

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 SOUTHEAST MISSOURI HOSPITAL (26-0110) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, 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	2	3	4	
2	SUBPROVIDER I	517743	134953	6663528	1
2.01	SUBPROVIDER II	11365		-44254	2
3	SWING BED - SNF	54339		85551	2.01
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY				6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL	583447	134953	6704825	9
					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
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	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.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

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

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? NO 35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? NO 36

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? NO 36.01

37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? NO 37

37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE? 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? YES 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: MO 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 NHCMP 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	N	47
48 SUBPROVIDER I	N	N	N	N	N	48
48.01 SUBPROVIDER II	N	N	N	N	N	48.01
49 SKILLED NURSING FACILITY	N	N				49
50 HOME HEALTH AGENCY	N	N				50

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? NO 52

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV. NO 52.01

53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 53

53.01 MDH PERIOD: BEGINNING: ENDING: 53.01

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 54

PREMIUMS: 1564567 PAID LOSSES: AND/OR SELF INSURANCE:

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 54.01

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. NO 55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	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.		YES			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			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)		YES			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.)		NO			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	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	02/28/2009		63

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	4775	1325	11101	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	
8.01	ADULT SPECIAL CARE				8.01	
9	SURGICAL INTENSIVE CARE UNIT				9	
9.01	CARDIOTHORACIC ICU				9.01	
10	NEONATOLOGY				10	
11	NURSERY				11	
12	TOTAL HOSPITAL	4775	1325	11101	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I	178	260	814	14	
14.01	SUBPROVIDER II	103	12	169	14.01	
15	SKILLED NURSING FACILITY				15	
16	NURSING FACILITY				16	
17	OTHER LONG TERM CARE				17	
18	HOME HEALTH AGENCY				18	
20	ASC (DISTINCT PART)				20	
21	HOSPICE (DISTINCT PART)				21	
23	O/P REHAB PROVIDER				23	
24	RHC I				24	
25	TOTAL				25	
26	OBSERVATION BED DAYS				26	
27	AMBULANCE TRIPS				27	
28	EMPLOYEE DISCOUNT DAYS				28	

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		2	3	4	5		
1 SALARIES	86794069		86794069	3378408.00	25.69		1
2 TOTAL SALARIES							2
3 NON-PHYSICIAN ANESTHETIST PART A							3
4 NON-PHYSICIAN ANESTHETIST PART B							4
4.01 PHYSICIAN - PART A	220920		220920	2220.00	99.51		4.01
5 TEACHING PHYSICIAN SALARIES							5
5.01 PHYSICIAN - PART B	3042813		3042813	19263.00	157.96		5.01
6 NON-PHYSICIAN - PART B							6
6.01 INTERNS & RESIDENTS (IN APPR PGM)							6.01
7 CONTRACT SERVICES, I&R							7
8 HOME OFFICE PERSONNEL							8
8.01 SNF							8.01
9 EXCLUDED AREA SALARIES	18705458	315725	19021183	501463.00	37.93		9
9.01 OTHER WAGES & RELATED COSTS							9.01
9.02 CONTRACT LABOR							9.02
9.03 PHARMACY SERVICES UNDER CONTRACT							9.03
10 LABORATORY SERVICES UNDER CONTRACT							10
10.01 MANAGEMENT AND ADMINISTRATIVE SERVICES'							10.01
11 CONTRACT LABOR: PHYSICIAN PART A							11
12 TEACHING PHYSICIAN UNDER CONTRACT							12
12.01 HOME OFFICE SALARIES & WAGE REL COSTS							12.01
13 HOME OFFICE: PHYSICIAN PART A							13
14 TEACHING PHYSICIAN SALARIES	22056220		22056220			CMS 339	14
15 WAGE-RELATED COSTS							15
16 WAGE RELATED COSTS (CORE)	6497622		6497622			CMS 339	16
17 WAGE RELATED COSTS (OTHER)						CMS 339	17
18 EXCLUDED AREAS						CMS 339	18
18.01 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	18.01
19 NON-PHYSICIAN ANESTHETIST PART B	75519		75519			CMS 339	19
19.01 PHYSICIAN PART A						CMS 339	19.01
20 PHYSICIAN PART B	1040149		1040149			CMS 339	20
21 WAGE RELATED COSTS (RHC/FQHC)							21
22 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	22
22.01 OVERHEAD COSTS - DIRECT SALARIES							22.01
23 EMPLOYEE BENEFITS	416597		416597	18957.00	21.98		23
24 ADMINISTRATIVE & GENERAL	9168666	1431385	10600051	491475.00	21.57		24
24.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							24.01
25 MAINTENANCE & REPAIRS	1344163		1344163	52455.00	25.63		25
26 OPERATION OF PLANT	205234		205234	11515.00	17.82		26
27 LAUNDRY & LINEN SERVICE	303482		303482	26688.00	11.37		27
28 HOUSEKEEPING	2202454		2202454	27962.00	78.77		28
28.01 HOUSEKEEPING UNDER CONTRACT							28.01
29 DIETARY	1321066		1321066	106286.00	12.43		29
29.01 DIETARY UNDER CONTRACT							29.01
30 CAFETERIA							30
31 MAINTENANCE OF PERSONNEL							31
32 NURSING ADMINISTRATION	2474825	-121699	2353126	74628.00	31.53		32
33 CENTRAL SERVICES AND SUPPLY	840653		840653	46525.00	18.07		33
34 PHARMACY							34
35 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1625411	-1625411					35
36 SOCIAL SERVICE							36
37 OTHER GENERAL SERVICE							37

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)	
		2	3	4	5	
1 NET SALARIES	83751256		83751256	3359145.00	24.93	1
2 EXCLUDED AREA SALARIES	18705458	315725	19021183	501463.00	37.93	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	65045798	-315725	64730073	2857682.00	22.65	3
4 SUBTOTAL OTHER WAGES & REL COSTS						4
5 SUBTOTAL WAGE-RELATED COSTS	22131739		22131739		34.19%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	87177537	-315725	86861812	2857682.00	30.40	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	19902551	-315725	19586826	856491.00	22.87	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 26-7121

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		444			444	1
2 UNDUPLICATED CENSUS COUNT		296.00			296.00	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)	1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	3.00		3.00	5
6 DIRECT NURSING SERVICE	9.60		9.60	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	3.50		3.50	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.00		1.00	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.60		.60	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.60		.60	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

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

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

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 26-1537

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1 CONTINUOUS HOME CARE							1
2 ROUTINE HOME CARE	16455	815			1344	18614	2
3 INPATIENT RESPITE CARE	136	7			11	154	3
4 GENERAL INPATIENT CARE	110	5			9	124	4
5 TOTAL HOSPICE DAYS	16701	827			1364	18892	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	343	17			28	388	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	48.69	48.65			48.71	48.69	8
9 UNDUPLICATED CENSUS COUNT							9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	35815566	17
17.01	GROSS MEDICAID REVENUES	70627626	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	106443192	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.264995	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	70627626	28
29	TOTAL GROSS MEDICAID COST	18715968	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	35815566	30
31	UNCOMPENSATED CARE COST	9490946	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	18715968	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
1.01	0101								1.01
1.02	0102								1.02
1.03	0103								1.03
1.04	0104								1.04
1.05	0105								1.05
1.06	0106								1.06
1.07	0107								1.07
2	0200								2
3	0300		130292	130292		130292		130292	3
3.01	0301		168428	168428		168428		168428	3.01
3.02	0302		310272	310272		310272		310272	3.02
3.03	0303		252807	252807		252807		252807	3.03
3.04	0304								3.04
3.05	0305		166475	166475		166475		166475	3.05
3.06	0306		633815	633815		633815		633815	3.06
3.07	0307		823902	823902	-811	823091	1328828	2151919	3.07
3.08	0308		3096185	3096185	4800417	7896602		7896602	3.08
3.09	0309								3.09
3.10	0310								3.10
4	0400		7734470	7734470		7734470		7734470	4
5	0500	416597	18600041	19016638	731058	19747696	-506996	19240700	5
6.01	1160	349947	474299	824246		824246		824246	6.01
6.02	0620	746875	1101187	1848062		1848062		1848062	6.02
6.03	0630	700351	354356	1054707	-253923	800784	45982	846766	6.03
6.04	0640	1426036	476469	1902505		1902505		1902505	6.04
6.05	0650	1981238	3588896	5570134		5570134	-55245	5514889	6.05
6.06	0660	3964219	49183441	53147660	343183	53490843	-28432731	25058112	6.06
7	0700	1344163	783852	2128015		2128015	-718857	2108158	7
8	0800	205234	2476197	2681431	306771	2988202		2988202	8
9	0900	303482	355466	658948		658948	-31622	627326	9
10	1000	2202454	962259	3164713		3164713	-75850	3088863	10
11	1100	1321066	1642693	2963759		2963759	-774628	2189131	11
12	1200								12
13	1300								13
14	1400	2474825	976613	3451438	-194273	3257165	-468975	2788190	14
15	1500	840653	625123	1465776		1465776		1465776	15
16	1600								16
17	1700	1625411	649666	2275077	-2275077				17
18	1800								18
20	2000								20
21	2100	1114894	507652	1622546		1622546	-1263833	358713	21
21.01	2101	103735	38341	142076		142076	-109719	32357	21.01
21.02	2102	54356	59828	114184		114184	-114184		21.02
21.03	2103	168485	85723	254208		254208	-176954	77254	21.03
22	2200								22
23	2300								23
24	2400								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	14076872	3628967	17705839		17705839		17705839	25
28	2800								28
28.01	2801	2585803	778982	3364785		3364785		3364785	28.01
29.01	2901	1254531	276771	1531302		1531302		1531302	29.01
30	2060								30
31	3100	1140633	171178	1311811		1311811	-214967	1096844	31
31.01	3101	894324	162565	1056889		1056889	-64139	992750	31.01
33	3300	1101255	262354	1363609		1363609		1363609	33
ANCILLARY SERVICE COST CENTERS									
37	3700	4833311	14260231	19093542	-11692178	7401364		7401364	37
40	4000	418640	6095646	6514286		6514286	-5334899	1179387	40
41	4100	2067390	983773	3051163		3051163	-11935	3039228	41
41.01	4101	538464	221060	759524		759524		759524	41.01
41.02	4102	414684	513556	928240		928240		928240	41.02
41.03	4103	1100243	4074634	5174877	-3229297	1945580		1945580	41.03
41.04	4104	404091	890581	1294672		1294672		1294672	41.04
42	4200	1086464	913633	2000097	-5231	1994866		1994866	42
42.01	4201	317416	94203	411619		411619		411619	42.01
43.01	4301	396514	1124699	1521213		1521213		1521213	43.01
44	4400	2203412	3508836	5712248		5712248	500	5712748	44
46.30	4650								46.30
47	4700	154018	1288616	1442634		1442634		1442634	47
49	4900	1550275	1019910	2570185	-473529	2096656	-182117	1914539	49
50	5000	847342	177874	1025216		1025216	-14334	1010882	50
50.01	5001	1954427	442271	2396698		2396698	-1647	2395051	50.01

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
50.02	5002	PHYSIATRY	243626	300530	544156	544156		544156	50.02
51	5100	OCCUPATIONAL THERAPY	179565	115052	294617	294617	-1829	292788	51
52	5200	SPEECH PATHOLOGY	152491	21181	173672	173672		173672	52
53.01	5301	CV DIAGNOSTIC	597645	639551	1237196	1237196		835974	53.01
53.02	5302	ELECTROPHYSIOLOGY LAB					-401222		53.02
54.01	5401	NEUROPHYSIOLOGY	263612	343610	607222	607222	-223846	383376	54.01
55	5500	MEDICAL SUPPLIES CHARGED TO PAT		9206547	9206547	15395004	24601551	24601551	55
56	5600	DRUGS CHARGED TO PATIENTS	1603963	13283484	14887447	14887447	-306735	14580712	56
59	3950	CARDIAC REHAB	314116	59198	373314	373314	-134200	239114	59
OUTPATIENT SERVICE COST CENTERS									
60.01	6001	HYPERBARIC WOUND CLINIC		274824	274824	274824		274824	60.01
60.02	6002	DIABETES CENTER	160186	52464	212650	212650		212650	60.02
61	6100	EMERGENCY	6721578	1689454	8411032	486969	8898001	-3555633	61
61.01	6101	G.I. LABORATORY	644126	374166	1018292		1018292	1018292	61.01
62	6200	OBSERVATION BEDS (NON-DISTINCT)							62
63.50	6310	RHC							63.50
63.60	6320	FQHC							63.60
OTHER REIMBURSABLE COST CENTERS									
65	6500	AMBULANCE SERVICES	40651	20186	60837	60837		60837	65
69.10	6910	CMHC							69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY							69.40
71	7100	HOME HEALTH AGENCY	1127641	231990	1359631	17788	1377419	-540	1376879
SPECIAL PURPOSE COST CENTERS									
85.01	8510	PANCREAS ACQUISITION							85.01
85.02	8520	INTESTINAL ACQUISITION							85.02
85.03	8530	ISLET CELL ACQUISITION							85.03
88	8800	INTEREST EXPENSE		4104338	4104338	-4104338			88
93	9300	HOSPICE	1109911	1234305	2344216		2344216	-194023	2150193
95		SUBTOTALS	73843241	169099968	242943209	-147467	242795742	-41297350	201498392
NONREIMBURSABLE COST CENTERS									
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN							96
97.01	9701	RESPIRE CARE							97.01
99	9900	NONPAID WORKERS							99
99.01	9901	VENDING MACHINES							99.01
99.02	9902	SUNSET GUEST HOUSE				6042	6042	6042	99.02
99.03	9903	LACEY'S RESTAURANT					21614	21614	99.03
99.04	9904	COMMUNITY WELLNESS				194273	194273	194273	99.04
99.05	9905	HOME INFUSION							99.05
99.06	9906	SE HOSP PHYSICIANS LLC	11029654	4945300	15974954		15974954	15974954	99.06
99.07	9907	GENERATIONS				253923	253923	253923	99.07
99.08	9908	RETAIL PHARMACY					4731332	4731332	99.08
99.09	9909	OUTREACH LAB					2744680	2744680	99.09
99.10	9910	FOOT CLINIC							99.10
99.11	9911	MARKETING	542513	5272909	5815422		5815422	-393189	5422233
99.13	9913	HEALTHPOINT	1378661	1001362	2380023	-306771	2073252	2073252	99.13
99.14	9914	DOCTORS PARK		997	997		997	997	99.14
101		TOTAL	86794069	180320536	267114605		267114605	-34192913	232921692

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				1
			COST CENTER	LINE #	SALARY	OTHER	
2			2	3	4	5	
1	TO RECLASS INSURANCE EXPENSE	A	EMPLOYEE BENEFITS	5		731058	1
2		A	NEW CAP-REL CSTS-BLDGS & FIX	3.08		845431	2
3		A	EMERGENCY	61		486969	3
4		A	HOME HEALTH AGENCY	71		17788	4
5		A					5
6	TO RECLASS INTEREST EXPENSE	B	NEW CAP-REL CSTS-BLDGS & FIX	3.08		3954986	6
7		B	OTHER ADMINISTRATIVE & GENERA	6.06		149352	7
8		B					8
9	TO RECLASS MED RECORDS	C	OTHER ADMINISTRATIVE & GENERA	6.06	1625411	649666	9
10	TO RECLASS COMM WELLNESS COSTS FROM	D	COMMUNITY WELLNESS	99.04	121699	72574	10
11	TO RECLASS SUNSET GUEST HOUSE TO NON	E	SUNSET GUEST HOUSE	99.02		5231	11
12	TO RECLASS SUNSET GUEST HOUSE DEPR	F	SUNSET GUEST HOUSE	99.02		811	12
13	TO RECLASS HEALTHPOINT TO PLANT	G	OPERATION OF PLANT	8		306771	13
14	TO RECLASS GENERATIONS TO NON-REIMB	H	GENERATIONS	99.07	194026	59897	14
15	TO RECLASS MEDICAL SUPPLY COST	I	MEDICAL SUPPLIES CHARGED TO P	55		11692178	15
16		I	MEDICAL SUPPLIES CHARGED TO P	55		3229297	16
17		I	MEDICAL SUPPLIES CHARGED TO P	55		473529	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				1941136	22675538	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 TO RECLASS INSURANCE EXPENSE	A					1
2	A					11 2
3	A					3
4	A					4
5	A	OTHER ADMINISTRATIVE & GENERA	6.06		2081246	5
6 TO RECLASS INTEREST EXPENSE	B					11 6
7	B					11 7
8	B	INTEREST EXPENSE	88		4104338	8
9 TO RECLASS MED RECORDS	C	MEDICAL RECORDS & LIBRARY	17	1625411	649666	9
10 TO RECLASS COMM WELLNESS COSTS FR	D	NURSING ADMINISTRATION	14	121699	72574	10
11 TO RECLASS SUNSET GUEST HOUSE TO	E	RADIOLOGY-THERAPEUTIC	42		5231	11
12 TO RECLASS SUNSET GUEST HOUSE DEP	F	NEW CAP-REL CSTS-BLDGS & FIX	3.07		811	11 12
13 TO RECLASS HEALTHPOINT TO PLANT	G	HEALTHPOINT	99.13		306771	13
14 TO RECLASS GENERATIONS TO NON-REI	H	PURCHASING	6.03	194026	59897	14
15 TO RECLASS MEDICAL SUPPLY COST	I	OPERATING ROOM	37		11692178	15
16	I	CARDIOVASCULAR LAB	41.03		3229297	16
17	I	RESPIRATORY THERAPY	49		473529	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				1941136	22675538	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	10481842	1860543		1860543		12342385		1
2 LAND IMPROVEMENTS	10140020	712268		712268		10852288		2
3 BUILDINGS AND FIXTURES	142502186	3782403		3782403	1895926	144388663		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	83819650	9249790		9249790	15544665	77524775		6
7 SUBTOTAL	246943698	15605004		15605004	17440591	245108111		7
8 RECONCILING ITEMS								8
9 TOTAL	246943698	15605004		15605004	17440591	245108111		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2				.000000				1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3				.000000				1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4				.000000				1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5				.000000				1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6				.000000				1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7				.000000				1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8				.000000				1.07
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2				.000000				3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3				.000000				3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4				.000000				3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5				.000000				3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6				.000000				3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7				.000000				3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8				.000000				3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9				.000000				3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1				.000000				3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1				.000000				3.10
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				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
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2							1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3							1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4							1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5							1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6							1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7							1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8							1.07
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		130292					130292 3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2		168428					168428 3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3		310272					310272 3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4		252807					252807 3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5							3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6		166475					166475 3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7		633815					633815 3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8			1328017				2151919 3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9		3096185	4800417				7896602 3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #10							3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #11							3.10
4 NEW CAP REL COSTS-MVBLE EQUIP		7734470					7734470 4
5 TOTAL		13316646	6128434				19445080 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
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2							1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3							1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4							1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5							1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6							1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7							1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8							1.07
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		130292					130292 3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2		168428					168428 3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3		310272					310272 3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4		252807					252807 3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5							3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6		166475					166475 3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7		633815					633815 3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8			823902				823902 3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9		3096185					3096185 3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #10							3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #11							3.10
4 NEW CAP REL COSTS-MVBLE EQUIP		7734470					7734470 4
5 TOTAL		13316646					13316646 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	3
3.07 INV INC-NEW BLDGS AND FIXT	B	-457849	NEW CAP-REL CSTS-BLDGS & FIX #8	3.07	11 3.07
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-23289	OTHER ADMINISTRATIVE & GENERAL	6.06	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4641924			12 13
13 SALE OF SCRAP, WASTE, ETC.					14
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				15
15 LAUNDRY AND LINEN SERVICE	B	-31622	LAUNDRY & LINEN SERVICE	9	16
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-774628	DIETARY	11	17
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					18
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					19
19 SALE OF DRUGS TO OTHER THAN PATIENTS					20
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-66065	OTHER ADMINISTRATIVE & GENERAL	6.06	21
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-1263833	NURSING SCHOOL	21	22
22 VENDING MACHINES					23
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					24
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					25
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	26
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	27
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	33
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	34
34 PHYSICIANS' ASSISTANT					35
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				37
37 CAPITALIZED INTEREST	A	1786677	NEW CAP-REL CSTS-BLDGS & FIX #8	3.07	11 37
38 PROVIDER BASED PHYSICIAN ADJUSTME	A	-194023	HOSPICE	93	38
39 CRNA	A	-5334899	ANESTHESIOLOGY	40	39
40 PROVISION FOR BAD DEBT	A	-28009007	OTHER ADMINISTRATIVE & GENERAL	6.06	40
41 MEDICARE PART B BILLINGS	A	-55145	CREDIT & COLLECTIONS	6.05	41
42 GOODWILL	A	1667	OTHER ADMINISTRATIVE & GENERAL	6.06	42
43 GOODWILL PTA	A	41000	OTHER ADMINISTRATIVE & GENERAL	6.06	43
44					44
45 NONBUSINESS TRAVEL & ENTERTAINMEN	A	-51700	EMPLOYEE BENEFITS	5	45
46 NONBUSINESS TRAVEL & ENTERTAINMEN	A	-21071	OTHER ADMINISTRATIVE & GENERAL	6.06	46
47 NONBUSINESS TRAVEL & ENTERTAINMEN	A	-7505	NURSING ADMINISTRATION	14	47
48					48
49 NONBUSINESS TRAVEL & ENTERTAINMEN	A	-1647	SOUTHEAST OUTPATIENT REHAB	50.01	49
49.01 NONBUSINESS TRAVEL & ENTERTAINMEN	A	-393189	MARKETING	99.11	49.01
49.03 RETAIL PHARMACY	A	4731332	RETAIL PHARMACY	99.08	49.03
49.04 OUTREACH LAB	A	2744680	OUTREACH LAB	99.09	49.04
49.05 LACEY'S RESTAURANT	A	21614	LACEY'S RESTAURANT	99.03	49.05
49.06 AHA DUES USED FOR LOBBYING	A	-8062	OTHER ADMINISTRATIVE & GENERAL	6.06	49.06
49.07 MHA DUES USED FOR LOBBYING	A	-16809	OTHER ADMINISTRATIVE & GENERAL	6.06	49.07
49.08 RAD SCRAP SALES	B	-11935	RADIOLOGY-DIAGNOSTIC	41	49.08
49.10 PHARMACY VERIF SVC	B	-42100	DRUGS CHARGED TO PATIENTS	56	49.10
49.11 REV PHARMACY SALES	B	-264635	DRUGS CHARGED TO PATIENTS	56	49.11
49.12 REV PT BILL COPY FEE	B	-100	CREDIT & COLLECTIONS	6.05	49.12
49.13 HOUSEKEEPING OUTREACH	B	-75850	HOUSEKEEPING	10	49.13
49.14 NSF CHECK CLEARING	B	2961	OTHER ADMINISTRATIVE & GENERAL	6.06	49.14
49.15 HHA NON PT REV	B	-540	HOME HEALTH AGENCY	71	49.15
49.17 REV RAD FILM COPIES	B	-1039	OTHER ADMINISTRATIVE & GENERAL	6.06	49.17
49.18 REV CARDIAC REHAB OUTREACH	B	-134200	CARDIAC REHAB	59	49.18
49.19 REV SEH ASSOCIATION DUES	B	-11393	OTHER ADMINISTRATIVE & GENERAL	6.06	49.19

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	
49.20 REV PURCHASE DISCOUNTS	B	45982	PURCHASING	6.03	49.20
49.21 REV MISCELLANEOUS INCOME	B	-124086	OTHER ADMINISTRATIVE & GENERAL	6.06	49.21
49.22 REV LAB CLINICAL STUDIES	B	500	LABORATORY	44	49.22
49.23 REV NEONATAL TRANSPORT	B	-900	NURSING ADMINISTRATION	14	49.23
49.24 REV NURSING EDUC SEMINARS	B	-26573	NURSING ADMINISTRATION	14	49.24
49.25 REV DIABETIC CONSULTANTS	B	-290	OTHER ADMINISTRATIVE & GENERAL	6.06	49.25
49.26 OP REV PATIENT EDUCATION	B	-76	NURSING ADMINISTRATION	14	49.26
49.27 REV OP REHAB OUTREACH	B	-1829	OCCUPATIONAL THERAPY	51	49.27
49.28 REV OP REHAB OUTREACH	B	-14334	PHYSICAL THERAPY	50	49.28
49.30 REV OP BIOMED OUTREACH	B	-19857	MAINTENANCE & REPAIRS	7	49.30
49.32 REV MED/TECH TUITION FEES	B	-109719	SCHOOL OF MEDICAL TECHNOLOGY	21.01	49.32
49.33 REV PRE NAT/CHILD HVP	B	-311968	NURSING ADMINISTRATION	14	49.33
49.38 REV INTEREST CAP	B	-137204	OTHER ADMINISTRATIVE & GENERAL	6.06	49.38
49.40 REV INTEREST PHYSICIAN LOANS	B	-45889	OTHER ADMINISTRATIVE & GENERAL	6.06	49.40
49.42 COMMUNITY CASE MGMT	B	-121953	NURSING ADMINISTRATION	14	49.42
49.43 DEFERRED COMP	A	-455296	EMPLOYEE BENEFITS	5	49.43
49.44 REV RAD/TECH TUITION FEES	B	-176954	SCHOOL OF RADIOLOGICAL TECHNOLO	21.03	49.44
49.45 REV SURG/TECH TUITION FEES	B	-114184	SCHOOL OF SURGICAL TECHNOLOGY	21.02	49.45
49.46 REV CR CD REV SHARE	B	-14155	OTHER ADMINISTRATIVE & GENERAL	6.06	49.46
50 TOTAL		-34192913			50

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

WORKSHEET A-8-1

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

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

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

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

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

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

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	31	SUBPROVIDER I	214967	214967					
2	31.01	SUBPROVIDER II	64139	64139					
4	49	RESPIRATORY THERAPY	182117	182117					
5	53.01	CV DIAGNOSTIC	401222	401222					
6	54.01	NEUROPHYSIOLOGY	223846	223846					
7	61	EMERGENCY	3726189	3505269	220920	159800	2220	170556	8528
101		TOTAL	4812480	4591560	220920		2220	170556	8528

PROVIDER NO. 26-0110 SOUTHEAST MISSOURI HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/05/2009 11:43

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.			12	13	14	15	16	17	18
10	11								
1	31	SUBPROVIDER I		AGGREGATE					214967
2	31.01	SUBPROVIDER II		ALL OTHERS					64139
4	49	RESPIRATORY THERAPY		AGGREGATE					182117
5	53.01	CV DIAGNOSTIC		AGGREGATE					401222
6	54.01	NEUROPHYSIOLOGY		AGGREGATE					223846
7	61	EMERGENCY		KOLDA AND OTHERS			170556	50364	3555633
101		TOTAL					170556	50364	4641924

