CENTRAL ILLINOI	01/01/1996	N	O	O	14
14.01	HOSP-BASED RHC II	THE ONARGA CLINIC	10/01/1998	N	O	O	14.01
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2007 TO: 09/30/2008 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 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? 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 Y 16580 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. 1 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? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 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.	YES	04/01/1993						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.	NO							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	100	0.8301	0.9315					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.	1	14	16580					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		N					28.03
28.04	RECRUITMENT	0.00		N					28.04
28.05	RETENTION OF EMPLOYEES	0.00		N					28.05
28.06	TRAINING	0.00		N					28.06
28.07	OTHER (SPECIFY)								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.	YES							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.	NO							30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO							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)	NO							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.	NO							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

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

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	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?	YES			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	NO			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?	NO			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 NCMQ 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			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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.					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: 460383	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.					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.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	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.	/ /	NO	0.00	NO	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.		NO			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.					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:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	23	8418	75624.00		1544		274		1
2 HMO									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					681				3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	23	8418	75624.00		2225		274		5
6 INTENSIVE CARE UNIT	2	732	1272.00		43				6
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							57		11
12 TOTAL HOSPITAL	25	9150	76896.00		2268		331		12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY	5	1830			845				15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE	37	13542							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					4114				24
24.01 RHC II					82				24.01
25 TOTAL	67								25
26 OBSERVATION BED DAYS									26
27 AMBULANCE TRIPS					1063				27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2351							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF		681							3
4 HOSPITAL ADULTS & PEDS - SWING BED NF		119							4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		3151							5
6 INTENSIVE CARE UNIT		53							6
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		265							11
12 TOTAL HOSPITAL		3469						266.16	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY		1316						3.30	15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE		12475						31.30	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		13815						15.49	24
24.01 RHC II		1827						3.28	24.01
25 TOTAL								319.53	25
26 OBSERVATION BED DAYS		485	29	456					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		401	130	741	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
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		401	130	741	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE				48	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
24.01 RHC II					24.01
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	14850424			664543.00			1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	679989			8040.00			3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							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		111795		6864.00			8
8.01	EXCLUDED AREA SALARIES	2881660	-101843		168883.00			8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR							9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							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)	3145218					CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	806505					CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	204541					CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	147089			5684.00			21
22	ADMINISTRATIVE & GENERAL	1848103	-9952		96755.00			22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	337045			19236.00			24
25	LAUNDRY & LINEN SERVICE	79208			8075.00			25
26	HOUSEKEEPING	188104			21741.00			26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	296274	-149996		13475.00			27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		149996		13829.00			28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	524147			14913.00			30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	286330			17813.00			33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

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)	DATA SOURCE	WORKSHEET S-3 PART III
1		1	2	3	4	5		
1	NET SALARIES	14170435		14170435	656503.00	21.58		1
2	EXCLUDED AREA SALARIES	2881660	9952	2891612	175747.00	16.45		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	11288775	-9952	11278823	480756.00	23.46		3
4	SUBTOTAL OTHER WAGES & REL COSTS							4
5	SUBTOTAL WAGE-RELATED COSTS	3145218		3145218		27.89%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	14433993	-9952	14424041	480756.00	30.00		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	3706300	-9952	3696348	211521.00	17.48		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7507

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: FORD

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5
1 HOME HEALTH AIDE HOURS					1
2 UNDUPLICATED CENSUS COUNT					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)				4
5 OTHER ADMINISTRATIVE PERSONNEL				5
6 DIRECT NURSING SERVICE				6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE				8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE				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	1.01	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)					20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7507

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC	SCIC ONLY	TOTAL
	WITHOUT OUTLIERS	WITH OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES	WITHIN A PEP	EPISODES	
	1	2	3	4	5	6	7
21 SKILLED NURSING VISITS							21
22 SKILLED NURSING VISIT CHARGES							22
23 PHYSICAL THERAPY VISITS							23
24 PHYSICAL THERAPY VISIT CHARGES							24
25 OCCUPATIONAL THERAPY VISITS							25
26 OCCUPATIONAL THERAPY VISIT CHARGES							26
27 SPEECH PATHOLOGY VISITS							27
28 SPEECH PATHOLOGY VISIT CHARGES							28
29 MEDICAL SOCIAL SERVICE VISITS							29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES							30
31 HOME HEALTH AIDE VISITS							31
32 HOME HEALTH AIDE VISIT CHARGES							32
33 TOTAL VISITS							33
34 OTHER CHARGES							34
35 TOTAL CHARGES							35
36 TOTAL NUMBER OF EPISODES							36
37 TOTAL NUMBER OF OUTLIER EPISODES							37
38 TOTAL MEDICAL SUPPLY CHARGES							38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB								5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		53						7
8	RHB		54						8
9	RHA								9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		119						10
11	RMB		70						11
12	RMA		23						12
12.01	RMX		110						12.01
12.02	RML		33						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		32						15
16	SE2		66						16
17	SE1								17
18	SSC		39						18
19	SSB		18						19
20	SSA		21						20
21	CC2								21
22	CC1		62						22
23	CB2								23
24	CB1		80						24
25	CA2								25
26	CA1		23						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1		38						36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE		4						45
46	TOTAL		845						46

RHC I
 COMPONENT NO: 14-3408

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER
 PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 225 MARKET STREET 1
 1.01 CITY: PAXTON STATE: IL ZIP CODE: 60957 COUNTY: FORD 1.01
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE	
	1	2	
3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)		/ /	3
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /	4
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)		/ /	5
6 APPALACHIAN REGIONAL COMMISSION		/ /	6
7 LOOK-ALIKES		/ /	7
8 OTHER		/ /	8

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NO.	
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	RICHARD FOELLNER D. O.	E14580	9
9.01	BONNIE SMITH M.D.	G16097	9.01
9.02	KRIS ADKINS		9.02

PHYSICIAN NAME HOURS

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD 10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11
 IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2
 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
12 CLINIC															12

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)
 LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13
 14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
 IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.
 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.
 15 PROVIDER NAME: PROVIDER NUMBER: - XVIII XIX 15
 V
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16
 17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, SEE INSTRUCTIONS. NO 17

RHC II
 COMPONENT NO: 14-3440

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER
 PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 109 NORTH CHESTNUT 1
 1.01 CITY: ONARGA STATE: IL ZIP CODE: 60955 COUNTY: IROQUOIS 1.01
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE	
	1	2	
3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)		/ /	3
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /	4
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)		/ /	5
6 APPALACHIAN REGIONAL COMMISSION		/ /	6
7 LOOK-ALIKES		/ /	7
8 OTHER		/ /	8

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT
 PHYSICIAN NAME: RICHARD FOELLNER D. O. BILLING NO.: E14580 9

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD
 PHYSICIAN NAME: HOURS: 10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11
 IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2
 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY				
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO			
12 CLINIC	0		1	2	3	4	5	6	7	8	9	10	11	12	13	14	12

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)
 LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13
 14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
 IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.
 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.
 15 PROVIDER NAME: PROVIDER NUMBER: - V XVIII XIX 15
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16
 17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17
 IF YES, SEE INSTRUCTIONS.

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								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1836979	1836979	-170473	1666506	-88713	1577793	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				660013	660013	-3121	656892	4
5	0500 EMPLOYEE BENEFITS	147089	4156264	4303353	164284	4467637	-204541	4263096	5
6.05	0650 PATIENT ACCOUNTING & REGIST	639513	236572	876085	-9952	866133		866133	6.05
6.06	0660 ADMIN & GENERAL - OTHER	1208590	4477882	5686472	-562177	5124295	-1480616	3643679	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	337045	951207	1288252	3109	1291361		1291361	8
9	0900 LAUNDRY & LINEN SERVICE	79208	41696	120904		120904	-922	119982	9
10	1000 HOUSEKEEPING	188104	59141	247245		247245		247245	10
11	1100 DIETARY	296274	250505	546779	-276820	269959		269959	11
12	1200 CAFETERIA				276820	276820	-72995	203825	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	524147	35776	559923		559923		559923	14
15	1500 CENTRAL SERVICES & SUPPLY		809860	809860	-800031	9829		9829	15
16	1600 PHARMACY		1261396	1261396	-878149	383247		383247	16
17	1700 MEDICAL RECORDS & LIBRARY	286330	44989	331319		331319	-741	330578	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	1821568	250760	2072328	-391503	1680825		1680825	25
26	2600 INTENSIVE CARE UNIT	52274	3155	55429		55429		55429	26
33	3300 NURSERY				104679	104679		104679	33
34	3400 SKILLED NURSING FACILITY				128788	128788		128788	34
36	3600 OTHER LONG TERM CARE	1171852	201184	1373036	-151846	1221190		1221190	36
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	535826	376418	912244		912244	-32669	879575	37
38	3800 RECOVERY ROOM	219572	7856	227428		227428		227428	38
39	3900 DELIVERY ROOM & LABOR ROOM				314340	314340		314340	39
40	4000 ANESTHESIOLOGY	679989	92073	772062	-26041	746021	-680352	65669	40
41	4100 RADIOLOGY-DIAGNOSTIC	912649	1496927	2409576	-85295	2324281		2324281	41
43	4300 RADIOISOTOPE		160383	160383	85295	245678		245678	43
44	4400 LABORATORY	455370	742143	1197513		1197513	-3300	1194213	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA		79780	79780		79780		79780	47
49	4900 RESPIRATORY THERAPY	226575	48773	275348		275348		275348	49
50	5000 PHYSICAL THERAPY	545586	52856	598442		598442		598442	50
51	5100 OCCUPATIONAL THERAPY	101339	5796	107135		107135		107135	51
52	5200 SPEECH PATHOLOGY	30240	928	31168		31168		31168	52
53	5300 ELECTROCARDIOLOGY		29107	29107		29107	-20280	8827	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				826072	826072		826072	55
56	5600 DRUGS CHARGED TO PATIENTS				878149	878149		878149	56
56.01	3950 CARDIAC REHAB	97464	11318	108782		108782		108782	56.01
56.02	3951 WOUND CARE CENTER	110587	70709	181296		181296		181296	56.02
56.03	3952 SLEEP LAB	50332	112293	162625		162625		162625	56.03
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	151935	18407	170342		170342		170342	60
61	6100 EMERGENCY	976894	1461698	2438592		2438592	-906452	1532140	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC	1135092	571602	1706694	-37905	1668789	-389110	1279679	63.50
63.51	6311 RHC II	159172	124548	283720	-1988	281732	-440	281292	63.51
63.52	6312 RHC III								63.52
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	6500 AMBULANCE SERVICES	986930	185861	1172791	20369	1193160		1193160	65
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								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
95	SUBTOTALS	14127546	20266842	34394388	69738	34464126	-3884252	30579874	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98.01	9801 GAH - MSO	189384	168411	357795	-37872	319923		319923	98.01
98.02	9802 GAH FOUNDATION	34546	46400	80946	-3453	77493		77493	98.02

