

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 CRAWFORD MEMORIAL HOSPITAL (14-1343) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2007 AND ENDING 04/30/2008, 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		4	1
2	SUBPROVIDER I	2	53478	-104776	2
3	SWING BED - SNF	3	16835		3
4	SWING BED - NF	4			4
5	SKILLED NURSING FACILITY	5			5
6	NURSING FACILITY	6			6
7	HOME HEALTH AGENCY	7			7
8	OUTPATIENT REHABILITATION PROVIDER	8			8
9	RURAL HEALTH CLINIC I	9		161493	9
9.01	RURAL HEALTH CLINIC II	9.01		7796	9.01
9.02	RURAL HEALTH CLINIC III	9.02		9822	9.02
100	TOTAL	100	70313	74335	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 OMD 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: 1000 NORTH ALLEN STREET P.O.BOX: 1  
 1.01 CITY: ROBINSON STATE: IL ZIP CODE: 62454 COUNTY: CRAWFORD 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	CRAWFORD MEMORIAL HOSPITAL	14-1343	05/01/2005	N	O	P	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF	CRAWFORD MEMORIAL HOSPITAL	14-2343	05/01/2005	N	O	N	4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	CRAWFORD MEMORIAL HHA	14-7175	08/01/1979	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC	CMH RURAL HEALTH CLINIC	14-3429	11/11/1996	N	O	N	14
14.01	HOSP-BASED RHC II	PALESTINE RURAL HEALTH CLINIC	14-3486	11/21/2006	N	O	N	14.01
14.02	HOSP-BASED RHC III	OBLONG RURAL HEALTH CLINIC	14-3488	05/01/2007	N	O	N	14.02
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 05/01/2007	TO: 04/30/2008				17
18	TYPE OF CONTROL		1	2				18
			11					
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.							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.							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.							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.							21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							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)	NO	NO	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)	NO	NO	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	09/19/1994	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		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?	NO	NO	NO	37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

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

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND 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 NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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
54.01	PREMIUMS: 355544 PAID LOSSES: AND/OR SELF INSURANCE:					54.01
55	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.					55
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. (SEE INSTRUCTIONS)						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  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		671	311	1382	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		671	311	1382	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
24.01	RHC II					24.01
24.02	RHC III					24.02
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	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	13393345			593343.00			1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1731123			16286.00			5
5.01	NON-PHYSICIAN - PART B	988225			64171.00			5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	1018162	159		59361.00			8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	289274			4176.00			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)	1878328					CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	198024					CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	336483					CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)	192084						19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	142741			6262.00			21
22	ADMINISTRATIVE & GENERAL	1003652	-159		65468.00			22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	236057			14283.00			24
25	LAUNDRY & LINEN SERVICE	77074			6670.00			25
26	HOUSEKEEPING	203897			19655.00			26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	326219	-168912		13391.00			27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		168912		14411.00			28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	463262			16501.00			30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	339950			11983.00			32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	319134			19912.00			33
34	SOCIAL SERVICE	36223			2084.00			34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	10673997		10673997	512886.00	20.81	1
2	EXCLUDED AREA SALARIES	1018162	159	1018321	59361.00	17.15	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	9655835	-159	9655676	453525.00	21.29	3
4	SUBTOTAL OTHER WAGES & REL COSTS	289274		289274	4176.00	69.27	4
5	SUBTOTAL WAGE-RELATED COSTS	1878328		1878328		19.45	5
6	TOTAL (SUM OF LINES 3 THRU 5)	11823437	-159	11823278	457701.00	25.83	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	3148209	-159	3148050	190620.00	16.51	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7175

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		5964			5964	1
2 UNDUPLICATED CENSUS COUNT		207.00		171.00	378.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.43		1.43	4
5 OTHER ADMINISTRATIVE PERSONNEL	.74		.74	5
6 DIRECT NURSING SERVICE	6.20		6.20	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	.73		.73	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.06		.06	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	2.87		2.87	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	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)	9914		99914	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7175

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES				SCIC		TOTAL	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	WITHIN A PEP 5	SCIC ONLY EPISODES 6		
21 SKILLED NURSING VISITS	1914	90	54	14		134	2206	21
22 SKILLED NURSING VISIT CHARGES	245286	11418	6912	1792		17152	282560	22
23 PHYSICAL THERAPY VISITS	857	9	16	2		31	915	23
24 PHYSICAL THERAPY VISIT CHARGES	112836	1188	2112	264		4092	120492	24
25 OCCUPATIONAL THERAPY VISITS	111		3			8	122	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	14568		396			1056	16020	26
27 SPEECH PATHOLOGY VISITS	7						7	27
28 SPEECH PATHOLOGY VISIT CHARGES	924						924	28
29 MEDICAL SOCIAL SERVICE VISITS	4						4	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	900						900	30
31 HOME HEALTH AIDE VISITS	507	25				26	558	31
32 HOME HEALTH AIDE VISIT CHARGES	30816	1525				1586	33927	32
33 TOTAL VISITS	3400	124	73	16		199	3812	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	405330	14131	9420	2056		23886	454823	35
36 TOTAL NUMBER OF EPISODES	211		22	2		8	243	36
37 TOTAL NUMBER OF OUTLIER EPISODES		3				1	4	37
38 TOTAL MEDICAL SUPPLY CHARGES	19548	130	42	2			19722	38

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					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					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					45
46	TOTAL					46

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
 09/19/2008 08:50

RHC I  
 COMPONENT NO: 14-3429

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: 1000 N ALLEN 1  
 1.01 CITY: ROBINSON STATE: IL ZIP CODE: 62454 COUNTY: CRAWFORD 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	KASTNER	C43558	9
9.01	ULRICH	G12377	9.01
9.02	PHILLIPPE	C44077	9.02
9.03	WALSH	F88519	9.03
9.04	TENNISON	G69425	9.04
9.05	TENNISON	G66468	9.05

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

PHYSICIAN NAME

HOURS

10	KASTNER	10
10.01	PHILLIPPE	10.01

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
			800	1700	800	1700	800	1700	800	1700	800	1700	800	1700		

(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.

15 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW. PROVIDER NUMBER: - XVIII XIX 15

PROVIDER NAME: V XVIII XIX 16

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.

RHC II  
 COMPONENT NO: 14-3486

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: 209 EAST GRAND PRAIRIE 1  
 1.01 CITY: PALESTINE STATE: IL ZIP CODE: 62451 COUNTY: CRAWFORD 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 WHITT 1972533123 9  
 9.01 ATIENZA 1225038235 9.01  
 9.02 BURBANK 1558345827 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			800	1630	800	1630	800	1630	800	1630	800	1630		

(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.

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

RHC III  
 COMPONENT NO: 14-3488

WORKSHEET S-8

CHECK APPLICABLE BOX: [ XX ] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 1000 N ALLEN 1  
 1.01 CITY: ROBINSON STATE: IL ZIP CODE: 62454 COUNTY: CRAWFORD 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 WALSH 9

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
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700		

(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. IF YES, SEE INSTRUCTIONS. NO 17

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									
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1296455	1296455	-37989	1258466	-190347	1068119	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		927813	927813	-80524	847289	-18487	828802	4
5	0500 EMPLOYEE BENEFITS	142741	1697901	1840642	189546	2030188	-95878	1934310	5
6.01	0610 NONPATIENT TELEPHONES	42898	5910	48808	-6539	42269	-1448	40821	6.01
6.02	0620 DATA PROCESSING	108358	288750	397108		397108		397108	6.02
6.03	0630 PURCHASING RECEIVING AND STORES	84931	74323	159254	-46981	112273		112273	6.03
6.04	0640 ADMITTING	186979	37856	224835	-233	224602		224602	6.04
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	216370	175925	392295	6539	398834		398834	6.05
6.06	0660 OTHER ADMINISTRATIVE AND GENERA	364116	3311465	3675581	-300686	3374895	-1817301	1557594	6.06
8	0800 OPERATION OF PLANT	236057	941308	1177365		1177365	-2811	1174554	8
9	0900 LAUNDRY & LINEN SERVICE	77074	36120	113194		113194		113194	9
10	1000 HOUSEKEEPING	203897	122189	326086	11316	337402		337402	10
11	1100 DIETARY	326219	357354	683573	-353945	329628		329628	11
12	1200 CAFETERIA				353945	353945	-118965	234980	12
14	1400 NURSING ADMINISTRATION	463262	54245	517507		517507		517507	14
15	1500 CENTRAL SERVICES & SUPPLY		186523	186523	-186038	485		485	15
16	1600 PHARMACY	339950	1164640	1504590	-1025913	478677	1314	479991	16
17	1700 MEDICAL RECORDS & LIBRARY	319134	77346	396480	10271	406751	-272	406479	17
18	1800 SOCIAL SERVICE	36223	2691	38914		38914		38914	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	1207193	214463	1421656	-124838	1296818	-4054	1292764	25
26	2600 INTENSIVE CARE UNIT	220373	25227	245600		245600		245600	26
33	3300 NURSERY				40925	40925		40925	33
35	3500 NURSING FACILITY	616382	102783	719165	37626	756791		756791	35
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	594081	780029	1374110	-460594	913516	-11234	902282	37
39	3900 DELIVERY ROOM & LABOR ROOM		45	45	78404	78449	-9000	69449	39
40	4000 ANESTHESIOLOGY		24605	24605	-24605				40
41	4100 RADIOLOGY-DIAGNOSTIC	512533	662120	1174653		1174653		1174653	41
41.01	4101 RADIOLOGY-ULTRASOUND		174513	174513		174513		174513	41.01
44	4400 LABORATORY	419441	725308	1144749	-103964	1040785		1040785	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD				103964	103964		103964	46
49	4900 RESPIRATORY THERAPY	251232	94663	345895		345895	-9111	336784	49
50	5000 PHYSICAL THERAPY	472839	106527	579366	-6444	572922	-4146	568776	50
53	5300 ELECTROCARDIOLOGY	19645	48189	67834		67834	-48189	19645	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				707788	707788		707788	55
56	5600 DRUGS CHARGED TO PATIENTS				1025913	1025913		1025913	56
59	3950 CARDIAC REHAB	41525	25927	67452		67452	-19752	47700	59
59.01	3951 OCCUPATIONAL MEDICINE & WELLNES	506548	240817	747365	43041	790406	-386678	403728	59.01
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	1341106	447279	1788385	81026	1869411	-1119435	749976	60
61	6100 EMERGENCY	546050	1118720	1664770	-6007	1658763	-772868	885895	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RURAL HEALTH CLINIC	2716456	536179	3252635	271578	3524213	-326942	3197271	63.50
63.51	6311 RHC II	142710	102549	245259	55381	300640	-3671	296969	63.51
63.52	6312 RHC III	235242	217098	452340	-15485	436855	-8056	428799	63.52
OTHER REIMBURSABLE COST CENTERS									
71	7100 HOME HEALTH AGENCY	380336	138467	518803	-18591	500212	-39664	460548	71
SPECIAL PURPOSE COST CENTERS									
88	8800 INTEREST EXPENSE		207902	207902	-207902				88
90	9000 OTHER CAPITAL RELATED COSTS								90
95	SUBTOTALS	13371901	16752224	30124125	9985	30134110	-5006995	25127115	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800 PHYSICIANS' PRIVATE OFFICES								98
100	7950 OBLONG RURAL HEALTH CLINIC								100
100.01	7951 PROFESSIONAL BUILDINGS		113976	113976	-9985	103991		103991	100.01
100.02	7952 FOUNDATION SERVICES	21444	9683	31127		31127		31127	100.02
101	TOTAL	13393345	16875883	30269228		30269228	-5006995	25262233	101