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP-RE						
	FOR COST ALLOCATION	BLDGS & FIXTURES	L CSTS-BLD GS & FIX #						
	0	3	3.01	3.02	3.03	3.05	3.06	3.07	
50.02 PHYSIATRY	544156								50.02
51 OCCUPATIONAL THERAPY	292788						2385		51
52 SPEECH PATHOLOGY	173672						1193		52
53.01 CV DIAGNOSTIC	835974						7024	127289	53.01
53.02 ELECTROPHYSIOLOGY LAB									53.02
54.01 NEUROPHYSIOLOGY	383376	27790							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	24601551								55
56 DRUGS CHARGED TO PATIENTS	14580712	26688						3309	56
59 CARDIAC REHAB	239114								59
OUTPATIENT SERVICE COST CENTERS									
60.01 HYPERBARIC WOUND CLINIC	274824	7255	2841	2568					60.01
60.02 DIABETES CENTER	212650								60.02
61 EMERGENCY	5342368							252365	61
61.01 G.I. LABORATORY	1018292		15791						61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	60837								65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	1376879								71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	2150193								93
95 SUBTOTALS	201498392	115989	167650	308512	246228	166475	625579	2151919	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97.01 RESPITE CARE									97.01
99 NONPAID WORKERS									99
99.01 VENDING MACHINES									99.01
99.02 SUNSET GUEST HOUSE	6042								99.02
99.03 LACEY'S RESTAURANT	21614								99.03
99.04 COMMUNITY WELLNESS	194273								99.04
99.05 HOME INFUSION									99.05
99.06 SE HOSP PHYSICIANS LLC	15974954			1760	6579				99.06
99.07 GENERATIONS	253923								99.07
99.08 RETAIL PHARMACY	4731332								99.08
99.09 OUTREACH LAB	2744680						4930		99.09
99.10 FOOT CLINIC									99.10
99.11 MARKETING	5422233	14303	778						99.11
99.13 HEALTHPOINT	2073252								99.13
99.14 DOCTORS PARK	997						3306		99.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	232921692	130292	168428	310272	252807	166475	633815	2151919	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP-RE L CSTS-BLD GS & FIX # 3.08	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	DATA PROCE SSING 6.02	PURCHASING 6.03	ADMITTING 6.04	CREDIT & C OLLECTIONS 6.05	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2									1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3									1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4									1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5									1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6									1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7									1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8									1.07
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2									3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3									3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4									3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5									3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6									3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7									3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8									3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9	7896602								3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1									3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1									3.10
4 NEW CAP REL COSTS-MVBLE EQUIP		7734470							4
5 EMPLOYEE BENEFITS	22532	12867	19286188						5
6.01 COMMUNICATIONS	11860	22829	79111	946119					6.01
6.02 DATA PROCESSING	52124	1220033	168843	11636	3326844				6.02
6.03 PURCHASING	87488	6427	114463	8827	64369	1162272			6.03
6.04 ADMITTING	53273	11855	322378	14043	142289	1363	2466822		6.04
6.05 CREDIT & COLLECTIONS	17960	58305	447891	44939	853732	1646		6946701	6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	429825	228816	1263731	130002	365885	5431			6.06
7 MAINTENANCE & REPAIRS	80125	17267	303870	12840		2385			7
8 OPERATION OF PLANT	505618		46396			3109			8
9 LAUNDRY & LINEN SERVICE	47754	32217	68607	3210		6348			9
10 HOUSEKEEPING	42033	40465	497900	4414		11537			10
11 DIETARY	156385	66023	298648	10031		1745			11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	142972	165732	662261	20864		9675			14
15 CENTRAL SERVICES & SUPPLY	49169	150135	190043	6019		12918			15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY									17
18 SOCIAL SERVICE		723		27284					18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	177831	40004	252040	15648		1251			21
21.01 SCHOOL OF MEDICAL TECHNOLOGY	12769	307	23451			316			21.01
21.02 SCHOOL OF SURGICAL TECHNOLOGY	12087	923	12288			201			21.02
21.03 SCHOOL OF RADIOLOGICAL TECHNOLO	27016	6457	38089			347			21.03
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1286079	378406	3129753	102316	796139	53176	114615	320231	25
28 BURN INTENSIVE CARE UNIT									28
28.01 ADULT SPECIAL CARE	134611	133653	523550	16050	84696	3535	26729	74682	28.01
29.01 CARDIOTHORACIC ICU	228351	110351	264308	11235	37266		12804	35773	29.01
30 NEONATOLOGY									30
31 SUBPROVIDER I	66232	15939	252795	6420	67756	459	8907	24885	31
31.01 SUBPROVIDER II	101306	19046	198105	8025	50817		4266	11920	31.01
33 NURSERY	17859	45259	248956	3210	50817	3508	7304	20408	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	575020	1284967	1092647	53365		408088	280764	784448	37
40 ANESTHESIOLOGY	31866	86720	94640	10833		3829	73392	205056	40
41 RADIOLOGY-DIAGNOSTIC	31550	767254	462677	28889		3744	73384	205034	41
41.01 ULTRASOUND	18945	71110	121728	2407		934	34723	97015	41.01
41.02 C.T. SCANNER	13944	83904	93746	2006		279	127716	356835	41.02
41.03 CARDIOVASCULAR LAB	122284	231773	248728	12438		116898	100414	280555	41.03
41.04 MRI SCANNING	66623	45571	52562	5617		2229	49399	138019	41.04
42 RADIOLOGY-THERAPEUTIC	270737	633420	245613	15648		5701	64370	179849	42
42.01 CHEMOTHERAPY	129268	7214	71757	3210		1571	14724	41139	42.01
43.01 NUCLEAR MEDICINE	25285	110380	89638	2809		15353	61490	171800	43.01
44 LABORATORY	143465	512688	498117	28889	396376	61801	226930	634038	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	2046	7353	34818	2407		44443	37253	104084	47
49 RESPIRATORY THERAPY	28796	125819	350464	11636		15908	102037	285090	49
50 PHYSICAL THERAPY	22077	13769	191187	5216		464	18366	51316	50
50.01 SOUTHEAST OUTPATIENT REHAB	133499	45779	441829	23272		1759	31731	88656	50.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP-RE L CSTS-BLD GS & FIX # 3.08	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	DATA PROCE SSING 6.02	PURCHASING 6.03	ADMITTING 6.04	CREDIT & C OLLECTIONS 6.05	
50.02 PHYSIATRY	31335		55076	2407			1645	4597	50.02
51 OCCUPATIONAL THERAPY	4547	1144	40265			131	6836	19101	51
52 SPEECH PATHOLOGY	2273	2750	34473			62	3818	10668	52
53.01 CV DIAGNOSTIC	95117	141299	135107	16852		732	58887	164530	53.01
53.02 ELECTROPHYSIOLOGY LAB									53.02
54.01 NEUROPHYSIOLOGY	54183	47794	38086	8426		1065	25072	70050	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						327136	517097	1445633	55
56 DRUGS CHARGED TO PATIENTS	54057	13267	362601	8827	416702		267090	746244	56
59 CARDIAC REHAB		19937	69190	5216		188	2145	5994	59
OUTPATIENT SERVICE COST CENTERS									
60.01 HYPERBARIC WOUND CLINIC	30312	3216		6019		1425	9352	26130	60.01
60.02 DIABETES CENTER		9906	35535	5216			425	1187	60.02
61 EMERGENCY	154124	107637	1455779	30093		8339	78193	218470	61
61.01 G.I. LABORATORY	59955	46757	145615	9228		4044	24935	69668	61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES							9	25	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	50015	27797	254921	28087		1004		16407	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	74479	8402	250913			1119		37164	93
95 SUBTOTALS	5989061	7241666	16375189	786026	3326844	1147196	2466822	6946701	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	25917	1161							96
97.01 RESPITE CARE									97.01
99 NONPAID WORKERS									99
99.01 VENDING MACHINES	1263								99.01
99.02 SUNSET GUEST HOUSE	38155								99.02
99.03 LACEY'S RESTAURANT		10036							99.03
99.04 COMMUNITY WELLNESS		525	27512	10432					99.04
99.05 HOME INFUSION		10110							99.05
99.06 SE HOSP PHYSICIANS LLC	1449727	244010	2501765	119970		12505			99.06
99.07 GENERATIONS		43682	43863	4012		707			99.07
99.08 RETAIL PHARMACY		20045		4815					99.08
99.09 OUTREACH LAB	9397	20874							99.09
99.10 FOOT CLINIC									99.10
99.11 MARKETING	30843		122644			713			99.11
99.13 HEALTHPOINT	345937	139775	215215	20864		1151			99.13
99.14 DOCTORS PARK	6302	2586							99.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	7896602	7734470	19286188	946119	3326844	1162272	2466822	6946701	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
		NISTRATIVE	TENANCE &	OF PLANT	& LINEN	KEEPING			
	5A	& GENERAL	REPAIRS	7	8	9	10	11	12
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2									1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3									1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4									1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5									1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6									1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7									1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8									1.07
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2									3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3									3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4									3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5									3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6									3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7									3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8									3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9									3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1									3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1									3.10
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CREDIT & COLLECTIONS									6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	27595575	27595575							6.06
7 MAINTENANCE & REPAIRS	2560395	344115	2904510						7
8 OPERATION OF PLANT	3889581	522756		4412337					8
9 LAUNDRY & LINEN SERVICE	792324	106488	3111	31759	933682				9
10 HOUSEKEEPING	3704370	497864	108362	27954	113143	4451693			10
11 DIETARY	2783542	374105	122361	104005	6086	106372	3496471		11
12 CAFETERIA							2399131	2399131	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	3838741	515923	80364	95084		97249		77385	14
15 CENTRAL SERVICES & SUPPLY	1874934	251989	55736	32700	59749	33444		51696	15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY									17
18 SOCIAL SERVICE	28007	3764							18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	845487	113633	27739	118268		120959		36812	21
21.01 SCHOOL OF MEDICAL TECHNOLOGY	69200	9300	1037	8492		8685		3715	21.01
21.02 SCHOOL OF SURGICAL TECHNOLOGY	25499	3427		8038		8221		1863	21.02
21.03 SCHOOL OF RADIOLOGICAL TECHNOLO	149163	20047		17967		18376		5579	21.03
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	24467796	3288447	957368	855315	183027	874782	856039	697432	25
28 BURN INTENSIVE CARE UNIT									28
28.01 ADULT SPECIAL CARE	4432911	595779	110695	89524	21418	91561	43406	36074	28.01
29.01 CARDIOTHORACIC ICU	2605295	350149	68957	151866	22710	155323	25032		29.01
30 NEONATOLOGY									30
31 SUBPROVIDER I	1571845	211254	71291	44048	16414	45051	91323	35051	31
31.01 SUBPROVIDER II	1412917	189895	188207	67374	25722	68907	56690		31.01
33 NURSERY	1768788	237723	13740	11877	19192	12147		32540	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	12512351	1681647	213613	382421	105558	391125	8749	176926	37
40 ANESTHESIOLOGY	1720129	231184	9073	21192		21675		16827	40
41 RADIOLOGY-DIAGNOSTIC	4656161	625783	63254	20982	12611	21460	330	76203	41
41.01 ULTRASOUND	1106386	148697	13221	12600	12561	12886		16736	41.01
41.02 C.T. SCANNER	1637691	220104	14517	9273		9484		11532	41.02
41.03 CARDIOVASCULAR LAB	3110682	418073	22295	81326	27384	83177	83	39664	41.03
41.04 MRI SCANNING	1654692	222389	24887	44308	15063	45317	41	12237	41.04
42 RADIOLOGY-THERAPEUTIC	3853513	517908	31109	180056	12536	184154		25473	42
42.01 CHEMOTHERAPY	754700	101431	23331	85971	12536	87928	10657	13293	42.01
43.01 NUCLEAR MEDICINE	2039371	274089	4148	16816		17199	529	10226	43.01
44 LABORATORY	8291429	1114360	83216	95412		97584		159906	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1676111	225268	5185	1361		1392		5397	47
49 RESPIRATORY THERAPY	2868764	385559	47181	19151		19587	99	54105	49
50 PHYSICAL THERAPY	1324859	178060	37330	14683	11585	15017		29563	50
50.01 SOUTHEAST OUTPATIENT REHAB	3161576	424913	2074	88785		90805		80498	50.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
		NISTRATIVE	TENANCE &	OF PLANT	& LINEN	KEEPING		
	5A	& GENERAL	REPAIRS	8	9	10	11	12
		6.06	7					
50.02 PHYSIATRY	639216	85910		20840		21314		50.02
51 OCCUPATIONAL THERAPY	367197	49351	518	3024		3093		51
52 SPEECH PATHOLOGY	228909	30765		1512		1546	760	52
53.01 CV DIAGNOSTIC	1582811	212728	72587	63258		64698		53.01
53.02 ELECTROPHYSIOLOGY LAB								53.02
54.01 NEUROPHYSIOLOGY	655842	88145	9073	36035		36855		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	26891417	3614129						55
56 DRUGS CHARGED TO PATIENTS	16479497	2214828	40960	35951		36769		56
59 CARDIAC REHAB	341784	45935	3111					59
OUTPATIENT SERVICE COST CENTERS								
60.01 HYPERBARIC WOUND CLINIC	363942	48913	13221	20159	8759	20618	74	60.01
60.02 DIABETES CENTER	264919	35605	7259					60.02
61 EMERGENCY	7647368	1027799	167987	102501	229070	104834	3478	61
61.01 G.I. LABORATORY	1394285	187391	41737	39873	18558	40781	50	61.01
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	60871	8181						65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	1755110	235885	22295	33263		34020		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	2522270	338991	14517	49533		50660		93
95 SUBTOTALS	195980223	22630679	2796667	3144557	933682	3155055	3496471	2056233
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	27078	3639	2592	17236		17628		96
97.01 RESPITE CARE								97.01
99 NONPAID WORKERS								99
99.01 VENDING MACHINES	1263	170						99.01
99.02 SUNSET GUEST HOUSE	44197	5940		25375		25953		99.02
99.03 LACEY'S RESTAURANT	31650	4254	12962					99.03
99.04 COMMUNITY WELLNESS	232742	31280	1815					99.04
99.05 HOME INFUSION	10110	1359						99.05
99.06 SE HOSP PHYSICIANS LLC	20311270	2729814	74401	964150		986095		99.06
99.07 GENERATIONS	346187	46527	3111					99.07
99.08 RETAIL PHARMACY	4756192	639227	4666					99.08
99.09 OUTREACH LAB	2779881	373613	1037	6249		6392		99.09
99.10 FOOT CLINIC								99.10
99.11 MARKETING	5591514	751494		20512		20979		99.11
99.13 HEALTHPOINT	2796194	375806	7259	230067		235304		99.13
99.14 DOCTORS PARK	13191	1773		4191		4287		99.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	232921692	27595575	2904510	4412337	933682	4451693	3496471	2399131

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	SOCIAL SERVICE 18	NURSING SCHOOL 21	SCHOOL OF MEDICAL TE CHNOLOGY 21.01	SCHOOL OF SURGICAL T ECHNOLOGY 21.02	SCHOOL OF RADIOLOGY TECHNOLOGY 21.03	SUBTOTAL 25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2								1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3								1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4								1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5								1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6								1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7								1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8								1.07
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2								3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3								3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4								3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5								3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6								3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7								3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8								3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9								3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1								3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1								3.10
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT & COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	4704746							14
15 CENTRAL SERVICES & SUPPLY		2360248						15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE			31771					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL				1262898				21
21.01 SCHOOL OF MEDICAL TECHNOLOGY					100429			21.01
21.02 SCHOOL OF SURGICAL TECHNOLOGY						47048		21.02
21.03 SCHOOL OF RADIOLOGICAL TECHNOLO							211132	21.03
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2631311	97273	31771	997944				35938505 25
28 BURN INTENSIVE CARE UNIT								28
28.01 ADULT SPECIAL CARE	381215	6255		22073				5830911 28.01
29.01 CARDIOTHORACIC ICU	176660			5908				3561900 29.01
30 NEONATOLOGY								30
31 SUBPROVIDER I	176660	149		76393				2339479 31
31.01 SUBPROVIDER II	176660			39304				2225676 31.01
33 NURSERY	158065	6176						2260248 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	883302	1754195		34709		47048		18191644 37
40 ANESTHESIOLOGY		29935						2050015 40
41 RADIOLOGY-DIAGNOSTIC		40066					211132	5727982 41
41.01 ULTRASOUND		1453						1324540 41.01
41.02 C.T. SCANNER		23087						1925688 41.02
41.03 CARDIOVASCULAR LAB		303372						4086056 41.03
41.04 MRI SCANNING		1568						2020502 41.04
42 RADIOLOGY-THERAPEUTIC		12405						4817154 42
42.01 CHEMOTHERAPY		2829						1092676 42.01
43.01 NUCLEAR MEDICINE		327						2362705 43.01
44 LABORATORY		106			96260			9938273 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
47 BLOOD STORING, PROCESSING & TRA		707						1915421 47
49 RESPIRATORY THERAPY		2284						3396730 49
50 PHYSICAL THERAPY		211						1611308 50
50.01 SOUTHEAST OUTPATIENT REHAB		259		27078				3875988 50.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING	CENTRAL	SOCIAL	NURSING	SCHOOL OF	SCHOOL OF	SCHOOL OF	SUBTOTAL
	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	& SERVICE 18	SCHOOL 21	MEDICAL TE CHNOLOGY 21.01	SURGICAL T ECHNOLOGY 21.02	RADIOLOGY TECHNOLOGY 21.03	
50.02 PHYSIATRY		10						767290 50.02
51 OCCUPATIONAL THERAPY								423183 51
52 SPEECH PATHOLOGY		4						268336 52
53.01 CV DIAGNOSTIC		889						2014082 53.01
53.02 ELECTROPHYSIOLOGY LAB								53.02
54.01 NEUROPHYSIOLOGY		2148						838699 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		5948						30566349 55
56 DRUGS CHARGED TO PATIENTS								18808005 56
59 CARDIAC REHAB		82						401513 59
OUTPATIENT SERVICE COST CENTERS								
60.01 HYPERBARIC WOUND CLINIC		442						476128 60.01
60.02 DIABETES CENTER		10						307793 60.02
61 EMERGENCY		39577		18380				9495423 61
61.01 G.I. LABORATORY	120873	17500						1885226 61.01
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								69052 65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		2376		15754				2134958 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		1674		25355				3039630 93
95 SUBTOTALS	4704746	2353317	31771	1262898	96260	47048	211132	187989068 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								68173 96
97.01 RESPITE CARE								97.01
99 NONPAID WORKERS								21565 99
99.01 VENDING MACHINES								1433 99.01
99.02 SUNSET GUEST HOUSE								101465 99.02
99.03 LACEY'S RESTAURANT								48866 99.03
99.04 COMMUNITY WELLNESS								265837 99.04
99.05 HOME INFUSION								11469 99.05
99.06 SE HOSP PHYSICIANS LLC		2243						25311206 99.06
99.07 GENERATIONS		26						402543 99.07
99.08 RETAIL PHARMACY								5410958 99.08
99.09 OUTREACH LAB					4169			3206767 99.09
99.10 FOOT CLINIC								99.10
99.11 MARKETING								6407745 99.11
99.13 HEALTHPOINT		4662						3649292 99.13
99.14 DOCTORS PARK								25305 99.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4704746	2360248	31771	1262898	100429	47048	211132	232921692 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2			1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3			1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4			1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5			1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6			1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7			1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8			1.07
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2			3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3			3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4			3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5			3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6			3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7			3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8			3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9			3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1			3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1			3.10
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 CREDIT & COLLECTIONS			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
21.01 SCHOOL OF MEDICAL TECHNOLOGY			21.01
21.02 SCHOOL OF SURGICAL TECHNOLOGY			21.02
21.03 SCHOOL OF RADIOLOGICAL TECHNOLO			21.03
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
25 INPATIENT ROUTINE SERV COST CENTERS			25
25 ADULTS & PEDIATRICS	35938505		25
28 BURN INTENSIVE CARE UNIT			28
28.01 ADULT SPECIAL CARE	5830911		28.01
29.01 CARDIOTHORACIC ICU	3561900		29.01
30 NEONATOLOGY			30
31 SUBPROVIDER I	2339479		31
31.01 SUBPROVIDER II	2225676		31.01
33 NURSERY	2260248		33
37 ANCILLARY SERVICE COST CENTERS			37
37 OPERATING ROOM	18191644		37
40 ANESTHESIOLOGY	2050015		40
41 RADIOLOGY-DIAGNOSTIC	5727982		41
41.01 ULTRASOUND	1324540		41.01
41.02 C.T. SCANNER	1925688		41.02
41.03 CARDIOVASCULAR LAB	4086056		41.03
41.04 MRI SCANNING	2020502		41.04
42 RADIOLOGY-THERAPEUTIC	4817154		42
42.01 CHEMOTHERAPY	1092676		42.01
43.01 NUCLEAR MEDICINE	2362705		43.01
44 LABORATORY	9938273		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	1915421		47
49 RESPIRATORY THERAPY	3396730		49
50 PHYSICAL THERAPY	1611308		50
50.01 SOUTHEAST OUTPATIENT REHAB	3875988		50.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
50.02 PHYSIATRY		767290	50.02
51 OCCUPATIONAL THERAPY		423183	51
52 SPEECH PATHOLOGY		268336	52
53.01 CV DIAGNOSTIC		2014082	53.01
53.02 ELECTROPHYSIOLOGY LAB			53.02
54.01 NEUROPHYSIOLOGY		838699	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		30566349	55
56 DRUGS CHARGED TO PATIENTS		18808005	56
59 CARDIAC REHAB		401513	59
OUTPATIENT SERVICE COST CENTERS			
60.01 HYPERBARIC WOUND CLINIC		476128	60.01
60.02 DIABETES CENTER		307793	60.02
61 EMERGENCY		9495423	61
61.01 G.I. LABORATORY		1885226	61.01
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
65 AMBULANCE SERVICES		69052	65
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY		2134958	71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
93 HOSPICE		3039630	93
95 SUBTOTALS		187989068	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		68173	96
97.01 RESPITE CARE			97.01
99 NONPAID WORKERS		21565	99
99.01 VENDING MACHINES		1433	99.01
99.02 SUNSET GUEST HOUSE		101465	99.02
99.03 LACEY'S RESTAURANT		48866	99.03
99.04 COMMUNITY WELLNESS		265837	99.04
99.05 HOME INFUSION		11469	99.05
99.06 SE HOSP PHYSICIANS LLC		25311206	99.06
99.07 GENERATIONS		402543	99.07
99.08 RETAIL PHARMACY		5410958	99.08
99.09 OUTREACH LAB		3206767	99.09
99.10 FOOT CLINIC			99.10
99.11 MARKETING		6407745	99.11
99.13 HEALTHPOINT		3649292	99.13
99.14 DOCTORS PARK		25305	99.14
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		232921692	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP-RE						
	CAP-REL COSTS	BLDGS & FIXTURES	L CSTS-BLD GS & FIX #						
	0	3	3.01	3.02	3.03	3.05	3.06	3.07	
50.02 PHYSIATRY	2094								50.02
51 OCCUPATIONAL THERAPY							2385		51
52 SPEECH PATHOLOGY							1193		52
53.01 CV DIAGNOSTIC	5249						7024	127289	53.01
53.02 ELECTROPHYSIOLOGY LAB									53.02
54.01 NEUROPHYSIOLOGY		27790							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS	390864	26688						3309	56
59 CARDIAC REHAB									59
OUTPATIENT SERVICE COST CENTERS									
60.01 HYPERBARIC WOUND CLINIC		7255	2841	2568					60.01
60.02 DIABETES CENTER									60.02
61 EMERGENCY	82455							252365	61
61.01 G.I. LABORATORY	119345		15791						61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE									93
95 SUBTOTALS	3244105	115989	167650	308512	246228	166475	625579	2151919	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97.01 RESPITE CARE									97.01
99 NONPAID WORKERS									99
99.01 VENDING MACHINES									99.01
99.02 SUNSET GUEST HOUSE									99.02
99.03 LACEY'S RESTAURANT									99.03
99.04 COMMUNITY WELLNESS	68800								99.04
99.05 HOME INFUSION									99.05
99.06 SE HOSP PHYSICIANS LLC	572684			1760	6579				99.06
99.07 GENERATIONS									99.07
99.08 RETAIL PHARMACY									99.08
99.09 OUTREACH LAB							4930		99.09
99.10 FOOT CLINIC									99.10
99.11 MARKETING	27500	14303	778						99.11
99.13 HEALTHPOINT									99.13
99.14 DOCTORS PARK							3306		99.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3913089	130292	168428	310272	252807	166475	633815	2151919	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP-RE L CSTS-BLD GS & FIX # 3.08	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT IONS 6.01	DATA PROCE SSING 6.02	PURCHASING 6.03	ADMITTING 6.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2									1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3									1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4									1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5									1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6									1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7									1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8									1.07
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2									3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3									3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4									3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5									3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6									3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7									3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8									3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9									3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1									3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1									3.10
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	22532	12867	45488	45488					5
6.01 COMMUNICATIONS	11860	22829	42762	187	42949				6.01
6.02 DATA PROCESSING	52124	1220033	1298303	398	528	1299229			6.02
6.03 PURCHASING	87488	6427	177247	270	401	25138	203056		6.03
6.04 ADMITTING	53273	11855	98758	760	637	55568	238	155961	6.04
6.05 CREDIT & COLLECTIONS	17960	58305	83604	1056	2040	333407	288		6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	429825	228816	786483	2980	5904	142889	949		6.06
7 MAINTENANCE & REPAIRS	80125	17267	138573	716	583		417		7
8 OPERATION OF PLANT	505618		851874	109			543		8
9 LAUNDRY & LINEN SERVICE	47754	32217	108578	162	146		1109		9
10 HOUSEKEEPING	42033	40465	101656	1174	200		2015		10
11 DIETARY	156385	66023	283987	704	455		305		11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	142972	165732	549193	1561	947		1690		14
15 CENTRAL SERVICES & SUPPLY	49169	150135	200178	448	273		2257		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY									17
18 SOCIAL SERVICE		723	723		1239				18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	177831	40004	254114	594	710		219		21
21.01 SCHOOL OF MEDICAL TECHNOLOGY	12769	307	13076	55			55		21.01
21.02 SCHOOL OF SURGICAL TECHNOLOGY	12087	923	13010	29			35		21.02
21.03 SCHOOL OF RADIOLOGICAL TECHNOLO	27016	6457	33473	90			61		21.03
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1286079	378406	2416680	7399	4645	310915	9290	7253	25
28 BURN INTENSIVE CARE UNIT			15647						28
28.01 ADULT SPECIAL CARE	134611	133653	338884	1234	729	33076	618	1692	28.01
29.01 CARDIOTHORACIC ICU	228351	110351	712607	623	510	14553		810	29.01
30 NEONATOLOGY									30
31 SUBPROVIDER I	66232	15939	113779	596	291	26461	80	564	31
31.01 SUBPROVIDER II	101306	19046	147034	467	364	19846		270	31.01
33 NURSERY	17859	45259	70976	587	146	19846	613	462	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	575020	1284967	2824105	2576	2422		71299	17768	37
40 ANESTHESIOLOGY	31866	86720	544440	223	492		669	4645	40
41 RADIOLOGY-DIAGNOSTIC	31550	767254	843205	1091	1311		654	4644	41
41.01 ULTRASOUND	18945	71110	124066	287	109		163	2197	41.01
41.02 C.T. SCANNER	13944	83904	343691	221	91		49	8082	41.02
41.03 CARDIOVASCULAR LAB	122284	231773	704627	586	565		20422	6355	41.03
41.04 MRI SCANNING	66623	45571	405826	124	255		389	3126	41.04
42 RADIOLOGY-THERAPEUTIC	270737	633420	1594741	579	710		996	4074	42
42.01 CHEMOTHERAPY	129268	7214	213539	169	146		274	932	42.01
43.01 NUCLEAR MEDICINE	25285	110380	177068	211	127		2682	3891	43.01
44 LABORATORY	143465	512688	989182	1174	1311	154796	10797	14361	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	2046	7353	10472	82	109		7764	2358	47
49 RESPIRATORY THERAPY	28796	125819	227621	826	528		2779	6457	49
50 PHYSICAL THERAPY	22077	13769	47428	451	237		81	1162	50
50.01 SOUTHEAST OUTPATIENT REHAB	133499	45779	193678	1042	1056		307	2008	50.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP-RE	NEW CAP	CAP REL	EMPLOYEE	COMMUNICAT	DATA PROCE	PURCHASING	ADMITTING	
	L CSTS-BLD GS & FIX # 3.08	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	IONS 6.01	SSING 6.02	6.03	6.04	
50.02 PHYSIATRY	31335		33429	130	109			104	50.02
51 OCCUPATIONAL THERAPY	4547	1144	8076	95			23	433	51
52 SPEECH PATHOLOGY	2273	2750	6216	81			11	242	52
53.01 CV DIAGNOSTIC	95117	141299	375978	319	765			3727	53.01
53.02 ELECTROPHYSIOLOGY LAB									53.02
54.01 NEUROPHYSIOLOGY	54183	47794	129767	90	382			1587	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS	54057	13267	488185	855	401	162734		32572	56
59 CARDIAC REHAB		19937	19937	163	237			136	59
OUTPATIENT SERVICE COST CENTERS									
60.01 HYPERBARIC WOUND CLINIC	30312	3216	46192		273		249	592	60.01
60.02 DIABETES CENTER		9906	9906	84	237			27	60.02
61 EMERGENCY	154124	107637	596581	3432	1366			16903	61
61.01 G.I. LABORATORY	59955	46757	241848	343	419			1578	61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									1 65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	50015	27797	77812	601	1275			175	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	74479	8402	82881	592				195	93
95 SUBTOTALS	5989061	7241666	20257184	38626	35681	1299229	200421	155961	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	25917	1161	27078						96
97.01 RESPITE CARE									97.01
99 NONPAID WORKERS									99
99.01 VENDING MACHINES	1263		1263						99.01
99.02 SUNSET GUEST HOUSE	38155		38155						99.02
99.03 LACEY'S RESTAURANT		10036	10036						99.03
99.04 COMMUNITY WELLNESS		525	69325	65	474				99.04
99.05 HOME INFUSION		10110	10110						99.05
99.06 SE HOSP PHYSICIANS LLC	1449727	244010	2274760	5898	5446		2185		99.06
99.07 GENERATIONS		43682	43682	103	182		124		99.07
99.08 RETAIL PHARMACY		20045	20045		219				99.08
99.09 OUTREACH LAB	9397	20874	35201						99.09
99.10 FOOT CLINIC									99.10
99.11 MARKETING	30843		73424	289			125		99.11
99.13 HEALTHPOINT	345937	139775	485712	507	947		201		99.13
99.14 DOCTORS PARK	6302	2586	12194						99.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	7896602	7734470	23358169	45488	42949	1299229	203056	155961	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CREDIT & COLLECTIONS	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
	6.05	6.06	7	8	9	10	11	12
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2								1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3								1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4								1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5								1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6								1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7								1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8								1.07
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2								3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3								3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4								3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5								3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6								3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7								3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8								3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9								3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1								3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1								3.10
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT & COLLECTIONS	420395							6.05
6.06 OTHER ADMINISTRATIVE & GENERAL		939205						6.06
7 MAINTENANCE & REPAIRS		11711	152000					7
8 OPERATION OF PLANT		17791		870317				8
9 LAUNDRY & LINEN SERVICE		3624	163	6264	120046			9
10 HOUSEKEEPING		16944	5671	5514	14547	147721		10
11 DIETARY		12732	6403	20515	783	3530	329414	11
12 CAFETERIA							226030	226030
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		17558	4206	18755		3227		7291
15 CENTRAL SERVICES & SUPPLY		8576	2917	6450	7682	1110		4870
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE		128						18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL		3867	1452	23328		4014		3468
21.01 SCHOOL OF MEDICAL TECHNOLOGY		317	54	1675		288		350
21.02 SCHOOL OF SURGICAL TECHNOLOGY		117		1586		273		176
21.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY		682		3544		610		526
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	19395	111916	50098	168708	23532	29028	80650	65708
28 BURN INTENSIVE CARE UNIT								28
28.01 ADULT SPECIAL CARE	4523	20276	5793	17658	2754	3038	4089	3399
29.01 CARDIOTHORACIC ICU	2167	11917	3609	29955	2920	5154	2358	
30 NEONATOLOGY								30
31 SUBPROVIDER I	1507	7190	3731	8688	2110	1495	8604	3302
31.01 SUBPROVIDER II	722	6463	9849	13289	3307	2287	5341	
33 NURSERY	1236	8090	719	2343	2468	403		3066
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	47511	57231	11179	75431	13572	12979	824	16669
40 ANESTHESIOLOGY	12420	7868	475	4180		719		1585
41 RADIOLOGY-DIAGNOSTIC	12418	21297	3310	4139	1621	712	31	7179
41.01 ULTRASOUND	5876	5061	692	2485	1615	428		1577
41.02 C.T. SCANNER	21612	7491	760	1829		315		1086
41.03 CARDIOVASCULAR LAB	16992	14228	1167	16041	3521	2760	8	3737
41.04 MRI SCANNING	8359	7569	1302	8740	1937	1504	4	1153
42 RADIOLOGY-THERAPEUTIC	10893	17626	1628	35515	1612	6111		2400
42.01 CHEMOTHERAPY	2492	3452	1221	16957	1612	2918	1004	1252
43.01 NUCLEAR MEDICINE	10405	9328	217	3317		571	50	963
44 LABORATORY	38402	37925	4355	18820		3238		15065
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	6304	7667	271	268		46		508
49 RESPIRATORY THERAPY	17267	13122	2469	3778		650	9	5097
50 PHYSICAL THERAPY	3108	6060	1954	2896	1490	498		2785
50.01 SOUTHEAST OUTPATIENT REHAB	5370	14461	109	17512		3013		7584