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
			1	2	3	4	5	6	7
100	7950	HOSPITAL ASSOC SRVCS	11792	3903	15695		15695		15695 100
100.01	7951	PHYSICIAN OFFICE	487156	306655	793811	-28413	765398		765398 100.01
101		TOTAL	14850424	20792211	35642635		35642635	-3884252	31758383 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		415104
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		29000
3	A	RHC	63.50		22789
4					
5 COST OF DRUGS	B	DRUGS CHARGED TO PATIENTS	56		878149
6					
7 COST OF MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		826072
8	C				
9					
10 CAFETERIA COSTS	D	CAFETERIA	12	149996	126824
11					
12 DELIVERY AND NURSERY COSTS	E	DELIVERY ROOM & LABOR ROOM	39	271583	42757
13	E	NURSERY	33	90440	14239
14					
15 CLINIC FRINGE BENEFITS	F	EMPLOYEE BENEFITS	5		122959
16	F				
17					
18 OTHER FRINGE BENEFITS	G	EMPLOYEE BENEFITS	5		41325
19	G				
20					
21 ADM LONG TERM CARE FEES	H	ADMIN & GENERAL - OTHER	6.06		23058
22					
23 SNF DIRECT CARE COST	I	SKILLED NURSING FACILITY	34	111795	16993
24					
25 OTHER CAPITAL COSTS	J	NEW CAP REL COSTS-MVBLE EQUIP	4		2599
26					
27 MOVABLE EQUIP AND PAXTON DEPR	K	NEW CAP REL COSTS-MVBLE EQUIP	4		601457
28	K	RHC	63.50		33852
29	K	RHC II	63.51		369
30	K	AMBULANCE SERVICES	65		11169
31					
32 CAPITAL INSURANCE EXP	L	NEW CAP REL COSTS-BLDG & FIXT	3		63869
33	L	NEW CAP REL COSTS-MVBLE EQUIP	4		26957
34					
35					
36 SUBTOTAL				623814	3299541

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 INTEREST EXPENSE	A	ADMIN & GENERAL - OTHER	6.06		466893	11 1
2	A					11 2
3	A					11 3
4						4
5 COST OF DRUGS	B	PHARMACY	16		878149	5
6						6
7 COST OF MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		800031	7
8	C	ANESTHESIOLOGY	40		26041	8
9						9
10 CAFETERIA COSTS	D	DIETARY	11	149996	126824	10
11						11
12 DELIVERY AND NURSERY COSTS	E	ADULTS & PEDIATRICS	25	362023	56996	12
13	E					13
14						14
15 CLINIC FRINGE BENEFITS	F	RHC	63.50		94546	15
16	F	PHYSICIAN OFFICE	100.01		28413	16
17						17
18 OTHER FRINGE BENEFITS	G	GAH - MSO	98.01		37872	18
19	G	GAH FOUNDATION	98.02		3453	19
20						20
21 ADM LONG TERM CARE FEES	H	OTHER LONG TERM CARE	36		23058	21
22						22
23 SNF DIRECT CARE COST	I	OTHER LONG TERM CARE	36	111795	16993	23
24						24
25 OTHER CAPITAL COSTS	J	NEW CAP REL COSTS-BLDG & FIXT	3		2599	9 25
26						26
27 MOVABLE EQUIP AND PAXTON DEPR	K	NEW CAP REL COSTS-BLDG & FIXT	3		646847	9 27
28	K					9 28
29	K					9 29
30	K					9 30
31						31
32 CAPITAL INSURANCE EXP	L	ADMIN & GENERAL - OTHER	6.06		90826	12 32
33	L					12 33
34						34
35						35
36 SUBTOTAL				623814	3299541	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 NUCLEAR MED TECH SALARY	M	RADIOISOTOPE	43	85295	
2					
3 AMBULANCE BILLING COST	N	AMBULANCE SERVICES	65	9952	
4					
5 AMBULANCE UTILITIES COST	O	OPERATION OF PLANT	8		752
6					
7 ONARGA UTILITIES COST	P	OPERATION OF PLANT	8		2357
8					
9 PHYSICIAN COSTS	Q	ADULTS & PEDIATRICS	25		27516
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36 TOTAL RECLASSIFICATIONS				719061	3330166

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 NUCLEAR MED TECH SALARY	M	RADIOLOGY-DIAGNOSTIC	41	85295		1
2						2
3 AMBULANCE BILLING COST	N	PATIENT ACCOUNTING & REGIST	6.05	9952		3
4						4
5 AMBULANCE UTILITIES COST	O	AMBULANCE SERVICES	65		752	5
6						6
7 ONARGA UTILITIES COST	P	RHC II	63.51		2357	7
8						8
9 PHYSICIAN COSTS	Q	ADMIN & GENERAL - OTHER	6.06		27516	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				719061	3330166	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								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								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	76252					76252		1
2 LAND IMPROVEMENTS	1131919	5579		5579		1137498		2
3 BUILDINGS AND FIXTURES	11155827	638735		638735		11794562		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	10076864	542816		542816		10619680		6
7 SUBTOTAL	22440862	1187130		1187130		23627992		7
8 RECONCILING ITEMS								8
9 TOTAL	22440862	1187130		1187130		23627992		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	12932060		12932060	.549091				3
4 NEW CAP REL COSTS-MVBLE EQUIP	10619680		10619680	.450909				4
5 TOTAL	23551740		23551740	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1135978		377946	63869			1577793
4 NEW CAP REL COSTS-MVBLE EQUIP	604056		25879	26957			656892
5 TOTAL	1740034		403825	90826			2234685

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1836979						1836979
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	1836979						1836979

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-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	-37158	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-2596	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER	B	-1464	RHC	63.50	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)	B	-1837	ADMIN & GENERAL - OTHER	6.06	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-962701			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-72995	CAFETERIA	12	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					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-741	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
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
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				36
37 RENTAL INCOME	B	-51555	NEW CAP REL COSTS-BLDG & FIXT	3	9 37
37.01 OTHER INTEREST INCOME - ONARGA	B	-179	RHC II	63.51	37.01
37.02 GAIN ON SALE OF ASSETS	B	-525	NEW CAP REL COSTS-MVBLE EQUIP	4	11 37.02
38 MISC REVENUE	B	-4861	ADMIN & GENERAL - OTHER	6.06	38
39 MISC LIFELINE REVENUE	B	-4500	ADMIN & GENERAL - OTHER	6.06	39
40 LAUNDRY INCOME	B	-922	LAUNDRY & LINEN SERVICE	9	40
41 CRNA SALARY EXPENSE	A	-679989	ANESTHESIOLOGY	40	41
42 CRNA NONSALARY EXPENSE	A	-363	ANESTHESIOLOGY	40	42
42.01 CRNA FRINGE BENEFITS	A	-204541	EMPLOYEE BENEFITS	5	42.01
43 NON-REIMB PHYS RECRUITMENT COST	A	-635787	ADMIN & GENERAL - OTHER	6.06	43
44 NONREIMB LOBBYING COST	A	-7887	ADMIN & GENERAL - OTHER	6.06	44
45 RHC RENT EXPENSE	A	-46800	RHC	63.50	45
46 NONREIMB PUBLIC RELATIONS	A	-161867	ADMIN & GENERAL - OTHER	6.06	46
46.01 MISC DONATIONS	A	-53953	ADMIN & GENERAL - OTHER	6.06	46.01
46.02 INTEREST PENALTY	A	-1577	ADMIN & GENERAL - OTHER	6.06	46.02
47 GIBSON PHO EXPENSE	A	-226347	ADMIN & GENERAL - OTHER	6.06	47
48 ONARGA LAB SRVCS COST	A	-261	RHC II	63.51	48
48.01 STATE PROVIDER TAX EXPENSE ADJUST	A	-382000	ADMIN & GENERAL - OTHER	6.06	48.01
49 EXCESS PHYSICIAN COMP ADJUSTMENT	A	-254528	RHC	63.50	49
49.01 PAXTON LAB SRVC COST	A	-85327	RHC	63.50	49.01
49.02 PAXTON DRS HOSP VISIT COSTS	A	-991	RHC	63.50	49.02
50 TOTAL		-3884252			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					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.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						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-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	53 ELECTROCARDIOLOGY	EKG	20280	20280				
2	61 EMERGENCY	ER	1376541	906452	470089			
3	44 LABORATORY	LAB	3300	3300				
4	34 SKILLED NURSING FACILITY	SNF	14100		14100			
5	56.01 CARDIAC REHAB	CARDIAC	6000		6000			
6	56.02 WOUND CARE CENTER	PT	39000		39000			
7	40 ANESTHESIOLOGY	ANESTH	39000		39000			
8	37 OPERATING ROOM	SURGERY	32669	32669				
9	56.03 SLEEP LAB	SLEEP LAB	13600		13600			
10	25 ADULTS & PEDIATRICS	OB	27516		27516			
101	TOTAL		1572006	962701	609305			

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.		12	13	14	15	16	17	18
10	11							
1	53 ELECTROCARDIOLOGY		EKG					20280
2	61 EMERGENCY		ER					906452
3	44 LABORATORY		LAB					3300
4	34 SKILLED NURSING FACILITY		SNF					
5	56.01 CARDIAC REHAB		CARDIAC					
6	56.02 WOUND CARE CENTER		PT					
7	40 ANESTHESIOLOGY		ANESTH					
8	37 OPERATING ROOM		SURGERY					32669
9	56.03 SLEEP LAB		SLEEP LAB					
10	25 ADULTS & PEDIATRICS		OB					
101	TOTAL							962701