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 R/C HHA MED SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		18591
2 R/C COST OF DRUGS	B	DRUGS CHARGED TO PATIENTS	56		1025913
3 R/C OF EMPLOYEE BENEFITS	C	EMPLOYEE BENEFITS	5		117575
4	C				4
5 R/C OF LTC ADMITTING COSTS	D	NURSING FACILITY	35	159	74
6 R/C POSTAGE	E	OTHER ADMINISTRATIVE AND GENE	6.06		46981
7 R/C CAFETERIA COSTS	F	CAFETERIA	12	168912	185033
8 R/C COST OF BLOOD	G	WHOLE BLOOD & PACKED RED BLOO	46		103964
9 R/C BUS OFF COST	H	CASHIERING/ACCOUNTS RECEIVABL	6.05	6074	465
10 R/C DEPR OBLONG CLINIC	I	RHC III	63.52		2467
11	I				11
12 R/C DEPR PROF BLDGS	J	PROFESSIONAL BUILDINGS	100.01		46932
13	J	RURAL HEALTH CLINIC	63.50		194259
14	J	RHC II	63.51		11439
15	J	CLINIC	60		40247
16	J	OCCUPATIONAL MEDICINE & WELLN	59.01		19131
17 R/C SNF DEPR	K	NURSING FACILITY	35		37393
18	K				18
19 R/C LABOR/DEL & NB COSTS	L	NURSERY	33	33922	7003
20	L	DELIVERY ROOM & LABOR ROOM	39	64988	13416
21 R/C SUPPLIES CHGD TO PTS	M	MEDICAL SUPPLIES CHARGED TO P	55		689197
22	M				22
23	M				23
24	M				24
25	M				25
26	M				26
27 R/C TRANSCRIPTION TXFR	N	MEDICAL RECORDS & LIBRARY	17		10271
28	N				28
29	N				29
30 R/C HOUSEKEEPING TXFR	O	HOUSEKEEPING	10		11316
31	O				31
32 R/C INTEREST EXPENSE	P	NEW CAP REL COSTS-BLDG & FIXT	3		190347
33	P	NEW CAP REL COSTS-MVBLE EQUIP	4		17555
34 R/C OR COST	Q	OPERATING ROOM	37		14166
35 R/C PALESTINE/OBLONG DRS	R	RHC II	63.51	35559	8383
36 SUBTOTAL				309614	2812118

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 R/C HHA MED SUPPLIES	A	HOME HEALTH AGENCY	71		18591	1
2 R/C COST OF DRUGS	B	PHARMACY	16		1025913	2
3 R/C OF EMPLOYEE BENEFITS	C	RURAL HEALTH CLINIC	63.50		86169	3
4	C	RHC III	63.52		31406	4
5 R/C OF LTC ADMITTING COSTS	D	ADMITTING	6.04	159	74	5
6 R/C POSTAGE	E	PURCHASING RECEIVING AND STOR	6.03		46981	6
7 R/C CAFETERIA COSTS	F	DIETARY	11	168912	185033	7
8 R/C COST OF BLOOD	G	LABORATORY	44		103964	8
9 R/C BUS OFF COST	H	NONPATIENT TELEPHONES	6.01	6074	465	9
10 R/C DEPR OBLONG CLINIC	I	NEW CAP REL COSTS-BLDG & FIXT	3		780	9 10
11	I	NEW CAP REL COSTS-MVBLE EQUIP	4		1687	9 11
12 R/C DEPR PROF BLDGS	J					9 12
13	J					9 13
14	J	NEW CAP REL COSTS-BLDG & FIXT	3		219299	9 14
15	J	NEW CAP REL COSTS-MVBLE EQUIP	4		92709	9 15
16	J					16
17 R/C SNF DEPR	K	NEW CAP REL COSTS-BLDG & FIXT	3		26095	9 17
18	K	NEW CAP REL COSTS-MVBLE EQUIP	4		11298	9 18
19 R/C LABOR/DEL & NB COSTS	L	ADULTS & PEDIATRICS	25	98910	20419	19
20	L					20
21 R/C SUPPLIES CHGD TO PTS	M	OPERATING ROOM	37		474760	21
22	M	CENTRAL SERVICES & SUPPLY	15		186038	22
23	M	EMERGENCY	61		6007	23
24	M	ANESTHESIOLOGY	40		10439	24
25	M	PHYSICAL THERAPY	50		6444	25
26	M	ADULTS & PEDIATRICS	25		5509	26
27 R/C TRANSCRIPTION TXFR	N	RURAL HEALTH CLINIC	63.50		8679	27
28	N	CLINIC	60		171	28
29	N	OCCUPATIONAL MEDICINE & WELLN	59.01		1421	29
30 R/C HOUSEKEEPING TXFR	O	CLINIC	60		1716	30
31	O	RURAL HEALTH CLINIC	63.50		9600	31
32 R/C INTEREST EXPENSE	P	INTEREST EXPENSE	88		207902	10 32
33	P					10 33
34 R/C OR COST	Q	ANESTHESIOLOGY	40		14166	34
35 R/C PALESTINE/OBLONG DRS	R	RURAL HEALTH CLINIC	63.50	46172	11224	35
36 SUBTOTAL				320227	2814959	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	R	RHC III	63.52	10613	2841	1
2 R/C COST CENTER 90	S	RURAL HEALTH CLINIC	63.50		56917	2
3 R/C INSURANCE EXPENSE	T	OCCUPATIONAL MEDICINE & WELLN	59.01		25331	3
4	T	CLINIC	60		114637	4
5	T	RURAL HEALTH CLINIC	63.50		182246	5
6 R/C CAPITAL RELATED COST	U	OTHER CAPITAL RELATED COSTS	90		25453	6
7 R/C EMPLOYEE BENEFITS	V	EMPLOYEE BENEFITS	5		71971	7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				320227	3291514	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	R					1
2 R/C COST CENTER 90	S	PROFESSIONAL BUILDINGS	100.01		56917	2
3 R/C INSURANCE EXPENSE	T	OTHER ADMINISTRATIVE AND GENE	6.06		322214	3
4	T					4
5	T					5
6 R/C CAPITAL RELATED COST	U	OTHER ADMINISTRATIVE AND GENE	6.06		25453	6
7 R/C EMPLOYEE BENEFITS	V	CLINIC	60		71971	7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				320227	3291514	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	48365					48365		1
2 LAND IMPROVEMENTS	740155				15847	724308		2
3 BUILDINGS AND FIXTURES	21648438	2033984		2033984	776903	22905519		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	9891090	852988		852988	656671	10087407		6
7 SUBTOTAL	32328048	2886972		2886972	1449421	33765599		7
8 RECONCILING ITEMS								8
9 TOTAL	32328048	2886972		2886972	1449421	33765599		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	OTHER CAPITAL-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	23629827		23629827	.700823			17838	17838 3
4 NEW CAP REL COSTS-MVBLE EQUIP	10087407		10087407	.299177			7615	7615 4
5 TOTAL	33717234		33717234	1.000000			25453	25453 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1050281					17838	1068119 3
4 NEW CAP REL COSTS-MVBLE EQUIP	821187					7615	828802 4
5 TOTAL	1871468					25453	1896921 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1296455						1296455 3
4 NEW CAP REL COSTS-MVBLE EQUIP	927813						927813 4
5 TOTAL	2224268						2224268 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	WKST A-7 REF
	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			NEW CAP REL COSTS-BLDG & FIXT	3	10 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-885119			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	-118965	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	-272	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3				
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				35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				
37 PHYS RECRUITING	A	-197219	OTHER ADMINISTRATIVE AND GENERA	6.06	37
38 ADVERTISING	A	-46755	OTHER ADMINISTRATIVE AND GENERA	6.06	38
39 TV ADMINISTRATION	A	-4036	OTHER ADMINISTRATIVE AND GENERA	6.06	39
40 TV UTILITIES & REPAIR	A	-2811	OPERATION OF PLANT	8	40
41 PROV FOR BAD DEBT	A	-1629904	OTHER ADMINISTRATIVE AND GENERA	6.06	41
42 EMPLOYEE DISCOUNTS	A	-22732	EMPLOYEE BENEFITS	5	42
43 EMPLOYEE PHYSICALS	A	-9588	EMPLOYEE BENEFITS	5	43
44 OTHER A&G	A	-30615	OTHER ADMINISTRATIVE AND GENERA	6.06	44
45 EMPLOYEE SALES-PHARMACY	B	1314	PHARMACY	16	45
46 EXERCISE CLASS - WELLNESS	B	-101499	OCCUPATIONAL MEDICINE & WELLNES	59.01	46
47 CONSULTING CLINIC	B	-59504	CLINIC	60	47
48 OTHER INCOME - OCC MED	B	-405	CLINIC	60	48
49 OTHER INCOME - OBLONG	B	-5239	RHC III	63.52	49
49.01 PHYSICIAN EXPENSES	A	-1047017	CLINIC	60	49.01
49.02 PHYSICIAN EXPENSES	A	-240432	OCCUPATIONAL MEDICINE & WELLNES	59.01	49.02
49.03 PHYSICIAN EXPENSES	A	-36633	EMPLOYEE BENEFITS	5	49.03
49.04 PHYSICIAN EXPENSES	A	-218308	RURAL HEALTH CLINIC	63.50	49.04
49.05 PHYSICIAN EXPENSES	A	-26616	EMPLOYEE BENEFITS	5	49.05
49.06 NON ALLOWABLE ADS	A	-3417	HOME HEALTH AGENCY	71	49.06
49.07 NON ALLOWABLE ADS	A	-2817	RHC III	63.52	49.07
49.08 NON ALLOWABLE CARELINK COSTS	A	-31516	HOME HEALTH AGENCY	71	9 49.08
49.09 TELEPHONE COSTS	A	-1448	NONPATIENT TELEPHONES	6.01	49.09
49.10 TELEPHONE COSTS	A	-269	EMPLOYEE BENEFITS	5	49.10
49.11 TELEPHONE DEPRECIATION	A	-932	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.11
49.12 MISC INCOME	B	-4788	OTHER ADMINISTRATIVE AND GENERA	6.06	49.12
49.13 AHA & IHA DUES	A	-10045	OTHER ADMINISTRATIVE AND GENERA	6.06	49.13
49.14 OB LUCUM TENUIS	A	-9000	DELIVERY ROOM & LABOR ROOM	39	49.14
49.15 NONPATIENT CPR	A	-1687	OTHER ADMINISTRATIVE AND GENERA	6.06	49.15
49.17 INTEREST EXPENSE	B	-17555	NEW CAP REL COSTS-MVBLE EQUIP	4	10 49.17
49.18 INTEREST EXPENSE	A	-190347	NEW CAP REL COSTS-BLDG & FIXT	3	10 49.18

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.52 OTHER INCOME-RHC	B	-108634	RURAL HEALTH CLINIC	63.50	49.52
49.53 DONATIONS, PROJECTS	A	-18418	OTHER ADMINISTRATIVE AND GENERA	6.06	49.53
49.55 OTHER INCOME - PALESTINE	B	-3671	RHC II	63.51	49.55
49.56 OTHER INCOME - ER	B	-200	EMERGENCY	61	49.56
49.57 BABY PICTURES INCOME	B	-3461	ADULTS & PEDIATRICS	25	49.57
49.58 COMMUN RENTAL	B	-4731	HOME HEALTH AGENCY	71	49.58
49.59 EMPL HEALTH REV	B	-40	EMPLOYEE BENEFITS	5	49.59
49.60 ADMINISTRATIVE CLAIMS FEES	A	126166	OTHER ADMINISTRATIVE AND GENERA	6.06	49.60
49.61 DME-A&P	A	-593	ADULTS & PEDIATRICS	25	49.61
49.62 DME-OR	A	-1634	OPERATING ROOM	37	49.62
49.63 DME-ER	A	-9348	EMERGENCY	61	49.63
49.64 DME-PT	A	-4146	PHYSICAL THERAPY	50	49.64
49.65 DME-CLINICS	A	-12509	CLINIC	60	49.65
49.66 CRNA FEES	A	-9600	OPERATING ROOM	37	49.66
50 TOTAL		-5006995			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	AGGREGATE	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	49	RESPIRATORY THERAPY	AGGREGATE	9111	9111					
2	53	ELECTROCARDIOLOGY	AGGREGATE	48189	48189					
3	59	CARDIAC REHAB	AGGREGATE	19752	19752					
4	59.01	OCCUPATIONAL MEDICINE &	AGGREGATE	44747	44747					
5	61	EMERGENCY	AGGREGATE	1024536	763320	261216				
101		TOTAL		1146335	885119	261216				