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CREDIT & C	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	OLLECTIONS	NISTRATIVE	TENANCE &	OF PLANT	& LINEN	KEEPING		
	6.05	& GENERAL	REPAIRS	8	9	10	11	12
50.02 PHYSIATRY	278	2924		4111		707		50.02
51 OCCUPATIONAL THERAPY	1157	1680	27	596		103		51
52 SPEECH PATHOLOGY	646	1047		298		51	72	52
53.01 CV DIAGNOSTIC	9965	7240	3799	12477		2147		53.01
53.02 ELECTROPHYSIOLOGY LAB								53.02
54.01 NEUROPHYSIOLOGY	4243	3000	475	7108		1223		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	87212	123042						55
56 DRUGS CHARGED TO PATIENTS	45198	75377	2144	7091		1220		56
59 CARDIAC REHAB	363	1563	163					59
OUTPATIENT SERVICE COST CENTERS								
60.01 HYPERBARIC WOUND CLINIC	1583	1665	692	3976	1126	684	7	60.01
60.02 DIABETES CENTER	72	1212	380					60.02
61 EMERGENCY	13232	34979	8791	20218	29451	3479	328	61
61.01 G.I. LABORATORY	4220	6377	2184	7865	2386	1353	5	61.01
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	2	278						65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	994	8028	1167	6561		1129		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	2251	11537	760	9770		1681		93
95 SUBTOTALS	420395	770234	146356	620251	120046	104696	329414	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		124	136	3400		585		96
97.01 RESPITE CARE								97.01
99 NONPAID WORKERS								99
99.01 VENDING MACHINES		6						99.01
99.02 SUNSET GUEST HOUSE		202		5005		861		99.02
99.03 LACEY'S RESTAURANT		145	678					99.03
99.04 COMMUNITY WELLNESS		1065	95					99.04
99.05 HOME INFUSION		46						99.05
99.06 SE HOSP PHYSICIANS LLC		92904	3894	190175		32721		99.06
99.07 GENERATIONS		1583	163					99.07
99.08 RETAIL PHARMACY		21755	244					99.08
99.09 OUTREACH LAB		12715	54	1233		212		99.09
99.10 FOOT CLINIC								99.10
99.11 MARKETING		25576		4046		696		99.11
99.13 HEALTHPOINT		12790	380	45380		7808		99.13
99.14 DOCTORS PARK		60		827		142		99.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	420395	939205	152000	870317	120046	147721	329414	226030 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	SOCIAL SERVICE 18	NURSING SCHOOL 21	SCHOOL OF MEDICAL TE CHNOLOGY 21.01	SCHOOL OF SURGICAL T ECHNOLOGY 21.02	SCHOOL OF RADIOLOGY TECHNOLOGY 21.03	SUBTOTAL 25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2								1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3								1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4								1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5								1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6								1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7								1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8								1.07
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2								3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3								3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4								3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5								3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6								3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7								3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8								3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9								3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1								3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1								3.10
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT & COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	604428							14
15 CENTRAL SERVICES & SUPPLY		234761						15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE			2090					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL				291766				21
21.01 SCHOOL OF MEDICAL TECHNOLOGY					15870			21.01
21.02 SCHOOL OF SURGICAL TECHNOLOGY						15226		21.02
21.03 SCHOOL OF RADIOLOGICAL TECHNOLO							38986	21.03
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	338049	9675	2090					3655031 25
28 BURN INTENSIVE CARE UNIT								15647 28
28.01 ADULT SPECIAL CARE	48975	622						487360 28.01
29.01 CARDIOTHORACIC ICU	22696							809879 29.01
30 NEONATOLOGY								30
31 SUBPROVIDER I	22696	15						201109 31
31.01 SUBPROVIDER II	22696							231935 31.01
33 NURSERY	20307	614						131876 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	113480	174482						3441528 37
40 ANESTHESIOLOGY		2978						580694 40
41 RADIOLOGY-DIAGNOSTIC		3985						905597 41
41.01 ULTRASOUND		144						144700 41.01
41.02 C.T. SCANNER		2296						387523 41.02
41.03 CARDIOVASCULAR LAB		30175						821184 41.03
41.04 MRI SCANNING		156						440444 41.04
42 RADIOLOGY-THERAPEUTIC		1234						1678119 42
42.01 CHEMOTHERAPY		281						246249 42.01
43.01 NUCLEAR MEDICINE		32						208862 43.01
44 LABORATORY		10						1289436 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		70						35919 47
49 RESPIRATORY THERAPY		227						280830 49
50 PHYSICAL THERAPY		21						68171 50
50.01 SOUTHEAST OUTPATIENT REHAB		26						246166 50.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	SOCIAL	NURSING	SCHOOL OF	SCHOOL OF	SCHOOL OF	SUBTOTAL
	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	SERVICE 18	SCHOOL 21	MEDICAL TE CHNOLOGY 21.01	SURGICAL T ECHNOLOGY 21.02	RADIOLOGY TECHNOLOGY 21.03	
50.02 PHYSIATRY		1						41793 50.02
51 OCCUPATIONAL THERAPY								12190 51
52 SPEECH PATHOLOGY								9120 52
53.01 CV DIAGNOSTIC		88						418245 53.01
53.02 ELECTROPHYSIOLOGY LAB								53.02
54.01 NEUROPHYSIOLOGY		214						149274 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		592						305737 55
56 DRUGS CHARGED TO PATIENTS								800108 56
59 CARDIAC REHAB		8						23602 59
OUTPATIENT SERVICE COST CENTERS								
60.01 HYPERBARIC WOUND CLINIC		44						57083 60.01
60.02 DIABETES CENTER		1						11919 60.02
61 EMERGENCY		3937						736748 61
61.01 G.I. LABORATORY	15529	1741						288832 61.01
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								281 65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		236						101394 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		166						113284 93
95 SUBTOTALS	604428	234071	2090					19377869 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								31323 96
97.01 RESPITE CARE								97.01
99 NONPAID WORKERS								2032 99
99.01 VENDING MACHINES								1269 99.01
99.02 SUNSET GUEST HOUSE								44223 99.02
99.03 LACEY'S RESTAURANT								10859 99.03
99.04 COMMUNITY WELLNESS								71024 99.04
99.05 HOME INFUSION								10156 99.05
99.06 SE HOSP PHYSICIANS LLC		223						2631122 99.06
99.07 GENERATIONS		3						46470 99.07
99.08 RETAIL PHARMACY								43287 99.08
99.09 OUTREACH LAB								52753 99.09
99.10 FOOT CLINIC								99.10
99.11 MARKETING								106346 99.11
99.13 HEALTHPOINT		464						554189 99.13
99.14 DOCTORS PARK								13399 99.14
101 CROSS FOOT ADJUSTMENTS				291766	15870	15226	38986	361848 101
102 NEGATIVE COST CENTER								102
103 TOTAL	604428	234761	2090	291766	15870	15226	38986	23358169 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2			1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3			1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4			1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5			1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6			1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7			1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8			1.07
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2			3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3			3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4			3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5			3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6			3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7			3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8			3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9			3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1			3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1			3.10
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 CREDIT & COLLECTIONS			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
21.01 SCHOOL OF MEDICAL TECHNOLOGY			21.01
21.02 SCHOOL OF SURGICAL TECHNOLOGY			21.02
21.03 SCHOOL OF RADIOLOGICAL TECHNOLO			21.03
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	3655031		25
28 BURN INTENSIVE CARE UNIT	15647		28
28.01 ADULT SPECIAL CARE	487360		28.01
29.01 CARDIOTHORACIC ICU	809879		29.01
30 NEONATOLOGY			30
31 SUBPROVIDER I	201109		31
31.01 SUBPROVIDER II	231935		31.01
33 NURSERY	131876		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	3441528		37
40 ANESTHESIOLOGY	580694		40
41 RADIOLOGY-DIAGNOSTIC	905597		41
41.01 ULTRASOUND	144700		41.01
41.02 C.T. SCANNER	387523		41.02
41.03 CARDIOVASCULAR LAB	821184		41.03
41.04 MRI SCANNING	440444		41.04
42 RADIOLOGY-THERAPEUTIC	1678119		42
42.01 CHEMOTHERAPY	246249		42.01
43.01 NUCLEAR MEDICINE	208862		43.01
44 LABORATORY	1289436		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	35919		47
49 RESPIRATORY THERAPY	280830		49
50 PHYSICAL THERAPY	68171		50
50.01 SOUTHEAST OUTPATIENT REHAB	246166		50.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
50.02 PHYSIATRY		41793	50.02
51 OCCUPATIONAL THERAPY		12190	51
52 SPEECH PATHOLOGY		9120	52
53.01 CV DIAGNOSTIC		418245	53.01
53.02 ELECTROPHYSIOLOGY LAB			53.02
54.01 NEUROPHYSIOLOGY		149274	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		305737	55
56 DRUGS CHARGED TO PATIENTS		800108	56
59 CARDIAC REHAB		23602	59
OUTPATIENT SERVICE COST CENTERS			
60.01 HYPERBARIC WOUND CLINIC		57083	60.01
60.02 DIABETES CENTER		11919	60.02
61 EMERGENCY		736748	61
61.01 G.I. LABORATORY		288832	61.01
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
65 AMBULANCE SERVICES		281	65
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY		101394	71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
93 HOSPICE		113284	93
95 SUBTOTALS		19377869	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		31323	96
97.01 RESPITE CARE			97.01
99 NONPAID WORKERS		2032	99
99.01 VENDING MACHINES		1269	99.01
99.02 SUNSET GUEST HOUSE		44223	99.02
99.03 LACEY'S RESTAURANT		10859	99.03
99.04 COMMUNITY WELLNESS		71024	99.04
99.05 HOME INFUSION		10156	99.05
99.06 SE HOSP PHYSICIANS LLC		2631122	99.06
99.07 GENERATIONS		46470	99.07
99.08 RETAIL PHARMACY		43287	99.08
99.09 OUTREACH LAB		52753	99.09
99.10 FOOT CLINIC			99.10
99.11 MARKETING		106346	99.11
99.13 HEALTHPOINT		554189	99.13
99.14 DOCTORS PARK		13399	99.14
101 CROSS FOOT ADJUSTMENTS		361848	101
102 NEGATIVE COST CENTER			102
103 TOTAL		23358169	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP-RE					
	BLDGS & FIXTURES SQUARE FEET	L CSTS-BLD GS & FIX # SQUARE FEET	L CSTS-BLD GS & FIX # SQUARE FEET	L CSTS-BLD GS & FIX # SQUARE FEET	L CSTS-BLD GS & FIX # SQUARE FEET	L CSTS-BLD GS & FIX # SQUARE FEET	L CSTS-BLD GS & FIX # SQUARE FEET
	3	3.01	3.02	3.03	3.05	3.06	3.07
50 PHYSICAL THERAPY						1748	50
50.01 SOUTHEAST OUTPATIENT REHAB							50.01
50.02 PHYSIATRY							50.02
51 OCCUPATIONAL THERAPY						360	51
52 SPEECH PATHOLOGY						180	52
53.01 CV DIAGNOSTIC						1060	53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY	4290						54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS	4120						160 56
59 CARDIAC REHAB							59
60.01 HYPERBARIC WOUND CLINIC	1120	854	426				60.01
60.02 DIABETES CENTER							60.02
61 EMERGENCY							12203 61
61.01 G.I. LABORATORY		4747					61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE							93
95 SUBTOTALS	17906	50398	51185	44310	22964	94413	104055 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C							96
97.01 RESPITE CARE							97.01
99 NONPAID WORKERS							99
99.01 VENDING MACHINES							99.01
99.02 SUNSET GUEST HOUSE							99.02
99.03 LACEY'S RESTAURANT							99.03
99.04 COMMUNITY WELLNESS							99.04
99.05 HOME INFUSION							99.05
99.06 SE HOSP PHYSICIANS LLC			292	1184			99.06
99.07 GENERATIONS							99.07
99.08 RETAIL PHARMACY							99.08
99.09 OUTREACH LAB						744	99.09
99.10 FOOT CLINIC							99.10
99.11 MARKETING	2208	234					99.11
99.13 HEALTHPOINT							99.13
99.14 DOCTORS PARK						499	99.14
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	130292	168428	310272	252807	166475	633815	2151919 103
104 UNIT COST MULT-WS B PT I		3.326513		5.556931		6.625983	104
104 UNIT COST MULT-WS B PT I	6.477677		6.027391		7.249390		20.680592 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							107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DIRECT COSTS	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT IONS NONPATIENT	DATA PROCE SSING MACHINE TIME	PURCHASING SUPPLY COSTS	ADMITTING GROSS REVENUES	CREDIT & C OLLECTIONS AJUSTED GROSS REVE	
	3.08	4	5	6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT								1	
1.01 OLD CAP-REL CSTS-BLDGS & FIX								1.01	
1.02 OLD CAP-REL CSTS-BLDGS & FIX								1.02	
1.03 OLD CAP-REL CSTS-BLDGS & FIX								1.03	
1.04 OLD CAP-REL CSTS-BLDGS & FIX								1.04	
1.05 OLD CAP-REL CSTS-BLDGS & FIX								1.05	
1.06 OLD CAP-REL CSTS-BLDGS & FIX								1.06	
1.07 OLD CAP-REL CSTS-BLDGS & FIX								1.07	
2 OLD CAP REL COSTS-MVBLE EQUIP								2	
3 NEW CAP REL COSTS-BLDG & FIXT								3	
3.01 NEW CAP-REL CSTS-BLDGS & FIX								3.01	
3.02 NEW CAP-REL CSTS-BLDGS & FIX								3.02	
3.03 NEW CAP-REL CSTS-BLDGS & FIX								3.03	
3.04 NEW CAP-REL CSTS-BLDGS & FIX								3.04	
3.05 NEW CAP-REL CSTS-BLDGS & FIX								3.05	
3.06 NEW CAP-REL CSTS-BLDGS & FIX								3.06	
3.07 NEW CAP-REL CSTS-BLDGS & FIX								3.07	
3.08 NEW CAP-REL CSTS-BLDGS & FIX	625224							3.08	
3.09 NEW CAP-REL CSTS-BLDGS & FIX								3.09	
3.10 NEW CAP-REL CSTS-BLDGS & FIX								3.10	
4 NEW CAP REL COSTS-MVBLE EQUIP		7663015						4	
5 EMPLOYEE BENEFITS	1784	12748	85312066					5	
6.01 COMMUNICATIONS	939	22618	349947	2358				6.01	
6.02 DATA PROCESSING	4127	1208761	746875	29	982			6.02	
6.03 PURCHASING	6927	6368	506325	22	19	33075762		6.03	
6.04 ADMITTING	4218	11745	1426036	35	42	38778	687780749	6.04	
6.05 CREDIT & COLLECTIONS	1422	57766	1981238	112	252	46846		6.05	
6.06 OTHER ADMINISTRATIVE & GENERA	34032	226702	5590097	324	108	154551		6.06	
7 MAINTENANCE & REPAIRS	6344	17107	1344163	32		67885		7	
8 OPERATION OF PLANT	40033		205234			88467		8	
9 LAUNDRY & LINEN SERVICE	3781	31919	303482	8		180657		9	
10 HOUSEKEEPING	3328	40091	2202454	11		328305		10	
11 DIETARY	12382	65413	1321066	25		49651		11	
12 CAFETERIA								12	
13 MAINTENANCE OF PERSONNEL								13	
14 NURSING ADMINISTRATION	11320	164201	2929502	52		275327		14	
15 CENTRAL SERVICES & SUPPLY	3893	148748	840653	15		367623		15	
16 PHARMACY								16	
17 MEDICAL RECORDS & LIBRARY								17	
18 SOCIAL SERVICE		716		68				18	
20 NONPHYSICIAN ANESTHETISTS								20	
21 NURSING SCHOOL	14080	39634	1114894	39		35593		21	
21.01 SCHOOL OF MEDICAL TECHNOLOGY	1011	304	103735			8979		21.01	
21.02 SCHOOL OF SURGICAL TECHNOLOGY	957	914	54356			5709		21.02	
21.03 SCHOOL OF RADIOLOGICAL TECHNO	2139	6397	168485			9885		21.03	
22 I&R SERVICES-SALARY & FRINGES								22	
23 I&R SERVICES-OTHER PRGM COSTS								23	
24 PARAMED ED PRGM-(SPECIFY)								24	
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	101827	374910	13844285	255	235	1513262	31952823	31952823	25
28 BURN INTENSIVE CARE UNIT									28
28.01 ADULT SPECIAL CARE	10658	132418	2315917	40	25	100597	7451758	7451758	28.01
29.01 CARDIOTHORACIC ICU	18080	109331	1169164	28	11	100597	3569433	3569433	29.01
30 NEONATOLOGY									30
31 SUBPROVIDER I	5244	15792	1118234	16	20	13049	2483048	2483048	31
31.01 SUBPROVIDER II	8021	18870	876313	20	15		1189422	1189422	31.01
33 NURSERY	1414	44841	1101255	8	15	99829	2036334	2036334	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	45528	1273103	4833311	133		11613610	78272599	78272599	37
40 ANESTHESIOLOGY	2523	85919	418640	27		108955	20460546	20460546	40
41 RADIOLOGY-DIAGNOSTIC	2498	760165	2046645	72		106559	20458422	20458422	41
41.01 ULTRASOUND	1500	70453	538464	6		26573	9680223	9680223	41.01
41.02 C.T. SCANNER	1104	83129	414684	5		7942	35605140	35605140	41.02
41.03 CARDIOVASCULAR LAB	9682	229632	1100243	31		3326638	27993921	27993921	41.03
41.04 MRI SCANNING	5275	45150	232507	14		63424	13771620	13771620	41.04
42 RADIOLOGY-THERAPEUTIC	21436	627568	1086464	39		162235	17945421	17945421	42
42.01 CHEMOTHERAPY	10235	7147	317416	8		44709	4104908	4104908	42.01
43.01 NUCLEAR MEDICINE	2002	109360	396514	7		436896	17142326	17142326	43.01
44 LABORATORY	11359	507951	2203412	72	117	1758703	63264620	63264620	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	162	7285	154018	6		1264748	10385583	10385583	47
49 RESPIRATORY THERAPY	2280	124657	1550275	29		452696	28446437	28446437	49

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-RE	NEW CAP	EMPLOYEE	COMMUNICAT	DATA PROCE	PURCHASING	ADMITTING	CREDIT & C	
	L CSTS-BLD	MOVABLE	BENEFITS	IONS	SSING			OLLECTIONS	
	GS & FIX #	EQUIPMENT	GROSS	NONPATIENT	MACHINE	SUPPLY	GROSS	AJUSTED	
	SQUARE	DIRECT	SALARIES		TIME	COSTS	REVENUES	GROSS REVE	
	FEET	COSTS						GROSS REVE	
	3.08	4	5	6.01	6.02	6.03	6.04	6.05	
50 PHYSICAL THERAPY	1748	13642	845712	13		13199	5120287	5120287	50
50.01 SOUTHEAST OUTPATIENT REHAB	10570	45356	1954427	58		50053	8846132	8846132	50.01
50.02 PHYSIATRY	2481		243626	6			458716	458716	50.02
51 OCCUPATIONAL THERAPY	360	1133	178111			3718	1905907	1905907	51
52 SPEECH PATHOLOGY	180	2725	152491			1757	1064487	1064487	52
53.01 CV DIAGNOSTIC	7531	139994	597645	42		20818	16416844	16416844	53.01
53.02 ELECTROPHYSIOLOGY LAB									53.02
54.01 NEUROPHYSIOLOGY	4290	47352	168471	21		30306	6989648	6989648	54.01
55 MEDICAL SUPPLIES CHARGED TO P						9309501	144226744	144226744	55
56 DRUGS CHARGED TO PATIENTS	4280	13144	1603963	22	123		74460556	74460556	56
59 CARDIAC REHAB		19753	306063	13		5344	598055	598055	59
OUTPATIENT SERVICE COST CENTERS									
60.01 HYPERBARIC WOUND CLINIC	2400	3186		15		40563	2607302	2607302	60.01
60.02 DIABETES CENTER		9814	157189	13			118407	118407	60.02
61 EMERGENCY	12203	106643	6439621	75		237302	21799014	21799014	61
61.01 G.I. LABORATORY	4747	46325	644126	23		115081	6951542	6951542	61.01
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES							2524	2524	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	3960	27540	1127641	70		28576		1637092	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	5897	8324	1109911			31832		3708232	93
95 SUBTOTALS	474192	7174764	72435300	1959	982	32646731	687780749	693126073	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	2052	1150							96
97.01 RESPITE CARE									97.01
99 NONPAID WORKERS									99
99.01 VENDING MACHINES	100								99.01
99.02 SUNSET GUEST HOUSE	3021								99.02
99.03 LACEY'S RESTAURANT		9943							99.03
99.04 COMMUNITY WELLNESS		520	121699	26					99.04
99.05 HOME INFUSION		10017							99.05
99.06 SE HOSP PHYSICIANS LLC	114784	241756	11066527	299		355855			99.06
99.07 GENERATIONS		43278	194026	10		20133			99.07
99.08 RETAIL PHARMACY		19860		12					99.08
99.09 OUTREACH LAB	744	20681							99.09
99.10 FOOT CLINIC									99.10
99.11 MARKETING	2442		542513			20289			99.11
99.13 HEALTHPOINT	27390	138484	952001	52		32754			99.13
99.14 DOCTORS PARK	499	2562							99.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	7896602	7734470	19286188	946119	3326844	1162272	2466822	6946701	103
104 UNIT COST MULT-WS B PT I	12.630037		.226066		3387.824847		.003587		104
104 UNIT COST MULT-WS B PT I		1.009325		401.237913		.035140		.010022	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			45488	42949	1299229	203056	155961	420395	107
108 UNIT COST MULT-WS B PT III			.000533		1323.043788		.000227		108
108 UNIT COST MULT-WS B PT III				18.214165		.006139		.000607	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON-	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	CILIATION	NISTRATIVE	TENANCE &	OF PLANT	& LINEN	KEEPING		
	6A.06	6.06	7	8	9	10	11	12
		ACCUM	REPAIRS	SQUARE	POUNDS	SQUARE	MEALS	MEALS
		COST	REQUISITIO	FEET	OF LAUNDRY	FEET	SERVED	SERVED
GENERAL SERVICE COST CENTERS								
1								1
1.01								1.01
1.02								1.02
1.03								1.03
1.04								1.04
1.05								1.05
1.06								1.06
1.07								1.07
2								2
3								3
3.01								3.01
3.02								3.02
3.03								3.03
3.04								3.04
3.05								3.05
3.06								3.06
3.07								3.07
3.08								3.08
3.09								3.09
3.10								3.10
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05								6.05
6.06	OTHER ADMINISTRATIVE & GENERA	-27595575	205326117					6.06
7	MAINTENANCE & REPAIRS	2560395	280100					7
8	OPERATION OF PLANT	3889581		525298				8
9	LAUNDRY & LINEN SERVICE	792324	300	3781	1865759			9
10	HOUSEKEEPING	3704370	10450	3328	226091	518189		10
11	DIETARY	2783542	11800	12382	12162	12382	423225	11
12	CAFETERIA						290399	211158
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	3838741	7750	11320		11320		6811
15	CENTRAL SERVICES & SUPPLY	1874934	5375	3893	119395	3893		4550
16	PHARMACY							16
17	MEDICAL RECORDS & LIBRARY							17
18	SOCIAL SERVICE	28007						18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL	845487	2675	14080		14080		3240
21.01	SCHOOL OF MEDICAL TECHNOLOGY	69200	100	1011		1011		327
21.02	SCHOOL OF SURGICAL TECHNOLOGY	25499		957		957		164
21.03	SCHOOL OF RADIOLOGICAL TECHNO	149163		2139		2139		491
22	I&R SERVICES-SALARY & FRINGES							22
23	I&R SERVICES-OTHER PRGM COSTS							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	24467796	92325	101827	365740	101827	103618	61384
28	BURN INTENSIVE CARE UNIT							28
28.01	ADULT SPECIAL CARE	4432911	10675	10658	42800	10658	5254	3175
29.01	CARDIOTHORACIC ICU	2605295	6650	18080	45380	18080	3030	29.01
30	NEONATOLOGY							30
31	SUBPROVIDER I	1571845	6875	5244	32800	5244	11054	3085
31.01	SUBPROVIDER II	1412917	18150	8021	51400	8021	6862	31.01
33	NURSERY	1768788	1325	1414	38352	1414		2864
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	12512351	20600	45528	210934	45528	1059	15572
40	ANESTHESIOLOGY	1720129	875	2523		2523		1481
41	RADIOLOGY-DIAGNOSTIC	4656161	6100	2498	25200	2498	40	6707
41.01	ULTRASOUND	1106386	1275	1500	25100	1500		1473
41.02	C.T. SCANNER	1637691	1400	1104		1104		1015
41.03	CARDIOVASCULAR LAB	3110682	2150	9682	54721	9682	10	3491
41.04	MRI SCANNING	1654692	2400	5275	30100	5275	5	1077
42	RADIOLOGY-THERAPEUTIC	3853513	3000	21436	25050	21436		2242
42.01	CHEMOTHERAPY	754700	2250	10235	25050	10235	1290	1170
43.01	NUCLEAR MEDICINE	2039371	400	2002		2002	64	900
44	LABORATORY	8291429	8025	11359		11359		14074
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
47	BLOOD STORING, PROCESSING & T	1676111	500	162		162		475
49	RESPIRATORY THERAPY	2868764	4550	2280		2280	12	4762