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADM + GEN	SUBTOTAL	ADM & GEN
	FOR COST	BLDGS &	MOVABLE	BENEFITS		PATIENT		OTHER
	ALLOCATION	FIXTURES	EQUIPMENT			ACTG + REG		
	0	3	4	5	5A	6.05		6.06
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	1577793	1577793						3
4 NEW CAP REL COSTS-MVBLE EQUIP	656892		656892					4
5 EMPLOYEE BENEFITS	4263096	7864	4254	4275214				5
6.05 PATIENT ACCOUNTING & REGIST	866133	6367	7333	191930	1071763	1071763		6.05
6.06 ADMIN & GENERAL - OTHER	3643679	174662	166131	368456	4352928	195321	4548249	6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	1291361	406454	20625	102753	1821193	81717	1902910	8
9 LAUNDRY & LINEN SERVICE	119982	20926	688	24148	165744	7437	173181	9
10 HOUSEKEEPING	247245	6671	201	57346	311463	13975	325438	10
11 DIETARY	269959	30567	3894	44595	349015	15660	364675	11
12 CAFETERIA	203825	9702	3796	45728	263051	11803	274854	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	559923	3628		159794	723345	32456	755801	14
15 CENTRAL SERVICES & SUPPLY	9829	8570			18399	826	19225	15
16 PHARMACY	383247	16130	13532		412909	18527	431436	16
17 MEDICAL RECORDS & LIBRARY	330578	12551	6515	87292	436936	19605	456541	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1680825	161223	63843	444963	2350854	105483	2456337	25
26 INTENSIVE CARE UNIT	55429	11808	23529	15936	106702	4788	111490	26
33 NURSERY	104679	3883	3095	27572	139229	6247	145476	33
34 SKILLED NURSING FACILITY	128788	13938	1728	34082	178536		178536	34
36 OTHER LONG TERM CARE	1221190	148916	16384	323173	1709663		1709663	36
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	879575	74634	78545	163354	1196108	53669	1249777	37
38 RECOVERY ROOM	227428	15375	743	66940	310486	13932	324418	38
39 DELIVERY ROOM & LABOR ROOM	314340	13147	9294	82796	419577	18826	438403	39
40 ANESTHESIOLOGY	65669	1193	10705		77567	3480	81047	40
41 RADIOLOGY-DIAGNOSTIC	2324281	85505	24274	252230	2686290	120534	2806824	41
43 RADIOISOTOPE	245678	8022		26003	279703	12550	292253	43
44 LABORATORY	1194213	22849	14531	138826	1370419	61491	1431910	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	79780	1875			81655	3664	85319	47
49 RESPIRATORY THERAPY	275348	5490	2521	69075	352434	15814	368248	49
50 PHYSICAL THERAPY	598442	127686	5851	166330	898309	40307	938616	50
51 OCCUPATIONAL THERAPY	107135	2739	269	30895	141038	6328	147366	51
52 SPEECH PATHOLOGY	31168	2739		9219	43126	1935	45061	52
53 ELECTROCARDIOLOGY	8827		8748		17575	789	18364	53
55 MEDICAL SUPPLIES CHARGED TO PAT	826072				826072	37066	863138	55
56 DRUGS CHARGED TO PATIENTS	878149				878149	39403	917552	56
56.01 CARDIAC REHAB	108782	12307	4884	29713	155686	6986	162672	56.01
56.02 WOUND CARE CENTER	181296	8144	4155	33714	227309	10199	237508	56.02
56.03 SLEEP LAB	162625		12101	15344	190070	8528	198598	56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	170342	28863	9461	46320	254986	11441	266427	60
61 EMERGENCY	1532140	81549	84520	297820	1996029	89562	2085591	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC	1279679			346049	1625728		1625728	63.50
63.51 RHC II	281292			48526	329818		329818	63.51
63.52 RHC III								63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	1193160	37689	40045	303913	1574807		1574807	65
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								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	30579874	1573666	646195	4054835	30344671	1070349	30343257	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		4127			4127	185	4312	96
98.01 GAH - MSO	319923			57736	377659		377659	98.01
98.02 GAH FOUNDATION	77493			10532	88025		88025	98.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADM + GEN	SUBTOTAL	ADM & GEN
	FOR COST	BLDGS &	MOVABLE	BENEFITS		PATIENT		OTHER
	ALLOCATION	FIXTURES	EQUIPMENT			ACTG + REG		
	0	3	4	5	5A	6.05		6.06
100 HOSPITAL ASSOC SRVCS	15695		8109	3595	27399	1229	28628	4785 100
100.01PHYSICIAN OFFICE	765398		2588	148516	916502		916502	153196 100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	31758383	1577793	656892	4275214	31758383	1071763	31758383	4548249 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	SUPPLY	16
						14	15	
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
6.05 PATIENT ACCOUNTING & REGIST								6.05
6.06 ADMIN & GENERAL - OTHER								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	2220987							8
9 LAUNDRY & LINEN SERVICE	42189	244318						9
10 HOUSEKEEPING	13450	19364	412650					10
11 DIETARY	61627	481	13753	501493				11
12 CAFETERIA	19561	493	4365		345216			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	7314		1632		14999	906080		14
15 CENTRAL SERVICES & SUPPLY	17278		3856				43573	15
16 PHARMACY	32519		7257				92	543420
17 MEDICAL RECORDS & LIBRARY	25304		5647		17907			17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	325045	48933	72539	104315	56295	331607	2583	1484
26 INTENSIVE CARE UNIT	23807	623	5313	1521	1423	8400	7	
33 NURSERY	7829	1349	1747		3431	20248	105	117
34 SKILLED NURSING FACILITY	28102	12857	6271	37755	6903		110	13
36 OTHER LONG TERM CARE	300234	121879	67000	357902	65480		1043	120
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	150473	20358	33580		21380	125881	3682	10600
38 RECOVERY ROOM	30998		6917		7970	46970	83	
39 DELIVERY ROOM & LABOR ROOM	26506		5915		10334	60802	314	353
40 ANESTHESIOLOGY	2405		537					
41 RADIOLOGY-DIAGNOSTIC	172389	10447	38471		34580		492	1132
43 RADIOISOTOPE	16174		3609		2092		77	73
44 LABORATORY	46067		10280		22740		987	13
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
47 BLOOD STORING, PROCESSING & TRA	3780		843					
49 RESPIRATORY THERAPY	11069		2470		9790	57662	59	35
50 PHYSICAL THERAPY	257431	7534	57449		21066		139	107
51 OCCUPATIONAL THERAPY	5522		1232		3431		1	
52 SPEECH PATHOLOGY	5522		1232		690			
53 ELECTROCARDIOLOGY							34	
55 MEDICAL SUPPLIES CHARGED TO PAT							31472	
56 DRUGS CHARGED TO PATIENTS								514608
56.01 CARDIAC REHAB	24813		5537		3807	22380	27	
56.02 WOUND CARE CENTER	16419		3664		3473	20396	62	341
56.03 SLEEP LAB					1946	11510	12	13
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	58191		12986		7510	44233	302	66
61 EMERGENCY	164413		36691		26484	155991	1433	158
62 OBSERVATION BEDS (NON-DISTINCT								
63.50 RHC	137440						87	6999
63.51 RHC II	29182						4	2278
63.52 RHC III								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	149614						259	200
69.10 CMHC								
69.20 OUTPATIENT PHYSICAL THERAPY								
69.30 OUTPATIENT OCCUPATIONAL THERAPY								
69.40 OUTPATIENT SPEECH PATHOLOGY								
71 HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								
85.02 INTESTINAL ACQUISITION								
85.03 ISLET CELL ACQUISITION								
95 SUBTOTALS	2212667	244318	410793	501493	343731	906080	43466	538710
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	8320		1857					
98.01 GAH - MSO								
98.02 GAH FOUNDATION								

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	SUPPLY	16
						14	15	
100 HOSPITAL ASSOC SRVCS					1485			23 100
100.01PHYSICIAN OFFICE							107	4687 100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2220987	244318	412650	501493	345216	906080	43573	543420 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	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
6.05 PATIENT ACCOUNTING & REGIST					6.05
6.06 ADMIN & GENERAL - OTHER					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY	581711				17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	261428	4071150		4071150	25
26 INTENSIVE CARE UNIT	21295	192515		192515	26
33 NURSERY		204619		204619	33
34 SKILLED NURSING FACILITY		300390		300390	34
36 OTHER LONG TERM CARE		2909096		2909096	36
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	101660	1926295		1926295	37
38 RECOVERY ROOM		471583		471583	38
39 DELIVERY ROOM & LABOR ROOM		615907		615907	39
40 ANESTHESIOLOGY		97536		97536	40
41 RADIOLOGY-DIAGNOSTIC	170575	3704072		3704072	41
43 RADIOISOTOPE		363129		363129	43
44 LABORATORY		1751345		1751345	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA		104203		104203	47
49 RESPIRATORY THERAPY	5351	516238		516238	49
50 PHYSICAL THERAPY		1439234		1439234	50
51 OCCUPATIONAL THERAPY		182185		182185	51
52 SPEECH PATHOLOGY		60037		60037	52
53 ELECTROCARDIOLOGY		21468		21468	53
55 MEDICAL SUPPLIES CHARGED TO PAT		1038886		1038886	55
56 DRUGS CHARGED TO PATIENTS		1585532		1585532	56
56.01 CARDIAC REHAB		246427		246427	56.01
56.02 WOUND CARE CENTER		321563		321563	56.02
56.03 SLEEP LAB		245275		245275	56.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		434249	-39852	394397	60
61 EMERGENCY	21402	2840776		2840776	61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC		2041999		2041999	63.50
63.51 RHC II		416412		416412	63.51
63.52 RHC III					63.52
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES		1988114		1988114	65
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					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	581711	30090235	-39852	30050383	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		15210		15210	96
98.01 GAH - MSO		440786		440786	98.01
98.02 GAH FOUNDATION		102739		102739	98.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	17	25	26	27	
100 HOSPITAL ASSOC SRVCS		34921		34921	100
100.01PHYSICIAN OFFICE		1074492		1074492	100.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	581711	31758383	-39852	31718531	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	ADM + GEN PATIENT ACTG + REG 6.05	ADM & GEN OTHER 6.06	OPERATION OF PLANT 8	
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		7864	4254	12118	12118				5
6.05 PATIENT ACCOUNTING & REGIST	28668	6367	7333	42368	544	42912			6.05
6.06 ADMIN & GENERAL - OTHER	10874	174662	166131	351667	1044	7813	360524		6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		406454	20625	427079	291	3273	25214	455857	8
9 LAUNDRY & LINEN SERVICE		20926	688	21614	68	298	2295	8659	9
10 HOUSEKEEPING		6671	201	6872	163	560	4312	2761	10
11 DIETARY		30567	3894	34461	126	627	4832	12649	11
12 CAFETERIA		9702	3796	13498	130	473	3642	4015	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		3628		3628	453	1300	10014	1501	14
15 CENTRAL SERVICES & SUPPLY	8185	8570		16755		33	255	3546	15
16 PHARMACY		16130	13532	29662		742	5717	6675	16
17 MEDICAL RECORDS & LIBRARY	3413	12551	6515	22479	247	785	6049	5194	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	22716	161223	63843	247782	1262	4224	32546	66714	25
26 INTENSIVE CARE UNIT	1308	11808	23529	36645	45	192	1477	4886	26
33 NURSERY		3883	3095	6978	78	250	1928	1607	33
34 SKILLED NURSING FACILITY		13938	1728	15666	97		2366	5768	34
36 OTHER LONG TERM CARE	1574	148916	16384	166874	916		22653	61623	36
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	60669	74634	78545	213848	463	2149	16560	30884	37
38 RECOVERY ROOM		15375	743	16118	190	558	4299	6362	38
39 DELIVERY ROOM & LABOR ROOM		13147	9294	22441	235	754	5809	5440	39
40 ANESTHESIOLOGY	200	1193	10705	12098		139	1074	494	40
41 RADIOLOGY-DIAGNOSTIC	790375	85505	24274	900154	715	4827	37179	35383	41
43 RADIOISOTOPE	23896	8022		31918	74	503	3872	3320	43
44 LABORATORY	174426	22849	14531	211806	393	2463	18973	9455	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		1875		1875		147	1130	776	47
49 RESPIRATORY THERAPY	4087	5490	2521	12098	196	633	4879	2272	49
50 PHYSICAL THERAPY	2163	127686	5851	135700	471	1614	12437	52838	50
51 OCCUPATIONAL THERAPY		2739	269	3008	88	253	1953	1133	51
52 SPEECH PATHOLOGY		2739		2739	26	77	597	1133	52
53 ELECTROCARDIOLOGY			8748	8748		32	243		53
55 MEDICAL SUPPLIES CHARGED TO PAT						1484	11437		55
56 DRUGS CHARGED TO PATIENTS						1578	12158		56
56.01 CARDIAC REHAB	42	12307	4884	17233	84	280	2155	5093	56.01
56.02 WOUND CARE CENTER		8144	4155	12299	96	408	3147	3370	56.02
56.03 SLEEP LAB	105		12101	12206	43	342	2631		56.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	14	28863	9461	38338	131	458	3530	11944	60
61 EMERGENCY	2992	81549	84520	169061	844	3587	27634	33746	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC	17236			17236	981		21541	28210	63.50
63.51 RHC II	807			807	138		4370	5990	63.51
63.52 RHC III									63.52
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	143	37689	40045	77877	861		20866	30708	65
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									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	1153893	1573666	646195	3373754	11493	42856	341774	454149	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4127		4127		7	57	1708	96
98.01 GAH - MSO					164		5004		98.01
98.02 GAH FOUNDATION					30		1166		98.02