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONE S 6.01	DATA PROCE SSING 6.02	PURCHASING RECEIVING AND STORE 6.03	ADMITTING 6.04	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT	1068119	1068119							3
4 NEW CAP REL COSTS-MVBLE EQUIP	828802		828802						4
5 EMPLOYEE BENEFITS	1934310	4329		1938639					5
6.01 NONPATIENT TELEPHONES	40821	7473	293	5961	54548				6.01
6.02 DATA PROCESSING	397108	7321	248252	17541	1403	671625			6.02
6.03 PURCHASING RECEIVING AND STORES	112273	35088	5240	13749	1403		167753		6.03
6.04 ADMITTING	224602	3342	1326	30242	1403		868	261783	6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	398834	16040	1951	36009	1870	423325	695		6.05
6.06 OTHER ADMINISTRATIVE AND GENERA	1557594	103060	14631	58943	2494	248300	3299		6.06
8 OPERATION OF PLANT	1174554	89405	23897	38213	623		8162		8
9 LAUNDRY & LINEN SERVICE	113194	38566	4285	12477			1737		9
10 HOUSEKEEPING	337402	3645	1597	33007			3126		10
11 DIETARY	329628	50885	36617	25465	779		1737		11
12 CAFETERIA	234980	29862		27343					12
14 NURSING ADMINISTRATION	517507	6942		74993			347		14
15 CENTRAL SERVICES & SUPPLY	485	15858	5240						15
16 PHARMACY	479991	19260	21456	55031	1091		2431		16
17 MEDICAL RECORDS & LIBRARY	406479	33751	17928	51661	3273		1389		17
18 SOCIAL SERVICE	38914	759	313	5864					18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1292764	174268	77687	179409	6857		9030	42007	25
26 INTENSIVE CARE UNIT	245600	34161	12917	35674	1403		695	20358	26
33 NURSERY	40925	6334		5491				3147	33
35 NURSING FACILITY	756791			99806	4831		2431		35
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	902282	125586	200456	96170	2338		22402	41032	37
39 DELIVERY ROOM & LABOR ROOM	69449	19002		10520				11581	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	1174653	51598	72153	82969	2026		7815	19470	41
41.01 RADIOLOGY-ULTRASOUND	174513	3418					7467	6385	41.01
44 LABORATORY	1040785	34024	18465	67899	1403		53137	28807	44
46 WHOLE BLOOD & PACKED RED BLOOD	103964	1671						3408	46
49 RESPIRATORY THERAPY	336784	8430	22433	40669			2779	10010	49
50 PHYSICAL THERAPY	568776	61061	2778	76543	779		3126	5393	50
53 ELECTROCARDIOLOGY	19645	4132		3180				2287	53
55 MEDICAL SUPPLIES CHARGED TO PAT	707788							22936	55
56 DRUGS CHARGED TO PATIENTS	1025913							43961	56
59 CARDIAC REHAB	47700	6926	10384	6722			347	47	59
59.01 OCCUPATIONAL MEDICINE & WELLNES	403728			50629	312		6425		59.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	749976			77443	4364		7294		60
61 EMERGENCY	885895	53695	14603	88395	1870		3647	954	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RURAL HEALTH CLINIC	3197271			396924	11688		9898		63.50
63.51 RHC II	296969		1995	28858			1737		63.51
63.52 RHC III	428799		1813	39799			1737		63.52
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	460548	6835	9698	61569	2338		1737		71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	25127115	1056727	828408	1935168	54548	671625	165495	261783	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		10633							96
98 PHYSICIANS' PRIVATE OFFICES							1737		98
100 OBLONG RURAL HEALTH CLINIC									100
100.01 PROFESSIONAL BUILDINGS	103991						174		100.01
100.02 FOUNDATION SERVICES	31127	759	394	3471			347		100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	25262233	1068119	828802	1938639	54548	671625	167753	261783	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CASHIERING /ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	OTHER ADMI NISTRATIVE AND GENER 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NONPATIENT TELEPHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING RECEIVING AND STORES									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	878724								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA		1988321	1988321						6.06
8 OPERATION OF PLANT		1334854	114038	1448892					8
9 LAUNDRY & LINEN SERVICE		170259	14545	42958	227762				9
10 HOUSEKEEPING		378777	32359	4061	10696	425893			10
11 DIETARY		445111	38026	56679	1864	18119	559799		11
12 CAFETERIA		292185	24962	33263	1663	10633		362706	12
14 NURSING ADMINISTRATION		599789	51241	7732		2472		12954	14
15 CENTRAL SERVICES & SUPPLY		21583	1844	17664		5647			15
16 PHARMACY		579260	49487	21454		6858		9715	16
17 MEDICAL RECORDS & LIBRARY		514481	43953	37594		12018		16192	17
18 SOCIAL SERVICE		45850	3917	846		270		1619	18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	39841	1821863	155644	194115	66417	62054	203417	46961	25
26 INTENSIVE CARE UNIT	17779	368587	31489	38051	1925	12164	17250	6477	26
33 NURSERY	2078	57975	4953	7055	807	2255		1619	33
35 NURSING FACILITY		863859	73800	146148	67461	46720	314120	30765	35
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	121705	1511971	129169	139888	23417	44719	5959	19431	37
39 DELIVERY ROOM & LABOR ROOM	10117	120669	10309	21166	1648	6766		3238	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	201265	1611949	137710	57474	12502	18373		16192	41
41.01 RADIOLOGY-ULTRASOUND	30977	222760	19031	3807		1217			41.01
44 LABORATORY	175870	1420390	121345	37899	113	12115		16192	44
46 WHOLE BLOOD & PACKED RED BLOOD	4241	113284	9678	1861		595			46
49 RESPIRATORY THERAPY	15659	436764	37313	9390	303	3002		9715	49
50 PHYSICAL THERAPY	36384	754840	64487	68015	13622	21743		16192	50
53 ELECTROCARDIOLOGY	8371	37615	3213	4602		1471			53
55 MEDICAL SUPPLIES CHARGED TO PAT	33259	763983	65268						55
56 DRUGS CHARGED TO PATIENTS	90073	1159947	99095						56
59 CARDIAC REHAB	2296	74422	6358	7715		2466		1619	59
59.01 OCCUPATIONAL MEDICINE & WELLNES	11836	472930	40403		4868	22538		16192	59.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	11043	850120	72627	104222		33317		21050	60
61 EMERGENCY	53811	1102870	94219	59809	14825	19120	19053	38861	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RURAL HEALTH CLINIC		3615781	308907	193099	5626	52751		43719	63.50
63.51 RHC II		329559	28155	42146					63.51
63.52 RHC III		472148	40336						63.52
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	12119	554844	47401	7614		2434		14573	71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	878724	25109600	1975282	1366327	227757	421837	559799	343276	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		10633	908	11843		3786			96
98 PHYSICIANS' PRIVATE OFFICES		1737	148					17811	98
100 OBLONG RURAL HEALTH CLINIC									100
100.01 PROFESSIONAL BUILDINGS		104165	8899	69876	5				100.01
100.02 FOUNDATION SERVICES		36098	3084	846		270		1619	100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	878724	25262233	1988321	1448892	227762	425893	559799	362706	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NONPATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING RECEIVING AND STORES								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA								6.06
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	674188							14
15 CENTRAL SERVICES & SUPPLY		46738						15
16 PHARMACY	38876		705650					16
17 MEDICAL RECORDS & LIBRARY				624238				17
18 SOCIAL SERVICE	6761				59263			18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	197942			29069	20867	2798349	2798349	25
26 INTENSIVE CARE UNIT	29721			12972		518636	518636	26
33 NURSERY	5859			1516		82039	82039	33
35 NURSING FACILITY	129347				38396	1710616	1710616	35
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	78979			88799		2042332	2042332	37
39 DELIVERY ROOM & LABOR ROOM	11229			7382		182407	182407	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				146849		2001049	2001049	41
41.01 RADIOLOGY-ULTRASOUND				22601		269416	269416	41.01
44 LABORATORY				128318		1736372	1736372	44
46 WHOLE BLOOD & PACKED RED BLOOD				3095		128513	128513	46
49 RESPIRATORY THERAPY	41550			11425		549462	549462	49
50 PHYSICAL THERAPY				26547		965446	965446	50
53 ELECTROCARDIOLOGY				6107		53008	53008	53
55 MEDICAL SUPPLIES CHARGED TO PAT		46738		24266		900255	900255	55
56 DRUGS CHARGED TO PATIENTS			705650	65719		2030411	2030411	56
59 CARDIAC REHAB				1675		94255	94255	59
59.01 OCCUPATIONAL MEDICINE & WELLNES				8636		565567	565567	59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						1081336	1081336	60
61 EMERGENCY	73162			39262		1461181	1461181	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RURAL HEALTH CLINIC						4219883	4219883	63.50
63.51 RHC II						399860	399860	63.51
63.52 RHC III						512484	512484	63.52
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	60762					687628	687628	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	674188	46738	705650	624238	59263	24990505	24990505	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						27170	27170	96
98 PHYSICIANS' PRIVATE OFFICES						19696	19696	98
100 OBLONG RURAL HEALTH CLINIC								100
100.01 PROFESSIONAL BUILDINGS						182945	182945	100.01
100.02 FOUNDATION SERVICES						41917	41917	100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	674188	46738	705650	624238	59263	25262233	25262233	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	NONPATIENT TELEPHONE S 6.01	DATA PROCE SSING 6.02	PURCHASING RECEIVING AND STORE 6.03
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		4329		4329	4329			5
6.01 NONPATIENT TELEPHONES		7473	293	7766	13	7779		6.01
6.02 DATA PROCESSING		7321	248252	255573	39	200	255812	6.02
6.03 PURCHASING RECEIVING AND STORES		35088	5240	40328	31	200		40559 6.03
6.04 ADMITTING		3342	1326	4668	67	200		210 6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE		16040	1951	17991	80	267	161238	168 6.05
6.06 OTHER ADMINISTRATIVE AND GENERA		103060	14631	117691	131	356	94574	798 6.06
8 OPERATION OF PLANT		89405	23897	113302	85	89		1973 8
9 LAUNDRY & LINEN SERVICE		38566	4285	42851	28			420 9
10 HOUSEKEEPING		3645	1597	5242	74			756 10
11 DIETARY		50885	36617	87502	57	111		420 11
12 CAFETERIA		29862		29862	61			12
14 NURSING ADMINISTRATION		6942		6942	167			84 14
15 CENTRAL SERVICES & SUPPLY		15858	5240	21098				15
16 PHARMACY		19260	21456	40716	123	156		588 16
17 MEDICAL RECORDS & LIBRARY		33751	17928	51679	115	467		336 17
18 SOCIAL SERVICE		759	313	1072	13			18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		174268	77687	251955	400	978		2183 25
26 INTENSIVE CARE UNIT		34161	12917	47078	80	200		168 26
33 NURSERY		6334		6334	12			33
35 NURSING FACILITY					223	689		588 35
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		125586	200456	326042	214	333		5416 37
39 DELIVERY ROOM & LABOR ROOM		19002		19002	23			39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		51598	72153	123751	185	289		1889 41
41.01 RADIOLOGY-ULTRASOUND		3418		3418				1805 41.01
44 LABORATORY		34024	18465	52489	151	200		12847 44
46 WHOLE BLOOD & PACKED RED BLOOD		1671		1671				46
49 RESPIRATORY THERAPY		8430	22433	30863	91			672 49
50 PHYSICAL THERAPY		61061	2778	63839	171	111		756 50
53 ELECTROCARDIOLOGY		4132		4132	7			53
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS								56
59 CARDIAC REHAB		6926	10384	17310	15			84 59
59.01 OCCUPATIONAL MEDICINE & WELLNES					113	44		1554 59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC					173	622		1763 60
61 EMERGENCY		53695	14603	68298	197	267		882 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RURAL HEALTH CLINIC					892	1667		2393 63.50
63.51 RHC II			1995	1995	64			420 63.51
63.52 RHC III			1813	1813	89			420 63.52
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY		6835	9698	16533	137	333		420 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS		1056727	828408	1885135	4321	7779	255812	40013 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		10633		10633				96
98 PHYSICIANS' PRIVATE OFFICES								420 98
100 OBLONG RURAL HEALTH CLINIC								100
100.01 PROFESSIONAL BUILDINGS								42 100.01
100.02 FOUNDATION SERVICES		759	394	1153	8			84 100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1068119	828802	1896921	4329	7779	255812	40559 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	OTHER ADMI	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	6.04	/ACCOUNTS RECEIVABLE 6.05	NISTRATIVE AND GENER 6.06	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NONPATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING RECEIVING AND STORES								6.03
6.04 ADMITTING	5145							6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE		179744						6.05
6.06 OTHER ADMINISTRATIVE AND GENERA			213550					6.06
8 OPERATION OF PLANT			12249	127698				8
9 LAUNDRY & LINEN SERVICE			1562	3786	48647			9
10 HOUSEKEEPING			3476	358	2285	12191		10
11 DIETARY			4084	4995	398	519	98086	11
12 CAFETERIA			2681	2932	355	304		36195 12
14 NURSING ADMINISTRATION			5504	681		71		1293 14
15 CENTRAL SERVICES & SUPPLY			198	1557		162		15
16 PHARMACY			5315	1891		196		970 16
17 MEDICAL RECORDS & LIBRARY			4721	3313		344		1616 17
18 SOCIAL SERVICE			421	75		8		162 18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	825	8150	16717	17104	14186	1775	35642	4683 25
26 INTENSIVE CARE UNIT	400	3637	3382	3354	411	348	3022	646 26
33 NURSERY	62	425	532	622	172	65		162 33
35 NURSING FACILITY			7927	12881	14409	1337	55040	3070 35
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	806	24896	13874	12329	5001	1280	1044	1939 37
39 DELIVERY ROOM & LABOR ROOM	227	2070	1107	1865	352	194		323 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	382	41165	14791	5066	2670	526		1616 41
41.01 RADIOLOGY-ULTRASOUND	125	6336	2044	336		35		41.01
44 LABORATORY	566	35975	13033	3340	24	347		1616 44
46 WHOLE BLOOD & PACKED RED BLOOD	67	868	1039	164		17		46
49 RESPIRATORY THERAPY	197	3203	4008	828	65	86		970 49
50 PHYSICAL THERAPY	106	7443	6926	5995	2910	622		1616 50
53 ELECTROCARDIOLOGY	45	1712	345	406		42		53
55 MEDICAL SUPPLIES CHARGED TO PAT	450	6803	7010					55
56 DRUGS CHARGED TO PATIENTS	867	18425	10644					56
59 CARDIAC REHAB	1	470	683	680		71		162 59
59.01 OCCUPATIONAL MEDICINE & WELLNES		2421	4340		1040	645		1616 59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2259	7801	9186		954		2101 60
61 EMERGENCY	19	11007	10120	5271	3166	547	3338	3878 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RURAL HEALTH CLINIC			33168	17019	1202	1510		4363 63.50
63.51 RHC II			3024	3715				63.51
63.52 RHC III			4332					63.52
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY		2479	5091	671		70		1454 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	5145	179744	212149	120420	48646	12075	98086	34256 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			98	1044		108		96
98 PHYSICIANS' PRIVATE OFFICES			16					1777 98
100 OBLONG RURAL HEALTH CLINIC								100
100.01 PROFESSIONAL BUILDINGS			956	6159	1			100.01
100.02 FOUNDATION SERVICES			331	75		8		162 100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5145	179744	213550	127698	48647	12191	98086	36195 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NONPATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING RECEIVING AND STORES								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE								6.05
6.06 OTHER ADMINISTRATIVE AND GENERA								6.06
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	14742							14
15 CENTRAL SERVICES & SUPPLY		23015						15
16 PHARMACY	850		50805					16
17 MEDICAL RECORDS & LIBRARY				62591				17
18 SOCIAL SERVICE	148				1899			18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	4327			2915	669	362509	362509	25
26 INTENSIVE CARE UNIT	650			1301		64677	64677	26
33 NURSERY	128			152		8666	8666	33
35 NURSING FACILITY	2828				1230	100222	100222	35
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1727			8904		403805	403805	37
39 DELIVERY ROOM & LABOR ROOM	246			740		26149	26149	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				14722		207052	207052	41
41.01 RADIOLOGY-ULTRASOUND				2266		16365	16365	41.01
44 LABORATORY				12867		133455	133455	44
46 WHOLE BLOOD & PACKED RED BLOOD				310		4136	4136	46
49 RESPIRATORY THERAPY	909			1146		43038	43038	49
50 PHYSICAL THERAPY				2662		93157	93157	50
53 ELECTROCARDIOLOGY				612		7301	7301	53
55 MEDICAL SUPPLIES CHARGED TO PAT		23015		2433		39711	39711	55
56 DRUGS CHARGED TO PATIENTS			50805	6590		87331	87331	56