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON-	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	CILIAATION	NISTRATIVE	TENANCE &	OF PLANT	& LINEN	KEEPING		MEALS	MEALS
	6A.06	ACCUM	REPAIRS	SQUARE	POUNDS	SQUARE	MEALS	SERVED	SERVED
		COST	REQUISITIO	FEET	OF LAUNDRY	FEET	SERVED		
		6.06	7	8	9	10	11	12	
50 PHYSICAL THERAPY		1324859	3600	1748	23150	1748		2602	50
50.01 SOUTHEAST OUTPATIENT REHAB		3161576	200	10570		10570		7085	50.01
50.02 PHYSIATRY		639216		2481		2481			50.02
51 OCCUPATIONAL THERAPY		367197	50	360		360			51
52 SPEECH PATHOLOGY		228909		180		180	92	426	52
53.01 CV DIAGNOSTIC		1582811	7000	7531		7531		1506	53.01
53.02 ELECTROPHYSIOLOGY LAB									53.02
54.01 NEUROPHYSIOLOGY		655842	875	4290		4290		933	54.01
55 MEDICAL SUPPLIES CHARGED TO P		26891417						4828	55
56 DRUGS CHARGED TO PATIENTS		16479497	3950	4280		4280			56
59 CARDIAC REHAB		341784	300					933	59
OUTPATIENT SERVICE COST CENTERS									
60.01 HYPERBARIC WOUND CLINIC		363942	1275	2400	17503	2400	9		60.01
60.02 DIABETES CENTER		264919	700						60.02
61 EMERGENCY		7647368	16200	12203	457747	12203	421	13592	61
61.01 G.I. LABORATORY		1394285	4025	4747	37084	4747	6	2128	61.01
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		60871							65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		1755110	2150	3960		3960		3191	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE		2522270	1400	5897		5897		3224	93
95 SUBTOTALS	-27595575	168384648	2697700	374366	1865759	367257	423225	180978	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		27078	250	2052		2052			96
97.01 RESPITE CARE									97.01
99 NONPAID WORKERS								1898	99
99.01 VENDING MACHINES		1263							99.01
99.02 SUNSET GUEST HOUSE		44197		3021		3021			99.02
99.03 LACEY'S RESTAURANT		31650	1250						99.03
99.04 COMMUNITY WELLNESS		232742	175						99.04
99.05 HOME INFUSION		10110							99.05
99.06 SE HOSP PHYSICIANS LLC		20311270	7175	114784		114784		21408	99.06
99.07 GENERATIONS		346187	300					589	99.07
99.08 RETAIL PHARMACY		4756192	450					957	99.08
99.09 OUTREACH LAB		2779881	100	744		744		3118	99.09
99.10 FOOT CLINIC									99.10
99.11 MARKETING		5591514		2442		2442		2046	99.11
99.13 HEALTHPOINT		2796194	700	27390		27390			99.13
99.14 DOCTORS PARK		13191		499		499		164	99.14
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		27595575	2904510	4412337	933682	4451693	3496471	2399131	103
104 UNIT COST MULT-WS B PT I			10.369547		.500430		8.261494		104
104 UNIT COST MULT-WS B PT I		.134399		8.399684		8.590867		11.361781	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		939205	152000	870317	120046	147721	329414	226030	107
108 UNIT COST MULT-WS B PT III			.542663		.064342		.778342		108
108 UNIT COST MULT-WS B PT III		.004574		1.656806		.285072		1.070431	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION FTE'S SERVICE	CENTRAL SERVICES & SUPPLY COSTS	SOCIAL SERVICE TIME SPENT	NURSING SCHOOL ASSIGNED TIME	SCHOOL OF MEDICAL TE CHNOLOGY TIME SPENT	SCHOOL OF SURGICAL T ECHNOLOGY TIME SPENT	SCHOOL OF RADIOLOGY TECHNOLOGY TIME SPENT	
	14	15	18	21	21.01	21.02	21.03	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
1.01 OLD CAP-REL CSTS-BLDGS & FIX								1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX								1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX								1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX								1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX								1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX								1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX								1.07
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP-REL CSTS-BLDGS & FIX								3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX								3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX								3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX								3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX								3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX								3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX								3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX								3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX								3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX								3.10
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT & COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERA								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	506							14
15 CENTRAL SERVICES & SUPPLY		20573578						15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE			100					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL				15391				21
21.01 SCHOOL OF MEDICAL TECHNOLOGY					3975			21.01
21.02 SCHOOL OF SURGICAL TECHNOLOGY						1440		21.02
21.03 SCHOOL OF RADIOLOGICAL TECHNO							2600	21.03
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	283	847902	100	12162				25
28 BURN INTENSIVE CARE UNIT								28
28.01 ADULT SPECIAL CARE	41	54524		269				28.01
29.01 CARDIOTHORACIC ICU	19			72				29.01
30 NEONATOLOGY								30
31 SUBPROVIDER I	19	1295		931				31
31.01 SUBPROVIDER II	19			479				31.01
33 NURSERY	17	53838						33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	95	15290802		423		1440		37
40 ANESTHESIOLOGY		260934						40
41 RADIOLOGY-DIAGNOSTIC		349245					2600	41
41.01 ULTRASOUND		12662						41.01
41.02 C.T. SCANNER		201241						41.02
41.03 CARDIOVASCULAR LAB		2644408						41.03
41.04 MRI SCANNING		13671						41.04
42 RADIOLOGY-THERAPEUTIC		108132						42
42.01 CHEMOTHERAPY		24660						42.01
43.01 NUCLEAR MEDICINE		2848						43.01
44 LABORATORY		920			3810			44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		6161						47
49 RESPIRATORY THERAPY		19911						49

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION FTE'S SERVICE 14	CENTRAL SERVICES & SUPPLY COSTS 15	SOCIAL SERVICE TIME SPENT 18	NURSING SCHOOL ASSIGNED TIME 21	SCHOOL OF MEDICAL TE CHNOLOGY TIME SPENT 21.01	SCHOOL OF SURGICAL T ECHNOLOGY TIME SPENT 21.02	SCHOOL OF RADIOLOGY TECHNOLOGY TIME SPENT 21.03	
50 PHYSICAL THERAPY		1843						50
50.01 SOUTHEAST OUTPATIENT REHAB		2255		330				50.01
50.02 PHYSIATRY		87						50.02
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		36						52
53.01 CV DIAGNOSTIC		7746						53.01
53.02 ELECTROPHYSIOLOGY LAB								53.02
54.01 NEUROPHYSIOLOGY		18725						54.01
55 MEDICAL SUPPLIES CHARGED TO P		51845						55
56 DRUGS CHARGED TO PATIENTS								56
59 CARDIAC REHAB		712						59
OUTPATIENT SERVICE COST CENTERS								
60.01 HYPERBARIC WOUND CLINIC		3851						60.01
60.02 DIABETES CENTER		85						60.02
61 EMERGENCY		344983		224				61
61.01 G.I. LABORATORY	13	152542						61.01
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		20710		192				71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		14589		309				93
95 SUBTOTALS	506	20513163	100	15391	3810	1440	2600	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
97.01 RESPITE CARE								97.01
99 NONPAID WORKERS								99
99.01 VENDING MACHINES								99.01
99.02 SUNSET GUEST HOUSE								99.02
99.03 LACEY'S RESTAURANT								99.03
99.04 COMMUNITY WELLNESS								99.04
99.05 HOME INFUSION								99.05
99.06 SE HOSP PHYSICIANS LLC		19548						99.06
99.07 GENERATIONS		228						99.07
99.08 RETAIL PHARMACY								99.08
99.09 OUTREACH LAB					165			99.09
99.10 FOOT CLINIC								99.10
99.11 MARKETING								99.11
99.13 HEALTHPOINT		40639						99.13
99.14 DOCTORS PARK								99.14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4704746	2360248	31771	1262898	100429	47048	211132	103
104 UNIT COST MULT-WS B PT I	9297.916996		317.710000		25.265157		81.204615	104
104 UNIT COST MULT-WS B PT I		.114722		82.054317		32.672222		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	604428	234761	2090	291766	15870	15226	38986	107
108 UNIT COST MULT-WS B PT III	1194.521739		20.900000		3.992453		14.994615	108
108 UNIT COST MULT-WS B PT III		.011411		18.956923		10.573611		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	35938505		35938505		35938505	25
28 BURN INTENSIVE CARE UNIT						28
28.01 ADULT SPECIAL CARE	5830911		5830911		5830911	28.01
29.01 CARDIOTHORACIC ICU	3561900		3561900		3561900	29.01
30 NEONATOLOGY						30
31 SUBPROVIDER I	2339479		2339479		2339479	31
31.01 SUBPROVIDER II	2225676		2225676		2225676	31.01
33 NURSERY	2260248		2260248		2260248	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	18191644		18191644		18191644	37
40 ANESTHESIOLOGY	2050015		2050015		2050015	40
41 RADIOLOGY-DIAGNOSTIC	5727982		5727982		5727982	41
41.01 ULTRASOUND	1324540		1324540		1324540	41.01
41.02 C.T. SCANNER	1925688		1925688		1925688	41.02
41.03 CARDIOVASCULAR LAB	4086056		4086056		4086056	41.03
41.04 MRI SCANNING	2020502		2020502		2020502	41.04
42 RADIOLOGY-THERAPEUTIC	4817154		4817154		4817154	42
42.01 CHEMOTHERAPY	1092676		1092676		1092676	42.01
43.01 NUCLEAR MEDICINE	2362705		2362705		2362705	43.01
44 LABORATORY	9938273		9938273		9938273	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1915421		1915421		1915421	47
49 RESPIRATORY THERAPY	3396730		3396730		3396730	49
50 PHYSICAL THERAPY	1611308		1611308		1611308	50
50.01 SOUTHEAST OUTPATIENT REHAB	3875988		3875988		3875988	50.01
50.02 PHYSIATRY	767290		767290		767290	50.02
51 OCCUPATIONAL THERAPY	423183		423183		423183	51
52 SPEECH PATHOLOGY	268336		268336		268336	52
53.01 CV DIAGNOSTIC	2014082		2014082		2014082	53.01
53.02 ELECTROPHYSIOLOGY LAB						53.02
54.01 NEUROPHYSIOLOGY	838699		838699		838699	54.01
55 MEDICAL SUPPLIES CHARGED TO	30566349		30566349		30566349	55
56 DRUGS CHARGED TO PATIENTS	18808005		18808005		18808005	56
59 CARDIAC REHAB	401513		401513		401513	59
OUTPATIENT SERVICE COST CENTERS						
60.01 HYPERBARIC WOUND CLINIC	476128		476128		476128	60.01
60.02 DIABETES CENTER	307793		307793		307793	60.02
61 EMERGENCY	9495423		9495423	50364	9545787	61
61.01 G.I. LABORATORY	1885226		1885226		1885226	61.01
62 OBSERVATION BEDS (NON-DISTI	2584936		2584936		2584936	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	69052		69052		69052	65
101 SUBTOTAL	185399416		185399416	50364	185449780	101
102 LESS OBSERVATION BEDS	2584936		2584936		2584936	102
103 TOTAL	182814480		182814480	50364	182864844	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	31952823		31952823			25
28 BURN INTENSIVE CARE UNIT						28
28.01 ADULT SPECIAL CARE	7451758		7451758			28.01
29.01 CARDIOTHORACIC ICU	3569433		3569433			29.01
30 NEONATOLOGY						30
31 SUBPROVIDER I	2483048		2483048			31
31.01 SUBPROVIDER II	1189422		1189422			31.01
33 NURSEY	2036334		2036334			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	43686766	34585833	78272599	.232414	.232414	.232414 37
40 ANESTHESIOLOGY	11985861	8474685	20460546	.100194	.100194	.100194 40
41 RADIOLOGY-DIAGNOSTIC	8113818	12344604	20458422	.279982	.279982	.279982 41
41.01 ULTRASOUND	2794825	6885398	9680223	.136829	.136829	.136829 41.01
41.02 C.T. SCANNER	11801983	23803157	35605140	.054085	.054085	.054085 41.02
41.03 CARDIOVASCULAR LAB	16065921	11928000	27993921	.145962	.145962	.145962 41.03
41.04 MRI SCANNING	3193200	10578420	13771620	.146715	.146715	.146715 41.04
42 RADIOLOGY-THERAPEUTIC	1102437	16842984	17945421	.268434	.268434	.268434 42
42.01 CHEMOTHERAPY	114767	3990141	4104908	.266188	.266188	.266188 42.01
43.01 NUCLEAR MEDICINE	4012838	13129488	17142326	.137829	.137829	.137829 43.01
44 LABORATORY	36369532	26895088	63264620	.157091	.157091	.157091 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	8752142	1633441	10385583	.184431	.184431	.184431 47
49 RESPIRATORY THERAPY	22941843	5504594	28446437	.119408	.119408	.119408 49
50 PHYSICAL THERAPY	4991868	128419	5120287	.314691	.314691	.314691 50
50.01 SOUTHEAST OUTPATIENT REHAB		8846132	8846132	.438156	.438156	.438156 50.01
50.02 PHYSIATRY		458716	458716	1.672691	1.672691	1.672691 50.02
51 OCCUPATIONAL THERAPY	1877653	28254	1905907	.222038	.222038	.222038 51
52 SPEECH PATHOLOGY	1011852	52635	1064487	.252080	.252080	.252080 52
53.01 CV DIAGNOSTIC	8881356	7535488	16416844	.122684	.122684	.122684 53.01
53.02 ELECTROPHYSIOLOGY LAB						53.02
54.01 NEUROPHYSIOLOGY	4468847	2520801	6989648	.119992	.119992	.119992 54.01
55 MEDICAL SUPPLIES CHARGED TO	87804752	56421992	144226744	.211933	.211933	.211933 55
56 DRUGS CHARGED TO PATIENTS	48102570	26357986	74460556	.252590	.252590	.252590 56
59 CARDIAC REHAB	74204	523851	598055	.671365	.671365	.671365 59
OUTPATIENT SERVICE COST CENTERS						
60.01 HYPERBARIC WOUND CLINIC	765410	1841892	2607302	.182613	.182613	.182613 60.01
60.02 DIABETES CENTER		118407	118407	2.599449	2.599449	2.599449 60.02
61 EMERGENCY	5538513	16260501	21799014	.435590	.435590	.437900 61
61.01 G.I. LABORATORY	2474184	4477358	6951542	.271195	.271195	.271195 61.01
62 OBSERVATION BEDS (NON-DISTI	325186	1772794	2097980	1.232107	1.232107	1.232107 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	2524		2524	27.358162	27.358162	27.358162 65
101 SUBTOTAL	385937670	303941059	689878729			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	385937670	303941059	689878729			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	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				3655031		3655031	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT				15647		15647	28
28.01 ADULT SPECIAL CARE				487360		487360	28.01
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 CARDIOTHORACIC ICU				809879		809879	29.01
30 NEONATOLOGY							30
31 SUBPROVIDER I				201109		201109	31
31.01 SUBPROVIDER II				231935		231935	31.01
33 NURSERY				131876		131876	33
101 TOTAL				5532837		5532837	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	37302	20178			97.98	1977040	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
28.01 ADULT SPECIAL CARE	3850	2242			126.59	283815	28.01
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 CARDIOTHORACIC ICU	1709	1113			473.89	527440	29.01
30 NEONATOLOGY							30
31 SUBPROVIDER I	3054	825			65.85	54326	31
31.01 SUBPROVIDER II	2236	1257			103.73	130389	31.01
33 NURSERY	3236				40.75		33
101 TOTAL	51387	25615				2973010	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	RATIO OF	RATIO OF	CAPITAL	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL				
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	COSTS	CHARGES	CHARGES	COSTS	COSTS
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		3441528	78272599	22582116			.043968		992890	37
40 ANESTHESIOLOGY		580694	20460546	5686436			.028381		161387	40
41 RADIOLOGY-DIAGNOSTIC		905597	20458422	5264607			.044265		233038	41
41.01 ULTRASOUND		144700	9680223	728380			.014948		10888	41.01
41.02 C.T. SCANNER		387523	35605140	7158340			.010884		77911	41.02
41.03 CARDIOVASCULAR LAB		821184	27993921	8180405			.029334		239964	41.03
41.04 MRI SCANNING		440444	13771620	1867306			.031982		59720	41.04
42 RADIOLOGY-THERAPEUTIC		1678119	17945421	474903			.093512		44409	42
42.01 CHEMOTHERAPY		246249	4104908	59782			.059989		3586	42.01
43.01 NUCLEAR MEDICINE		208862	17142326	2544574			.012184		31003	43.01
44 LABORATORY		1289436	63264620	25578752			.020382		521346	44
46.30 BLOOD CLOTTING FACTORS ADMIN										46.30
47 BLOOD STORING, PROCESSING & T		35919	10385583	3680966			.003459		12732	47
49 RESPIRATORY THERAPY		280830	28446437	7643226			.009872		75454	49
50 PHYSICAL THERAPY		68171	5120287	2829767			.013314		37676	50
50.01 SOUTHEAST OUTPATIENT REHAB		246166	8846132				.027828			50.01
50.02 PHYSIATRY		41793	458716				.091109			50.02
51 OCCUPATIONAL THERAPY		12190	1905907	472412			.006396		3022	51
52 SPEECH PATHOLOGY		9120	1064487	520611			.008568		4461	52
53.01 CV DIAGNOSTIC		418245	16416844	5330163			.025477		135797	53.01
53.02 ELECTROPHYSIOLOGY LAB										53.02
54.01 NEUROPHYSIOLOGY		149274	6989648	1868433			.021356		39902	54.01
55 MEDICAL SUPPLIES CHARGED TO P		305737	144226744	59969260			.002120		127135	55
56 DRUGS CHARGED TO PATIENTS		800108	74460556	27325675			.010745		293614	56
59 CARDIAC REHAB		23602	598055	37259			.039465		1470	59
OUTPATIENT SERVICE COST CENTERS										
60.01 HYPERBARIC WOUND CLINIC		57083	2607302	162117			.021894		3549	60.01
60.02 DIABETES CENTER		11919	118407				.100661			60.02
61 EMERGENCY		736748	21799014	2891887			.033797		97737	61
61.01 G.I. LABORATORY		288832	6951542	1636997			.041549		68016	61.01
62 OBSERVATION BEDS (NON-DISTINC		262893	2097980	127564			.125308		15985	62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
65 AMBULANCE SERVICES										65
101 TOTAL		13892966	641193387	194621938					3292692	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	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		997944		997944	37302	26.75	20178	539762	25
26 INTENSIVE CARE UNIT									26
27 CORONARY CARE UNIT									27
28 BURN INTENSIVE CARE UNIT									28
28.01 ADULT SPECIAL CARE		22073		22073	3850	5.73	2242	12847	28.01
29 SURGICAL INTENSIVE CARE UNIT									29
29.01 CARDIOTHORACIC ICU		5908		5908	1709	3.46	1113	3851	29.01
30 NEONATOLOGY									30
31 SUBPROVIDER I		76393		76393	3054	25.01	825	20633	31
31.01 SUBPROVIDER II		39304		39304	2236	17.58	1257	22098	31.01
33 NURSERY					3236				33
34 SKILLED NURSING FACILITY									34
35 NURSING FACILITY									35
101 TOTAL		1141622		1141622	51387		25615	599191	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			81757				81757 37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			211132				211132 41
41.01 ULTRASOUND							41.01
41.02 C.T. SCANNER							41.02
41.03 CARDIOVASCULAR LAB							41.03
41.04 MRI SCANNING							41.04
42 RADIOLOGY-THERAPEUTIC							42
42.01 CHEMOTHERAPY							42.01
43.01 NUCLEAR MEDICINE							43.01
44 LABORATORY			96260				96260 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 SOUTHEAST OUTPATIENT REHAB			27078				27078 50.01
50.02 PHYSIATRY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 CV DIAGNOSTIC							53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC							60.01
60.02 DIABETES CENTER							60.02
61 EMERGENCY			18380				18380 61
61.01 G.I. LABORATORY							61.01
62 OBSERVATION BEDS (NON-DISTINC			71779				71779 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			506386				506386 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM	PROGRAM
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	81757	78272599	.001045	.001045	22582116	23598	12230750	37
40 ANESTHESIOLOGY		20460546			5686436		2104186	40
41 RADIOLOGY-DIAGNOSTIC	211132	20458422	.010320	.010320	5264607	54331	6450316	41
41.01 ULTRASOUND		9680223			728380		971954	41.01
41.02 C.T. SCANNER		35605140			7158340		9553685	41.02
41.03 CARDIOVASCULAR LAB		27993921			8180405		3953966	41.03
41.04 MRI SCANNING		13771620			1867306		3352979	41.04
42 RADIOLOGY-THERAPEUTIC		17945421			474903		7474193	42
42.01 CHEMOTHERAPY		4104908			59782		619118	42.01
43.01 NUCLEAR MEDICINE		17142326			2544574		3697350	43.01
44 LABORATORY	96260	63264620	.001522	.001522	25578752	38931	1762025	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		10385583			3680966		386438	47
49 RESPIRATORY THERAPY		28446437			7643226		902351	49
50 PHYSICAL THERAPY		5120287			2829767		20495	50
50.01 SOUTHEAST OUTPATIENT REHAB	27078	8846132	.003061	.003061				50.01
50.02 PHYSIATRY		458716						50.02
51 OCCUPATIONAL THERAPY		1905907			472412			51
52 SPEECH PATHOLOGY		1064487			520611		1025	52
53.01 CV DIAGNOSTIC		16416844			5330163		3778373	53.01
53.02 ELECTROPHYSIOLOGY LAB								53.02
54.01 NEUROPHYSIOLOGY		6989648			1868433		1596347	54.01
55 MEDICAL SUPPLIES CHARGED TO P		144226744			59969260		16552012	55
56 DRUGS CHARGED TO PATIENTS		74460556			27325675		9852553	56
59 CARDIAC REHAB		598055			37259		215738	59
OUTPATIENT SERVICE COST CENTERS								
60.01 HYPERBARIC WOUND CLINIC		2607302			162117		1260586	60.01
60.02 DIABETES CENTER		118407						60.02
61 EMERGENCY	18380	21799014	.000843	.000843	2891887	2438	2662527	61
61.01 G.I. LABORATORY		6951542			1636997		1579752	61.01
62 OBSERVATION BEDS (NON-DISTINC	71779	2097980	.034213	.034213	127564	4364	644401	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	506386	641193387			194621938	123662	91623120	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF []
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			12781			37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			66567			41
41.01 ULTRASOUND						41.01
41.02 C.T. SCANNER						41.02
41.03 CARDIOVASCULAR LAB						41.03
41.04 MRI SCANNING						41.04
42 RADIOLOGY-THERAPEUTIC						42
42.01 CHEMOTHERAPY						42.01
43.01 NUCLEAR MEDICINE						43.01
44 LABORATORY			2682			44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 SOUTHEAST OUTPATIENT REHAB						50.01
50.02 PHYSIATRY						50.02
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53.01 CV DIAGNOSTIC						53.01
53.02 ELECTROPHYSIOLOGY LAB						53.02
54.01 NEUROPHYSIOLOGY						54.01
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIAC REHAB						59
OUTPATIENT SERVICE COST CENTERS						
60.01 HYPERBARIC WOUND CLINIC						60.01
60.02 DIABETES CENTER						60.02
61 EMERGENCY			2245			61
61.01 G.I. LABORATORY						61.01
62 OBSERVATION BEDS (NON-DISTINC			22047			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL			106322			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0110) [] 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 COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.232414	.232414	.232414			37
40 ANESTHESIOLOGY	.100194	.100194	.100194			40
41 RADIOLOGY-DIAGNOSTIC	.279982	.279982	.279982			41
41.01 ULTRASOUND	.136829	.136829	.136829			41.01
41.02 C.T. SCANNER	.054085	.054085	.054085			41.02
41.03 CARDIOVASCULAR LAB	.145962	.145962	.145962			41.03
41.04 MRI SCANNING	.146715	.146715	.146715			41.04
42 RADIOLOGY-THERAPEUTIC	.268434	.268434	.268434			42
42.01 CHEMOTHERAPY	.266188	.266188	.266188			42.01
43.01 NUCLEAR MEDICINE	.137829	.137829	.137829			43.01
44 LABORATORY	.157091	.157091	.157091			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.184431	.184431	.184431			47
49 RESPIRATORY THERAPY	.119408	.119408	.119408			49
50 PHYSICAL THERAPY	.314691	.314691	.314691			50
50.01 SOUTHEAST OUTPATIENT REHAB	.438156	.438156	.438156			50.01
50.02 PHYSIATRY	1.672691	1.672691	1.672691			50.02
51 OCCUPATIONAL THERAPY	.222038	.222038	.222038			51
52 SPEECH PATHOLOGY	.252080	.252080	.252080			52
53.01 CV DIAGNOSTIC	.122684	.122684	.122684			53.01
53.02 ELECTROPHYSIOLOGY LAB						53.02
54.01 NEUROPHYSIOLOGY	.119992	.119992	.119992			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.211933	.211933	.211933			55
56 DRUGS CHARGED TO PATIENTS	.252590	.252590	.252590			56
59 CARDIAC REHAB	.671365	.671365	.671365			59
OUTPATIENT SERVICE COST CENTERS						
60.01 HYPERBARIC WOUND CLINIC	.182613	.182613	.182613			60.01
60.02 DIABETES CENTER	2.599449	2.599449	2.599449			60.02
61 EMERGENCY	.435590	.435590	.435590			61
61.01 G.I. LABORATORY	.271195	.271195	.271195			61.01
62 OBSERVATION BEDS (NON-DISTINCT)	1.232107	1.232107	1.232107			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	27.358162	27.358162	27.358162			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	27.358162	27.358162	27.358162			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	27.358162	27.358162	27.358162			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	27.358162	27.358162	27.358162			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS BPB 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	.252590	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0110) [] 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		12230750						37
40 ANESTHESIOLOGY		2104186						40
41 RADIOLOGY-DIAGNOSTIC		6450316						41
41.01 ULTRASOUND		971954						41.01
41.02 C.T. SCANNER		9553685						41.02
41.03 CARDIOVASCULAR LAB		3953966						41.03
41.04 MRI SCANNING		3352979						41.04
42 RADIOLOGY-THERAPEUTIC		7474193						42
42.01 CHEMOTHERAPY		619118						42.01
43.01 NUCLEAR MEDICINE		3697350						43.01
44 LABORATORY		1762025						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		386438						47
49 RESPIRATORY THERAPY		902351						49
50 PHYSICAL THERAPY		20495						50
50.01 SOUTHEAST OUTPATIENT REHAB								50.01
50.02 PHYSIATRY								50.02
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1025						52
53.01 CV DIAGNOSTIC		3778373						53.01
53.02 ELECTROPHYSIOLOGY LAB								53.02
54.01 NEUROPHYSIOLOGY		1596347						54.01
55 MEDICAL SUPPLIES CHARGED TO PA		16552012						55
56 DRUGS CHARGED TO PATIENTS		9852553						56
59 CARDIAC REHAB		215738						59
OUTPATIENT SERVICE COST CENTERS								
60.01 HYPERBARIC WOUND CLINIC		1260586						60.01
60.02 DIABETES CENTER								60.02
61 EMERGENCY		2662527						61
61.01 G.I. LABORATORY		1579752						61.01
62 OBSERVATION BEDS (NON-DISTINCT		644401						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		91623120						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		91623120						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0110) [] 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		2842598					37
40 ANESTHESIOLOGY		210827					40
41 RADIOLOGY-DIAGNOSTIC		1805972					41
41.01 ULTRASOUND		132991					41.01
41.02 C.T. SCANNER		516711					41.02
41.03 CARDIOVASCULAR LAB		577129					41.03
41.04 MRI SCANNING		491932					41.04
42 RADIOLOGY-THERAPEUTIC		2006328					42
42.01 CHEMOTHERAPY		164802					42.01
43.01 NUCLEAR MEDICINE		509602					43.01
44 LABORATORY		276798					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		71271					47
49 RESPIRATORY THERAPY		107748					49
50 PHYSICAL THERAPY		6450					50
50.01 SOUTHEAST OUTPATIENT REHAB							50.01
50.02 PHYSIATRY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		258					52
53.01 CV DIAGNOSTIC		463546					53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY		191549					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		3507918					55
56 DRUGS CHARGED TO PATIENTS		2488656					56
59 CARDIAC REHAB		144839					59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC		230199					60.01
60.02 DIABETES CENTER							60.02
61 EMERGENCY		1159770					61
61.01 G.I. LABORATORY		428421					61.01
62 OBSERVATION BEDS (NON-DISTINCT		793971					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		19130286					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		19130286					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-S110) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	RATIO OF	RATIO OF	CAPITAL	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL				
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	COSTS	CHARGES	CHARGES	COSTS	COSTS
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		3441528	78272599	5487			.043968		241	37
40 ANESTHESIOLOGY		580694	20460546				.028381			40
41 RADIOLOGY-DIAGNOSTIC		905597	20458422	12707			.044265		562	41
41.01 ULTRASOUND		144700	9680223	4225			.014948		63	41.01
41.02 C.T. SCANNER		387523	35605140	38721			.010884		421	41.02
41.03 CARDIOVASCULAR LAB		821184	27993921	474			.029334		14	41.03
41.04 MRI SCANNING		440444	13771620	8508			.031982		272	41.04
42 RADIOLOGY-THERAPEUTIC		1678119	17945421				.093512			42
42.01 CHEMOTHERAPY		246249	4104908	467			.059989		28	42.01
43.01 NUCLEAR MEDICINE		208862	17142326	10532			.012184		128	43.01
44 LABORATORY		1289436	63264620	355336			.020382		7242	44
46.30 BLOOD CLOTTING FACTORS ADMIN										46.30
47 BLOOD STORING, PROCESSING & T		35919	10385583	1203			.003459		4	47
49 RESPIRATORY THERAPY		280830	28446437	26494			.009872		262	49
50 PHYSICAL THERAPY		68171	5120287	128456			.013314		1710	50
50.01 SOUTHEAST OUTPATIENT REHAB		246166	8846132				.027828			50.01
50.02 PHYSIATRY		41793	458716				.091109			50.02
51 OCCUPATIONAL THERAPY		12190	1905907	294			.006396		2	51
52 SPEECH PATHOLOGY		9120	1064487	1510			.008568		13	52
53.01 CV DIAGNOSTIC		418245	16416844	50424			.025477		1285	53.01
53.02 ELECTROPHYSIOLOGY LAB										53.02
54.01 NEUROPHYSIOLOGY		149274	6989648	6120			.021356		131	54.01
55 MEDICAL SUPPLIES CHARGED TO P		305737	144226744	132516			.002120		281	55
56 DRUGS CHARGED TO PATIENTS		800108	74460556	204118			.010745		2193	56
59 CARDIAC REHAB		23602	598055				.039465			59
OUTPATIENT SERVICE COST CENTERS										
60.01 HYPERBARIC WOUND CLINIC		57083	2607302	442			.021894		10	60.01
60.02 DIABETES CENTER		11919	118407				.100661			60.02
61 EMERGENCY		736748	21799014	58079			.033797		1963	61
61.01 G.I. LABORATORY		288832	6951542	7765			.041549		323	61.01
62 OBSERVATION BEDS (NON-DISTINC		262893	2097980				.125308			62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
65 AMBULANCE SERVICES										65
101 TOTAL		13892966	641193387	1053878					17148	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-S110) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			81757				81757 37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			211132				211132 41
41.01 ULTRASOUND							41.01
41.02 C.T. SCANNER							41.02
41.03 CARDIOVASCULAR LAB							41.03
41.04 MRI SCANNING							41.04
42 RADIOLOGY-THERAPEUTIC							42
42.01 CHEMOTHERAPY							42.01
43.01 NUCLEAR MEDICINE							43.01
44 LABORATORY			96260				96260 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 SOUTHEAST OUTPATIENT REHAB			27078				27078 50.01
50.02 PHYSIATRY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 CV DIAGNOSTIC							53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC							60.01
60.02 DIABETES CENTER							60.02
61 EMERGENCY			18380				18380 61
61.01 G.I. LABORATORY							61.01
62 OBSERVATION BEDS (NON-DISTINC			71779				71779 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			506386				506386 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-S110) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	81757	78272599	.001045	.001045	5487	6	37
40 ANESTHESIOLOGY		20460546					40
41 RADIOLOGY-DIAGNOSTIC	211132	20458422	.010320	.010320	12707	131	41
41.01 ULTRASOUND		9680223			4225		41.01
41.02 C.T. SCANNER		35605140			38721		41.02
41.03 CARDIOVASCULAR LAB		27993921			474		41.03
41.04 MRI SCANNING		13771620			8508		41.04
42 RADIOLOGY-THERAPEUTIC		17945421					42
42.01 CHEMOTHERAPY		4104908			467		42.01
43.01 NUCLEAR MEDICINE		17142326			10532		43.01
44 LABORATORY	96260	63264620	.001522	.001522	355336	541	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		10385583			1203		47
49 RESPIRATORY THERAPY		28446437			26494		49
50 PHYSICAL THERAPY		5120287			128456		50
50.01 SOUTHEAST OUTPATIENT REHAB	27078	8846132	.003061	.003061			50.01
50.02 PHYSIATRY		458716					50.02
51 OCCUPATIONAL THERAPY		1905907			294		51
52 SPEECH PATHOLOGY		1064487			1510		52
53.01 CV DIAGNOSTIC		16416844			50424		53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY		6989648			6120		54.01
55 MEDICAL SUPPLIES CHARGED TO P		144226744			132516		55
56 DRUGS CHARGED TO PATIENTS		74460556			204118		56
59 CARDIAC REHAB		598055					59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC		2607302			442		60.01
60.02 DIABETES CENTER		118407					60.02
61 EMERGENCY	18380	21799014	.000843	.000843	58079	49	61
61.01 G.I. LABORATORY		6951542			7765		61.01
62 OBSERVATION BEDS (NON-DISTINC	71779	2097980	.034213	.034213			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	506386	641193387			1053878	727	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-S110) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 ULTRASOUND						41.01
41.02 C.T. SCANNER						41.02
41.03 CARDIOVASCULAR LAB						41.03
41.04 MRI SCANNING						41.04
42 RADIOLOGY-THERAPEUTIC						42
42.01 CHEMOTHERAPY						42.01
43.01 NUCLEAR MEDICINE						43.01
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 SOUTHEAST OUTPATIENT REHAB						50.01
50.02 PHYSIATRY						50.02
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53.01 CV DIAGNOSTIC						53.01
53.02 ELECTROPHYSIOLOGY LAB						53.02
54.01 NEUROPHYSIOLOGY						54.01
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIAC REHAB						59
OUTPATIENT SERVICE COST CENTERS						
60.01 HYPERBARIC WOUND CLINIC						60.01
60.02 DIABETES CENTER						60.02
61 EMERGENCY						61
61.01 G.I. LABORATORY						61.01
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (26-T110)