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	ADM + GEN PATIENT ACTG + REG 6.05	ADM & GEN OTHER 6.06	OPERATION OF PLANT 8
100 HOSPITAL ASSOC SRVCS	441		8109	8550	10	49	379	100
100.01PHYSICIAN OFFICE	3287		2588	5875	421		12144	100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1157621	1577793	656892	3392306	12118	42912	360524	455857 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY
	9	10	11	12	14	15	16	17
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
6.05 PATIENT ACCOUNTING & REGIST								6.05
6.06 ADMIN & GENERAL - OTHER								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	32934							9
10 HOUSEKEEPING	2610	17278						10
11 DIETARY	65	576	53336					11
12 CAFETERIA	67	183		22008				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		68		956	17920			14
15 CENTRAL SERVICES & SUPPLY		161				20750		15
16 PHARMACY		304				44	43144	16
17 MEDICAL RECORDS & LIBRARY		236		1142				36132
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	6596	3039	11094	3589	6558	1230	118	16239
26 INTENSIVE CARE UNIT	84	222	162	91	166	3		1323
33 NURSERY	182	73		219	400	50	9	
34 SKILLED NURSING FACILITY	1733	263	4015	440		52	1	
36 OTHER LONG TERM CARE	16429	2805	38065	4173		497	9	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2744	1406		1363	2490	1754	842	6314
38 RECOVERY ROOM		290		508	929	39		
39 DELIVERY ROOM & LABOR ROOM		248		659	1203	149	28	
40 ANESTHESIOLOGY		22						
41 RADIOLOGY-DIAGNOSTIC	1408	1611		2205		234	90	10595
43 RADIOISOTOPE		151		133		37	6	
44 LABORATORY		430		1450		470	1	
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		35						47
49 RESPIRATORY THERAPY		103		624	1140	28	3	332
50 PHYSICAL THERAPY	1016	2405		1343		66	9	
51 OCCUPATIONAL THERAPY		52		219		1		
52 SPEECH PATHOLOGY		52		44				
53 ELECTROCARDIOLOGY						16		
55 MEDICAL SUPPLIES CHARGED TO PAT						14988		
56 DRUGS CHARGED TO PATIENTS							40855	
56.01 CARDIAC REHAB		232		243	443	13		
56.02 WOUND CARE CENTER		153		221	403	29	27	
56.03 SLEEP LAB				124	228	5	1	
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		544		479	875	144	5	
61 EMERGENCY		1536		1688	3085	683	13	1329
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC						41	556	63.50
63.51 RHC II						2	181	63.51
63.52 RHC III								63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES						124	16	
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								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	32934	17200	53336	21913	17920	20699	42770	36132
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		78						
98.01 GAH - MSO								
98.02 GAH FOUNDATION								

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17
100 HOSPITAL ASSOC SRVCS				95			2	100
100.01PHYSICIAN OFFICE						51	372	100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	32934	17278	53336	22008	17920	20750	43144	36132 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
6.05 PATIENT ACCOUNTING & REGIST				6.05
6.06 ADMIN & GENERAL - OTHER				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	400991		400991	25
26 INTENSIVE CARE UNIT	45296		45296	26
33 NURSERY	11774		11774	33
34 SKILLED NURSING FACILITY	30401		30401	34
36 OTHER LONG TERM CARE	314044		314044	36
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	280817		280817	37
38 RECOVERY ROOM	29293		29293	38
39 DELIVERY ROOM & LABOR ROOM	36966		36966	39
40 ANESTHESIOLOGY	13827		13827	40
41 RADIOLOGY-DIAGNOSTIC	994401		994401	41
43 RADIOISOTOPE	40014		40014	43
44 LABORATORY	245441		245441	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	3963		3963	47
49 RESPIRATORY THERAPY	22308		22308	49
50 PHYSICAL THERAPY	207899		207899	50
51 OCCUPATIONAL THERAPY	6707		6707	51
52 SPEECH PATHOLOGY	4668		4668	52
53 ELECTROCARDIOLOGY	9039		9039	53
55 MEDICAL SUPPLIES CHARGED TO PAT	27909		27909	55
56 DRUGS CHARGED TO PATIENTS	54591		54591	56
56.01 CARDIAC REHAB	25776		25776	56.01
56.02 WOUND CARE CENTER	20153		20153	56.02
56.03 SLEEP LAB	15580		15580	56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	56448		56448	60
61 EMERGENCY	243206		243206	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC	68565		68565	63.50
63.51 RHC II	11488		11488	63.51
63.52 RHC III				63.52
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	130452		130452	65
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				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	3352017		3352017	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	5977		5977	96
98.01 GAH - MSO	5168		5168	98.01
98.02 GAH FOUNDATION	1196		1196	98.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100 HOSPITAL ASSOC SRVCS	9085		9085	100
100.01PHYSICIAN OFFICE	18863		18863	100.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	3392306		3392306	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	ADM + GEN	ADM + GEN	ADM & GEN	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	RECON-CILIATION	PATIENT ACTG + REG ACCUM COST	RECON-CILIATION ACCUM COST	OTHER COST
	3	4	5	6A.05	6.05	6.06	
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	129611						3
4 NEW CAP REL COSTS-MVBLE EQUIP		559596					4
5 EMPLOYEE BENEFITS	646	3624	14023346				5
6.05 PATIENT ACCOUNTING & REGIST	523	6247	629561	-1071763	23885882		6.05
6.06 ADMIN & GENERAL - OTHER	14348	141523	1208590		4352928	-4548249	27210134 6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	33389	17570	337045		1821193		8
9 LAUNDRY & LINEN SERVICE	1719	586	79208		165744		9
10 HOUSEKEEPING	548	171	188104		311463		10
11 DIETARY	2511	3317	146278		349015		11
12 CAFETERIA	797	3234	149996		263051		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	298		524147		723345		14
15 CENTRAL SERVICES & SUPPLY	704				18399		15
16 PHARMACY	1325	11528			412909		16
17 MEDICAL RECORDS & LIBRARY	1031	5550	286330		436936		17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	13244	54387	1459545		2350854		25
26 INTENSIVE CARE UNIT	970	20044	52274		106702		26
33 NURSERY	319	2637	90440		139229		33
34 SKILLED NURSING FACILITY	1145	1472	111795	-178536			34
36 OTHER LONG TERM CARE	12233	13957	1060057	-1709663			36
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	6131	66911	535826		1196108		37
38 RECOVERY ROOM	1263	633	219572		310486		38
39 DELIVERY ROOM & LABOR ROOM	1080	7917	271583		419577		39
40 ANESTHESIOLOGY	98	9119			77567		40
41 RADIOLOGY-DIAGNOSTIC	7024	20679	827354		2686290		41
43 RADIOISOTOPE	659		85295		279703		43
44 LABORATORY	1877	12379	455370		1370419		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	154				81655		47
49 RESPIRATORY THERAPY	451	2148	226575		352434		49
50 PHYSICAL THERAPY	10489	4984	545586		898309		50
51 OCCUPATIONAL THERAPY	225	229	101339		141038		51
52 SPEECH PATHOLOGY	225		30240		43126		52
53 ELECTROCARDIOLOGY		7452			17575		53
55 MEDICAL SUPPLIES CHARGED TO P					826072		55
56 DRUGS CHARGED TO PATIENTS					878149		56
56.01 CARDIAC REHAB	1011	4161	97464		155686		56.01
56.02 WOUND CARE CENTER	669	3540	110587		227309		56.02
56.03 SLEEP LAB		10309	50332		190070		56.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2371	8060	151935		254986		60
61 EMERGENCY	6699	72001	976894		1996029		61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC			1135092	-1625728			63.50
63.51 RHC II			159172	-329818			63.51
63.52 RHC III							63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	3096	34114	996882	-1574807			65
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							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	129272	550483	13300468	-6490315	23854356	-4548249	25795008 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	339				4127		4312 96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADM + GEN	RECON-	ADM & GEN
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		PATIENT ACTG + REG ACCUM COST		OTHER ACCUM COST
	3	4	5	6A.05	6.05		6.06
98.01 GAH - MSO			189384	-377659			377659 98.01
98.02 GAH FOUNDATION			34546	-88025			88025 98.02
100 HOSPITAL ASSOC SRVCS		6908	11792		27399		28628 100
100.01 PHYSICIAN OFFICE		2205	487156	-916502			916502 100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1577793	656892	4275214		1071763		4548249 103
104 UNIT COST MULT-WS B PT I		1.173868					104
104 UNIT COST MULT-WS B PT I	12.173295		.304864		.044870		.167153 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			12118		42912		360524 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III			.000864		.001797		.013250 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.
	8	9	10	11	12	14	15	16
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.05								6.05
6.06								6.06
7								7
8	90494							8
9	1719	284695						9
10	548	22564	75342					10
11	2511	560	2511	52440				11
12	797	575	797		16502			12
13								13
14	298		298		717	152956		14
15	704		704				1143716	15
16	1325		1325				2425	927313 16
17	1031		1031		856			17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	13244	57020	13244	10908	2691	55979	67804	2532 25
26	970	726	970	159	68	1418	176	26
33	319	1572	319		164	3418	2744	200 33
34	1145	14982	1145	3948	330		2888	22 34
36	12233	142021	12233	37425	3130		27379	204 36
ANCILLARY SERVICE COST CENTERS								
37	6131	23723	6131		1022	21250	96650	18088 37
38	1263		1263		381	7929	2171	38
39	1080		1080		494	10264	8240	602 39
40	98		98					40
41	7024	12173	7024		1653		12919	1931 41
43	659		659		100		2012	125 43
44	1877		1877		1087		25912	23 44
46.30								46.30
47	154		154					47
49	451		451		468	9734	1540	60 49
50	10489	8779	10489		1007		3659	183 50
51	225		225		164		37	51
52	225		225		33			52
53							893	53
55							826072	55
56								878149 56
56.01	1011		1011		182	3778	721	56.01
56.02	669		669		166	3443	1625	582 56.02
56.03					93	1943	303	22 56.03
OUTPATIENT SERVICE COST CENTERS								
60	2371		2371		359	7467	7936	112 60
61	6699		6699		1266	26333	37623	269 61
62								62
63.50	5600						2279	11943 63.50
63.51	1189						94	3887 63.51
63.52								63.52
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
65	6096						6811	341 65
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
85.03								85.03
95	90155	284695	75003	52440	16431	152956	1140913	919275 95
NONREIMBURSABLE COST CENTERS								
96	339		339					96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	SQUARE	SERVICE	SQUARE	MEALS	MEALS	TRATION	SUPPLY	COSTED
	FEET	POUNDS OF	FEET	SERVED	SERVED	DIRECT	COSTED	REQUIS.
	8	LAUNDRY	10	11	12	NRSING HRS	REQUIS.	16
98.01 GAH - MSO								98.01
98.02 GAH FOUNDATION								98.02
100 HOSPITAL ASSOC SRVCS					71			40 100
100.01 PHYSICIAN OFFICE							2803	7998 100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2220987	244318	412650	501493	345216	906080	43573	543420 103
104 UNIT COST MULT-WS B PT I	24.542920		5.477025		20.919646		.038098	104
104 UNIT COST MULT-WS B PT I		.858175		9.563177		5.923795		.586016 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	455857	32934	17278	53336	22008	17920	20750	43144 107
108 UNIT COST MULT-WS B PT III	5.037428		.229328		1.333657		.018143	108
108 UNIT COST MULT-WS B PT III		.115682		1.017086		.117158		.046526 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY TIME SPENT	
17		
GENERAL SERVICE COST CENTERS		
1		1
2		2
3		3
4		4
5		5
6.05		6.05
6.06		6.06
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17	27180	17
18		18
20		20
21		21
22		22
23		23
24		24
INPATIENT ROUTINE SERV COST CENTERS		
25	12215	25
26	995	26
33		33
34		34
36		36
ANCILLARY SERVICE COST CENTERS		
37	4750	37
38		38
39		39
40		40
41	7970	41
43		43
44		44
46.30		46.30
47		47
49	250	49
50		50
51		51
52		52
53		53
55		55
56		56
56.01		56.01
56.02		56.02
56.03		56.03
OUTPATIENT SERVICE COST CENTERS		
60		60
61	1000	61
62		62
63.50		63.50
63.51		63.51
63.52		63.52
63.60		63.60
OTHER REIMBURSABLE COST CENTERS		
65		65
69.10		69.10
69.20		69.20
69.30		69.30
69.40		69.40
71		71
SPECIAL PURPOSE COST CENTERS		
85.01		85.01
85.02		85.02
85.03		85.03
95	27180	95
NONREIMBURSABLE COST CENTERS		
96		96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY TIME SPENT	
98.01 GAH - MSO		98.01
98.02 GAH FOUNDATION		98.02
100 HOSPITAL ASSOC SRVCS		100
100.01 PHYSICIAN OFFICE		100.01
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	581711	103
104 UNIT COST MULT-WS B PT I	21.402171	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	36132	107
108 UNIT COST MULT-WS B PT III	1.329360	108
108 UNIT COST MULT-WS B PT III		108