59 CARDIAC REHAB				168		19644	19644	59
59.01 OCCUPATIONAL MEDICINE & WELLNES				866		12639	12639	59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						24859	24859	60
61 EMERGENCY	1600			3937		112527	112527	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RURAL HEALTH CLINIC						62214	62214	63.50
63.51 RHC II						9218	9218	63.51
63.52 RHC III						6654	6654	63.52
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	1329					28517	28517	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	14742	23015	50805	62591	1899	1873846	1873846	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						11883	11883	96
98 PHYSICIANS' PRIVATE OFFICES						2213	2213	98
100 OBLONG RURAL HEALTH CLINIC								100
100.01 PROFESSIONAL BUILDINGS						7158	7158	100.01
100.02 FOUNDATION SERVICES						1821	1821	100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	14742	23015	50805	62591	1899	1896921	1896921	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA PROC	PURCHASING	ADMITTING
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE NEW	BENEFITS GROSS SAL	TELEPHONE S #OF PHONES	SSING MACHINE TIME	RECEIVING AND STORE COST REQ'S	INPATIENT REVENUE
	3	4	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	70320						3
4 NEW CAP REL COSTS-MVBLE EQUIP		771349					4
5 EMPLOYEE BENEFITS	285		11975795				5
6.01 NONPATIENT TELEPHONES	492	273	36824	350			6.01
6.02 DATA PROCESSING	482	231042	108358	9	10000		6.02
6.03 PURCHASING RECEIVING AND STOR	2310	4877	84931	9		966	6.03
6.04 ADMITTING	220	1234	186820	9		5	11733502 6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL	1056	1816	222444	12	6303	4	6.05
6.06 OTHER ADMINISTRATIVE AND GENE	6785	13617	364116	16	3697	19	6.06
8 OPERATION OF PLANT	5886	22240	236057	4			8
9 LAUNDRY & LINEN SERVICE	2539	3988	77074			10	9
10 HOUSEKEEPING	240	1486	203897			18	10
11 DIETARY	3350	34079	157307	5		10	11
12 CAFETERIA	1966		168912				12
14 NURSING ADMINISTRATION	457		463262			2	14
15 CENTRAL SERVICES & SUPPLY	1044	4877					15
16 PHARMACY	1268	19969	339950	7		14	16
17 MEDICAL RECORDS & LIBRARY	2222	16685	319134	21		8	17
18 SOCIAL SERVICE	50	291	36223				18
20 NONPHYSICIAN ANESTHETISTS							20
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	11473	72302	1108283	44		52	1882781 25
26 INTENSIVE CARE UNIT	2249	12022	220373	9		4	912473 26
33 NURSERY	417		33922				141041 33
35 NURSING FACILITY			616541	31		14	35
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	8268	186560	594081	15		129	1839108 37
39 DELIVERY ROOM & LABOR ROOM	1251		64988				519084 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC	3397	67151	512533	13		45	872659 41
41.01 RADIOLOGY-ULTRASOUND	225					43	286170 41.01
44 LABORATORY	2240	17185	419441	9		306	1291160 44
46 WHOLE BLOOD & PACKED RED BLOO	110						152733 46
49 RESPIRATORY THERAPY	555	20878	251232			16	448636 49
50 PHYSICAL THERAPY	4020	2585	472839	5		18	241727 50
53 ELECTROCARDIOLOGY	272		19645				102515 53
55 MEDICAL SUPPLIES CHARGED TO P							1028024 55
56 DRUGS CHARGED TO PATIENTS							1970521 56
59 CARDIAC REHAB	456	9664	41525			2	2128 59
59.01 OCCUPATIONAL MEDICINE & WELLN			312755	2		37	59.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			478398	28		42	60
61 EMERGENCY	3535	13591	546050	12		21	42742 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RURAL HEALTH CLINIC			2451976	75		57	63.50
63.51 RHC II		1857	178269			10	63.51
63.52 RHC III		1687	245855			10	63.52
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY	450	9026	380336	15		10	71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	69570	770982	11954351	350	10000	953	11733502 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	700						96
98 PHYSICIANS' PRIVATE OFFICES						10	98
100 OBLONG RURAL HEALTH CLINIC							100
100.01 PROFESSIONAL BUILDINGS						1	100.01
100.02 FOUNDATION SERVICES	50	367	21444			2	100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1068119	828802	1938639	54548	671625	167753	261783 103
104 UNIT COST MULT-WS B PT I		1.074484		155.851429		173.657350	104
104 UNIT COST MULT-WS B PT I	15.189406		.161880		67.162500		.022311 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			4329	7779	255812	40559	5145 107
108 UNIT COST MULT-WS B PT III				22.225714		41.986542	108
108 UNIT COST MULT-WS B PT III			.000361		25.581200		.000438 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION	OTHER ADMI NISTRATIVE AND GENER ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS	CAFETERIA FTE'S
	6.05	6A.06	6.06	8	9	10	11	12
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NONPATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING RECEIVING AND STOR								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL	45082886							6.05
6.06 OTHER ADMINISTRATIVE AND GENE		-1988321	23273912					6.06
8 OPERATION OF PLANT			1334854	85636				8
9 LAUNDRY & LINEN SERVICE			170259	2539	251965			9
10 HOUSEKEEPING			378777	240	11833	78743		10
11 DIETARY			445111	3350	2062	3350	56176	11
12 CAFETERIA			292185	1966	1840	1966		224 12
14 NURSING ADMINISTRATION			599789	457		457		8 14
15 CENTRAL SERVICES & SUPPLY			21583	1044		1044		15
16 PHARMACY			579260	1268		1268		6 16
17 MEDICAL RECORDS & LIBRARY			514481	2222		2222		10 17
18 SOCIAL SERVICE			45850	50		50		1 18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2044057		1821863	11473	73475	11473	20413	29 25
26 INTENSIVE CARE UNIT	912183		368587	2249	2130	2249	1731	4 26
33 NURSERY	106602		57975	417	893	417		1 33
35 NURSING FACILITY			863859	8638	74630	8638	31522	19 35
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	6244188		1511971	8268	25905	8268	598	12 37
39 DELIVERY ROOM & LABOR ROOM	519084		120669	1251	1823	1251		2 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	10325363		1611949	3397	13830	3397		10 41
41.01 RADIOLOGY-ULTRASOUND	1589276		222760	225		225		41.01
44 LABORATORY	9023153		1420390	2240	125	2240		10 44
46 WHOLE BLOOD & PACKED RED BLOO	217601		113284	110		110		46
49 RESPIRATORY THERAPY	803402		436764	555	335	555		6 49
50 PHYSICAL THERAPY	1866718		754840	4020	15070	4020		10 50
53 ELECTROCARDIOLOGY	429463		37615	272		272		53
55 MEDICAL SUPPLIES CHARGED TO P	1706355		763983					55
56 DRUGS CHARGED TO PATIENTS	4621258		1159947					56
59 CARDIAC REHAB	117794		74422	456		456		1 59
59.01 OCCUPATIONAL MEDICINE & WELLN	607264		472930		5385	4167		10 59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	566546		850120	6160		6160		13 60
61 EMERGENCY	2760822		1102870	3535	16400	3535	1912	24 61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RURAL HEALTH CLINIC			3615781	11413	6224	9753		27 63.50
63.51 RHC II			329559	2491				63.51
63.52 RHC III			472148					63.52
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	621757		554844	450		450		9 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	45082886	-1988321	23121279	80756	251960	77993	56176	212 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			10633	700		700		96
98 PHYSICIANS' PRIVATE OFFICES			1737					11 98
100 OBLONG RURAL HEALTH CLINIC								100
100.01 PROFESSIONAL BUILDINGS			104165	4130	5			100.01
100.02 FOUNDATION SERVICES			36098	50		50		1 100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	878724		1988321	1448892	227762	425893	559799	362706 103
104 UNIT COST MULT-WS B PT I	.019491		.085431		.903943		9.965092	104
104 UNIT COST MULT-WS B PT I				16.919193		5.408646		1619.223214 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	179744		213550	127698	48647	12191	98086	36195 107
108 UNIT COST MULT-WS B PT III	.003987		.009176		.193070		1.746048	108
108 UNIT COST MULT-WS B PT III				1.491172		.154820		161.584821 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	ADMINIS- TRATION NURSING HOURS	SERVICES & SUPPLY CSS CSTED REQ'	RX CSTD REQ'S	RECORDS & LIBRARY GROSS REVENUE	SERVICE TIME	
	14	15	16	17	18	
GENERAL SERVICE COST CENTERS						
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 NONPATIENT TELEPHONES						6.01
6.02 DATA PROCESSING						6.02
6.03 PURCHASING RECEIVING AND STOR						6.03
6.04 ADMITTING						6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL						6.05
6.06 OTHER ADMINISTRATIVE AND GENE						6.06
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
14 NURSING ADMINISTRATION	207807					14
15 CENTRAL SERVICES & SUPPLY		100				15
16 PHARMACY	11983		100			16
17 MEDICAL RECORDS & LIBRARY				43894583		17
18 SOCIAL SERVICE	2084				71	18
20 NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	61012			2044057	25	25
26 INTENSIVE CARE UNIT	9161			912183		26
33 NURSERY	1806			106602		33
35 NURSING FACILITY	39869				46	35
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	24344			6244188		37
39 DELIVERY ROOM & LABOR ROOM	3461			519084		39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC				10325363		41
41.01 RADIOLOGY-ULTRASOUND				1589276		41.01
44 LABORATORY				9023153		44
46 WHOLE BLOOD & PACKED RED BLOO				217601		46
49 RESPIRATORY THERAPY	12807			803402		49
50 PHYSICAL THERAPY				1866718		50
53 ELECTROCARDIOLOGY				429463		53
55 MEDICAL SUPPLIES CHARGED TO P		100		1706355		55
56 DRUGS CHARGED TO PATIENTS			100	4621258		56
59 CARDIAC REHAB				117794		59
59.01 OCCUPATIONAL MEDICINE & WELLN				607264		59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	22551			2760822		61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RURAL HEALTH CLINIC						63.50
63.51 RHC II						63.51
63.52 RHC III						63.52
OTHER REIMBURSABLE COST CENTERS						
71 HOME HEALTH AGENCY	18729					71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS	207807	100	100	43894583	71	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C						96
98 PHYSICIANS' PRIVATE OFFICES						98
100 OBLONG RURAL HEALTH CLINIC						100
100.01 PROFESSIONAL BUILDINGS						100.01
100.02 FOUNDATION SERVICES						100.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	674188	46738	705650	624238	59263	103
104 UNIT COST MULT-WS B PT I	3.244299		7056.500000		834.690141	104
104 UNIT COST MULT-WS B PT I		467.380000		.014221		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	14742	23015	50805	62591	1899	107
108 UNIT COST MULT-WS B PT III	.070941		508.050000		26.746479	108
108 UNIT COST MULT-WS B PT III		230.150000		.001426		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	2798349		2798349		2798349	25
26 INTENSIVE CARE UNIT	518636		518636		518636	26
33 NURSERY	82039		82039		82039	33
35 NURSING FACILITY	1710616		1710616		1710616	35
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2042332		2042332		2042332	37
39 DELIVERY ROOM & LABOR ROOM	182407		182407		182407	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	2001049		2001049		2001049	41
41.01 RADIOLOGY-ULTRASOUND	269416		269416		269416	41.01
44 LABORATORY	1736372		1736372		1736372	44
46 WHOLE BLOOD & PACKED RED BL	128513		128513		128513	46
49 RESPIRATORY THERAPY	549462		549462		549462	49
50 PHYSICAL THERAPY	965446		965446		965446	50
53 ELECTROCARDIOLOGY	53008		53008		53008	53
55 MEDICAL SUPPLIES CHARGED TO	900255		900255		900255	55
56 DRUGS CHARGED TO PATIENTS	2030411		2030411		2030411	56
59 CARDIAC REHAB	94255		94255		94255	59
59.01 OCCUPATIONAL MEDICINE & WEL	565567		565567		565567	59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1081336		1081336		1081336	60
61 EMERGENCY	1461181		1461181		1461181	61
62 OBSERVATION BEDS (NON-DISTI	153183		153183		153183	62
63.50 RURAL HEALTH CLINIC	4219883		4219883		4219883	63.50
63.51 RHC II	399860		399860		399860	63.51
63.52 RHC III	512484		512484		512484	63.52
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	24456060		24456060		24456060	101
102 LESS OBSERVATION BEDS	153183		153183		153183	102
103 TOTAL	24302877		24302877		24302877	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	2165829		2165829			25
26 INTENSIVE CARE UNIT	612183		612183			26
33 NURSERY	141041		141041			33
35 NURSING FACILITY	885658		885658			35
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1850372	4422208	6272580	.325597	.325597	.325597 37
39 DELIVERY ROOM & LABOR ROOM	519084		519084	.351402	.351402	.351402 39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	872659	9452704	10325363	.193799	.193799	.193799 41
41.01 RADIOLOGY-ULTRASOUND	286170	1303106	1589276	.169521	.169521	.169521 41.01
44 LABORATORY	1291160	7731993	9023153	.192435	.192435	.192435 44
46 WHOLE BLOOD & PACKED RED BL	152733	64868	217601	.590590	.590590	.590590 46
49 RESPIRATORY THERAPY	448636	354766	803402	.683919	.683919	.683919 49
50 PHYSICAL THERAPY	241727	1624991	1866718	.517189	.517189	.517189 50
53 ELECTROCARDIOLOGY	160515	268948	429463	.123429	.123429	.123429 53
55 MEDICAL SUPPLIES CHARGED TO	1028024	678331	1706355	.527590	.527590	.527590 55
56 DRUGS CHARGED TO PATIENTS	1970522	2650736	4621258	.439363	.439363	.439363 56
59 CARDIAC REHAB	2128	115666	117794	.800168	.800168	.800168 59
59.01 OCCUPATIONAL MEDICINE & WEL		607264	607264	.931336	.931336	.931336 59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	12000	554646	566646	1.908310	1.908310	1.908310 60
61 EMERGENCY	76742	2684080	2760822	.529256	.529256	.529256 61
62 OBSERVATION BEDS (NON-DISTI	9300	168935	178235	.859444	.859444	.859444 62
63.50 RURAL HEALTH CLINIC		4465479	4465479	.945001	.945001	.945001 63.50
63.51 RHC II		552332	552332	.723949	.723949	.723949 63.51
63.52 RHC III		569326	569326	.900159	.900159	.900159 63.52
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	12726483	38270379	50996862			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	12726483	38270379	50996862			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1343) [ ] 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	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.325597	.325597	.325597			37
39 DELIVERY ROOM & LABOR ROOM	.351402	.351402	.351402			39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	.193799	.193799	.193799			41
41.01 RADIOLOGY-ULTRASOUND	.169521	.169521	.169521			41.01
44 LABORATORY	.192435	.192435	.192435			44
46 WHOLE BLOOD & PACKED RED BLOOD	.590590	.590590	.590590			46
49 RESPIRATORY THERAPY	.683919	.683919	.683919			49
50 PHYSICAL THERAPY	.517189	.517189	.517189			50
53 ELECTROCARDIOLOGY	.123429	.123429	.123429			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.527590	.527590	.527590			55
56 DRUGS CHARGED TO PATIENTS	.439363	.439363	.439363			56
59 CARDIAC REHAB	.800168	.800168	.800168			59
59.01 OCCUPATIONAL MEDICINE & WELLNES	.931336	.931336	.931336			59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.908310	1.908310	1.908310			60
61 EMERGENCY	.529256	.529256	.529256			61
62 OBSERVATION BEDS (NON-DISTINCT	.859444	.859444	.859444			62
63.50 RURAL HEALTH CLINIC	.945001	.945001	.945001			63.50
63.51 RHC II	.723949	.723949	.723949			63.51
63.52 RHC III	.900159	.900159	.900159			63.52
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						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	.439363	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)		2
2.01 VACCINE CHARGES - HEPATITIS B		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)		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 (14-1343) [ ] 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) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1361779							37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	2967658							41
41.01 RADIOLOGY-ULTRASOUND	442917							41.01
44 LABORATORY	2926718							44
46 WHOLE BLOOD & PACKED RED BLOOD	45154							46
49 RESPIRATORY THERAPY	122068							49
50 PHYSICAL THERAPY	424084							50
53 ELECTROCARDIOLOGY	237721							53
55 MEDICAL SUPPLIES CHARGED TO PA	185792							55
56 DRUGS CHARGED TO PATIENTS	1718586							56
59 CARDIAC REHAB	21632							59
59.01 OCCUPATIONAL MEDICINE & WELLNE								59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	119989							60
61 EMERGENCY	902774							61
62 OBSERVATION BEDS (NON-DISTINCT)	74975							62
63.50 RURAL HEALTH CLINIC								63.50
63.51 RHC II								63.51
63.52 RHC III								63.52
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL	11551847							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	11551847							104