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3441528	78272599	7359			.043968	324	37
40 ANESTHESIOLOGY		580694	20460546	302			.028381	9	40
41 RADIOLOGY-DIAGNOSTIC		905597	20458422	30122			.044265	1333	41
41.01 ULTRASOUND		144700	9680223	3928			.014948	59	41.01
41.02 C.T. SCANNER		387523	35605140	46373			.010884	505	41.02
41.03 CARDIOVASCULAR LAB		821184	27993921	2753			.029334	81	41.03
41.04 MRI SCANNING		440444	13771620	11488			.031982	367	41.04
42 RADIOLOGY-THERAPEUTIC		1678119	17945421				.093512		42
42.01 CHEMOTHERAPY		246249	4104908	13139			.059989	788	42.01
43.01 NUCLEAR MEDICINE		208862	17142326	11307			.012184	138	43.01
44 LABORATORY		1289436	63264620	289319			.020382	5897	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		35919	10385583	32938			.003459	114	47
49 RESPIRATORY THERAPY		280830	28446437	87810			.009872	867	49
50 PHYSICAL THERAPY		68171	5120287	590470			.013314	7862	50
50.01 SOUTHEAST OUTPATIENT REHAB		246166	8846132				.027828		50.01
50.02 PHYSIATRY		41793	458716				.091109		50.02
51 OCCUPATIONAL THERAPY		12190	1905907	690035			.006396	4413	51
52 SPEECH PATHOLOGY		9120	1064487	162812			.008568	1395	52
53.01 CV DIAGNOSTIC		418245	16416844	37699			.025477	960	53.01
53.02 ELECTROPHYSIOLOGY LAB									53.02
54.01 NEUROPHYSIOLOGY		149274	6989648	14671			.021356	313	54.01
55 MEDICAL SUPPLIES CHARGED TO P		305737	144226744	349387			.002120	741	55
56 DRUGS CHARGED TO PATIENTS		800108	74460556	414830			.010745	4457	56
59 CARDIAC REHAB		23602	598055				.039465		59
OUTPATIENT SERVICE COST CENTERS									
60.01 HYPERBARIC WOUND CLINIC		57083	2607302	3298			.021894	72	60.01
60.02 DIABETES CENTER		11919	118407				.100661		60.02
61 EMERGENCY		736748	21799014	920			.033797	31	61
61.01 G.I. LABORATORY		288832	6951542	27035			.041549	1123	61.01
62 OBSERVATION BEDS (NON-DISTINC		262893	2097980				.125308		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL		13892966	641193387	2827995				31849	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (26-T110) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			81757				81757 37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			211132				211132 41
41.01 ULTRASOUND							41.01
41.02 C.T. SCANNER							41.02
41.03 CARDIOVASCULAR LAB							41.03
41.04 MRI SCANNING							41.04
42 RADIOLOGY-THERAPEUTIC							42
42.01 CHEMOTHERAPY							42.01
43.01 NUCLEAR MEDICINE							43.01
44 LABORATORY			96260				96260 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 SOUTHEAST OUTPATIENT REHAB			27078				27078 50.01
50.02 PHYSIATRY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 CV DIAGNOSTIC							53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC							60.01
60.02 DIABETES CENTER							60.02
61 EMERGENCY			18380				18380 61
61.01 G.I. LABORATORY							61.01
62 OBSERVATION BEDS (NON-DISTINC			71779				71779 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			506386				506386 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (26-T110) [] NF [] ICF/MR
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	81757	78272599	.001045	.001045	7359	8	37
40 ANESTHESIOLOGY		20460546			302		40
41 RADIOLOGY-DIAGNOSTIC	211132	20458422	.010320	.010320	30122	311	41
41.01 ULTRASOUND		9680223			3928		41.01
41.02 C.T. SCANNER		35605140			46373		41.02
41.03 CARDIOVASCULAR LAB		27993921			2753		41.03
41.04 MRI SCANNING		13771620			11488		41.04
42 RADIOLOGY-THERAPEUTIC		17945421					42
42.01 CHEMOTHERAPY		4104908			13139		42.01
43.01 NUCLEAR MEDICINE		17142326			11307		43.01
44 LABORATORY	96260	63264620	.001522	.001522	289319	440	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		10385583			32938		47
49 RESPIRATORY THERAPY		28446437			87810		49
50 PHYSICAL THERAPY		5120287			590470		50
50.01 SOUTHEAST OUTPATIENT REHAB	27078	8846132	.003061	.003061			50.01
50.02 PHYSIATRY		458716					50.02
51 OCCUPATIONAL THERAPY		1905907			690035		51
52 SPEECH PATHOLOGY		1064487			162812		52
53.01 CV DIAGNOSTIC		16416844			37699		53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY		6989648			14671		54.01
55 MEDICAL SUPPLIES CHARGED TO P		144226744			349387		55
56 DRUGS CHARGED TO PATIENTS		74460556			414830		56
59 CARDIAC REHAB		598055					59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC		2607302			3298		60.01
60.02 DIABETES CENTER		118407					60.02
61 EMERGENCY	18380	21799014	.000843	.000843	920	1	61
61.01 G.I. LABORATORY		6951542			27035		61.01
62 OBSERVATION BEDS (NON-DISTINC	71779	2097980	.034213	.034213			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	506386	641193387			2827995	760	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (26-T110) [] NF [] ICF/MR
 [] SUB III

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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 C.T. SCANNER					41.02
41.03 CARDIOVASCULAR LAB					41.03
41.04 MRI SCANNING					41.04
42 RADIOLOGY-THERAPEUTIC					42
42.01 CHEMOTHERAPY					42.01
43.01 NUCLEAR MEDICINE					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 SOUTHEAST OUTPATIENT REHAB					50.01
50.02 PHYSIATRY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 CV DIAGNOSTIC					53.01
53.02 ELECTROPHYSIOLOGY LAB					53.02
54.01 NEUROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60.01 HYPERBARIC WOUND CLINIC					60.01
60.02 DIABETES CENTER					60.02
61 EMERGENCY					61
61.01 G.I. LABORATORY					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL	8.01	8.02	9	9.01	9.02

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				3655031		3655031	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT				15647		15647	28
28.01 ADULT SPECIAL CARE				487360		487360	28.01
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 CARDIOTHORACIC ICU				809879		809879	29.01
30 NEONATOLOGY							30
31 SUBPROVIDER I				201109		201109	31
31.01 SUBPROVIDER II				231935		231935	31.01
33 NURSERY				131876		131876	33
101 TOTAL				5532837		5532837	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	37302	5031			97.98	492937	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
28.01 ADULT SPECIAL CARE	3850	675			126.59	85448	28.01
29 SURGICAL INTENSIVE CARE UNIT							29
29.01 CARDIOTHORACIC ICU	1709	157			473.89	74401	29.01
30 NEONATOLOGY							30
31 SUBPROVIDER I	3054	928			65.85	61109	31
31.01 SUBPROVIDER II	2236	146			103.73	15145	31.01
33 NURSERY	3236	2086			40.75	85005	33
101 TOTAL	51387	9023				814045	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	RATIO OF		
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3441528	78272599	2089192			.043968	91858 37
40 ANESTHESIOLOGY		580694	20460546	883151			.028381	25065 40
41 RADIOLOGY-DIAGNOSTIC		905597	20458422				.044265	41
41.01 ULTRASOUND		144700	9680223	226218			.014948	3382 41.01
41.02 C.T. SCANNER		387523	35605140	1064687			.010884	11588 41.02
41.03 CARDIOVASCULAR LAB		821184	27993921	4348			.029334	128 41.03
41.04 MRI SCANNING		440444	13771620	219172			.031982	7010 41.04
42 RADIOLOGY-THERAPEUTIC		1678119	17945421	608886			.093512	56938 42
42.01 CHEMOTHERAPY		246249	4104908	41314			.059989	2478 42.01
43.01 NUCLEAR MEDICINE		208862	17142326	318217			.012184	3877 43.01
44 LABORATORY		1289436	63264620	5680013			.020382	115770 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		35919	10385583	293810			.003459	1016 47
49 RESPIRATORY THERAPY		280830	28446437	2364790			.009872	23345 49
50 PHYSICAL THERAPY		68171	5120287	242107			.013314	3223 50
50.01 SOUTHEAST OUTPATIENT REHAB		246166	8846132				.027828	50.01
50.02 PHYSIATRY		41793	458716				.091109	50.02
51 OCCUPATIONAL THERAPY		12190	1905907	37554			.006396	240 51
52 SPEECH PATHOLOGY		9120	1064487	42369			.008568	363 52
53.01 CV DIAGNOSTIC		418245	16416844	707300			.025477	18020 53.01
53.02 ELECTROPHYSIOLOGY LAB								53.02
54.01 NEUROPHYSIOLOGY		149274	6989648	87926			.021356	1878 54.01
55 MEDICAL SUPPLIES CHARGED TO P		305737	144226744	5307092			.002120	11251 55
56 DRUGS CHARGED TO PATIENTS		800108	74460556	6020407			.010745	64689 56
59 CARDIAC REHAB		23602	598055				.039465	59
OUTPATIENT SERVICE COST CENTERS								
60.01 HYPERBARIC WOUND CLINIC		57083	2607302	36003			.021894	788 60.01
60.02 DIABETES CENTER		11919	118407				.100661	60.02
61 EMERGENCY		736748	21799014	667376			.033797	22555 61
61.01 G.I. LABORATORY		288832	6951542	156674			.041549	6510 61.01
62 OBSERVATION BEDS (NON-DISTINC		262893	2097980	37730			.125308	4728 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		13892966	641193387	27136336				476700 101