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

----- WORKSHEET B -----

DESCRIPTION 1	PART 2	LINE NO. 3	AMOUNT 4	
1				1
2				2
3				3
4				4
5 CLINIC RENTAL INCOME	1	60	-39852	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

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	4071150		4071150		4071150	25
26 INTENSIVE CARE UNIT	192515		192515		192515	26
33 NURSERY	204619		204619		204619	33
34 SKILLED NURSING FACILITY	300390		300390		300390	34
36 OTHER LONG TERM CARE	2909096		2909096		2909096	36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1926295		1926295		1926295	37
38 RECOVERY ROOM	471583		471583		471583	38
39 DELIVERY ROOM & LABOR ROOM	615907		615907		615907	39
40 ANESTHESIOLOGY	97536		97536		97536	40
41 RADIOLOGY-DIAGNOSTIC	3704072		3704072		3704072	41
43 RADIOISOTOPE	363129		363129		363129	43
44 LABORATORY	1751345		1751345		1751345	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	104203		104203		104203	47
49 RESPIRATORY THERAPY	516238		516238		516238	49
50 PHYSICAL THERAPY	1439234		1439234		1439234	50
51 OCCUPATIONAL THERAPY	182185		182185		182185	51
52 SPEECH PATHOLOGY	60037		60037		60037	52
53 ELECTROCARDIOLOGY	21468		21468		21468	53
55 MEDICAL SUPPLIES CHARGED TO	1038886		1038886		1038886	55
56 DRUGS CHARGED TO PATIENTS	1585532		1585532		1585532	56
56.01 CARDIAC REHAB	246427		246427		246427	56.01
56.02 WOUND CARE CENTER	321563		321563		321563	56.02
56.03 SLEEP LAB	245275		245275		245275	56.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	394397		394397		394397	60
61 EMERGENCY	2840776		2840776		2840776	61
62 OBSERVATION BEDS (NON-DISTI	559782		559782		559782	62
63.50 RHC	2041999		2041999		2041999	63.50
63.51 RHC II	416412		416412		416412	63.51
63.52 RHC III						63.52
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1988114		1988114		1988114	65
101 SUBTOTAL	30610165		30610165		30610165	101
102 LESS OBSERVATION BEDS	559782		559782		559782	102
103 TOTAL	30050383		30050383		30050383	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	3412958		3412958			25
26 INTENSIVE CARE UNIT	63480		63480			26
33 NURSERY	285621		285621			33
34 SKILLED NURSING FACILITY	189504		189504			34
36 OTHER LONG TERM CARE	1800917		1800917			36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1164310	5414691	6579001	.292794	.292794	.292794 37
38 RECOVERY ROOM	149878	1113251	1263129	.373345	.373345	.373345 38
39 DELIVERY ROOM & LABOR ROOM	362308	495385	857693	.718097	.718097	.718097 39
40 ANESTHESIOLOGY	13220	47442	60662	1.607860	1.607860	1.607860 40
41 RADIOLOGY-DIAGNOSTIC	880018	10877431	11757449	.315040	.315040	.315040 41
43 RADIOISOTOPE	36212	983745	1019957	.356024	.356024	.356024 43
44 LABORATORY	865409	6279540	7144949	.245117	.245117	.245117 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	42744	34902	77646	1.342027	1.342027	1.342027 47
49 RESPIRATORY THERAPY	1370457	581021	1951478	.264537	.264537	.264537 49
50 PHYSICAL THERAPY	309517	849983	1159500	1.241254	1.241254	1.241254 50
51 OCCUPATIONAL THERAPY	75289	299955	375244	.485511	.485511	.485511 51
52 SPEECH PATHOLOGY	7698	28335	36033	1.666167	1.666167	1.666167 52
53 ELECTROCARDIOLOGY	63836	490444	554280	.038731	.038731	.038731 53
55 MEDICAL SUPPLIES CHARGED TO	1428179	2170567	3598746	.288680	.288680	.288680 55
56 DRUGS CHARGED TO PATIENTS	2245100	4215223	6460323	.245426	.245426	.245426 56
56.01 CARDIAC REHAB		120601	120601	2.043325	2.043325	2.043325 56.01
56.02 WOUND CARE CENTER	951	130079	131030	2.454117	2.454117	2.454117 56.02
56.03 SLEEP LAB		440600	440600	.556684	.556684	.556684 56.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		270699	270699	1.456958	1.456958	1.456958 60
61 EMERGENCY	20263	3108780	3129043	.907874	.907874	.907874 61
62 OBSERVATION BEDS (NON-DISTI	22265	827265	849530	.658931	.658931	.658931 62
63.50 RHC		1975187	1975187	1.033826	1.033826	1.033826 63.50
63.51 RHC II		243784	243784	1.708119	1.708119	1.708119 63.51
63.52 RHC III						63.52
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		2512530	2512530	.791280	.791280	.791280 65
101 SUBTOTAL	14810134	43511440	58321574			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	14810134	43511440	58321574			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1317) [] 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	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	SURGICAL		DIAGNOSTIC	
				CENTER	3	4	
				2			
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.292794	.292794	.292794				37
38 RECOVERY ROOM	.373345	.373345	.373345				38
39 DELIVERY ROOM & LABOR ROOM	.718097	.718097	.718097				39
40 ANESTHESIOLOGY	1.607860	1.607860	1.607860				40
41 RADIOLOGY-DIAGNOSTIC	.315040	.315040	.315040				41
43 RADIOISOTOPE	.356024	.356024	.356024				43
44 LABORATORY	.245117	.245117	.245117				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	1.342027	1.342027	1.342027				47
49 RESPIRATORY THERAPY	.264537	.264537	.264537				49
50 PHYSICAL THERAPY	1.241254	1.241254	1.241254				50
51 OCCUPATIONAL THERAPY	.485511	.485511	.485511				51
52 SPEECH PATHOLOGY	1.666167	1.666167	1.666167				52
53 ELECTROCARDIOLOGY	.038731	.038731	.038731				53
55 MEDICAL SUPPLIES CHARGED TO PAT	.288680	.288680	.288680				55
56 DRUGS CHARGED TO PATIENTS	.245426	.245426	.245426				56
56.01 CARDIAC REHAB	2.043325	2.043325	2.043325				56.01
56.02 WOUND CARE CENTER	2.454117	2.454117	2.454117				56.02
56.03 SLEEP LAB	.556684	.556684	.556684				56.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	1.456958	1.456958	1.456958				60
61 EMERGENCY	.907874	.907874	.907874				61
62 OBSERVATION BEDS (NON-DISTINCT	.658931	.658931	.658931				62
63.50 RHC	1.033826	1.033826	1.033826				63.50
63.51 RHC II	1.708119	1.708119	1.708119				63.51
63.52 RHC III							63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	.791280	.791280	.791280				65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.791280	.791280	.791280				65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.791280	.791280	.791280				65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.791280	.791280	.791280				65.03
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		1	.245426	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)			3885	2
2.01 VACCINE CHARGES - HEPATITIS B				2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)			953	3
3.01 VACCINE COSTS - HEPATITIS B				3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1317) [] 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 (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1958377							37
38 RECOVERY ROOM	396307							38
39 DELIVERY ROOM & LABOR ROOM	795							39
40 ANESTHESIOLOGY	13778							40
41 RADIOLOGY-DIAGNOSTIC	3718147							41
43 RADIOISOTOPE	469806							43
44 LABORATORY	2217910							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR	17536							47
49 RESPIRATORY THERAPY	293665							49
50 PHYSICAL THERAPY	283313							50
51 OCCUPATIONAL THERAPY	84813							51
52 SPEECH PATHOLOGY	13614							52
53 ELECTROCARDIOLOGY	259169							53
55 MEDICAL SUPPLIES CHARGED TO PA	651960							55
56 DRUGS CHARGED TO PATIENTS	1473533							56
56.01 CARDIAC REHAB	68773							56.01
56.02 WOUND CARE CENTER	87982							56.02
56.03 SLEEP LAB	138616							56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	142770							60
61 EMERGENCY	948612							61
62 OBSERVATION BEDS (NON-DISTINCT	322951							62
63.50 RHC								63.50
63.51 RHC II								63.51
63.52 RHC III								63.52
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
101 SUBTOTAL	13562427							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	13562427							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1317) [] 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	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	573401						37
38 RECOVERY ROOM	147959						38
39 DELIVERY ROOM & LABOR ROOM	571						39
40 ANESTHESIOLOGY	22153						40
41 RADIOLOGY-DIAGNOSTIC	1171365						41
43 RADIOISOTOPE	167262						43
44 LABORATORY	543647						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	23534						47
49 RESPIRATORY THERAPY	77685						49
50 PHYSICAL THERAPY	351663						50
51 OCCUPATIONAL THERAPY	41178						51
52 SPEECH PATHOLOGY	22683						52
53 ELECTROCARDIOLOGY	10038						53
55 MEDICAL SUPPLIES CHARGED TO PAT	188208						55
56 DRUGS CHARGED TO PATIENTS	361643						56
56.01 CARDIAC REHAB	140526						56.01
56.02 WOUND CARE CENTER	215918						56.02
56.03 SLEEP LAB	77165						56.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	208010						60
61 EMERGENCY	861220						61
62 OBSERVATION BEDS (NON-DISTINCT	212802						62
63.50 RHC							63.50
63.51 RHC II							63.51
63.52 RHC III							63.52
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
101 SUBTOTAL	5418631						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	5418631						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5979) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION COST	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3	
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
43 RADIOISOTOPE								43
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
56.01 CARDIAC REHAB								56.01
56.02 WOUND CARE CENTER								56.02
56.03 SLEEP LAB								56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.51 RHC II								63.51
63.52 RHC III								63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5979) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		6579001					37
38 RECOVERY ROOM		1263129					38
39 DELIVERY ROOM & LABOR ROOM		857693					39
40 ANESTHESIOLOGY		60662					40
41 RADIOLOGY-DIAGNOSTIC		11757449			2770		41
43 RADIOISOTOPE		1019957					43
44 LABORATORY		7144949			4862		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		77646					47
49 RESPIRATORY THERAPY		1951478					49
50 PHYSICAL THERAPY		1159500			45936		50
51 OCCUPATIONAL THERAPY		375244			20055		51
52 SPEECH PATHOLOGY		36033					52
53 ELECTROCARDIOLOGY		554280					53
55 MEDICAL SUPPLIES CHARGED TO P		3598746			6967		55
56 DRUGS CHARGED TO PATIENTS		6460323			825		56
56.01 CARDIAC REHAB		120601					56.01
56.02 WOUND CARE CENTER		131030					56.02
56.03 SLEEP LAB		440600					56.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		270699					60
61 EMERGENCY		3129043					61
62 OBSERVATION BEDS (NON-DISTINC		849530					62
63.50 RHC		1975187					63.50
63.51 RHC II		243784					63.51
63.52 RHC III							63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES					81415		65
101 TOTAL		47837593					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5979)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	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
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CARDIAC REHAB					56.01
56.02 WOUND CARE CENTER					56.02
56.03 SLEEP LAB					56.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.51 RHC II					63.51
63.52 RHC III					63.52
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