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1343) [ ] 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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	443391						37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC	575129						41
41.01 RADIOLOGY-ULTRASOUND	75084						41.01
44 LABORATORY	563203						44
46 WHOLE BLOOD & PACKED RED BLOOD	26668						46
49 RESPIRATORY THERAPY	83485						49
50 PHYSICAL THERAPY	219332						50
53 ELECTROCARDIOLOGY	29342						53
55 MEDICAL SUPPLIES CHARGED TO PAT	98022						55
56 DRUGS CHARGED TO PATIENTS	755083						56
59 CARDIAC REHAB	17309						59
59.01 OCCUPATIONAL MEDICINE & WELLNES OUTPATIENT SERVICE COST CENTERS							59.01
60 CLINIC	228976						60
61 EMERGENCY	477799						61
62 OBSERVATION BEDS (NON-DISTINCT)	64437						62
63.50 RURAL HEALTH CLINIC							63.50
63.51 RHC II							63.51
63.52 RHC III							63.52
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	3657260						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	3657260						104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				362509	20668	341841	25
26 INTENSIVE CARE UNIT				64677		64677	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				8666		8666	33
101 TOTAL				435852		415184	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	4410	561			77.51	43483	25
26 INTENSIVE CARE UNIT	302	30			214.16	6425	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	312	204			27.78	5667	33
101 TOTAL	5024	795				55575	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-1343) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	RATIO OF		CAPITAL	RATIO OF	CAPITAL
	CAPITAL	CAPITAL			COST TO	COST TO			
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	CAPITAL	CHARGES	COSTS	COSTS
	COST	COST		CHARGES					
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		403805	6272580	473058			.064376	30454	37
39 DELIVERY ROOM & LABOR ROOM		26149	519084	250453			.050375	12617	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		207052	10325363	190981			.020053	3830	41
41.01 RADIOLOGY-ULTRASOUND		16365	1589276	38375			.010297	395	41.01
44 LABORATORY		133455	9023153	240953			.014790	3564	44
46 WHOLE BLOOD & PACKED RED BLOO		4136	217601	8996			.019007	171	46
49 RESPIRATORY THERAPY		43038	803402	30683			.053570	1644	49
50 PHYSICAL THERAPY		93157	1866718	5920			.049904	295	50
53 ELECTROCARDIOLOGY		7301	429463	12673			.017000	215	53
55 MEDICAL SUPPLIES CHARGED TO P		39711	1706355	113318			.023272	2637	55
56 DRUGS CHARGED TO PATIENTS		87331	4621258	338329			.018898	6394	56
59 CARDIAC REHAB		19644	117794				.166766		59
59.01 OCCUPATIONAL MEDICINE & WELLN		12639	607264				.020813		59.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		24859	566646	6555			.043870	288	60
61 EMERGENCY		112527	2760822	70591			.040759	2877	61
62 OBSERVATION BEDS (NON-DISTINC			178235	8132					62
63.50 RURAL HEALTH CLINIC			4465479						63.50
63.51 RHC II			552332						63.51
63.52 RHC III			569326						63.52
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		1231169	41605014	1789017				65381	101