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		997944		997944	37302	26.75	5031	134579	25
26	INTENSIVE CARE UNIT									26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
28.01	ADULT SPECIAL CARE		22073		22073	3850	5.73	675	3868	28.01
29	SURGICAL INTENSIVE CARE UNIT									29
29.01	CARDIOTHORACIC ICU		5908		5908	1709	3.46	157	543	29.01
30	NEONATOLOGY									30
31	SUBPROVIDER I		76393		76393	3054	25.01	928	23209	31
31.01	SUBPROVIDER II		39304		39304	2236	17.58	146	2567	31.01
33	NURSERY					3236		2086		33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL		1141622		1141622	51387		9023	164766	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (26-0110)	[]	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			81757				81757 37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			211132				211132 41
41.01 ULTRASOUND							41.01
41.02 C.T. SCANNER							41.02
41.03 CARDIOVASCULAR LAB							41.03
41.04 MRI SCANNING							41.04
42 RADIOLOGY-THERAPEUTIC							42
42.01 CHEMOTHERAPY							42.01
43.01 NUCLEAR MEDICINE							43.01
44 LABORATORY			96260				96260 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 SOUTHEAST OUTPATIENT REHAB			27078				27078 50.01
50.02 PHYSIATRY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 CV DIAGNOSTIC							53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC							60.01
60.02 DIABETES CENTER							60.02
61 EMERGENCY			18380				18380 61
61.01 G.I. LABORATORY							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			434607				434607 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] 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	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	81757	78272599	.001045	.001045	2089192	2183	37
40 ANESTHESIOLOGY		20460546			883151		40
41 RADIOLOGY-DIAGNOSTIC	211132	20458422	.010320	.010320			41
41.01 ULTRASOUND		9680223			226218		41.01
41.02 C.T. SCANNER		35605140			1064687		41.02
41.03 CARDIOVASCULAR LAB		27993921			4348		41.03
41.04 MRI SCANNING		13771620			219172		41.04
42 RADIOLOGY-THERAPEUTIC		17945421			608886		42
42.01 CHEMOTHERAPY		4104908			41314		42.01
43.01 NUCLEAR MEDICINE		17142326			318217		43.01
44 LABORATORY	96260	63264620	.001522	.001522	5680013	8645	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		10385583			293810		47
49 RESPIRATORY THERAPY		28446437			2364790		49
50 PHYSICAL THERAPY		5120287			242107		50
50.01 SOUTHEAST OUTPATIENT REHAB	27078	8846132	.003061	.003061			50.01
50.02 PHYSIATRY		458716					50.02
51 OCCUPATIONAL THERAPY		1905907			37554		51
52 SPEECH PATHOLOGY		1064487			42369		52
53.01 CV DIAGNOSTIC		16416844			707300		53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY		6989648			87926		54.01
55 MEDICAL SUPPLIES CHARGED TO P		144226744			5307092		55
56 DRUGS CHARGED TO PATIENTS		74460556			6020407		56
59 CARDIAC REHAB		598055					59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC		2607302			36003		60.01
60.02 DIABETES CENTER		118407					60.02
61 EMERGENCY	18380	21799014	.000843	.000843	667376	563	61
61.01 G.I. LABORATORY		6951542			156674		61.01
62 OBSERVATION BEDS (NON-DISTINC		2097980			37730		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	434607	641193387			27136336	11391	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (26-0110)	[]	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
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 C.T. SCANNER					41.02
41.03 CARDIOVASCULAR LAB					41.03
41.04 MRI SCANNING					41.04
42 RADIOLOGY-THERAPEUTIC					42
42.01 CHEMOTHERAPY					42.01
43.01 NUCLEAR MEDICINE					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 SOUTHEAST OUTPATIENT REHAB					50.01
50.02 PHYSIATRY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 CV DIAGNOSTIC					53.01
53.02 ELECTROPHYSIOLOGY LAB					53.02
54.01 NEUROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60.01 HYPERBARIC WOUND CLINIC					60.01
60.02 DIABETES CENTER					60.02
61 EMERGENCY					61
61.01 G.I. LABORATORY					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0110) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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 COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.232414	.232414	.232414			37
40 ANESTHESIOLOGY	.100194	.100194	.100194			40
41 RADIOLOGY-DIAGNOSTIC	.279982	.279982	.279982			41
41.01 ULTRASOUND	.136829	.136829	.136829			41.01
41.02 C.T. SCANNER	.054085	.054085	.054085			41.02
41.03 CARDIOVASCULAR LAB	.145962	.145962	.145962			41.03
41.04 MRI SCANNING	.146715	.146715	.146715			41.04
42 RADIOLOGY-THERAPEUTIC	.268434	.268434	.268434			42
42.01 CHEMOTHERAPY	.266188	.266188	.266188			42.01
43.01 NUCLEAR MEDICINE	.137829	.137829	.137829			43.01
44 LABORATORY	.157091	.157091	.157091			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.184431	.184431	.184431			47
49 RESPIRATORY THERAPY	.119408	.119408	.119408			49
50 PHYSICAL THERAPY	.314691	.314691	.314691			50
50.01 SOUTHEAST OUTPATIENT REHAB	.438156	.438156	.438156			50.01
50.02 PHYSIATRY	1.672691	1.672691	1.672691			50.02
51 OCCUPATIONAL THERAPY	.222038	.222038	.222038			51
52 SPEECH PATHOLOGY	.252080	.252080	.252080			52
53.01 CV DIAGNOSTIC	.122684	.122684	.122684			53.01
53.02 ELECTROPHYSIOLOGY LAB						53.02
54.01 NEUROPHYSIOLOGY	.119992	.119992	.119992			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.211933	.211933	.211933			55
56 DRUGS CHARGED TO PATIENTS	.252590	.252590	.252590			56
59 CARDIAC REHAB	.671365	.671365	.671365			59
OUTPATIENT SERVICE COST CENTERS						
60.01 HYPERBARIC WOUND CLINIC	.182613	.182613	.182613			60.01
60.02 DIABETES CENTER	2.599449	2.599449	2.599449			60.02
61 EMERGENCY	.435590	.435590	.435590			61
61.01 G.I. LABORATORY	.271195	.271195	.271195			61.01
62 OBSERVATION BEDS (NON-DISTINCT)	1.232107	1.232107	1.232107			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	27.358162	27.358162	27.358162			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	27.358162	27.358162	27.358162			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	27.358162	27.358162	27.358162			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	27.358162	27.358162	27.358162			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS BPB 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	.252590	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0110) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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	6924019							37
40 ANESTHESIOLOGY	1499280							40
41 RADIOLOGY-DIAGNOSTIC	1534932							41
41.01 ULTRASOUND	1295935							41.01
41.02 C.T. SCANNER	3106450							41.02
41.03 CARDIOVASCULAR LAB	645364							41.03
41.04 MRI SCANNING	672732							41.04
42 RADIOLOGY-THERAPEUTIC	664150							42
42.01 CHEMOTHERAPY	184467							42.01
43.01 NUCLEAR MEDICINE	705963							43.01
44 LABORATORY	3771359							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR	32695							47
49 RESPIRATORY THERAPY	301795							49
50 PHYSICAL THERAPY	5548							50
50.01 SOUTHEAST OUTPATIENT REHAB								50.01
50.02 PHYSIATRY								50.02
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY	6002							52
53.01 CV DIAGNOSTIC	610302							53.01
53.02 ELECTROPHYSIOLOGY LAB								53.02
54.01 NEUROPHYSIOLOGY	535628							54.01
55 MEDICAL SUPPLIES CHARGED TO PA	4569141							55
56 DRUGS CHARGED TO PATIENTS	2901230							56
59 CARDIAC REHAB								59
OUTPATIENT SERVICE COST CENTERS								
60.01 HYPERBARIC WOUND CLINIC	580782							60.01
60.02 DIABETES CENTER								60.02
61 EMERGENCY	3344184							61
61.01 G.I. LABORATORY	190339							61.01
62 OBSERVATION BEDS (NON-DISTINCT	234398							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL	34316695							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	34316695							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0110) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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 (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	1609239						37
40 ANESTHESIOLOGY	150219						40
41 RADIOLOGY-DIAGNOSTIC	429753						41
41.01 ULTRASOUND	177321						41.01
41.02 C.T. SCANNER	168012						41.02
41.03 CARDIOVASCULAR LAB	94199						41.03
41.04 MRI SCANNING	98700						41.04
42 RADIOLOGY-THERAPEUTIC	178280						42
42.01 CHEMOTHERAPY	49103						42.01
43.01 NUCLEAR MEDICINE	97302						43.01
44 LABORATORY	592447						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	6030						47
49 RESPIRATORY THERAPY	36037						49
50 PHYSICAL THERAPY	1746						50
50.01 SOUTHEAST OUTPATIENT REHAB							50.01
50.02 PHYSIATRY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	1513						52
53.01 CV DIAGNOSTIC	74874						53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY	64271						54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	968352						55
56 DRUGS CHARGED TO PATIENTS	732822						56
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC	106058						60.01
60.02 DIABETES CENTER							60.02
61 EMERGENCY	1456693						61
61.01 G.I. LABORATORY	51619						61.01
62 OBSERVATION BEDS (NON-DISTINCT	288803						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	7433393						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	7433393						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (26-S110) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3441528	78272599	345			.043968	15	37
40 ANESTHESIOLOGY		580694	20460546				.028381		40
41 RADIOLOGY-DIAGNOSTIC		905597	20458422				.044265		41
41.01 ULTRASOUND		144700	9680223				.014948		41.01
41.02 C.T. SCANNER		387523	35605140	11410			.010884	124	41.02
41.03 CARDIOVASCULAR LAB		821184	27993921				.029334		41.03
41.04 MRI SCANNING		440444	13771620	27362			.031982	875	41.04
42 RADIOLOGY-THERAPEUTIC		1678119	17945421	17270			.093512	1615	42
42.01 CHEMOTHERAPY		246249	4104908				.059989		42.01
43.01 NUCLEAR MEDICINE		208862	17142326	16055			.012184	196	43.01
44 LABORATORY		1289436	63264620	322033			.020382	6564	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		35919	10385583				.003459		47
49 RESPIRATORY THERAPY		280830	28446437	42862			.009872	423	49
50 PHYSICAL THERAPY		68171	5120287	15671			.013314	209	50
50.01 SOUTHEAST OUTPATIENT REHAB		246166	8846132				.027828		50.01
50.02 PHYSIATRY		41793	458716				.091109		50.02
51 OCCUPATIONAL THERAPY		12190	1905907	4289			.006396	27	51
52 SPEECH PATHOLOGY		9120	1064487	724			.008568	6	52
53.01 CV DIAGNOSTIC		418245	16416844	62055			.025477	1581	53.01
53.02 ELECTROPHYSIOLOGY LAB									53.02
54.01 NEUROPHYSIOLOGY		149274	6989648	272			.021356	6	54.01
55 MEDICAL SUPPLIES CHARGED TO P		305737	144226744	54626			.002120	116	55
56 DRUGS CHARGED TO PATIENTS		800108	74460556	164148			.010745	1764	56
59 CARDIAC REHAB		23602	598055				.039465		59
OUTPATIENT SERVICE COST CENTERS									
60.01 HYPERBARIC WOUND CLINIC		57083	2607302	791			.021894	17	60.01
60.02 DIABETES CENTER		11919	118407				.100661		60.02
61 EMERGENCY		736748	21799014	5270			.033797	178	61
61.01 G.I. LABORATORY		288832	6951542	7213			.041549	300	61.01
62 OBSERVATION BEDS (NON-DISTINC		262893	2097980				.125308		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL		13892966	641193387	752396				14016	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (26-S110)	[]	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			81757				81757 37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			211132				211132 41
41.01 ULTRASOUND							41.01
41.02 C.T. SCANNER							41.02
41.03 CARDIOVASCULAR LAB							41.03
41.04 MRI SCANNING							41.04
42 RADIOLOGY-THERAPEUTIC							42
42.01 CHEMOTHERAPY							42.01
43.01 NUCLEAR MEDICINE							43.01
44 LABORATORY			96260				96260 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 SOUTHEAST OUTPATIENT REHAB			27078				27078 50.01
50.02 PHYSIATRY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 CV DIAGNOSTIC							53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC							60.01
60.02 DIABETES CENTER							60.02
61 EMERGENCY			18380				18380 61
61.01 G.I. LABORATORY							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			434607				434607 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (26-S110) [] 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	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	81757	78272599	.001045	.001045	345		37
40 ANESTHESIOLOGY		20460546					40
41 RADIOLOGY-DIAGNOSTIC	211132	20458422	.010320	.010320			41
41.01 ULTRASOUND		9680223					41.01
41.02 C.T. SCANNER		35605140			11410		41.02
41.03 CARDIOVASCULAR LAB		27993921					41.03
41.04 MRI SCANNING		13771620			27362		41.04
42 RADIOLOGY-THERAPEUTIC		17945421			17270		42
42.01 CHEMOTHERAPY		4104908					42.01
43.01 NUCLEAR MEDICINE		17142326			16055		43.01
44 LABORATORY	96260	63264620	.001522	.001522	322033	490	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		10385583					47
49 RESPIRATORY THERAPY		28446437			42862		49
50 PHYSICAL THERAPY		5120287			15671		50
50.01 SOUTHEAST OUTPATIENT REHAB	27078	8846132	.003061	.003061			50.01
50.02 PHYSIATRY		458716					50.02
51 OCCUPATIONAL THERAPY		1905907			4289		51
52 SPEECH PATHOLOGY		1064487			724		52
53.01 CV DIAGNOSTIC		16416844			62055		53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY		6989648			272		54.01
55 MEDICAL SUPPLIES CHARGED TO P		144226744			54626		55
56 DRUGS CHARGED TO PATIENTS		74460556			164148		56
59 CARDIAC REHAB		598055					59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC		2607302			791		60.01
60.02 DIABETES CENTER		118407					60.02
61 EMERGENCY	18380	21799014	.000843	.000843	5270	4	61
61.01 G.I. LABORATORY		6951542			7213		61.01
62 OBSERVATION BEDS (NON-DISTINC		2097980					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	434607	641193387			752396	494	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (26-S110)	[]	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
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 C.T. SCANNER					41.02
41.03 CARDIOVASCULAR LAB					41.03
41.04 MRI SCANNING					41.04
42 RADIOLOGY-THERAPEUTIC					42
42.01 CHEMOTHERAPY					42.01
43.01 NUCLEAR MEDICINE					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 SOUTHEAST OUTPATIENT REHAB					50.01
50.02 PHYSIATRY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 CV DIAGNOSTIC					53.01
53.02 ELECTROPHYSIOLOGY LAB					53.02
54.01 NEUROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60.01 HYPERBARIC WOUND CLINIC					60.01
60.02 DIABETES CENTER					60.02
61 EMERGENCY					61
61.01 G.I. LABORATORY					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (26-T110) [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3441528	78272599	6308			.043968	277	37
40 ANESTHESIOLOGY		580694	20460546	1357			.028381	39	40
41 RADIOLOGY-DIAGNOSTIC		905597	20458422				.044265		41
41.01 ULTRASOUND		144700	9680223				.014948		41.01
41.02 C.T. SCANNER		387523	35605140	2025			.010884	22	41.02
41.03 CARDIOVASCULAR LAB		821184	27993921				.029334		41.03
41.04 MRI SCANNING		440444	13771620				.031982		41.04
42 RADIOLOGY-THERAPEUTIC		1678119	17945421	911			.093512	85	42
42.01 CHEMOTHERAPY		246249	4104908				.059989		42.01
43.01 NUCLEAR MEDICINE		208862	17142326				.012184		43.01
44 LABORATORY		1289436	63264620	24058			.020382	490	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		35919	10385583				.003459		47
49 RESPIRATORY THERAPY		280830	28446437	38044			.009872	376	49
50 PHYSICAL THERAPY		68171	5120287	66135			.013314	881	50
50.01 SOUTHEAST OUTPATIENT REHAB		246166	8846132				.027828		50.01
50.02 PHYSIATRY		41793	458716				.091109		50.02
51 OCCUPATIONAL THERAPY		12190	1905907	70455			.006396	451	51
52 SPEECH PATHOLOGY		9120	1064487	20542			.008568	176	52
53.01 CV DIAGNOSTIC		418245	16416844	535			.025477	14	53.01
53.02 ELECTROPHYSIOLOGY LAB									53.02
54.01 NEUROPHYSIOLOGY		149274	6989648				.021356		54.01
55 MEDICAL SUPPLIES CHARGED TO P		305737	144226744	77659			.002120	165	55
56 DRUGS CHARGED TO PATIENTS		800108	74460556	43501			.010745	467	56
59 CARDIAC REHAB		23602	598055				.039465		59
OUTPATIENT SERVICE COST CENTERS									
60.01 HYPERBARIC WOUND CLINIC		57083	2607302				.021894		60.01
60.02 DIABETES CENTER		11919	118407				.100661		60.02
61 EMERGENCY		736748	21799014	1732			.033797	59	61
61.01 G.I. LABORATORY		288832	6951542	2308			.041549	96	61.01
62 OBSERVATION BEDS (NON-DISTINC		262893	2097980				.125308		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL		13892966	641193387	355570				3598	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (26-T110) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			81757				81757 37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			211132				211132 41
41.01 ULTRASOUND							41.01
41.02 C.T. SCANNER							41.02
41.03 CARDIOVASCULAR LAB							41.03
41.04 MRI SCANNING							41.04
42 RADIOLOGY-THERAPEUTIC							42
42.01 CHEMOTHERAPY							42.01
43.01 NUCLEAR MEDICINE							43.01
44 LABORATORY			96260				96260 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 SOUTHEAST OUTPATIENT REHAB			27078				27078 50.01
50.02 PHYSIATRY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 CV DIAGNOSTIC							53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC							60.01
60.02 DIABETES CENTER							60.02
61 EMERGENCY			18380				18380 61
61.01 G.I. LABORATORY							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL			434607				434607 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (26-T110) [] 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	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	81757	78272599	.001045	.001045	6308	7	37
40 ANESTHESIOLOGY		20460546			1357		40
41 RADIOLOGY-DIAGNOSTIC	211132	20458422	.010320	.010320			41
41.01 ULTRASOUND		9680223					41.01
41.02 C.T. SCANNER		35605140			2025		41.02
41.03 CARDIOVASCULAR LAB		27993921					41.03
41.04 MRI SCANNING		13771620					41.04
42 RADIOLOGY-THERAPEUTIC		17945421			911		42
42.01 CHEMOTHERAPY		4104908					42.01
43.01 NUCLEAR MEDICINE		17142326					43.01
44 LABORATORY	96260	63264620	.001522	.001522	24058	37	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		10385583					47
49 RESPIRATORY THERAPY		28446437			38044		49
50 PHYSICAL THERAPY		5120287			66135		50
50.01 SOUTHEAST OUTPATIENT REHAB	27078	8846132	.003061	.003061			50.01
50.02 PHYSIATRY		458716					50.02
51 OCCUPATIONAL THERAPY		1905907			70455		51
52 SPEECH PATHOLOGY		1064487			20542		52
53.01 CV DIAGNOSTIC		16416844			535		53.01
53.02 ELECTROPHYSIOLOGY LAB							53.02
54.01 NEUROPHYSIOLOGY		6989648					54.01
55 MEDICAL SUPPLIES CHARGED TO P		144226744			77659		55
56 DRUGS CHARGED TO PATIENTS		74460556			43501		56
59 CARDIAC REHAB		598055					59
OUTPATIENT SERVICE COST CENTERS							
60.01 HYPERBARIC WOUND CLINIC		2607302					60.01
60.02 DIABETES CENTER		118407					60.02
61 EMERGENCY	18380	21799014	.000843	.000843	1732	1	61
61.01 G.I. LABORATORY		6951542			2308		61.01
62 OBSERVATION BEDS (NON-DISTINC		2097980					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	434607	641193387			355570	45	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	SUB II (26-T110)	[]	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
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 C.T. SCANNER					41.02
41.03 CARDIOVASCULAR LAB					41.03
41.04 MRI SCANNING					41.04
42 RADIOLOGY-THERAPEUTIC					42
42.01 CHEMOTHERAPY					42.01
43.01 NUCLEAR MEDICINE					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 SOUTHEAST OUTPATIENT REHAB					50.01
50.02 PHYSIATRY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 CV DIAGNOSTIC					53.01
53.02 ELECTROPHYSIOLOGY LAB					53.02
54.01 NEUROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60.01 HYPERBARIC WOUND CLINIC					60.01
60.02 DIABETES CENTER					60.02
61 EMERGENCY					61
61.01 G.I. LABORATORY					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0110)	SUB I (PPS) (26-S110)	SUB II (PPS) (26-T110)	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)	37302	3054	2236				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	37302	3054	2236				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9090						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28212	3054	2236				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	20178	825	1257				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0110)	SUB I (PPS) (26-S110)	SUB II (PPS) (26-T110)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	35938505	2339479	2225676				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	35938505	2339479	2225676				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	43073579	2483048	1189422				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	43073579	2483048	1189422				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.834351	.942180	1.871225				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1526.78	813.05	531.94				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	35938505	2339479	2225676				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 (PPS) (26-0110)	SUB I (PPS) (26-S110)	SUB II (PPS) (26-T110)	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	963.45	766.04	995.38			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19440494	631983	1251193			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19440494	631983	1251193			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						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
45.01 ADULT SPECIAL CARE	5830911	3850	1514.52	2242	3395554	45.01
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 CARDIOTHORACIC ICU	3561900	1709	2084.20	1113	2319715	46.01
47 NEONATOLOGY						47
	HOSPITAL (PPS) (26-0110)	SUB I (PPS) (26-S110)	SUB II (PPS) (26-T110)	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	38889306	224657	655993			48
49 TOTAL PROGRAM INPATIENT COSTS	64045069	856640	1907186			49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3344755	74959	152487			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3416354	17875	32609			51
52 TOTAL PROGRAM EXCLUDABLE COST	6761109	92834	185096			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	57283960	763806	1722090			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 (PPS) (26-0110)	SUB I (PPS) (26-S110)	SUB II (PPS) (26-T110)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54						54
						55
55						56
						57
56						58
						58.01
57						58.02
						58.03
58						58.04
						59
58.01						59.01
						59.02
58.02						59.03
						59.04
58.03						59.05
						59.06
58.04						59.07
						59.08
59						
59.01						
59.02						
59.03						
59.04						
59.05						
59.06						
59.07						
59.08						

PROGRAM INPATIENT ROUTINE SWING BED COST

60						60
						61
61						62
						63
62						64
						65
63						
64						
65						

PROVIDER NO. 26-0110 SOUTHEAST MISSOURI HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
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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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS) (PPS)
 (26-0110)(26-S110)(26-T110)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2683	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	963.45	84
85 OBSERVATION BED COST	2584936	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		35938505		2584936		86
87 NEW CAPITAL-RELATED COST	3655031	35938505	.101702	2584936	262893	87
88 NON PHYSICIAN ANESTHETIST		35938505		2584936		88
89 MEDICAL EDUCATION	997944	35938505	.027768	2584936	71779	89

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 (OTHER) (26-0110)	SUB I (OTHER) (26-S110)	SUB II (OTHER) (26-T110)	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)	37302	3054	2236			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	37302	3054	2236			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9090					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28212	3054	2236			4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5031	928	146			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	3236					15
16 TITLE V OR XIX NURSERY DAYS	2086					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 (OTHER) (26-0110)	SUB I (OTHER) (26-S110)	SUB II (OTHER) (26-T110)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	35938505	2339479	2225676				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	35938505	2339479	2225676				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	43073579	2483048	1189422				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	43073579	2483048	1189422				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.834351	.942180	1.871225				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1526.78	813.05	531.94				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	35938505	2339479	2225676				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 (OTHER) (26-0110)	SUB I (OTHER) (26-S110)	SUB II (OTHER) (26-T110)	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	963.45	766.04	995.38				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4847117	710885	145325				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4847117	710885	145325				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)	2260248	3236	698.47	2086	1457008	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT							43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
45.01	ADULT SPECIAL CARE	5830911	3850	1514.52	675	1022301	45.01	
46	SURGICAL INTENSIVE CARE UNIT							46
46.01	CARDIOTHORACIC ICU	3561900	1709	2084.20	157	327219	46.01	
47	NEONATOLOGY							47
		HOSPITAL (OTHER) (26-0110)	SUB I (OTHER) (26-S110)	SUB II (OTHER) (26-T110)	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	5366743	138414	80806				48
49	TOTAL PROGRAM INPATIENT COSTS	13020388	849299	226131				49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	876781	84318	17712				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	488091	14510	3643				51
52	TOTAL PROGRAM EXCLUDABLE COST	1364872	98828	21355				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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (26-0110)	SUB I (OTHER) (26-S110)	SUB II (OTHER) (26-T110)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		260	12			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60						60
61						61
62						62
63						63
64						64
65						65

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

PROVIDER NO. 26-0110 SOUTHEAST MISSOURI HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

HOSPITAL (OTHER) (26-0110)	SUB I (OTHER) (26-S110)	SUB II (OTHER) (26-T110)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2683	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	963.45	84
85 OBSERVATION BED COST	2584936	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (26-0110) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		15030105		25
28 BURN INTENSIVE CARE UNIT				28
28.01 ADULT SPECIAL CARE		3742857		28.01
29.01 CARDIOTHORACIC ICU		1365692		29.01
30 NEONATOLOGY				30
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.232414	22582116	5248400	37
40 ANESTHESIOLOGY	.100194	5686436	569747	40
41 RADIOLOGY-DIAGNOSTIC	.279982	5264607	1473995	41
41.01 ULTRASOUND	.136829	728380	99664	41.01
41.02 C.T. SCANNER	.054085	7158340	387159	41.02
41.03 CARDIOVASCULAR LAB	.145962	8180405	1194028	41.03
41.04 MRI SCANNING	.146715	1867306	273962	41.04
42 RADIOLOGY-THERAPEUTIC	.268434	474903	127480	42
42.01 CHEMOTHERAPY	.266188	59782	15913	42.01
43.01 NUCLEAR MEDICINE	.137829	2544574	350716	43.01
44 LABORATORY	.157091	25578752	4018192	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184431	3680966	678884	47
49 RESPIRATORY THERAPY	.119408	7643226	912662	49
50 PHYSICAL THERAPY	.314691	2829767	890502	50
50.01 SOUTHEAST OUTPATIENT REHAB	.438156			50.01
50.02 PHYSIATRY	1.672691			50.02
51 OCCUPATIONAL THERAPY	.222038	472412	104893	51
52 SPEECH PATHOLOGY	.252080	520611	131236	52
53.01 CV DIAGNOSTIC	.122684	5330163	653926	53.01
53.02 ELECTROPHYSIOLOGY LAB				53.02
54.01 NEUROPHYSIOLOGY	.119992	1868433	224197	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.211933	59969260	12709465	55
56 DRUGS CHARGED TO PATIENTS	.252590	27325675	6902192	56
59 CARDIAC REHAB	.671365	37259	25014	59
OUTPATIENT SERVICE COST CENTERS				
60.01 HYPERBARIC WOUND CLINIC	.182613	162117	29605	60.01
60.02 DIABETES CENTER	2.599449			60.02
61 EMERGENCY	.437900	2891887	1266357	61
61.01 G.I. LABORATORY	.271195	1636997	443945	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.232107	127564	157172	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		194621938	38889306	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		194621938		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [XX] SUB I (26-S110) [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
28 BURN INTENSIVE CARE UNIT				28
28.01 ADULT SPECIAL CARE				28.01
29.01 CARDIOTHORACIC ICU				29.01
30 NEONATOLOGY				30
31 SUBPROVIDER I		569143		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.232414	5487	1275	37
40 ANESTHESIOLOGY	.100194			40
41 RADIOLOGY-DIAGNOSTIC	.279982	12707	3558	41
41.01 ULTRASOUND	.136829	4225	578	41.01
41.02 C.T. SCANNER	.054085	38721	2094	41.02
41.03 CARDIOVASCULAR LAB	.145962	474	69	41.03
41.04 MRI SCANNING	.146715	8508	1248	41.04
42 RADIOLOGY-THERAPEUTIC	.268434			42
42.01 CHEMOTHERAPY	.266188	467	124	42.01
43.01 NUCLEAR MEDICINE	.137829	10532	1452	43.01
44 LABORATORY	.157091	355336	55820	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184431	1203	222	47
49 RESPIRATORY THERAPY	.119408	26494	3164	49
50 PHYSICAL THERAPY	.314691	128456	40424	50
50.01 SOUTHEAST OUTPATIENT REHAB	.438156			50.01
50.02 PHYSIATRY	1.672691			50.02
51 OCCUPATIONAL THERAPY	.222038	294	65	51
52 SPEECH PATHOLOGY	.252080	1510	381	52
53.01 CV DIAGNOSTIC	.122684	50424	6186	53.01
53.02 ELECTROPHYSIOLOGY LAB				53.02
54.01 NEUROPHYSIOLOGY	.119992	6120	734	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.211933	132516	28085	55
56 DRUGS CHARGED TO PATIENTS	.252590	204118	51558	56
59 CARDIAC REHAB	.671365			59
OUTPATIENT SERVICE COST CENTERS				
60.01 HYPERBARIC WOUND CLINIC	.182613	442	81	60.01
60.02 DIABETES CENTER	2.599449			60.02
61 EMERGENCY	.437900	58079	25433	61
61.01 G.I. LABORATORY	.271195	7765	2106	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.232107			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		1053878	224657	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1053878		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [XX] SUB II (26-T110) [] 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				25
28 BURN INTENSIVE CARE UNIT				28
28.01 ADULT SPECIAL CARE				28.01
29.01 CARDIOTHORACIC ICU				29.01
30 NEONATOLOGY				30
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		674542		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.232414	7359	1710	37
40 ANESTHESIOLOGY	.100194	302	30	40
41 RADIOLOGY-DIAGNOSTIC	.279982	30122	8434	41
41.01 ULTRASOUND	.136829	3928	537	41.01
41.02 C.T. SCANNER	.054085	46373	2508	41.02
41.03 CARDIOVASCULAR LAB	.145962	2753	402	41.03
41.04 MRI SCANNING	.146715	11488	1685	41.04
42 RADIOLOGY-THERAPEUTIC	.268434			42
42.01 CHEMOTHERAPY	.266188	13139	3497	42.01
43.01 NUCLEAR MEDICINE	.137829	11307	1558	43.01
44 LABORATORY	.157091	289319	45449	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184431	32938	6075	47
49 RESPIRATORY THERAPY	.119408	87810	10485	49
50 PHYSICAL THERAPY	.314691	590470	185816	50
50.01 SOUTHEAST OUTPATIENT REHAB	.438156			50.01
50.02 PHYSIATRY	1.672691			50.02
51 OCCUPATIONAL THERAPY	.222038	690035	153214	51
52 SPEECH PATHOLOGY	.252080	162812	41042	52
53.01 CV DIAGNOSTIC	.122684	37699	4625	53.01
53.02 ELECTROPHYSIOLOGY LAB				53.02
54.01 NEUROPHYSIOLOGY	.119992	14671	1760	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.211933	349387	74047	55
56 DRUGS CHARGED TO PATIENTS	.252590	414830	104782	56
59 CARDIAC REHAB	.671365			59
OUTPATIENT SERVICE COST CENTERS				
60.01 HYPERBARIC WOUND CLINIC	.182613	3298	602	60.01
60.02 DIABETES CENTER	2.599449			60.02
61 EMERGENCY	.437900	920	403	61
61.01 G.I. LABORATORY	.271195	27035	7332	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.232107			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		2827995	655993	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2827995		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (26-0110) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] 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		4820702		25
28 BURN INTENSIVE CARE UNIT				28
28.01 ADULT SPECIAL CARE		583704		28.01
29.01 CARDIOTHORACIC ICU		136562		29.01
30 NEONATOLOGY				30
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.232414	2089192	485557	37
40 ANESTHESIOLOGY	.100194	883151	88486	40
41 RADIOLOGY-DIAGNOSTIC	.279982			41
41.01 ULTRASOUND	.136829	226218	30953	41.01
41.02 C.T. SCANNER	.054085	1064687	57584	41.02
41.03 CARDIOVASCULAR LAB	.145962	4348	635	41.03
41.04 MRI SCANNING	.146715	219172	32156	41.04
42 RADIOLOGY-THERAPEUTIC	.268434	608886	163446	42
42.01 CHEMOTHERAPY	.266188	41314	10997	42.01
43.01 NUCLEAR MEDICINE	.137829	318217	43860	43.01
44 LABORATORY	.157091	5680013	892279	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184431	293810	54188	47
49 RESPIRATORY THERAPY	.119408	2364790	282375	49
50 PHYSICAL THERAPY	.314691	242107	76189	50
50.01 SOUTHEAST OUTPATIENT REHAB	.438156			50.01
50.02 PHYSIATRY	1.672691			50.02
51 OCCUPATIONAL THERAPY	.222038	37554	8338	51
52 SPEECH PATHOLOGY	.252080	42369	10680	52
53.01 CV DIAGNOSTIC	.122684	707300	86774	53.01
53.02 ELECTROPHYSIOLOGY LAB				53.02
54.01 NEUROPHYSIOLOGY	.119992	87926	10550	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.211933	5307092	1124748	55
56 DRUGS CHARGED TO PATIENTS	.252590	6020407	1520695	56
59 CARDIAC REHAB	.671365			59
OUTPATIENT SERVICE COST CENTERS				
60.01 HYPERBARIC WOUND CLINIC	.182613	36003	6575	60.01
60.02 DIABETES CENTER	2.599449			60.02
61 EMERGENCY	.435590	667376	290702	61
61.01 G.I. LABORATORY	.271195	156674	42489	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.232107	37730	46487	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		27136336	5366743	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		27136336		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [] PPS
 [] TITLE XVIII-PT A [XX] SUB I (26-S110) [] NF [] TEFRA
 [XX] 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				25
28 BURN INTENSIVE CARE UNIT				28
28.01 ADULT SPECIAL CARE				28.01
29.01 CARDIOTHORACIC ICU				29.01
30 NEONATOLOGY				30
31 SUBPROVIDER I		758250		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.232414	345	80	37
40 ANESTHESIOLOGY	.100194			40
41 RADIOLOGY-DIAGNOSTIC	.279982			41
41.01 ULTRASOUND	.136829			41.01
41.02 C.T. SCANNER	.054085	11410	617	41.02
41.03 CARDIOVASCULAR LAB	.145962			41.03
41.04 MRI SCANNING	.146715	27362	4014	41.04
42 RADIOLOGY-THERAPEUTIC	.268434	17270	4636	42
42.01 CHEMOTHERAPY	.266188			42.01
43.01 NUCLEAR MEDICINE	.137829	16055	2213	43.01
44 LABORATORY	.157091	322033	50588	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184431			47
49 RESPIRATORY THERAPY	.119408	42862	5118	49
50 PHYSICAL THERAPY	.314691	15671	4932	50
50.01 SOUTHEAST OUTPATIENT REHAB	.438156			50.01
50.02 PHYSIATRY	1.672691			50.02
51 OCCUPATIONAL THERAPY	.222038	4289	952	51
52 SPEECH PATHOLOGY	.252080	724	183	52
53.01 CV DIAGNOSTIC	.122684	62055	7613	53.01
53.02 ELECTROPHYSIOLOGY LAB				53.02
54.01 NEUROPHYSIOLOGY	.119992	272	33	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.211933	54626	11577	55
56 DRUGS CHARGED TO PATIENTS	.252590	164148	41462	56
59 CARDIAC REHAB	.671365			59
OUTPATIENT SERVICE COST CENTERS				
60.01 HYPERBARIC WOUND CLINIC	.182613	791	144	60.01
60.02 DIABETES CENTER	2.599449			60.02
61 EMERGENCY	.435590	5270	2296	61
61.01 G.I. LABORATORY	.271195	7213	1956	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.232107			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		752396	138414	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		752396		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 type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (26-T110)	<input type="checkbox"/> S/B-SNF	<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
28 BURN INTENSIVE CARE UNIT				28
28.01 ADULT SPECIAL CARE				28.01
29.01 CARDIOTHORACIC ICU				29.01
30 NEONATOLOGY				30
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		77818		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.232414	6308	1466	37
40 ANESTHESIOLOGY	.100194	1357	136	40
41 RADIOLOGY-DIAGNOSTIC	.279982			41
41.01 ULTRASOUND	.136829			41.01
41.02 C.T. SCANNER	.054085	2025	110	41.02
41.03 CARDIOVASCULAR LAB	.145962			41.03
41.04 MRI SCANNING	.146715			41.04
42 RADIOLOGY-THERAPEUTIC	.268434	911	245	42
42.01 CHEMOTHERAPY	.266188			42.01
43.01 NUCLEAR MEDICINE	.137829			43.01
44 LABORATORY	.157091	24058	3779	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.184431			47
49 RESPIRATORY THERAPY	.119408	38044	4543	49
50 PHYSICAL THERAPY	.314691	66135	20812	50
50.01 SOUTHEAST OUTPATIENT REHAB	.438156			50.01
50.02 PHYSIATRY	1.672691			50.02
51 OCCUPATIONAL THERAPY	.222038	70455	15644	51
52 SPEECH PATHOLOGY	.252080	20542	5178	52
53.01 CV DIAGNOSTIC	.122684	535	66	53.01
53.02 ELECTROPHYSIOLOGY LAB				53.02
54.01 NEUROPHYSIOLOGY	.119992			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.211933	77659	16459	55
56 DRUGS CHARGED TO PATIENTS	.252590	43501	10988	56
59 CARDIAC REHAB	.671365			59
OUTPATIENT SERVICE COST CENTERS				
60.01 HYPERBARIC WOUND CLINIC	.182613			60.01
60.02 DIABETES CENTER	2.599449			60.02
61 EMERGENCY	.435590	1732	754	61
61.01 G.I. LABORATORY	.271195	2308	626	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.232107			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		355570	80806	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		355570		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0110)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	26252631					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8750877					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	3946123					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	181.67					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO			0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0110)	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	0.0726					4
4.01	0.1831					4.01
4.02	0.2557					4.02
4.03	0.1031					4.03
4.04	3608862					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	42558493					6
7						7
7.01						7.01
8	42558493					8
9	3369848					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14	556460					14
15	123662					15
16	46608463					16
17	30390					17
18	46578073					18
19	3502403					19
20	107529					20
21	1715321					21
21.01	1200725					21.01
21.02	1557133					21.02
22	44168866					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0110)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	44168866					26
27						27
28	43651123					28
28.01						28.01
29	517743					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 (26-0110) 1	HOSPITAL (26-0110) 1.01	HOSPITAL (26-0110) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	19023964			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	16063239			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.800			1.03
1.04 LINE 1.01 TIMES LINE 1.03	15219171			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	106322			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	16169561			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-0110) 1	HOSPITAL (26-0110) 1.01	HOSPITAL (26-0110) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	3687642		18.01
LINE 17.01			
19 SUBTOTAL	12481919		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	12481919		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	12481919		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	291620		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	204134		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	118711		27.02
28 SUBTOTAL	12686053		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	12686053		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	12551100		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	134953		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 B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (26-S110)	SUB I (26-S110)	SUB I (26-S110)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (26-S110)	SUB I (26-S110)	SUB I (26-S110)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (26-T110) 1	SUB II (26-T110) 1.01	SUB II (26-T110) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (26-T110)	SUB II (26-T110)	SUB II (26-T110)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(26-0110)
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
(26-0110)
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
(26-0110)
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 (26-0110)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		AMOUNT	AMOUNT		
	PART A							
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT				
	1	2	3	4				
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER					38863423	12375300	1	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.					NONE	NONE	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.								
	PROGRAM	.01	01/21/2009		902000	01/21/2009	175800	3.01
	TO	.02	01/21/2009		75300			3.02
	PROVIDER	.03	01/21/2009		30100			3.03
	PROVIDER	.04	07/16/2008		2055700			3.04
	PROGRAM	.05	01/21/2009		1724600			3.05
		.50						3.50
	PROVIDER	.51						3.51
	TO	.52			NONE		NONE	3.52
	PROGRAM	.53						3.53
		.54						3.54
SUBTOTAL		.99			4787700	175800	3.99	
4 TOTAL INTERIM PAYMENTS					43651123	12551100	4	
TO BE COMPLETED BY INTERMEDIARY								
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.								
	PROGRAM	.01						5.01
	TO	.02			NONE		NONE	5.02
	PROVIDER	.03						5.03
	PROVIDER	.50						5.50
	TO	.51			NONE		NONE	5.51
	PROGRAM	.52						5.52
SUBTOTAL		.99						5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.								
	PROGRAM TO							
	PROVIDER	.01			517743		134953	6.01
	PROVIDER TO	.02						6.02
	PROGRAM							
7 TOTAL MEDICARE PROGRAM LIABILITY					44168866	12686053	7	
NAME OF INTERMEDIARY:					INTERMEDIARY NUMBER:			
SIGNATURE OF AUTHORIZED PERSON:					DATE (MO/DAY/YR):			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (26-S110)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		521445		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	01/21/2009 23700		3.01
	TO .02	08/01/2008 10200		3.02
	PROVIDER .03		NONE	3.03
	PROVIDER .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99	33900		3.99
4 TOTAL INTERIM PAYMENTS		555345		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	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	11365		6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		566710		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (26-T110)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1779504		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54			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		1779504		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 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 .01 PROVIDER TO .02 PROGRAM	54339		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1833843		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (26-S110)	SUB II (26-T110)	SUB III	SUB IV	
1						1
1.01						1.01
1.02			1623949			1.02
1.03			0.0583			1.03
1.04			122264			1.04
1.05			76796			1.05
1.06			1823009			1.06
1.07						1.07
1.08		587814				1.08
1.09						1.09
1.10		39025				1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16		8.344262				1.16
1.17						1.17
1.18						1.18
1.19		626839				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		626839				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40			6.109290			1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		626839	1823009			4
5						5
6		626839	1823009			6
7		105394	2175			7
8		521445	1820834			8
9			19300			9
10		521445	1801534			10
11		34150	13502			11
11.01		23905	9451			11.01
11.02		25586	12328			11.02
12		545350	1810985			12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (26-S110)	SUB II (26-T110)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		21360	22858			13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		566710	1833843			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		555345	1779504			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		11365	54339			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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 (26-0110) (OTHER)	SUB I (26-S110) (OTHER)	SUB II (26-T110) (OTHER)	SUB III SUB IV NF I
	1	1	1	1 1 1
1	COMPUTATION OF NET COST OF COVERED SERVICES			
2	INPATIENT HOSPITAL/SNF/NF SERVICES	13020388	849299	226131
3	MEDICAL AND OTHER SERVICES	7433393		
4	INTERNS AND RESIDENTS			
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			
6	COST OF TEACHING PHYSICIANS			
7	SUBTOTAL	20453781	849299	226131
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL	20453781	849299	226131
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	ROUTINE SERVICE CHARGES	5540968	758250	77818
13	ANCILLARY SERVICE CHARGES	61453031	752396	355570
14	INTERNS AND RESIDENTS SERVICE CHARGES			
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
16	TEACHING PHYSICIANS			
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18	TOTAL REASONABLE CHARGES	66993999	1510646	433388
19	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
23	ACCORDANCE WITH 42 CFR 413.13(E)			
24	RATIO OF LINE 17 TO LINE 18			
25	TOTAL CUSTOMARY CHARGES	66993999	1510646	433388
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	46540218	661347	207257
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
28	COST OF COVERED SERVICES	20453781	849299	226131
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			
31	OUTLIER PAYMENTS			
32	PROGRAM CAPITAL PAYMENTS			
33	CAPITAL EXCEPTION PAYMENTS			
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
36	SUBTOTAL	20453781	849299	226131
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED			
38	LESSER OF LINES 30 OR 31	20453781	849299	226131
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			