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 (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5979)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3636					1316	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	2836					1316	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2836					1316	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	170						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	511						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	30						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	89						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1544					845	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	170						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	511						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

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 (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5979)	
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	98.89						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	99.88						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4071150					300390	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	2967						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	8889						25
26 TOTAL SWING-BED COST	797859						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3273291					300390	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3425686					177750	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3425686					177750	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.955514					1.689958	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1207.93					135.07	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	3273291					300390	37

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 (OTHER) (14-1317)	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	1154.19					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1782069					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1782069					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
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	192515	53	3632.36	43	156191	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1691693	1	1	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS	3629953					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	196212					60
61	589791					61
62	786003					62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5979)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	300390	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	228.26	67
68 PROGRAM ROUTINE SERVICE COST	192880	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	192880	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	30401	71
72 PER DIEM CAPITAL RELATED COSTS	23.10	72
73 PROGRAM CAPITAL RELATED COSTS	19520	73
74 INPATIENT ROUTINE SERVICE COST	173360	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	173360	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	192880	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	71033	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	263913	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	485	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1154.19	84
85 OBSERVATION BED COST	559782	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-1317) [] SNF [] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		1987670		25
26 INTENSIVE CARE UNIT		60975		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.292794	747523	218870	37
38 RECOVERY ROOM	.373345	89282	33333	38
39 DELIVERY ROOM & LABOR ROOM	.718097	2664	1913	39
40 ANESTHESIOLOGY	1.607860	6503	10456	40
41 RADIOLOGY-DIAGNOSTIC	.315040	582423	183487	41
43 RADIOISOTOPE	.356024	29870	10634	43
44 LABORATORY	.245117	580292	142239	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.342027	35357	47450	47
49 RESPIRATORY THERAPY	.264537	1197212	316707	49
50 PHYSICAL THERAPY	1.241254	62522	77606	50
51 OCCUPATIONAL THERAPY	.485511	15309	7433	51
52 SPEECH PATHOLOGY	1.666167	7459	12428	52
53 ELECTROCARDIOLOGY	.038731	48582	1882	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.288680	971660	280499	55
56 DRUGS CHARGED TO PATIENTS	.245426	1360998	334024	56
56.01 CARDIAC REHAB	2.043325			56.01
56.02 WOUND CARE CENTER	2.454117	951	2334	56.02
56.03 SLEEP LAB	.556684			56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.456958			60
61 EMERGENCY	.907874	4789	4348	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.658931	9182	6050	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC	1.033826			63.50
63.51 RHC II	1.708119			63.51
63.52 RHC III				63.52
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		5752578	1691693	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5752578		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5979)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.292794			37
38 RECOVERY ROOM	.373345			38
39 DELIVERY ROOM & LABOR ROOM	.718097			39
40 ANESTHESIOLOGY	1.607860			40
41 RADIOLOGY-DIAGNOSTIC	.315040	2770	873	41
43 RADIOISOTOPE	.356024			43
44 LABORATORY	.245117	4862	1192	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.342027			47
49 RESPIRATORY THERAPY	.264537			49
50 PHYSICAL THERAPY	1.241254	45936	57018	50
51 OCCUPATIONAL THERAPY	.485511	20055	9737	51
52 SPEECH PATHOLOGY	1.666167			52
53 ELECTROCARDIOLOGY	.038731			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.288680	6967	2011	55
56 DRUGS CHARGED TO PATIENTS	.245426	825	202	56
56.01 CARDIAC REHAB	2.043325			56.01
56.02 WOUND CARE CENTER	2.454117			56.02
56.03 SLEEP LAB	.556684			56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.456958			60
61 EMERGENCY	.907874			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.658931			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC	1.033826			63.50
63.51 RHC II	1.708119			63.51
63.52 RHC III				63.52
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		81415	71033	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		81415		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (14-Z317)	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.292794			37
38 RECOVERY ROOM	.373345			38
39 DELIVERY ROOM & LABOR ROOM	.718097			39
40 ANESTHESIOLOGY	1.607860			40
41 RADIOLOGY-DIAGNOSTIC	.315040	30110	9486	41
43 RADIOISOTOPE	.356024			43
44 LABORATORY	.245117	59762	14649	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.342027	2686	3605	47
49 RESPIRATORY THERAPY	.264537	49228	13023	49
50 PHYSICAL THERAPY	1.241254	93407	115942	50
51 OCCUPATIONAL THERAPY	.485511	32644	15849	51
52 SPEECH PATHOLOGY	1.666167	165	275	52
53 ELECTROCARDIOLOGY	.038731	2367	92	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.288680	147272	42514	55
56 DRUGS CHARGED TO PATIENTS	.245426	250378	61449	56
56.01 CARDIAC REHAB	2.043325			56.01
56.02 WOUND CARE CENTER	2.454117			56.02
56.03 SLEEP LAB	.556684			56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.456958			60
61 EMERGENCY	.907874			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.658931	210	138	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC	1.033826			63.50
63.51 RHC II	1.708119			63.51
63.52 RHC III				63.52
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		668229	277022	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		668229		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT					
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1				1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1				1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS				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				2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD				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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1317)	HOSPITAL (14-1317)	HOSPITAL (14-1317)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	5419584			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	5419584			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	5473780			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1317)	HOSPITAL (14-1317)	HOSPITAL (14-1317)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	37862		18
18.01 COINSURANCE	2264318		18.01
19 SUBTOTAL	3171600		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	3171600		23
24 PRIMARY PAYER PAYMENTS	536		24
25 SUBTOTAL	3171064		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	146689		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	146689		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	142649		27.02
28 SUBTOTAL	3317753		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	3317753		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3172131		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	145622		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	57882		36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5979)	SNF (14-5979)	SNF (14-5979)	
	1	1.01	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5979)	SNF (14-5979)	SNF (14-5979)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES			18
18.01 COINSURANCE			18.01
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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-1317)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	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)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-1317)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
 (14-1317)
 OCTOBER 1, 1997
 PRIOR TO ON OR AFTER
 1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-1317)

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		2443109		3362465	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					3.01
TO .02	03/20/2008	194427			3.02
PROVIDER .03	09/25/2008	76071	09/25/2008	71464	3.03
TO .04			10/31/2008	250627	3.04
PROVIDER .05					3.05
TO .50					3.50
PROVIDER .51			09/25/2008	512425	3.51
TO .52		NONE			3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		270498		-190334	3.99
4 TOTAL INTERIM PAYMENTS		2713607		3172131	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
TO .50					5.50
PROVIDER .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 .01		655172		145622	6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		3368779		3317753	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SWING BED SKILLED NURSING FACILITY (14-Z317)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		883838		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 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	03/20/2008 51800 09/25/2008 22874 NONE 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	74674		3.99
4 TOTAL INTERIM PAYMENTS		958512		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	111948		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1070460		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---	
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF
		PART A	PART B	(14-Z317)	
	1	1	2	1	1
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF	793863			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF				2
3	ANCILLARY SERVICES	279792			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				4
5	PROGRAM DAYS	681			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY				7
8	SUBTOTAL	1073655			8
9	PRIMARY PAYER PAYMENTS				9
10	SUBTOTAL	1073655			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)				11
12	SUBTOTAL	1073655			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	3195			13
14	80% OF PART B COSTS				14
15	SUBTOTAL	1070460			15
16	OTHER ADJUSTMENTS				16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)				17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES				17.01
18	TOTAL	1070460			18
19	SEQUESTRATION ADJUSTMENT				19
20	INTERIM PAYMENTS	958512			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				20.01
21	BALANCE DUE PROVIDER/PROGRAM	111948			21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	11338			22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF I
1	INPATIENT SERVICES	3629953				1
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)					1.01
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	3629953				4
5	PRIMARY PAYER PAYMENTS					5
6	TOTAL COST	3666253				6
COMPUTATION OF LESSER OF COST OR CHARGES						
REASONABLE CHARGES						
7	ROUTINE SERVICE CHARGES					7
8	ANCILLARY SERVICE CHARGES					8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE					9
10	TEACHING PHYSICIANS					10
11	TOTAL REASONABLE CHARGES					11
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS					12
13	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(E)					13
14	RATIO OF LINE 12 TO LINE 13					14
15	TOTAL CUSTOMARY CHARGES					15
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					16
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF I
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					18
19	COST OF COVERED SERVICES	3666253				19
20	DEDUCTIBLES	312384				20
21	EXCESS REASONABLE COST					21
22	SUBTOTAL	3353869				22
23	COINSURANCE					23
24	SUBTOTAL	3353869				24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	14910				25
25.01	REDUCED REIMBURSABLE BAD DEBTS	14910				25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	14910				25.02
26	SUBTOTAL	3368779				26
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					27
28	OTHER ADJUSTMENTS					28
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					29
30	SUBTOTAL	3368779				30
31	SEQUESTRATION ADJUSTMENT					31
32	INTERIM PAYMENTS	2713607				32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					32.01
33	BALANCE DUE PROVIDER/PROGRAM	655172				33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	38677				34

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5979) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	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	10
11	ANCILLARY SERVICE CHARGES	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	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	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)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	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 SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5979) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34			34
			35
35		255397	
36		57967	
37			37
			38
38			38.01
38.01			38.02
38.02			38.03
38.03			39
39			40
40		197430	
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49			49
50			50
51			51
52		197430	
53			52
54			53
55		197430	
56			54
57		197430	
57.01			55
58			56
59			57
			57.01
			58
			59