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
 09/19/2008 08:50

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					4410		561	25
26 INTENSIVE CARE UNIT					302		30	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					312		204	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					5024		795	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-1343)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY-ULTRASOUND							41.01
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIAC REHAB							59
59.01 OCCUPATIONAL MEDICINE & WELLN							59.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RURAL HEALTH CLINIC							63.50
63.51 RHC II							63.51
63.52 RHC III							63.52
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-1343) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		6272580			473058		37
39 DELIVERY ROOM & LABOR ROOM		519084			250453		39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		10325363			190981		41
41.01 RADIOLOGY-ULTRASOUND		1589276			38375		41.01
44 LABORATORY		9023153			240953		44
46 WHOLE BLOOD & PACKED RED BLOO		217601			8996		46
49 RESPIRATORY THERAPY		803402			30683		49
50 PHYSICAL THERAPY		1866718			5920		50
53 ELECTROCARDIOLOGY		429463			12673		53
55 MEDICAL SUPPLIES CHARGED TO P		1706355			113318		55
56 DRUGS CHARGED TO PATIENTS		4621258			338329		56
59 CARDIAC REHAB		117794					59
59.01 OCCUPATIONAL MEDICINE & WELLN		607264					59.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		566646			6555		60
61 EMERGENCY		2760822			70591		61
62 OBSERVATION BEDS (NON-DISTINC		178235			8132		62
63.50 RURAL HEALTH CLINIC		4465479					63.50
63.51 RHC II		552332					63.51
63.52 RHC III		569326					63.52
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		41605014			1789017		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-1343)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
59.01 OCCUPATIONAL MEDICINE & WELLN OUTPATIENT SERVICE COST CENTERS					59.01
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RURAL HEALTH CLINIC					63.50
63.51 RHC II					63.51
63.52 RHC III					63.52
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

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) (14-1343)	SUB I	SUB II	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	4689					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	4410					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4410					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	176					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	88					6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	10					7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	5					8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2460					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	176					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	88					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) (14-1343)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	103.77						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	106.88						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2798349						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	1038						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	534						25
26 TOTAL SWING-BED COST	159542						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2638807						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2165829						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2165829						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.218382						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	491.12						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	2638807						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) (14-1343)	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	598.37					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1471990					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1471990					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	518636	302	1717.34	172	295382	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1799332					48
49 TOTAL PROGRAM INPATIENT COSTS	3566704					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) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	105313					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61	52657					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62	157970					TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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

1

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

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
09/19/2008 08:50

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	256	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	598.37	84
85 OBSERVATION BED COST	153183	85

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	4689						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	4410						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4410						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	176						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	88						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	10						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	5						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	561						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	312						15
16 TITLE V OR XIX NURSERY DAYS	204						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	103.77						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	106.88						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2798349						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	1038						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	534						25
26 TOTAL SWING-BED COST	159542						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2638807						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2165829						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2165829						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.218382						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	491.12						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	2638807						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-1343)	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	598.37						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	335686						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	335686						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)	82039	312	262.95	204	53642		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	518636	302	1717.34	30	51520		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	628138						48
49	TOTAL PROGRAM INPATIENT COSTS	1068986						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	55575						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	65381						51
52	TOTAL PROGRAM EXCLUDABLE COST	120956						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	948030						53



COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

NF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL    SUB I    SUB II    SUB III    SUB IV  
 (PPS)  
 (14-1343)  
           1           1           1           1           1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	256	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	598.37	84
85 OBSERVATION BED COST	153183	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4
	COST 1	3	4	5
86 OLD CAPITAL-RELATED COST	2638807		153183	86
87 NEW CAPITAL-RELATED COST	2638807		153183	87
88 NON PHYSICIAN ANESTHETIST	2638807		153183	88
89 MEDICAL EDUCATION	2638807		153183	89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-1343) [ ] 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		1539530		25
26 INTENSIVE CARE UNIT		200208		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.325597	571381	186040	37
39 DELIVERY ROOM & LABOR ROOM	.351402			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.193799	589875	114317	41
41.01 RADIOLOGY-ULTRASOUND	.169521	202287	34292	41.01
44 LABORATORY	.192435	938429	180587	44
46 WHOLE BLOOD & PACKED RED BLOOD	.590590	118495	69982	46
49 RESPIRATORY THERAPY	.683919	260938	178460	49
50 PHYSICAL THERAPY	.517189	155356	80348	50
53 ELECTROCARDIOLOGY	.123429	116710	14405	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.527590	800395	422280	55
56 DRUGS CHARGED TO PATIENTS	.439363	1149993	505264	56
59 CARDIAC REHAB	.800168			59
59.01 OCCUPATIONAL MEDICINE & WELLNES	.931336			59.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.908310	4909	9368	60
61 EMERGENCY	.529256	5725	3030	61
62 OBSERVATION BEDS (NON-DISTINCT	.859444	1116	959	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RURAL HEALTH CLINIC	.945001			63.50
63.51 RHC II	.723949			63.51
63.52 RHC III	.900159			63.52
101 TOTAL		4915609	1799332	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4915609		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-Z343)	<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	.325597			37
39 DELIVERY ROOM & LABOR ROOM	.351402			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.193799	9491	1839	41
41.01 RADIOLOGY-ULTRASOUND	.169521	705	120	41.01
44 LABORATORY	.192435	16585	3192	44
46 WHOLE BLOOD & PACKED RED BLOOD	.590590	2876	1699	46
49 RESPIRATORY THERAPY	.683919	14369	9827	49
50 PHYSICAL THERAPY	.517189	60888	31491	50
53 ELECTROCARDIOLOGY	.123429	1218	150	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.527590	22864	12063	55
56 DRUGS CHARGED TO PATIENTS	.439363	59160	25993	56
59 CARDIAC REHAB	.800168			59
59.01 OCCUPATIONAL MEDICINE & WELLNES	.931336			59.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.908310			60
61 EMERGENCY	.529256			61
62 OBSERVATION BEDS (NON-DISTINCT	.859444			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RURAL HEALTH CLINIC	.945001			63.50
63.51 RHC II	.723949			63.51
63.52 RHC III	.900159			63.52
101 TOTAL		188156	86374	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		188156		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-1343) [ ] SNF [XX] PPS  
 [ ] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [XX] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		380776		25
26 INTENSIVE CARE UNIT		50736		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.325597	473058	154026	37
39 DELIVERY ROOM & LABOR ROOM	.351402	250453	88010	39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.193799	190981	37012	41
41.01 RADIOLOGY-ULTRASOUND	.169521	38375	6505	41.01
44 LABORATORY	.192435	240953	46368	44
46 WHOLE BLOOD & PACKED RED BLOOD	.590590	8996	5313	46
49 RESPIRATORY THERAPY	.683919	30683	20985	49
50 PHYSICAL THERAPY	.517189	5920	3062	50
53 ELECTROCARDIOLOGY	.123429	12673	1564	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.527590	113318	59785	55
56 DRUGS CHARGED TO PATIENTS	.439363	338329	148649	56
59 CARDIAC REHAB	.800168			59
59.01 OCCUPATIONAL MEDICINE & WELLNES	.931336			59.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.908310	6555	12509	60
61 EMERGENCY	.529256	70591	37361	61
62 OBSERVATION BEDS (NON-DISTINCT	.859444	8132	6989	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RURAL HEALTH CLINIC	.945001			63.50
63.51 RHC II	.723949			63.51
63.52 RHC III	.900159			63.52
101 TOTAL		1789017	628138	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1789017		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)						3.06
						[ FOR CR PERIODS ENDING ]
						[ ON OR AFTER 7/1/2005 ]
						[E-3,PT.VI,LN.15][PLUS LN.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..						3.16
						RES. IN
						INIT YRS
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
24						24
25						25
26						26
27						27
28						28
28.01						28.01
29						29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1343)	HOSPITAL (14-1343)	HOSPITAL (14-1343)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	3657260			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	3657260			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	3693833			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1343)	HOSPITAL (14-1343)	HOSPITAL (14-1343)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	19318		18
18.01 COINSURANCE	1725301		18.01
19 SUBTOTAL	1949214		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	1949214		23
24 PRIMARY PAYER PAYMENTS	235		24
25 SUBTOTAL	1948979		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	157978		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	157978		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	140884		27.02
28 SUBTOTAL	2106957		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	2106957		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2211733		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-104776		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  
(14-1343)  
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  
 (14-1343)  
 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  
(14-1343)  
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 (14-1343)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3097782		2144733	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	12/03/2007 39000	12/03/2007	67000	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	39000		67000	3.99
4 TOTAL INTERIM PAYMENTS		3136782		2211733	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	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	53478		-104776	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3190260		2106957	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-Z343)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		226625		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 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		226625		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			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	16835		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		243460		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		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	
	1	1	2	1	1	
		(14-Z343)		(14-Z343)		
		PART A	PART B			
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		159550			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES		87238			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS		264			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL		246788			8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL		246788			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL		246788			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		3328			13
14	80% OF PART B COSTS					14
15	SUBTOTAL		243460			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		243460			18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS		226625			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM		16835			21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1343)	SUB I	SUB II	SUB III	SUB IV	SNF I
1	INPATIENT SERVICES	3566704				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	3566704				4
5	PRIMARY PAYER PAYMENTS	5154				5
6	TOTAL COST	3597166				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 (14-1343)	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	3597166				19
20	DEDUCTIBLES	480881				20
21	EXCESS REASONABLE COST					21
22	SUBTOTAL	3116285				22
23	COINSURANCE	4096				23
24	SUBTOTAL	3112189				24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	78071				25
25.01	REDUCED REIMBURSABLE BAD DEBTS	78071				25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	70535				25.02
26	SUBTOTAL	3190260				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	3190260				30
31	SEQUESTRATION ADJUSTMENT					31
32	INTERIM PAYMENTS	3136782				32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					32.01
33	BALANCE DUE PROVIDER/PROGRAM	53478				33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					34