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 (26-0110) (OTHER) 1	SUB I (26-S110) (OTHER) 1	SUB II (26-T110) (OTHER) 1	SUB III 1	SUB IV 1	NF I 1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	20453781	849299	226131				35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38.01	REIMBURSABLE BAD DEBTS						38
38.02	REDUCED REIMBURSABLE BAD DEBTS						38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	20453781	849299	226131				40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	20453781	849299	226131				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	20453781	849299	226131				55
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER						56
57	SEQUESTRATION ADJUSTMENT						57
57.01	13790253	893553	140580				57.01
58	INTERIM PAYMENTS						58
58	6663528	-44254	85551				58
59	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						59
	BALANCE DUE PROVIDER/PROGRAM						
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						
	SECTION 115.2						

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1273648			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	64571536			4
5	OTHER RECEIVABLES	3477697			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-14400000			6
7	INVENTORY	11410230			7
8	PREPAID EXPENSES	1553785			8
9	OTHER CURRENT ASSETS	1235753			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	69122649			11
FIXED ASSETS					
12	LAND	12342386			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	10852288			13
13.01	ACCUMULATED DEPRECIATION	-4309411			13.01
14	BUILDINGS	144375941			14
14.01	ACCUMULATED DEPRECIATION	-63435025			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	11537922			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	76716930			18
18.01	ACCUMULATED DEPRECIATION	-47639289			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	140441742			21
OTHER ASSETS					
22	INVESTMENTS	90789852			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	7552643			25
26	TOTAL OTHER ASSETS	98342495			26
27	TOTAL ASSETS	307906886			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	10508003			28
29	SALARIES, WAGES & FEES PAYABLE	8432403			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1661669			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	5531478			35
36	TOTAL CURRENT LIABILITIES	26133553			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	115932438			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	3302642			41
42	TOTAL LONG TERM LIABILITIES	119235080			42
43	TOTAL LIABILITIES	145368633			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	162538253			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	162538253			51
52	TOTAL LIABILITIES AND FUND BALANCES	307906886			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	153761975			1
2 NET INCOME (LOSS)	8776277			2
3 TOTAL	162538252			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	162538252			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	162538252			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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	43073579		43073579	1
2 SUBPROVIDER I	2966782		2966782	2
2.01 SUBPROVIDER II	1189422		1189422	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	47229783		47229783	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
12.01 ADULT SPECIAL CARE	7381850		7381850	12.01
13 SURGICAL INTENSIVE CARE UNIT				13
13.01 CARDIOTHORACIC ICU	3576529		3576529	13.01
14 NEONATOLOGY				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	10958379		10958379	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	58188162		58188162	16
17 ANCILLARY SERVICES	346384421		346384421	17
18 OUTPATIENT SERVICES		326329106	326329106	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		1637092	1637092	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE		3826376	3826376	23
24				24
25 TOTAL PATIENT REVENUES	404572583	331792574	736365157	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		267114605	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		267114605	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	736365157	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	458964660	2
3	NET PATIENT REVENUES	277400497	3
4	LESS - TOTAL OPERATING EXPENSES	267114605	4
5	NET INCOME FROM SERVICE TO PATIENTS	10285892	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	426661	6
7	INCOME FROM INVESTMENTS	1719490	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	891848	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	264635	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	79156	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	1692475	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	13808	21
22	RENTAL OF HOSPITAL SPACE	546751	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	PHARMACY VERIFICATION	42100	24
24.01	DIETARY CONSULTATION	138496	24.01
24.02	HOUSEKEEPING OUTREACH	75850	24.02
24.03	NSF CHECK CLEARING		24.03
24.04	MAIN ST FITNESS	569746	24.04
24.05	LAUNDRY OUTREACH	31622	24.05
24.06	CARDIAC REHAB OUTREACH	134200	24.06
24.07	ASSOCIATION DUES	11392	24.07
24.08	WELLNESS PROGRAM	112623	24.08
24.09	PATIENT EDUCATION	76	24.09
24.10	COMMUNITY CASE MANAGEMENT	121953	24.10
24.11	02 DEBT SERVICE INCOME	215835	24.11
24.12	NSG EDUC SEMINARS	26573	24.12
24.13	NET OUTREACH	85689	24.13
24.15	MISCELLANEOUS	20210	24.15
24.16	PRE NAT/CHILD HVP	311968	24.16
24.17	07 DEBT SVC INCOME	226087	24.17
24.19	PLAZA PHARMACY	606647	24.19
24.22	HEALTHPOINT-CAPE	2245778	24.22
24.23	HEALTHPOINT-SPECIAL PROGRAMS	182115	24.23
25	TOTAL OTHER INCOME	10793784	25
26	TOTAL	21079676	26
27	MISCELLANEOUS	608	27
27.01	CHNGE IN UNREL LOSS OTHER THAN TRAD	9401185	27.01
27.02	LOSS ON INVESTMENTS	2073240	27.02
27.03	LOSS ON EQUIPMENT DISPOSAL	828366	27.03
28			28
29			29
30	TOTAL OTHER EXPENSES	12303399	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	8776277	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7121

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	163518	21431	361	15	70445	255770
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	590588	77404	7132			675124
7 PHYSICAL THERAPY	261047	34214	2978			298239
8 OCCUPATIONAL THERAPY	66441	8708	1004			76153
9 SPEECH PATHOLOGY	7328	960	826			9114
10 MEDICAL SOCIAL SERVICES	26778	3510	785			31073
11 HOME HEALTH AIDE	11941	1565	652			14158
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	1127641	147792	13738	15	70445	1359631

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7121

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					5
6					6
7					7
8					8
9					9
10					10
11					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					24
GENERAL SERVICE COST CENTER					
CAPITAL RELATED-BLDG & FIXTURES					
CAPITAL RELATED-MOVABLE EQUIPMENT					
PLANT OPERATION & MAINTENANCE					
TRANSPORTATION					
ADMINISTRATIVE AND GENERAL	17788	273558	-540	273018	
HHA REIMBURSABLE SERVICES					
SKILLED NURSING CARE		675124		675124	
PHYSICAL THERAPY		298239		298239	
OCCUPATIONAL THERAPY		76153		76153	
SPEECH PATHOLOGY		9114		9114	
MEDICAL SOCIAL SERVICES		31073		31073	
HOME HEALTH AIDE		14158		14158	
SUPPLIES					
DRUGS					
COST OF ADMINISTERING VACCINES					
DME					
HHA NONREIMBURSABLE SERVICES					
HOME DIALYSIS AIDE SERVICES					
RESPIRATORY THERAPY					
PRIVATE DUTY NURSING					
CLINIC					
HEALTH PROMOTION ACTIVITIES					
DAY CARE PROGRAM					
HOME DELIVERED MEALS PROGRAM					
HOMEMAKER SERVICE					
ALL OTHERS					
TELEMEDICINE					
TOTAL	17788	1377419	-540	1376879	

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 26-7121

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	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	273018					273018	273018	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	675124					675124	166979	842103 6
7 PHYSICAL THERAPY	298239					298239	73763	372002 7
8 OCCUPATIONAL THERAPY	76153					76153	18835	94988 8
9 SPEECH PATHOLOGY	9114					9114	2254	11368 9
10 MEDICAL SOCIAL SERVICES	31073					31073	7685	38758 10
11 HOME HEALTH AIDE	14158					14158	3502	17660 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	1376879					1376879		1376879 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-273018	1103861	5
6 SKILLED NURSING CARE						675124	6
7 PHYSICAL THERAPY						298239	7
8 OCCUPATIONAL THERAPY						76153	8
9 SPEECH PATHOLOGY						9114	9
10 MEDICAL SOCIAL SERVICES						31073	10
11 HOME HEALTH AIDE						14158	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					-273018	1103861	24
25 COST TO BE ALLOC (PER W/S H)						273018	25
26 UNIT COST MULTIPLIER						.247330	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7121

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL			325780		325780			1
2 SKILLED NURSING CARE			1106735		1106735	199289	1306024	2
3 PHYSICAL THERAPY			488944		488944	88045	576989	3
4 OCCUPATIONAL THERAPY			124793		124793	22472	147265	4
5 SPEECH PATHOLOGY			14776		14776	2661	17437	5
6 MEDICAL SOCIAL SERVICES			50835		50835	9154	59989	6
7 HOME HEALTH AIDE			23095		23095	4159	27254	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			2134958		2134958	325780	2134958	20
21 UNIT COST MULTIPLIER						.180071		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-5
 PART II

HHA COST CENTER	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE T	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE T	NEW CAP MOVABLE EQUIPMENT DIRECT COSTS	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT IONS NONPATIENT	DATA PROCE SSING MACHINE TIME
	3.07	3.08	3.09	3.10	4	5	6.01	6.02
1 ADMINISTRATIVE AND GENERAL		3960			27540	163518	70	1
2 SKILLED NURSING CARE						590588		2
3 PHYSICAL THERAPY						261047		3
4 OCCUPATIONAL THERAPY						66441		4
5 SPEECH PATHOLOGY						7328		5
6 MEDICAL SOCIAL SERVICES						26778		6
7 HOME HEALTH AIDE						11941		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		3960			27540	1127641	70	20
21 TOTAL COST TO BE ALLOCATED		50015			27797	254921	28087	21
22 UNIT COST MULTIPLIER					1.009332	401.242857		22
22 UNIT COST MULTIPLIER		12.630051				.226066		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-5
 PART II

HHA COST CENTER	PURCHASING	ADMITTING	CREDIT & C	RECON-	OTHER ADMI	MAIN-	OPERATION	LAUNDRY
	SUPPLY COSTS	GROSS REVENUES	OLLECTIONS	CILIATION	NISTRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS REQUISITIO	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY
	6.03	6.04	ADJUSTED GROSS REVE 6.05	6A.06	6.06	7	8	9
1 ADMINISTRATIVE AND GENERAL	28576		1637092		160276	2150	3960	1
2 SKILLED NURSING CARE					975614			2
3 PHYSICAL THERAPY					431016			3
4 OCCUPATIONAL THERAPY					110008			4
5 SPEECH PATHOLOGY					13025			5
6 MEDICAL SOCIAL SERVICES					44812			6
7 HOME HEALTH AIDE					20359			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	28576		1637092		1755110	2150	3960	20
21 TOTAL COST TO BE ALLOCATED	1004		16407		235885	22295	33263	21
22 UNIT COST MULTIPLIER	.035134		.010022		.134399		8.399747	22
22 UNIT COST MULTIPLIER						10.369767		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-5
 PART II

HHA COST CENTER	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT
	SQUARE FEET	MEALS SERVED	MEALS SERVED	NUMBER HOUSED	FTE'S SERVICE	SUPPLY COSTS		
	10	11	12	13	14	15	16	17
1 ADMINISTRATIVE AND GENERAL	3960		3191			20710		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	3960		3191			20710		20
21 TOTAL COST TO BE ALLOCATED	34020		36255			2376		21
22 UNIT COST MULTIPLIER	8.590909		11.361642					22
22 UNIT COST MULTIPLIER						.114727		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-5
 PART II

HHA COST CENTER	PARAMED EDUCATION	ASSIGNED TIME	
	24		
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE			2
3 PHYSICAL THERAPY			3
4 OCCUPATIONAL THERAPY			4
5 SPEECH PATHOLOGY			5
6 MEDICAL SOCIAL SERVICES			6
7 HOME HEALTH AIDE			7
8 SUPPLIES			8
9 DRUGS			9
9.20 COST OF ADMINISTERING VACC			9.20
10 DME			10
11 HOME DIALYSIS AIDE SERVICE			11
12 RESPIRATORY THERAPY			12
13 PRIVATE DUTY NURSING			13
14 CLINIC			14
15 HEALTH PROMOTION ACTIVITIE			15
16 DAY CARE PROGRAM			16
17 HOME DELIVERED MEALS PROGR			17
18 HOMEMAKER SERVICE			18
19 ALL OTHERS			19
19.50 TELEMEDICINE			19.50
20 TOTALS			20
21 TOTAL COST TO BE ALLOCATED			21
22 UNIT COST MULTIPLIER			22
22 UNIT COST MULTIPLIER			22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 26-7121

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	1306024		1306024	3757	347.62	1
2	PHYSICAL THERAPY	3	576989		576989	2795	206.44	2
3	OCCUPATIONAL THERAPY	4	147265		147265	429	343.28	3
4	SPEECH PATHOLOGY	5	17437		17437	53	329.00	4
5	MEDICAL SOCIAL SERV	6	59989		59989	72	833.18	5
6	HOME HEALTH AIDE SERV	7	27254		27254	455	59.90	6
7	TOTAL		2134958		2134958	7561		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA		
						NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 26-7121

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	411507	233297	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	2038	730	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	1908	1898	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	415453	235925	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	415453	235925	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	415453	235925	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	415453	235925	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	415453	235925	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	415453	235925	24
25 TOTAL INTERIM PAYMENTS	415453	235925	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 26-7121

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		415453		235925	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		415453		235925	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
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		415453		235925	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 26-1537

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORDINATION							5
6 ADMINISTRATIVE AND GENERAL	189748	31880			53203	274831	6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE	3659			586939		590598	7
8 INPATIENT - RESPITE CARE	4491					4491	8
VISITING SERVICES							
9 PHYSICIAN SERVICES	174331					174331	9
10 NURSING CARE	594325	88612	29060			711997	10
10.20 NURSING CARE-CONTINUOUS HOME CARE							10.20
11 PHYSICAL THERAPY							11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES	81788	12029				93817	14
15 SPIRITUAL COUNSELING	35482	5210				40692	15
16 DIETARY COUNSELING							16
17 COUNSELING - OTHER							17
18 HOME HEALTH AIDE AND HOMEMAKER							18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					215883	215883	20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					210576	210576	21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES							25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS	11628					11628	30
31 VOLUNTEER PROGRAM COSTS	15372					15372	31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTAL	1110824	137731	29060	586939	479662	2344216	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 26-1537

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL		274831		274831	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE		590598		590598	7
8 INPATIENT - RESPITE CARE		4491		4491	8
VISITING SERVICES					
9 PHYSICIAN SERVICES		174331	-194023	-19692	9
10 NURSING CARE		711997		711997	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		93817		93817	14
15 SPIRITUAL COUNSELING		40692		40692	15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER					18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY		215883		215883	20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		210576		210576	21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES					25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS		11628		11628	30
31 VOLUNTEER PROGRAM COSTS		15372		15372	31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL		2344216	-194023	2150193	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 26-1537

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1 GENERAL SERVICE COST CENTER									1
2 CAP REL COSTS-BLDG AND FIXT.									2
3 CAP REL COSTS-MOVABLE EQUIP.									3
4 PLANT OPERATION & MAINT.									4
5 TRANSPORTATION - STAFF									5
6 VOLUNTEER SERVICE COORD.									5
ADMINISTRATIVE AND GENERAL		189748							189748
7 INPATIENT CARE SERVICE									6
8 INPATIENT - GENERAL CARE					3659				3659
9 INPATIENT - RESPITE CARE					4491				4491
10 VISITING SERVICES									8
11 PHYSICIAN SERVICES								174331	174331
12 NURSING CARE					546255		48070		594325
13 NURSING CARE-CONT.HOME CARE									10.20
14 PHYSICAL THERAPY									11
15 OCCUPATIONAL THERAPY									12
16 SPEECH/LANGUAGE PATHOLOGY									13
17 MEDICAL SOCIAL SERVICES								81788	81788
18 SPIRITUAL COUNSELING								35482	35482
19 DIETARY COUNSELING									16
20 COUNSELING - OTHER									17
21 HH AIDE AND HOME MAKER									18
22 HH AIDE & HMKR-CONT.HME CARE									18.20
23 OTHER									19
24 OTHER HOSPICE SERVICE COSTS									20
25 DRUGS, BIOL. & INFUS. THER.									20.30
26 ANALGESICS									20.30
27 SEDATIVES / HYPNOTICS									20.31
28 OTHER - SPECIFY									20.32
29 DURABLE MED. EQUIP./OXYGEN									21
30 PATIENT TRANSPORTATION									22
31 IMAGING SERVICES									23
32 LABS AND DIAGNOSTICS									24
33 MEDICAL SUPPLIES									25
34 OUTPAT.SERV.(INCL.E/R DEPT.)									26
35 RADIATION THERAPY									27
36 CHEMOTHERAPY									28
37 OTHER									29
38 HOSPICE NONREIMBURSABLE SERVICE									30
39 BEREAVEMENT PROGRAM COSTS				11628					11628
40 VOLUNTEER PROGRAM COSTS				15372					15372
41 FUNDRAISING									32
42 OTHER PROGRAM COSTS									33
43 TOTAL		189748		27000	554405		48070	291601	1110824

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 26-1537

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1 GENERAL SERVICE COST CENTER									1
2 CAP REL COSTS-BLDG AND FIXT.									2
3 CAP REL COSTS-MOVABLE EQUIP.									3
4 PLANT OPERATION & MAINT.									4
5 TRANSPORTATION - STAFF									5
6 VOLUNTEER SERVICE COORD.									6
7 ADMINISTRATIVE AND GENERAL	19498							12382	31880
8 INPATIENT CARE SERVICE									7
9 INPATIENT - GENERAL CARE									8
10 INPATIENT - RESPITE CARE									9
10.20 VISITING SERVICES									10
11 PHYSICIAN SERVICES									10.20
12 NURSING CARE					81542		7070		88612
13 NURSING CARE-CONT.HOME CARE									10.20
14 PHYSICAL THERAPY									11
15 OCCUPATIONAL THERAPY									12
16 SPEECH/LANGUAGE PATHOLOGY									13
17 MEDICAL SOCIAL SERVICES								12029	12029
18 SPIRITUAL COUNSELING								5210	5210
19 DIETARY COUNSELING									16
20 COUNSELING - OTHER									17
21 HH AIDE AND HOME MAKER									18
22 HH AIDE & HMKR-CONT.HME CARE									18.20
23 OTHER									19
24 OTHER HOSPICE SERVICE COSTS									20
25 DRUGS, BIOL. & INFUS. THER.									20.30
26 ANALGESICS									20.30
27 SEDATIVES / HYPNOTICS									20.31
28 OTHER - SPECIFY									20.32
29 DURABLE MED. EQUIP./OXYGEN									21
30 PATIENT TRANSPORTATION									22
31 IMAGING SERVICES									23
32 LABS AND DIAGNOSTICS									24
33 MEDICAL SUPPLIES									25
34 OUTPAT.SERV.(INCL.E/R DEPT.)									26
35 RADIATION THERAPY									27
36 CHEMOTHERAPY									28
37 OTHER									29
38 HOSPICE NONREIMBURSABLE SERVICE									30
39 BEREAVEMENT PROGRAM COSTS									31
40 VOLUNTEER PROGRAM COSTS									32
41 FUNDRAISING									33
42 OTHER PROGRAM COSTS									34
43 TOTAL	19498				81542		7070	29621	137731

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 26-1537 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL								7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE				586939				586939
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES								12
13	NURSING CARE								13
14	NURSING CARE-CONT.HOME CARE								14
15	PHYSICAL THERAPY								15
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES								18
19	SPIRITUAL COUNSELING								19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOME MAKER								22
23	HH AIDE & HMKR-CONT.HME CARE								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.								26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN								30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERVICE								39
40	BEREAVEMENT PROGRAM COSTS								40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL				586939				586939