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	2218963			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	5441025			4
5	OTHER RECEIVABLES	2139018			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	448555			7
8	PREPAID EXPENSES	271958			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	10519519			11
FIXED ASSETS					
12	LAND	206354			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1596971			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	16995244			14
14.01	ACCUMULATED DEPRECIATION	-17716130			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	15956507			18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	3352536			20
21	TOTAL FIXED ASSETS	20391482			21
OTHER ASSETS					
22	INVESTMENTS	6176599			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	270709			25
26	TOTAL OTHER ASSETS	6447308			26
27	TOTAL ASSETS	37358309			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2123024			28
29	SALARIES, WAGES & FEES PAYABLE	1400275			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	2635228			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	146338			35
36	TOTAL CURRENT LIABILITIES	6304865			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	10148160			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				41
42	TOTAL LONG TERM LIABILITIES	10148160			42
43	TOTAL LIABILITIES	16453025			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	20905284			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	20905284			51
52	TOTAL LIABILITIES AND FUND BALANCES	37358309			52

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	19728296			1
2 NET INCOME (LOSS)	1176988			2
3 TOTAL	20905284			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CURRENT YEAR CHANGES				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	20905284			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	20905284			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	3061508		3061508	2
4 SUBPROVIDER I				4
5 SWING BED - SNF	351450		351450	5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	189504		189504	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE	1800917		1800917	9
10 TOTAL GENERAL INPATIENT CARE SERVICES	5403379		5403379	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	63480		63480	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	63480		63480	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	5466859		5466859	18
19 ANCILLARY SERVICES	9963416	43945118	53908534	19
20 OUTPATIENT SERVICES				20
21 18.50 RHC		1975187	1975187	21
22 18.51 RHC II		243784	243784	22
23 18.52 RHC III				23
24 18.60 FQHC				24
25 HOME HEALTH AGENCY				25
26 AMBULANCE		2512530	2512530	26
27 CORF				27
28 ASC				28
29 HOSPICE				29
30 TOTAL PATIENT REVENUES	15430275	48676619	64106894	30

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		35642635	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE	942338		28
29 MATERNITY CA IN EXP ON FS	9703		29
30 ROUNDING			30
31 LATE CHRGS DEBIT BAL	2361		31
32			32
33 TOTAL ADDITIONS		954402	33
34 DEDUCT (SPECIFY)			34
35 MEDPAY EXP IN CA FOR FS			35
36 ROUNDING	-33		36
37			37
38 TOTAL DEDUCTIONS	-33		38
39 TOTAL OPERATING EXPENSES		36597004	39
40			40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	64106894	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	27970128	2
3	NET PATIENT REVENUES	36136766	3
4	LESS - TOTAL OPERATING EXPENSES	36597004	4
5	NET INCOME FROM SERVICE TO PATIENTS	-460238	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	188499	6
7	INCOME FROM INVESTMENTS	202800	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		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		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		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	MISC OTHER REVENUE	1189019	24
24.01	GRANT INCOME	56908	24.01
25	TOTAL OTHER INCOME	1637226	25
26	TOTAL	1176988	26
27	EXTRAORDINARY LOSS ON EXT OF LTD		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1176988	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7507

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						5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						6
7 PHYSICAL THERAPY						7
8 OCCUPATIONAL THERAPY						8
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE						11
12 SUPPLIES						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						24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7507

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					5
6 SKILLED NURSING CARE					6
7 PHYSICAL THERAPY					7
8 OCCUPATIONAL THERAPY					8
9 SPEECH PATHOLOGY					9
10 MEDICAL SOCIAL SERVICES					10
11 HOME HEALTH AIDE					11
12 SUPPLIES					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					24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7507

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATION & MAINT	TRANSPORT- ATION	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								5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH PATHOLOGY								9
10 MEDICAL SOCIAL SERVICES								10
11 HOME HEALTH AIDE								11
12 SUPPLIES								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								24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7507

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	
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 HHA REIMBURSABLE SERVICES							5
6 SKILLED NURSING CARE							6
7 PHYSICAL THERAPY							7
8 OCCUPATIONAL THERAPY							8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE							11
12 SUPPLIES							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							24
25 COST TO BE ALLOC (PER W/S H)							25
26 UNIT COST MULTIPLIER							26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

HHA COST CENTER	HHA TRIAL BALANCE	OLD CAP BLDGS & FIXTURES	OLD CAP MOVABLE EQUIPMENT	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADM + GEN PATIENT ACTG + REG
	0	1	2	3	4	5	5A	6.05
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
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								20
21 UNIT COST MULTIPLIER								21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ADM & GEN OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
		6.06	7	8	9	10	11	12
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
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								20
21 UNIT COST MULTIPLIER								21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

HHA COST CENTER	MAIN- TENANCE OF PERSONNEL 13	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	NURSING SCHOOL 21	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
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									20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	22	23	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
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									20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADM + GEN PATIENT ACTG + REG ACCUM COST	RECON- CILIATION
	1	2	3	4	5	6A.05	6.05	
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
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								20
21 TOTAL COST TO BE ALLOCATED								21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER								22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

HHA COST CENTER	ADM & GEN OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	
	ACCUM COST	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	MEALS SERVED	NUMBER HOUSED	
	6.06	7	8	9	10	11	12	13	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
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									20
21 TOTAL COST TO BE ALLOCATED									21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER									22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	
	14	15	16	17	18	20	21	22	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
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									20
21 TOTAL COST TO BE ALLOCATED									21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER									22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

HHA COST CENTER	I&R PROGRAM COSTS ASSIGNED TIME	23	PARAMED EDUCATION ASSIGNED TIME	24	
1	ADMINISTRATIVE AND GENERAL				1
2	SKILLED NURSING CARE				2
3	PHYSICAL THERAPY				3
4	OCCUPATIONAL THERAPY				4
5	SPEECH PATHOLOGY				5
6	MEDICAL SOCIAL SERVICES				6
7	HOME HEALTH AIDE				7
8	SUPPLIES				8
9	DRUGS				9
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				20
21	TOTAL COST TO BE ALLOCATED				21
22	UNIT COST MULTIPLIER				22
22	UNIT COST MULTIPLIER				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7507

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						1
2	PHYSICAL THERAPY	3						2
3	OCCUPATIONAL THERAPY	4						3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERV	6						5
6	HOME HEALTH AIDE SERV	7						6
7	TOTAL							7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7507

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST	
		PART B		PART B		PART B		PART B			
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11			12	
1	SKILLED NURSING CARE										1
2	PHYSICAL THERAPY										2
3	OCCUPATIONAL THERAPY										3
4	SPEECH PATHOLOGY										4
5	MEDICAL SOCIAL SERV										5
6	HOME HEALTH AIDE SERV										6
7	TOTAL										7
LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST	
		PART B		PART B		PART B		PART B			
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11			12	
8	SKILLED NURSING CARE										8
9	PHYSICAL THERAPY										9
10	OCCUPATIONAL THERAPY										10
11	SPEECH PATHOLOGY										11
12	MEDICAL SOCIAL SERV										12
13	HOME HEALTH AIDE SERV										13
14	TOTAL										14
SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES				COST OF SERVICES				TOTAL PROGRAM COST	
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.			
OTHER PATIENT SERVICES		PART A	FEE REIMBURSED	NOT SUBJECT TO	PART A	FEE REIMBURSED	NOT SUBJECT TO	PART A	FEE REIMBURSED	NOT SUBJECT TO	
		6	7	7.01	8	9	10	10.01	11		
15	COST OF MEDICAL SUPPLIES										15
16	COST OF DRUGS										16
16.20	COST OF ADMINISTERING VA										16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7507

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	1.241254			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.485511			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	1.666167			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.288680			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.245426			COL 2, LINE 16	5
5.01	CARDIAC REHAB 56.01	2.043325			COL 2, LINE 16	5.01
5.02	WOUND CARE CENTER 56.02	2.454117			COL 2, LINE 16	5.02
5.03	SLEEP LAB 56.03	.556684			COL 2, LINE 16	5.03

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY		2.01	3	3.01		1	
2	OCCUPATIONAL THERAPY						2	
3	SPEECH PATHOLOGY						3	
4	TOTAL						4	

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7507

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [] 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 REASONABLE COST OF SERVICES			1
2 TOTAL CHARGES			2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS			10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES			10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES			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			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			12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL			14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST			16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD			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			22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL			24
25 TOTAL INTERIM PAYMENTS			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.: 14-7507

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				1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	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		3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS				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			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	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 .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	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
6.05 PATIENT ACCOUNTING & REGIST					6.05
6.06 ADMIN & GENERAL - OTHER					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
36 OTHER LONG TERM CARE					36
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
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CARDIAC REHAB					56.01
56.02 WOUND CARE CENTER					56.02
56.03 SLEEP LAB					56.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.51 RHC II					63.51
63.52 RHC III					63.52
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
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					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 & CAN					96
98.01 GAH - MSO					98.01
98.02 GAH FOUNDATION					98.02

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
00 HOSPITAL ASSOC SRVCS						00
00.01 PHYSICIAN OFFICE						00.01
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

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	653480		653480		653480	-254528	398952	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	130919		130919		130919		130919	3
4 VISITING NURSE								4
5 OTHER NURSE	137036		137036		137036		137036	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS								9
10 SUBTOTAL (SUM OF LINES 1-9) COSTS UNDER AGREEMENT	921435		921435		921435	-254528	666907	10
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13) OTHER HEALTH CARE COSTS								14
15 MEDICAL SUPPLIES		78215	78215		78215		78215	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS								19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		78215	78215		78215		78215	21
22 TOTAL COSTS OF HEALTH CARE SERVICES COSTS OTHER THAN RHC/FQHC SERVICES	921435	78215	999650		999650	-254528	745122	22
23 PHARMACY								23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS								26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS FACILITY OVERHEAD								28
29 FACILITY COSTS		493387	493387	-37905	455482	-134582	320900	29
30 ADMINISTRATIVE COSTS	213657		213657		213657		213657	30
31 TOTAL FACILITY OVERHEAD	213657	493387	707044	-37905	669139	-134582	534557	31
32 TOTAL FACILITY COSTS	1135092	571602	1706694	-37905	1668789	-389110	1279679	32

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	2.01	9034	4200	8442		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	1.03	4781	2100	2163		3
4 SUBTOTAL	3.04	13815		10605	13815	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	3.04	13815			13815	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					745122	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					745122	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					534557	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					762320	15
16 TOTAL OVERHEAD					1296877	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1296877	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1296877	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					2041999	20

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	2041999	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	23616	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	2018383	3
4	TOTAL VISITS	13815	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	13815	6
7	ADJUSTED COST PER VISIT	146.10	7

CALCULATION OF LIMIT(1)
 PRIOR TO ON OR AFTER
 JANUARY 1 JANUARY 1 (SEE INSTR.)
 1 2 3

8	PER VISIT PAYMENT LIMIT			8
9	RATE FOR PROGRAM COVERED VISITS	146.10	146.10	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	4114	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	601055	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	601055	16
16.01	PRIMARY PAYOR PAYMENTS	157	16.01
17	LESS: BENEFICIARY DEDUCTIBLE	39819	17
18	NET PROGRAM COST EXCLUDING VACCINES	561079	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	448863	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION	11366	20
21	TOTAL REIMBURSABLE PROGRAM COST	460229	21
22	REIMBURSABLE BAD DEBTS	7521	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	7521	22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	467750	24
25	INTERIM PAYMENTS	470676	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	-2926	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	75965	27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	666907	666907	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000459	0.004296	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	306	2865	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	1503	3943	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	1809	6808	5
6 TOTAL DIRECT COST OF THE FACILITY	745122	745122	6
7 TOTAL OVERHEAD	1296877	1296877	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.002428	0.009137	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	3149	11850	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	4958	18658	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	33	309	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	150.24	60.38	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	23	131	13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	3456	7910	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		23616	15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		11366	16