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

WORKSHEET E-3  
 PART III

		[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			
		HOSPITAL (14-1343) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES						1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL						6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL						9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES	1789017					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						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						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						31
32	LESSER OF LINES 30 OR 31						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-1343) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST						34
35	SUBTOTAL						35
36	COINSURANCE						36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)						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	4863723			1
2	TEMPORARY INVESTMENTS	449076			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6956778			4
5	OTHER RECEIVABLES	189995			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1414623			6
7	INVENTORY	724811			7
8	PREPAID EXPENSES	714324			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	12484084			11
FIXED ASSETS					
12	LAND	48365			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	724308			13
13.01	ACCUMULATED DEPRECIATION	-615732			13.01
14	BUILDINGS	21855721			14
14.01	ACCUMULATED DEPRECIATION	-10533442			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	11137207			18
18.01	ACCUMULATED DEPRECIATION	-6712746			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	15903681			21
OTHER ASSETS					
22	INVESTMENTS	5425785			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	6619			25
26	TOTAL OTHER ASSETS	5432404			26
27	TOTAL ASSETS	33820169			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	581833			28
29	SALARIES, WAGES & FEES PAYABLE	1411375			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	404058			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	1389724			35
36	TOTAL CURRENT LIABILITIES	3786990			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	3883921			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	3883921			42
43	TOTAL LIABILITIES	7670911			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	26149258			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	26149258			51
52	TOTAL LIABILITIES AND FUND BALANCES	33820169			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	23735616			1
2 NET INCOME (LOSS)	2413642			2
3 TOTAL	26149258			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	26149258			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	26149258			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				2
4 SUBPROVIDER I				4
5 SWING BED - SNF	2382631		2382631	5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	2382631		2382631	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				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				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	2382631		2382631	18
19 ANCILLARY SERVICES	9872530		9872530	19
20 OUTPATIENT SERVICES		35585202	35585202	20
18.50 RURAL HEALTH CLINIC		5706287	5706287	18.50
18.51 RHC II		552332	552332	18.51
18.52 RHC III				18.52
19 HOME HEALTH AGENCY		621757	621757	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIAN PRIVATE OFFICE & OBL		569326	569326	24
24.01 LONG-TERM CARE	1083203		1083203	24.01
25 TOTAL PATIENT REVENUES	13338364	43034904	56373268	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		30269228	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		30269228	40



STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	56373268	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	25022399	2
3	NET PATIENT REVENUES	31350869	3
4	LESS - TOTAL OPERATING EXPENSES	30269228	4
5	NET INCOME FROM SERVICE TO PATIENTS	1081641	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	335699	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	118965	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	17050	22
23	GOVERNMENTAL APPROPRIATIONS	470441	23
24	CONSULTING CLINIC	53881	24
24.01	WELLNESS	94273	24.01
24.02	GRANTS	52274	24.02
24.03	OTHER PROFESSIONAL INCOME	123167	24.03
24.04	FOUNDATION REIMBURSEMENT	24180	24.04
24.05	DONATIONS	2446	24.05
24.06	OTHER INCOME	44302	24.06
25	TOTAL OTHER INCOME	1336678	25
26	TOTAL	2418319	26
27	LOSS ON SALE OF ASSET	4677	27
28			28
29			29
30	TOTAL OTHER EXPENSES	4677	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2413642	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7175

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	81836	5562	2124	31676	49235	170433
6 HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	177751	12295	16708			206754
7 PHYSICAL THERAPY	40122	2608	7418			50148
8 OCCUPATIONAL THERAPY	3507	228				3735
9 SPEECH PATHOLOGY	600					600
10 MEDICAL SOCIAL SERVICES	600					600
11 HOME HEALTH AIDE	69522	4519	12492			86533
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	373938	25212	38742	31676	49235	518803

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7175

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-18591	151842	-39664	112178	5
6		206754		206754	6
7		50148		50148	7
8		3735		3735	8
9		600		600	9
10		600		600	10
11		86533		86533	11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	-18591	500212	-39664	460548	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7175

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	112178					112178	112178	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	206754					206754	66577	273331 6
7 PHYSICAL THERAPY	50148					50148	16148	66296 7
8 OCCUPATIONAL THERAPY	3735					3735	1203	4938 8
9 SPEECH PATHOLOGY	600					600	193	793 9
10 MEDICAL SOCIAL SERVICES	600					600	193	793 10
11 HOME HEALTH AIDE	86533					86533	27864	114397 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	460548					460548		460548 24

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
 09/19/2008 08:50

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7175

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
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					-112178	348370	5
6 SKILLED NURSING CARE						206754	6
7 PHYSICAL THERAPY						50148	7
8 OCCUPATIONAL THERAPY						3735	8
9 SPEECH PATHOLOGY						600	9
10 MEDICAL SOCIAL SERVICES						600	10
11 HOME HEALTH AIDE						86533	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					-112178	348370	24
25 COST TO BE ALLOC (PER W/S H)						112178	25
26 UNIT COST MULTIPLIER						.322008	26









ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7175

WORKSHEET H-5  
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		TOTAL HHA COSTS	
		HHA A & G			
	27	28		29	
1 ADMINISTRATIVE AND GENERAL	136409				1
2 SKILLED NURSING CARE	327916	81149		409065	2
3 PHYSICAL THERAPY	79010	19552		98562	3
4 OCCUPATIONAL THERAPY	5976	1479		7455	4
5 SPEECH PATHOLOGY	966	239		1205	5
6 MEDICAL SOCIAL SERVICES	966	239		1205	6
7 HOME HEALTH AIDE	136385	33751		170136	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	687628	136409		687628	20
21 UNIT COST MULTIPLIER		.247468			21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7175

WORKSHEET H-5  
 PART II

HHA COST CENTER	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE NEW	EMPLOYEE BENEFITS GROSS SAL	NONPATIENT TELEPHONE S #OF PHONES	DATA PROCE SSING MACHINE TIME	PURCHASING RECEIVING AND STORE COST REQ'S	ADMITTING INPATIENT REVENUE	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE	
	3	4	5	6.01	6.02	6.03	6.04	6.05	
1 ADMINISTRATIVE AND GENERAL	450	9026	88234	15		10		621757	1
2 SKILLED NURSING CARE			177751						2
3 PHYSICAL THERAPY			40122						3
4 OCCUPATIONAL THERAPY			3507						4
5 SPEECH PATHOLOGY			600						5
6 MEDICAL SOCIAL SERVICES			600						6
7 HOME HEALTH AIDE			69522						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	450	9026	380336	15		10		621757	20
21 TOTAL COST TO BE ALLOCATED	6835	9698	61569	2338		1737		12119	21
22 UNIT COST MULTIPLIER	15.188889		.161881						22
22 UNIT COST MULTIPLIER		1.074452		155.866667		173.700000		.019492	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7175

WORKSHEET H-5  
 PART II

HHA COST CENTER	RECON- CILIATION 6A.06	OTHER ADMI NISTRATIVE AND GENER ACCUM COST 6.06	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS 11	CAFETERIA FTE'S 12	NURSING ADMINIS- TRATION NURSING HOURS 14	
1 ADMINISTRATIVE AND GENERAL		47010	450		450		9	18729	1
2 SKILLED NURSING CARE		302106							2
3 PHYSICAL THERAPY		72791							3
4 OCCUPATIONAL THERAPY		5506							4
5 SPEECH PATHOLOGY		890							5
6 MEDICAL SOCIAL SERVICES		890							6
7 HOME HEALTH AIDE		125651							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		554844	450		450		9	18729	20
21 TOTAL COST TO BE ALLOCATED		47401	7614		2434		14573	60762	21
22 UNIT COST MULTIPLIER			16.920000		5.408889		1619.222222		22
22 UNIT COST MULTIPLIER		.085431						3.244274	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7175

WORKSHEET H-5  
 PART II

HHA COST CENTER	CENTRAL SERVICES & SUPPLY CSS CSTED REQ'	PHARMACY RX CSTD REQ'S	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME	NONPHYSIC. ANESTHET. ASSIGNED TIME	
	15	16	17	18	20	
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.: 14-7175

WORKSHEET H-6  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [  ] 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	409065		409065	2627	155.72	1
2	PHYSICAL THERAPY	3	98562		98562	1119	88.08	2
3	OCCUPATIONAL THERAPY	4	7455		7455	133	56.05	3
4	SPEECH PATHOLOGY	5	1205		1205	7	172.14	4
5	MEDICAL SOCIAL SERV	6	1205		1205	6	200.83	5
6	HOME HEALTH AIDE SERV	7	170136		170136	604	281.68	6
7	TOTAL		687628		687628	4496		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
							LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE		9914					8
9	PHYSICAL THERAPY		9914					9
10	OCCUPATIONAL THERAPY		9914					10
11	SPEECH PATHOLOGY		9914					11
12	MEDICAL SOCIAL SERV		9914					12
13	HOME HEALTH AIDE SERV		9914					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL		
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		10571	10571	20037	.527574	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA		
						NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17
18	PER BENEFICIARY COST LIMITATION					9914		18
19	PER BENEFICIARY COST LIMITATION							19



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7175

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	5	6
1 PHYSICAL THERAPY	50	.517189			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3 SPEECH PATHOLOGY	52				COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	55	.527590	20037	10571	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	56	.439363			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I COL. 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				
			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	
	1	2	3	4	5	6	
1 PHYSICAL THERAPY	2	88.08	2.01	3	3.01	4	1
2 OCCUPATIONAL THERAPY	3	56.05					2
3 SPEECH PATHOLOGY	4	172.14					3
4 TOTAL							4

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7175

WORKSHEET H-7  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				1
1 REASONABLE COST OF SERVICES				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 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	307285	157962	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3132	1267	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	3647	3028	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	1151		10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	9991	1118	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1014	100	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	1093		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	327313	163475	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	327313	163475	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	327313	163475	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	327313	163475	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	327313	163475	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	327313	163475	24
25 TOTAL INTERIM PAYMENTS	327313	163475	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.: 14-7175

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		327313		163475	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	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	TO .05				3.05
	PROVIDER .50				3.50
	PROGRAM .51				3.51
	TO .52	NONE		NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		327313		163475	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		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		327313		163475	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-1343)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
<b>PART II - HOLD HARMLESS METHOD</b>					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

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					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NONPATIENT TELEPHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING RECEIVING AND STORES					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE					6.05
6.06 OTHER ADMINISTRATIVE AND GENERA					6.06
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
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
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
35 NURSING FACILITY					35
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
59.01 OCCUPATIONAL MEDICINE & WELLNES					59.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RURAL HEALTH CLINIC					63.50
63.51 RHC II					63.51
63.52 RHC III					63.52
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
00 OBLONG RURAL HEALTH CLINIC					00
00.01 PROFESSIONAL BUILDINGS					00.01
00.02 FOUNDATION SERVICES					00.02
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: 14-3429

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	1716032		1716032		1716032		1497724	1
2 PHYSICIAN ASSISTANT	21291		21291		21291		21291	2
3 NURSE PRACTITIONER	42184		42184		42184		42184	3
4 VISITING NURSE								4
5 OTHER NURSE								5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	367852	142345	510197		510197		510197	9
10 SUBTOTAL (SUM OF LINES 1-9)	2147359	142345	2289704		2289704	-218308	2071396	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		76075	76075		76075		76075	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE		182245	182245		182245		182245	18
19 OTHER HEALTH CARE COSTS		1291	1291		1291		1291	19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		259611	259611		259611		259611	21
22 TOTAL COSTS OF HEALTH CARE SERVICES COSTS OTHER THAN RHC/FQHC SERVICES	2147359	401956	2549315		2549315	-218308	2331007	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		12558	12558		12558		12558	29
30 ADMINISTRATIVE COSTS	522925	439415	962340		962340	-108634	853706	30
31 TOTAL FACILITY OVERHEAD	522925	451973	974898		974898	-108634	866264	31
32 TOTAL FACILITY COSTS	2670284	853929	3524213		3524213	-326942	3197271	32

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
 09/19/2008 08:50

RHC I  
 COMPONENT NO: 14-3429

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	5.32	22506	4200	22344		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.84	1374	2100	1764		3
4 SUBTOTAL	6.16	23880		24108	24108	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	6.16	23880			24108	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					2331007	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					2331007	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					866264	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					1022612	15
16 TOTAL OVERHEAD					1888876	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1888876	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1888876	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					4219883	20

RHC I  
 COMPONENT NO: 14-3429

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	4219883	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	22091	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	4197792	3
4	TOTAL VISITS	24108	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	24108	6
7	ADJUSTED COST PER VISIT	174.12	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	174.12	174.12	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	7524	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	1310079	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES	106	12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES	18457	13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES	11536	14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	1321615	16
16.01	PRIMARY PAYOR PAYMENTS	211	16.01
17	LESS: BENEFICIARY DEDUCTIBLE	108033	17
18	NET PROGRAM COST EXCLUDING VACCINES	1213371	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	970697	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION	16296	20
21	TOTAL REIMBURSABLE PROGRAM COST	986993	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	986993	24
25	INTERIM PAYMENTS	825500	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	161493	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2		27