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 26-1537

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COST BLDG FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPO- RTATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7	
1										1
2										2
3										3
4										4
5										5
6	274831						274831	274831		6
7	590598						590598	86551	677149	7
8	4491						4491	658	5149	8
9	-19692						-19692	-2886	-22578	9
10	711997						711997	104343	816340	10
10.20										10.20
11										11
12										12
13										13
14	93817						93817	13749	107566	14
15	40692						40692	5963	46655	15
16										16
17										17
18										18
18.20										18.20
19										19
20	215883						215883	31637	247520	20
20.30										20.30
20.31										20.31
20.32										20.32
21	210576						210576	30859	241435	21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30	11628						11628	1704	13332	30
31	15372						15372	2253	17625	31
32										32
33										33
34	2150193						2150193		2150193	34

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-4
 PART II

	CAP REL COST BLDG & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5			
GENERAL SERVICE COST CENTER								
1 CAP REL COSTS-BLDG AND FIXT.								1
2 CAP REL COSTS-MOVABLE EQUIP.								2
3 PLANT OPERATION & MAINT.								3
4 TRANSPORTATION - STAFF								4
5 VOLUNTEER SERVICE COORD.								5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE						-274831	1875362	6
7 INPATIENT - GENERAL CARE							590598	7
8 INPATIENT - RESPITE CARE VISITING SERVICES							4491	8
9 PHYSICIAN SERVICES							-19692	9
10 NURSING CARE							711997	10
10.20 NURSING CARE-CONTINUOUS HOME								10.20
11 PHYSICAL THERAPY								11
12 OCCUPATIONAL THERAPY								12
13 SPEECH/LANGUAGE PATHOLOGY								13
14 MEDICAL SOCIAL SERVICES							93817	14
15 SPIRITUAL COUNSELING							40692	15
16 DIETARY COUNSELING								16
17 COUNSELING - OTHER								17
18 HH AIDE AND HOMEMAKER								18
18.20 HH AIDE & HMKR-CONT. HOME CA								18.20
19 OTHER								19
OTHER HOSPICE SERVICE COSTS								
20 DRUGS, BIOL. & INFUS. THER.							215883	20
20.30 ANALGESICS								20.30
20.31 SEDATIVES / HYPNOTICS								20.31
20.32 OTHER - SPECIFY								20.32
21 DURABLE MED. EQUIP./OXYGEN							210576	21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT.SERV.(INCL.E/R DEPT.)								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
HOSPICE NONREIMBURSABLE SERVICE								
30 BEREAVEMENT PROGRAM COSTS							11628	30
31 VOLUNTEER PROGRAM COSTS							15372	31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 COST TO BE ALLOCATED							274831	34
35 UNIT COST MULTIPLIER							.146548	35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29	
1 ADMINISTRATIVE AND GENERAL			364438		364438			1
2 INPATIENT - GENERAL CARE			769094		769094	104773	873867	2
3 INPATIENT - RESPITE CARE			6991		6991	952	7943	3
4 PHYSICIAN SERVICES			19058		19058	2596	21654	4
5 NURSING CARE			1078345		1078345	146902	1225247	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE			142980		142980	19478	162458	9
10 SPIRITUAL COUNSELING			62018		62018	8449	70467	10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO			280786		280786	38251	319037	15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN			273884		273884	37311	311195	16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS			18104		18104	2466	20570	25
26 VOLUNTEER PROGRAM COSTS			23932		23932	3260	27192	26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTALS			3039630		3039630		3039630	29
30 UNIT COST MULTIPLIER						.136229		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	NEW CAP	EMPLOYEE	COMMUNICAT	DATA PROCE
	L CSTS-BLD	L CSTS-BLD	L CSTS-BLD	L CSTS-BLD	MOVABLE	BENEFITS	IONS	SSING
	GS & FIX #	EQUIPMENT	GROSS	NONPATIENT	MACHINE			
	SQUARE	SQUARE	SQUARE	SQUARE	DIRECT	SALARIES		TIME
	FEE	FEE	FEE	FEE	COSTS			
	3.07	3.08	3.09	3.10	4	5	6.01	6.02
1 ADMINISTRATIVE AND GENERAL		2052			8324	189748		1
2 INPATIENT - GENERAL CARE						3659		2
3 INPATIENT - RESPITE CARE						4491		3
4 PHYSICIAN SERVICES						174331		4
5 NURSING CARE						594325		5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE						81788		9
10 SPIRITUAL COUNSELING						35482		10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS						11628		25
26 VOLUNTEER PROGRAM COSTS						15372		26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL		2052			8324	1110824		29
30 TOTAL COST TO BE ALLOCATED		74479			8402	250913		30
31 UNIT COST MULTIPLIER					1.009370			31
31 UNIT COST MULTIPLIER		36.295809				.225880		31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	PURCHASING		ADMITTING	CREDIT & C	RECON-	OTHER ADMI	MAIN-	OPERATION	LAUNDRY
	SUPPLY COSTS	GROSS REVENUES	AJUSTED GROSS REVE	OLLECTIONS	CILIATION	NISTRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS REQUISITIO	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY
	6.03	6.04	6.05		6A.06	6.06	7	8	9
1 ADMINISTRATIVE AND GENERAL	31832		3708232			164024	1400	2052	1
2 INPATIENT - GENERAL CARE						677975			2
3 INPATIENT - RESPITE CARE						6163			3
4 PHYSICIAN SERVICES						16800			4
5 NURSING CARE						950587			5
5.20 NURSING CARE-CONTINUOUS HOM									5.20
6 PHYSICAL THERAPY									6
7 OCCUPATIONAL THERAPY									7
8 SPEECH/LANGUAGE PATHOLOGY									8
9 MEDICAL SOCIAL SERV. - DIRE						126040			9
10 SPIRITUAL COUNSELING						54670			10
11 DIETARY COUNSELING									11
12 COUNSELING - OTHER									12
13 HOME HLTH AIDE & HOMEMAKERS									13
13.20 HH AIDE & HMKR-CONT. HOME C									13.20
14 OTHER									14
15 DRUGS,BIOLOGICALS & INFUSIO						247520			15
15.30 ANALGESICS									15.30
15.31 SEDATIVES / HYPNOTICS									15.31
15.32 OTHER - SPECIFY									15.32
16 DURABLE MED. EQUIP./OXYGEN						241435			16
17 PATIENT TRANSPORTATION									17
18 IMAGING SERVICES									18
19 LABS AND DIAGNOSTICS									19
20 MEDICAL SUPPLIES									20
21 OUTPAT. SERV.(INCL.E/R DEPT									21
22 RADIATION THERAPY									22
23 CHEMOTHERAPY									23
24 OTHER									24
25 BEREAVEMENT PROGRAM COSTS						15959			25
26 VOLUNTEER PROGRAM COSTS						21097			26
27 FUNDRAISING									27
28 OTHER PROGRAM COSTS									28
29 TOTAL	31832		3708232			2522270	1400	2052	29
30 TOTAL COST TO BE ALLOCATED	1119		37164			338991	14517	49533	30
31 UNIT COST MULTIPLIER	.035153		.010022			.134399		24.138889	31
31 UNIT COST MULTIPLIER							10.369286		31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY
	SQUARE FEET	MEALS SERVED	MEALS SERVED	NUMBER HOUSED	FTE'S SERVICE	SUPPLY COSTS		TIME SPENT
	10	11	12	13	14	15	16	17
1 ADMINISTRATIVE AND GENERAL	2052		3224			14859		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL	2052		3224			14859		29
30 TOTAL COST TO BE ALLOCATED	50660		36630			1674		30
31 UNIT COST MULTIPLIER	24.688109		11.361663					31
31 UNIT COST MULTIPLIER						.112659		31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER

PARAMED
 EDUCATION

ASSIGNED
 TIME

24

1	ADMINISTRATIVE AND GENERAL	1
2	INPATIENT - GENERAL CARE	2
3	INPATIENT - RESPITE CARE	3
4	PHYSICIAN SERVICES	4
5	NURSING CARE	5
5.20	NURSING CARE-CONTINUOUS HOM	5.20
6	PHYSICAL THERAPY	6
7	OCCUPATIONAL THERAPY	7
8	SPEECH/LANGUAGE PATHOLOGY	8
9	MEDICAL SOCIAL SERV. - DIRE	9
10	SPIRITUAL COUNSELING	10
11	DIETARY COUNSELING	11
12	COUNSELING - OTHER	12
13	HOME HLTH AIDE & HOMEMAKERS	13
13.20	HH AIDE & HMKR-CONT. HOME C	13.20
14	OTHER	14
15	DRUGS,BIOLOGICALS & INFUSIO	15
15.30	ANALGESICS	15.30
15.31	SEDATIVES / HYPNOTICS	15.31
15.32	OTHER - SPECIFY	15.32
16	DURABLE MED. EQUIP./OXYGEN	16
17	PATIENT TRANSPORTATION	17
18	IMAGING SERVICES	18
19	LABS AND DIAGNOSTICS	19
20	MEDICAL SUPPLIES	20
21	OUTPAT. SERV.(INCL.E/R DEPT	21
22	RADIATION THERAPY	22
23	CHEMOTHERAPY	23
24	OTHER	24
25	BEREAVEMENT PROGRAM COSTS	25
26	VOLUNTEER PROGRAM COSTS	26
27	FUNDRAISING	27
28	OTHER PROGRAM COSTS	28
29	TOTAL	29
30	TOTAL COST TO BE ALLOCATED	30
31	UNIT COST MULTIPLIER	31
31	UNIT COST MULTIPLIER	31

PROVIDER NO. 26-0110 SOUTHEAST MISSOURI HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/05/2009 11:43

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 26-1537

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.314691		1
1.01	SOUTHEAST OUTPATIENT REHAB	50.01	0.438156		1.01
1.02	PHYSIATRY	50.02	1.672691		1.02
2	OCCUPATIONAL THERAPY	51	0.222038		2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.252080		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.252590		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.157091		6
7	MEDICAL SUPPLIES	55	0.211933		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.435590		8
8.01	G.I. LABORATORY	61.01	0.271195		8.01
9	RADIATION THERAPY	41	0.279982		9
9.01	ULTRASOUND	41.01	0.136829		9.01
9.02	C.T. SCANNER	41.02	0.054085		9.02
9.03	CARDIOVASCULAR LAB	41.03	0.145962		9.03
9.04	MRI SCANNING	41.04	0.146715		9.04
10	CARDIAC REHAB	59			10
11	TOTALS		0.671365		11

PROVIDER NO. 26-0110 SOUTHEAST MISSOURI HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/05/2009 11:43

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 26-1537

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				3039630	1
2 TOTAL UNDUPLICATED DAYS				18892	2
3 AGGREGATE COST PER DIEM				160.90	3
4 UNDUPLICATED MEDICARE DAYS	16701				4
5 AGGREGATE MEDICARE COST	2687191				5
6 UNDUPLICATED MEDICAID DAYS		827			6
7 AGGREGATE MEDICAID COST		133064			7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			1364		12
13 AGGREGATE COST FOR OTHER DAYS			219468		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (26-0110)	HOSPITAL (26-0110)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	2878257				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	491591				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4					4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS
4.02	0.00	0.00			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	3369848				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
1.01	OLD CAP-REL CSTS-BLDGS & FIX #2				1.01
1.02	OLD CAP-REL CSTS-BLDGS & FIX #3				1.02
1.03	OLD CAP-REL CSTS-BLDGS & FIX #4				1.03
1.04	OLD CAP-REL CSTS-BLDGS & FIX #5				1.04
1.05	OLD CAP-REL CSTS-BLDGS & FIX #6				1.05
1.06	OLD CAP-REL CSTS-BLDGS & FIX #7				1.06
1.07	OLD CAP-REL CSTS-BLDGS & FIX #8				1.07
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
3.01	NEW CAP-REL CSTS-BLDGS & FIX #2				3.01
3.02	NEW CAP-REL CSTS-BLDGS & FIX #3				3.02
3.03	NEW CAP-REL CSTS-BLDGS & FIX #4				3.03
3.04	NEW CAP-REL CSTS-BLDGS & FIX #5				3.04
3.05	NEW CAP-REL CSTS-BLDGS & FIX #6				3.05
3.06	NEW CAP-REL CSTS-BLDGS & FIX #7				3.06
3.07	NEW CAP-REL CSTS-BLDGS & FIX #8				3.07
3.08	NEW CAP-REL CSTS-BLDGS & FIX #9				3.08
3.09	NEW CAP-REL CSTS-BLDGS & FIX #1				3.09
3.10	NEW CAP-REL CSTS-BLDGS & FIX #1				3.10
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6.01	COMMUNICATIONS				6.01
6.02	DATA PROCESSING				6.02
6.03	PURCHASING				6.03
6.04	ADMITTING				6.04
6.05	CREDIT & COLLECTIONS				6.05
6.06	OTHER ADMINISTRATIVE & GENERAL				6.06
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
21.01	SCHOOL OF MEDICAL TECHNOLOGY				21.01
21.02	SCHOOL OF SURGICAL TECHNOLOGY				21.02
21.03	SCHOOL OF RADIOLOGICAL TECHNOLO				21.03
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
28	BURN INTENSIVE CARE UNIT				28
28.01	ADULT SPECIAL CARE				28.01
29.01	CARDIOTHORACIC ICU				29.01
30	NEONATOLOGY				30
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	ULTRASOUND				41.01
41.02	C.T. SCANNER				41.02
41.03	CARDIOVASCULAR LAB				41.03
41.04	MRI SCANNING				41.04
42	RADIOLOGY-THERAPEUTIC				42
42.01	CHEMOTHERAPY				42.01
43.01	NUCLEAR MEDICINE				43.01
44	LABORATORY				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA				47
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
50.01	SOUTHEAST OUTPATIENT REHAB				50.01

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
50.02 PHYSIATRY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 CV DIAGNOSTIC					53.01
53.02 ELECTROPHYSIOLOGY LAB					53.02
54.01 NEUROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60.01 HYPERBARIC WOUND CLINIC					60.01
60.02 DIABETES CENTER					60.02
61 EMERGENCY					61
61.01 G.I. LABORATORY					61.01
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97.01 RESPITE CARE					97.01
99 NONPAID WORKERS					99
99.01 VENDING MACHINES					99.01
99.02 SUNSET GUEST HOUSE					99.02
99.03 LACEY'S RESTAURANT					99.03
99.04 COMMUNITY WELLNESS					99.04
99.05 HOME INFUSION					99.05
99.06 SE HOSP PHYSICIANS LLC					99.06
99.07 GENERATIONS					99.07
99.08 RETAIL PHARMACY					99.08
99.09 OUTREACH LAB					99.09
99.10 FOOT CLINIC					99.10
99.11 MARKETING					99.11
99.13 HEALTHPOINT					99.13
99.14 DOCTORS PARK					99.14
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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	54.09		13.49				67.58 25
28.01 ADULT SPECIAL CARE	58.23		17.53				75.76 28.01
29.01 CARDIOTHORACIC ICU	65.13		9.19				74.32 29.01
33 NURSERY			64.46				64.46 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	28.85	15.63	2.67	8.85			56.00 37
40 ANESTHESIOLOGY	27.79	10.28	4.32	7.33			49.72 40
41 RADIOLOGY-DIAGNOSTIC	25.73	31.53		7.50			64.76 41
41.01 ULTRASOUND	7.52	10.04	2.34	13.39			33.29 41.01
41.02 C.T. SCANNER	20.10	26.83	2.99	8.72			58.64 41.02
41.03 CARDIOVASCULAR LAB	29.22	14.12	0.02	2.31			45.67 41.03
41.04 MRI SCANNING	13.56	24.35	1.59	4.88			44.38 41.04
42 RADIOLOGY-THERAPEUTIC	2.65	41.65	3.39	3.70			51.39 42
42.01 CHEMOTHERAPY	1.46	15.08	1.01	4.49			22.04 42.01
43.01 NUCLEAR MEDICINE	14.84	21.57	1.86	4.12			42.39 43.01
44 LABORATORY	40.43	2.79	8.98	5.96			58.16 44
47 BLOOD STORING, PROCESSING & TRA	35.44	3.72	2.83	0.31			42.30 47
49 RESPIRATORY THERAPY	26.87	3.17	8.31	1.06			39.41 49
50 PHYSICAL THERAPY	55.27	0.40	4.73	0.11			60.51 50
51 OCCUPATIONAL THERAPY	24.79		1.97				26.76 51
52 SPEECH PATHOLOGY	48.91	0.10	3.98	0.56			53.55 52
53.01 CV DIAGNOSTIC	32.47	23.02	4.31	3.72			63.52 53.01
54.01 NEUROPHYSIOLOGY	26.73	22.84	1.26	7.66			58.49 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	41.58	11.48	3.68	3.17			59.91 55
56 DRUGS CHARGED TO PATIENTS	36.70	13.23	8.09	3.90			61.92 56
59 CARDIAC REHAB	6.23	36.07					42.30 59
60.01 HYPERBARIC WOUND CLINIC	6.22	48.35	1.38	22.28			78.23 60.01
61 EMERGENCY	13.27	12.21	3.06	15.34			43.88 61
61.01 G.I. LABORATORY	23.55	22.73	2.25	2.74			51.27 61.01
62 OBSERVATION BEDS (NON-DISTINCT	6.08	30.72	1.80	11.17			49.77 62
101 TOTAL CHARGES	28.21	13.28	3.93	4.97			50.39 101

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

SUBPROVIDER I

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							
31 SUBPROVIDER I	27.01		30.39				57.40 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
41 RADIOLOGY-DIAGNOSTIC	0.06						0.06 41
41.01 ULTRASOUND	0.04						0.04 41.01
41.02 C.T. SCANNER	0.11		0.03				0.14 41.02
41.04 MRI SCANNING	0.06		0.20				0.26 41.04
42 RADIOLOGY-THERAPEUTIC			0.10				0.10 42
42.01 CHEMOTHERAPY	0.01						0.01 42.01
43.01 NUCLEAR MEDICINE	0.06		0.09				0.15 43.01
44 LABORATORY	0.56		0.51				1.07 44
47 BLOOD STORING, PROCESSING & TRA	0.01						0.01 47
49 RESPIRATORY THERAPY	0.09		0.15				0.24 49
50 PHYSICAL THERAPY	2.51		0.31				2.82 50
51 OCCUPATIONAL THERAPY	0.02		0.23				0.25 51
52 SPEECH PATHOLOGY	0.14		0.07				0.21 52
53.01 CV DIAGNOSTIC	0.31		0.38				0.69 53.01
54.01 NEUROPHYSIOLOGY	0.09						0.09 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	0.09		0.04				0.13 55
56 DRUGS CHARGED TO PATIENTS	0.27		0.22				0.49 56
60.01 HYPERBARIC WOUND CLINIC	0.02		0.03				0.05 60.01
61 EMERGENCY	0.27		0.02				0.29 61
61.01 G.I. LABORATORY	0.11		0.10				0.21 61.01
101 TOTAL CHARGES	0.15		0.11				0.26 101

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

SUBPROVIDER II

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							
31.01 SUBPROVIDER II	56.22		6.53				62.75 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01		0.01				0.02 37
40 ANESTHESIOLOGY			0.01				0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.15						0.15 41
41.01 ULTRASOUND	0.04						0.04 41.01
41.02 C.T. SCANNER	0.13		0.01				0.14 41.02
41.03 CARDIOVASCULAR LAB	0.01						0.01 41.03
41.04 MRI SCANNING	0.08						0.08 41.04
42 RADIOLOGY-THERAPEUTIC			0.01				0.01 42
42.01 CHEMOTHERAPY	0.32						0.32 42.01
43.01 NUCLEAR MEDICINE	0.07						0.07 43.01
44 LABORATORY	0.46		0.04				0.50 44
47 BLOOD STORING, PROCESSING & TRA	0.32						0.32 47
49 RESPIRATORY THERAPY	0.31		0.13				0.44 49
50 PHYSICAL THERAPY	11.53		1.29				12.82 50
51 OCCUPATIONAL THERAPY	36.21		3.70				39.91 51
52 SPEECH PATHOLOGY	15.29		1.93				17.22 52
53.01 CV DIAGNOSTIC	0.23						0.23 53.01
54.01 NEUROPHYSIOLOGY	0.21						0.21 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	0.24		0.05				0.29 55
56 DRUGS CHARGED TO PATIENTS	0.56		0.06				0.62 56
60.01 HYPERBARIC WOUND CLINIC	0.13						0.13 60.01
61 EMERGENCY			0.01				0.01 61
61.01 G.I. LABORATORY	0.39		0.03				0.42 61.01
101 TOTAL CHARGES	0.41		0.05				0.46 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---	
	AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
1.01 OLD CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 OLD CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 OLD CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 OLD CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 OLD CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 OLD CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 OLD CAP-REL CSTS-BLDGS & FIX #8						1.07
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT	130292	.06	-130292	-.14		3
3.01 NEW CAP-REL CSTS-BLDGS & FIX #2	168428	.07	-168428	-.19		3.01
3.02 NEW CAP-REL CSTS-BLDGS & FIX #3	310272	.13	-310272	-.34		3.02
3.03 NEW CAP-REL CSTS-BLDGS & FIX #4	252807	.11	-252807	-.28		3.03
3.04 NEW CAP-REL CSTS-BLDGS & FIX #5						3.04
3.05 NEW CAP-REL CSTS-BLDGS & FIX #6	166475	.07	-166475	-.18		3.05
3.06 NEW CAP-REL CSTS-BLDGS & FIX #7	633815	.27	-633815	-.70		3.06
3.07 NEW CAP-REL CSTS-BLDGS & FIX #8	2151919	.92	-2151919	-2.38		3.07
3.08 NEW CAP-REL CSTS-BLDGS & FIX #9	7896602	3.39	-7896602	-8.73		3.08
3.09 NEW CAP-REL CSTS-BLDGS & FIX #1						3.09
3.10 NEW CAP-REL CSTS-BLDGS & FIX #1						3.10
4 NEW CAP REL COSTS-MVBLE EQUIP	7734470	3.32	-7734470	-8.56		4
5 EMPLOYEE BENEFITS	19240700	8.26	-19240700	-21.28		5
6.01 COMMUNICATIONS	824246	.35	-824246	-.91		6.01
6.02 DATA PROCESSING	1848062	.79	-1848062	-2.04		6.02
6.03 PURCHASING	846766	.36	-846766	-.94		6.03
6.04 ADMITTING	1902505	.82	-1902505	-2.10		6.04
6.05 CREDIT & COLLECTIONS	5514889	2.37	-5514889	-6.10		6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	25058112	10.76	-25058112	-27.72		6.06
7 MAINTENANCE & REPAIRS	2108158	.91	-2108158	-2.33		7
8 OPERATION OF PLANT	2988202	1.28	-2988202	-3.31		8
9 LAUNDRY & LINEN SERVICE	627326	.27	-627326	-.69		9
10 HOUSEKEEPING	3088863	1.33	-3088863	-3.42		10
11 DIETARY	2189131	.94	-2189131	-2.42		11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	2788190	1.20	-2788190	-3.08		14
15 CENTRAL SERVICES & SUPPLY	1465776	.63	-1465776	-1.62		15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL	358713	.15	-358713	-.40		21
21.01 SCHOOL OF MEDICAL TECHNOLOGY	32357	.01	-32357	-.04		21.01
21.02 SCHOOL OF SURGICAL TECHNOLOGY						21.02
21.03 SCHOOL OF RADIOLOGICAL TECHNOLO	77254	.03	-77254	-.09		21.03
22 I&R SERVICES-SALARY & FRINGES A						22

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	1376879	.59	758079	.84	2134958	.92	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	2150193	.92	889437	.98	3039630	1.31	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			68173	.08	68173	.03	96
97.01 RESPITE CARE							97.01
99 NONPAID WORKERS			21565	.02	21565	.01	99
99.01 VENDING MACHINES			1433		1433		99.01
99.02 SUNSET GUEST HOUSE	6042		95423	.11	101465	.04	99.02
99.03 LACEY'S RESTAURANT	21614	.01	27252	.03	48866	.02	99.03
99.04 COMMUNITY WELLNESS	194273	.08	71564	.08	265837	.11	99.04
99.05 HOME INFUSION			11469	.01	11469		99.05
99.06 SE HOSP PHYSICIANS LLC	15974954	6.86	9336252	10.33	25311206	10.87	99.06
99.07 GENERATIONS	253923	.11	148620	.16	402543	.17	99.07
99.08 RETAIL PHARMACY	4731332	2.03	679626	.75	5410958	2.32	99.08
99.09 OUTREACH LAB	2744680	1.18	462087	.51	3206767	1.38	99.09
99.10 FOOT CLINIC							99.10
99.11 MARKETING	5422233	2.33	985512	1.09	6407745	2.75	99.11
99.13 HEALTHPOINT	2073252	.89	1576040	1.74	3649292	1.57	99.13
99.14 DOCTORS PARK	997		24308	.03	25305	.01	99.14
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	232921692	100.00	0	.00	232921692	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3441528	78272599	.043968	22582116	992890	37
40 ANESTHESIOLOGY	580694	20460546	.028381	5686436	161387	40
41 RADIOLOGY-DIAGNOSTIC	905597	20458422	.044265	5264607	233038	41
41.01 ULTRASOUND	144700	9680223	.014948	728380	10888	41.01
41.02 C.T. SCANNER	387523	35605140	.010884	7158340	77911	41.02
41.03 CARDIOVASCULAR LAB	821184	27993921	.029334	8180405	239964	41.03
41.04 MRI SCANNING	440444	13771620	.031982	1867306	59720	41.04
42 RADIOLOGY-THERAPEUTIC	1678119	17945421	.093512	474903	44409	42
42.01 CHEMOTHERAPY	246249	4104908	.059989	59782	3586	42.01
43.01 NUCLEAR MEDICINE	208862	17142326	.012184	2544574	31003	43.01
44 LABORATORY	1289436	63264620	.020382	25578752	521346	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	35919	10385583	.003459	3680966	12732	47
49 RESPIRATORY THERAPY	280830	28446437	.009872	7643226	75454	49
50 PHYSICAL THERAPY	68171	5120287	.013314	2829767	37676	50
50.01 SOUTHEAST OUTPATIENT REHAB	246166	8846132	.027828			50.01
50.02 PHYSIATRY	41793	458716	.091109			50.02
51 OCCUPATIONAL THERAPY	12190	1905907	.006396	472412	3022	51
52 SPEECH PATHOLOGY	9120	1064487	.008568	520611	4461	52
53.01 CV DIAGNOSTIC	418245	16416844	.025477	5330163	135797	53.01
53.02 ELECTROPHYSIOLOGY LAB						53.02
54.01 NEUROPHYSIOLOGY	149274	6989648	.021356	1868433	39902	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	305737	144226744	.002120	59969260	127135	55
56 DRUGS CHARGED TO PATIENTS	800108	74460556	.010745	27325675	293614	56
59 CARDIAC REHAB	23602	598055	.039465	37259	1470	59
OUTPATIENT SERVICE COST CENTERS						
60.01 HYPERBARIC WOUND CLINIC	57083	2607302	.021894	162117	3549	60.01
60.02 DIABETES CENTER	11919	118407	.100661			60.02
61 EMERGENCY	736748	21799014	.033797	2891887	97737	61
61.01 G.I. LABORATORY	288832	6951542	.041549	1636997	68016	61.01
62 OBSERVATION BEDS (NON-DISTINCT	262893	2097980	.125308	127564	15985	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	13892966	641193387		194621938	3292692	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	3655031		3655031	37302	97.98	20178	1977040 25
28 BURN INTENSIVE CARE UNIT	15647		15647				28
28.01 ADULT SPECIAL CARE	487360		487360	3850	126.59	2242	283815 28.01
29.01 CARDIOTHORACIC ICU	809879		809879	1709	473.89	1113	527440 29.01
30 NEONATOLOGY							30
101 TOTAL	4967917		4967917			23533	2788295 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2788295

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 3292692

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 6080987

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	57283960
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	214760592
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.267

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1884328
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	3496644
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.539

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	835280
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1623021
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.515

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	6080987
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.028

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	19017255
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	91601600
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.208