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B	
	1 MM/DD/YYYY	2 AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		378132
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
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 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	10/31/2008 92544
		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	92544
4 TOTAL INTERIM PAYMENTS		470676
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
		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 .01 PROVIDER TO .02 PROGRAM	-2926
		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		467750
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN		3159	3159		3159		3159	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	77776		77776		77776		77776	3
4 VISITING NURSE								4
5 OTHER NURSE	32888		32888		32888		32888	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS								9
10 SUBTOTAL (SUM OF LINES 1-9)	110664	3159	113823		113823		113823	10
COSTS UNDER AGREEMENT								
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13)								14
OTHER HEALTH CARE COSTS								
15 MEDICAL SUPPLIES		17668	17668		17668		17668	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS								19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		17668	17668		17668		17668	21
22 TOTAL COSTS OF HEALTH CARE SERVICES	110664	20827	131491		131491		131491	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23 PHARMACY								23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS								26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS								28
FACILITY OVERHEAD								
29 FACILITY COSTS		103721	103721	-1988	101733	-440	101293	29
30 ADMINISTRATIVE COSTS	48508		48508		48508		48508	30
31 TOTAL FACILITY OVERHEAD	48508	103721	152229	-1988	150241	-440	149801	31
32 TOTAL FACILITY COSTS	159172	124548	283720	-1988	281732	-440	281292	32

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4
	1	2	3	4	5
1 PHYSICIANS	0.02	27	4200	84	1
2 PHYSICIAN ASSISTANTS			2100		2
3 NURSE PRACTITIONERS	0.99	1800	2100	2079	3
4 SUBTOTAL	1.01	1827		2163	4
5 VISITING NURSE					5
6 CLINICAL PSYCHOLOGIST					6
7 CLINICAL SOCIAL WORKER					7
8 TOTAL FTEs AND VISITS	1.01	1827			8
9 PHYSICIAN SERVICES UNDER AGREEMENTS					9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES	131491	10
11 TOTAL NONREIMBURSABLE COSTS		11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)	131491	12
13 RATIO OF RHC/FQHC SERVICES	1.000000	13
14 TOTAL FACILITY OVERHEAD	149801	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	135120	15
16 TOTAL OVERHEAD	284921	16
17 ALLOWABLE GME OVERHEAD		17
18 SUBTRACT LINE 17 FROM LINE 16	284921	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	284921	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	416412	20

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	416412	1
2	COST OF VACCINES AND THEIR ADMINISTRATION		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	416412	3
4	TOTAL VISITS	2163	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	2163	6
7	ADJUSTED COST PER VISIT	192.52	7

CALCULATION OF LIMIT(1)
 PRIOR TO ON OR AFTER
 JANUARY 1 JANUARY 1 (SEE INSTR.)
 1 2 3

8	PER VISIT PAYMENT LIMIT			8
9	RATE FOR PROGRAM COVERED VISITS	192.52	192.52	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	82	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	15787	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	15787	16
16.01	PRIMARY PAYOR PAYMENTS		16.01
17	LESS: BENEFICIARY DEDUCTIBLE	842	17
18	NET PROGRAM COST EXCLUDING VACCINES	14945	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	11956	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		20
21	TOTAL REIMBURSABLE PROGRAM COST	11956	21
22	REIMBURSABLE BAD DEBTS		22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	11956	24
25	INTERIM PAYMENTS	7541	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	4415	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	139	27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	113823	113823	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE			5
6 TOTAL DIRECT COST OF THE FACILITY	131491	131491	6
7 TOTAL OVERHEAD	284921	284921	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES			13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			16

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B		
	1 MM/DD/YYYY	2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7541	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	PROGRAM .01		3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	TO .02		3.02
REVISION OF THE INTERIM RATE FOR THE COST	PROVIDER .03	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
	PROVIDER .50		3.50
	TO .51		3.51
	PROVIDER .52	NONE	3.52
	PROGRAM .53		3.53
	.54		3.54
SUBTOTAL	.99		3.99
4 TOTAL INTERIM PAYMENTS		7541	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		5.01
	TO .02	NONE	5.02
	PROVIDER .03		5.03
	PROVIDER .50		5.50
	TO .51	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 .01	4415	6.01
	PROVIDER TO .02		6.02
	PROGRAM		
7 TOTAL MEDICARE PROGRAM LIABILITY		11956	7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____	

***** 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	54.44		9.66				64.10 25
26 INTENSIVE CARE UNIT	81.13						81.13 26
33 NURSERY			21.51				21.51 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	11.36	29.77					41.13 37
38 RECOVERY ROOM	7.07	31.38					38.45 38
39 DELIVERY ROOM & LABOR ROOM	0.31	0.09					0.40 39
40 ANESTHESIOLOGY	10.72	22.71					33.43 40
41 RADIOLOGY-DIAGNOSTIC	4.95	31.62					36.57 41
43 RADIOISOTOPE	2.93	46.06					48.99 43
44 LABORATORY	8.12	31.04					39.16 44
47 BLOOD STORING, PROCESSING & TRA	45.54	22.58					68.12 47
49 RESPIRATORY THERAPY	61.35	15.05					76.40 49
50 PHYSICAL THERAPY	5.39	24.43					29.82 50
51 OCCUPATIONAL THERAPY	4.08	22.60					26.68 51
52 SPEECH PATHOLOGY	20.70	37.78					58.48 52
53 ELECTROCARDIOLOGY	8.76	46.76					55.52 53
55 MEDICAL SUPPLIES CHARGED TO PAT	27.00	18.12					45.12 55
56 DRUGS CHARGED TO PATIENTS	21.07	22.81					43.88 56
56.01 CARDIAC REHAB		57.03					57.03 56.01
56.02 WOUND CARE CENTER	0.73	67.15					67.88 56.02
56.03 SLEEP LAB		31.46					31.46 56.03
60 CLINIC		52.74					52.74 60
61 EMERGENCY	0.15	30.32					30.47 61
62 OBSERVATION BEDS (NON-DISTINCT	1.08	38.02					39.10 62
101 TOTAL CHARGES	9.86	23.25					33.11 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY 7	THIRD UTIL
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		64.21					64.21	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
41 RADIOLOGY-DIAGNOSTIC		0.02					0.02	41
44 LABORATORY		0.07					0.07	44
50 PHYSICAL THERAPY		3.96					3.96	50
51 OCCUPATIONAL THERAPY		5.34					5.34	51
55 MEDICAL SUPPLIES CHARGED TO PAT		0.19					0.19	55
56 DRUGS CHARGED TO PATIENTS		0.01					0.01	56
101 TOTAL CHARGES		0.14					0.14	101

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
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	1577793	4.97	-1577793	-10.94			3
4	NEW CAP REL COSTS-MVBLE EQUIP	656892	2.07	-656892	-4.55			4
5	EMPLOYEE BENEFITS	4263096	13.42	-4263096	-29.56			5
6.05	PATIENT ACCOUNTING & REGIST	866133	2.73	-866133	-6.00			6.05
6.06	ADMIN & GENERAL - OTHER	3643679	11.47	-3643679	-25.26			6.06
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	1291361	4.07	-1291361	-8.95			8
9	LAUNDRY & LINEN SERVICE	119982	.38	-119982	-.83			9
10	HOUSEKEEPING	247245	.78	-247245	-1.71			10
11	DIETARY	269959	.85	-269959	-1.87			11
12	CAFETERIA	203825	.64	-203825	-1.41			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	559923	1.76	-559923	-3.88			14
15	CENTRAL SERVICES & SUPPLY	9829	.03	-9829	-.07			15
16	PHARMACY	383247	1.21	-383247	-2.66			16
17	MEDICAL RECORDS & LIBRARY	330578	1.04	-330578	-2.29			17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	1680825	5.29	2390325	16.57	4071150	12.82	25
26	INTENSIVE CARE UNIT	55429	.17	137086	.95	192515	.61	26
33	NURSERY	104679	.33	99940	.69	204619	.64	33
34	SKILLED NURSING FACILITY	128788	.41	171602	1.19	300390	.95	34
36	OTHER LONG TERM CARE	1221190	3.85	1687906	11.70	2909096	9.16	36
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	879575	2.77	1046720	7.26	1926295	6.07	37
38	RECOVERY ROOM	227428	.72	244155	1.69	471583	1.48	38
39	DELIVERY ROOM & LABOR ROOM	314340	.99	301567	2.09	615907	1.94	39
40	ANESTHESIOLOGY	65669	.21	31867	.22	97536	.31	40
41	RADIOLOGY-DIAGNOSTIC	2324281	7.32	1379791	9.57	3704072	11.66	41
43	RADIOISOTOPE	245678	.77	117451	.81	363129	1.14	43
44	LABORATORY	1194213	3.76	557132	3.86	1751345	5.51	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	79780	.25	24423	.17	104203	.33	47
49	RESPIRATORY THERAPY	275348	.87	240890	1.67	516238	1.63	49
50	PHYSICAL THERAPY	598442	1.88	840792	5.83	1439234	4.53	50
51	OCCUPATIONAL THERAPY	107135	.34	75050	.52	182185	.57	51
52	SPEECH PATHOLOGY	31168	.10	28869	.20	60037	.19	52
53	ELECTROCARDIOLOGY	8827	.03	12641	.09	21468	.07	53
55	MEDICAL SUPPLIES CHARGED TO PAT	826072	2.60	212814	1.48	1038886	3.27	55

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
56 DRUGS CHARGED TO PATIENTS	878149	2.77	707383	4.90	1585532	4.99	56
56.01 CARDIAC REHAB	108782	.34	137645	.95	246427	.78	56.01
56.02 WOUND CARE CENTER	181296	.57	140267	.97	321563	1.01	56.02
56.03 SLEEP LAB	162625	.51	82650	.57	245275	.77	56.03
60 CLINIC	170342	.54	263907	1.83	434249	1.37	60
61 EMERGENCY	1532140	4.82	1308636	9.07	2840776	8.94	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC	1279679	4.03	762320	5.29	2041999	6.43	63.50
63.51 RHC II	281292	.89	135120	.94	416412	1.31	63.51
63.52 RHC III							63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	1193160	3.76	794954	5.51	1988114	6.26	65
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							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			15210	.11	15210	.05	96
98.01 GAH - MSO	319923	1.01	120863	.84	440786	1.39	98.01
98.02 GAH FOUNDATION	77493	.24	25246	.18	102739	.32	98.02
100 HOSPITAL ASSOC SRVCS	15695	.05	19226	.13	34921	.11	100
100.01 PHYSICIAN OFFICE	765398	2.41	309094	2.14	1074492	3.38	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	31758383	100.00	0	.00	31758383	100.00	103

**** THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 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)	5003107
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	13180687
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.380