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

RHC I  
 COMPONENT NO: 14-3429

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	2071396	2071396	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000410	0.001400	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	849	2900	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	3379	5075	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	4228	7975	5
6 TOTAL DIRECT COST OF THE FACILITY	2331007	2331007	6
7 TOTAL OVERHEAD	1888876	1888876	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.001814	0.003421	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	3426	6462	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	7654	14437	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	109	383	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	70.22	37.69	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	85	274	13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	5969	10327	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		22091	15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		16296	16

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
 09/19/2008 08:50

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

RHC I  
 COMPONENT NO: 14-3429

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		825500	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 .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99		3.99
4 TOTAL INTERIM PAYMENTS		825500	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	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	161493	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		986993	7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____	



RHC II  
 COMPONENT NO: 14-3486

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								1
2		43942	43942		43942		43942	2
3								3
4	80442		80442		80442		80442	4
5								5
6								6
7								7
8								8
9	39406	9260	48666		48666		48666	9
10	119848	53202	173050		173050		173050	10
COSTS UNDER AGREEMENT								
11								11
12								12
13								13
14								14
OTHER HEALTH CARE COSTS								
15		13030	13030		13030		13030	15
16								16
17		11439	11439		11439		11439	17
18								18
19								19
20								20
21		24469	24469		24469		24469	21
22	119848	77671	197519		197519		197519	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23								23
24								24
25								25
26								26
27								27
28								28
FACILITY OVERHEAD								
29		13451	13451		13451		13451	29
30	22862	63137	85999		85999		85999	30
31	22862	76588	99450		99450		99450	31
32	142710	154259	296969		296969		296969	32

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
 09/19/2008 08:50

RHC II  
 COMPONENT NO: 14-3486

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	0.09	703	4200	378		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.84	3959	2100	1764		3
4 SUBTOTAL	0.93	4662		2142	4662	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	0.93	4662			4662	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					197519	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					197519	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					99450	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					102891	15
16 TOTAL OVERHEAD					202341	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					202341	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					202341	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					399860	20

RHC II  
 COMPONENT NO: 14-3486

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	399860	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	2227	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	397633	3
4	TOTAL VISITS	4662	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	4662	6
7	ADJUSTED COST PER VISIT	85.29	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	85.29	85.29	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	643	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	54841	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES	13	12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES	1109	13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES	693	14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	55534	16
16.01	PRIMARY PAYOR PAYMENTS	44	16.01
17	LESS: BENEFICIARY DEDUCTIBLE	10529	17
18	NET PROGRAM COST EXCLUDING VACCINES	44961	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	35969	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION	1277	20
21	TOTAL REIMBURSABLE PROGRAM COST	37246	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	37246	24
25	INTERIM PAYMENTS	29450	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	7796	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2		27

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

RHC II  
 COMPONENT NO: 14-3486

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	173050	173050	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000200	0.001300	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	35	225	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	217	623	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	252	848	5
6 TOTAL DIRECT COST OF THE FACILITY	197519	197519	6
7 TOTAL OVERHEAD	202341	202341	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.001276	0.004293	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	258	869	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	510	1717	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	7	47	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	72.86	36.53	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	4	27	13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	291	986	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		2227	15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		1277	16

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
 09/19/2008 08:50

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

RHC II  
 COMPONENT NO: 14-3486

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		29450	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
	.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		29450	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 PROVIDER .01	7796	6.01
	PROVIDER TO PROGRAM .02		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		37246	7
NAME OF INTERMEDIARY: _____	INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____	DATE (MO/DAY/YR): _____		

RHC III  
 COMPONENT NO: 14-3488

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								1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	142099		142099	10613	152712		152712	3
4 VISITING NURSE								4
5 OTHER NURSE								5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	61411	49366	110777	-31406	79371		79371	9
10 SUBTOTAL (SUM OF LINES 1-9) COSTS UNDER AGREEMENT	203510	49366	252876	-20793	232083		232083	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		12915	12915		12915		12915	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS		42000	42000		42000		42000	19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		54915	54915		54915		54915	21
22 TOTAL COSTS OF HEALTH CARE SERVICES COSTS OTHER THAN RHC/FQHC SERVICES	203510	104281	307791	-20793	286998		286998	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		9752	9752		9752		9752	28
29 FACILITY COSTS								29
30 ADMINISTRATIVE COSTS	31732	103065	134797	5308	140105	-8056	132049	30
31 TOTAL FACILITY OVERHEAD	31732	112817	144549	5308	149857	-8056	141801	31
32 TOTAL FACILITY COSTS	235242	217098	452340	-15485	436855	-8056	428799	32

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
 09/19/2008 08:50

RHC III  
 COMPONENT NO: 14-3488

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	0.01	75	4200	42		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.84	4926	2100	1764		3
4 SUBTOTAL	0.85	5001		1806	5001	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	0.85	5001			5001	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					286998	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					286998	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					141801	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					83685	15
16 TOTAL OVERHEAD					225486	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					225486	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					225486	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					512484	20

RHC III  
 COMPONENT NO: 14-3488

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	512484	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	272	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	512212	3
4	TOTAL VISITS	5001	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	5001	6
7	ADJUSTED COST PER VISIT	102.42	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	102.42	102.42	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	246	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	25195	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES	2	12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES	205	13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES	128	14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	25323	16
16.01	PRIMARY PAYOR PAYMENTS		16.01
17	LESS: BENEFICIARY DEDUCTIBLE		17
18	NET PROGRAM COST EXCLUDING VACCINES	25323	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	20258	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION	68	20
21	TOTAL REIMBURSABLE PROGRAM COST	20326	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	20326	24
25	INTERIM PAYMENTS	10504	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	9822	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2		27

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



RHC III  
 COMPONENT NO: 14-3488

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	232083	232083	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		0.000200	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST		46	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE		106	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE		152	5
6 TOTAL DIRECT COST OF THE FACILITY	286998	286998	6
7 TOTAL OVERHEAD	225486	225486	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST		0.000530	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE		120	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION		272	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS		8	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION		34.00	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES		2	13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		68	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		272	15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		68	16

PROVIDER NO. 14-1343 CRAWFORD MEMORIAL HOSPITAL  
PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2008.05  
09/19/2008 08:50

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

RHC III  
COMPONENT NO: 14-3488

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		10504	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	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		10504	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 PROVIDER .01	9822	6.01
	PROVIDER TO .02 PROGRAM		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		20326	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	55.78		12.72				68.50 25
26 INTENSIVE CARE UNIT	56.95		9.93				66.88 26
33 NURSERY			65.38				65.38 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	9.11	21.71	7.54				38.36 37
39 DELIVERY ROOM & LABOR ROOM			48.25				48.25 39
41 RADIOLOGY-DIAGNOSTIC	5.71	28.74	1.85				36.30 41
41.01 RADIOLOGY-ULTRASOUND	12.73	27.87	2.41				43.01 41.01
44 LABORATORY	10.40	32.44	2.67				45.51 44
46 WHOLE BLOOD & PACKED RED BLOOD	54.46	20.75	4.13				79.34 46
49 RESPIRATORY THERAPY	32.48	15.19	3.82				51.49 49
50 PHYSICAL THERAPY	8.32	22.72	0.32				31.36 50
53 ELECTROCARDIOLOGY	27.18	55.35	2.95				85.48 53
55 MEDICAL SUPPLIES CHARGED TO PAT	46.91	10.89	6.64				64.44 55
56 DRUGS CHARGED TO PATIENTS	24.88	37.19	7.32				69.39 56
59 CARDIAC REHAB		18.36					18.36 59
60 CLINIC	0.87	21.18	1.16				23.21 60
61 EMERGENCY	0.21	32.70	2.56				35.47 61
62 OBSERVATION BEDS (NON-DISTINCT	0.63	42.07	4.56				47.26 62
101 TOTAL CHARGES	9.64	22.65	3.51				35.80 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	1068119	4.23	-1068119	-10.48		3
4	NEW CAP REL COSTS-MVBLE EQUIP	828802	3.28	-828802	-8.13		4
5	EMPLOYEE BENEFITS	1934310	7.66	-1934310	-18.97		5
6.01	NONPATIENT TELEPHONES	40821	.16	-40821	-.40		6.01
6.02	DATA PROCESSING	397108	1.57	-397108	-3.89		6.02
6.03	PURCHASING RECEIVING AND STORES	112273	.44	-112273	-1.10		6.03
6.04	ADMITTING	224602	.89	-224602	-2.20		6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	398834	1.58	-398834	-3.91		6.05
6.06	OTHER ADMINISTRATIVE AND GENERA	1557594	6.17	-1557594	-15.28		6.06
8	OPERATION OF PLANT	1174554	4.65	-1174554	-11.52		8
9	LAUNDRY & LINEN SERVICE	113194	.45	-113194	-1.11		9
10	HOUSEKEEPING	337402	1.34	-337402	-3.31		10
11	DIETARY	329628	1.30	-329628	-3.23		11
12	CAFETERIA	234980	.93	-234980	-2.30		12
14	NURSING ADMINISTRATION	517507	2.05	-517507	-5.08		14
15	CENTRAL SERVICES & SUPPLY	485		-485			15
16	PHARMACY	479991	1.90	-479991	-4.71		16
17	MEDICAL RECORDS & LIBRARY	406479	1.61	-406479	-3.99		17
18	SOCIAL SERVICE	38914	.15	-38914	-.38		18
20	NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	1292764	5.12	1505585	14.77	2798349	11.08
26	INTENSIVE CARE UNIT	245600	.97	273036	2.68	518636	2.05
33	NURSERY	40925	.16	41114	.40	82039	.32
35	NURSING FACILITY	756791	3.00	953825	9.36	1710616	6.77
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	902282	3.57	1140050	11.18	2042332	8.08
39	DELIVERY ROOM & LABOR ROOM	69449	.27	112958	1.11	182407	.72
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	1174653	4.65	826396	8.11	2001049	7.92
41.01	RADIOLOGY-ULTRASOUND	174513	.69	94903	.93	269416	1.07
44	LABORATORY	1040785	4.12	695587	6.82	1736372	6.87
46	WHOLE BLOOD & PACKED RED BLOOD	103964	.41	24549	.24	128513	.51
49	RESPIRATORY THERAPY	336784	1.33	212678	2.09	549462	2.18
50	PHYSICAL THERAPY	568776	2.25	396670	3.89	965446	3.82
53	ELECTROCARDIOLOGY	19645	.08	33363	.33	53008	.21
55	MEDICAL SUPPLIES CHARGED TO PAT	707788	2.80	192467	1.89	900255	3.56
56	DRUGS CHARGED TO PATIENTS	1025913	4.06	1004498	9.85	2030411	8.04
59	CARDIAC REHAB	47700	.19	46555	.46	94255	.37
59.01	OCCUPATIONAL MEDICINE & WELLNES	403728	1.60	161839	1.59	565567	2.24
60	CLINIC	749976	2.97	331360	3.25	1081336	4.28
61	EMERGENCY	885895	3.51	575286	5.64	1461181	5.78
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RURAL HEALTH CLINIC	3197271	12.66	1022612	10.03	4219883	16.70
63.51	RHC II	296969	1.18	102891	1.01	399860	1.58
63.52	RHC III	428799	1.70	83685	.82	512484	2.03

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71 HOME HEALTH AGENCY	460548	1.82	227080	2.23	687628	2.72	71
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			27170	.27	27170	.11	96
98 PHYSICIANS' PRIVATE OFFICES			19696	.19	19696	.08	98
100 OBLONG RURAL HEALTH CLINIC							100
100.01 PROFESSIONAL BUILDINGS	103991	.41	78954	.77	182945	.72	100.01
100.02 FOUNDATION SERVICES	31127	.12	10790	.11	41917	.17	100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	25262233	100.00	0	.00	25262233	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 OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	3437928
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	11127763
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.309