

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY GIBSON AREA HOSPITAL AND HEALTH SVCS (14-1317) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, 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	2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	200134	100773	2
3	SWING BED - SNF	-70467		3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	RURAL HEALTH CLINIC I		103220	9
9.01	RURAL HEALTH CLINIC II		5342	9.01
9.02	RURAL HEALTH CLINIC III		31520	9.02
100	TOTAL	129667	240855	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	GIBSON AREA HOSPITAL AND HEALTH SV 14-1317	01/03/2002	N	O	O	2	
3	SUBPROVIDER I						3	
4	SWING BEDS - SNF	GIBSON COMMUNITY SWING BEDS	14-Z317	04/01/1993	N	O	N	4
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF	GIBSON HOSPITAL ANNEX SNF	14-5979	05/19/1999	N	P	O	6
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA	GIBSON HOME HEALTH AGENCY	14-7507	01/01/1990	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC	MED CLINIC OF EAST CENTRAL ILLINOI	14-3408	01/01/1996	N	O	O	14
14.01	HOSP-BASED RHC II	THE ONARGA CLINIC	14-3440	10/01/1998	N	O	O	14.01
14.02	HOSP-BASED RHC III	PRAIRIE FAMILY MEDICINE & OBSTETRI	14-8505	06/30/2009	N	O	O	14.02
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2008 TO: 09/30/2009	1	2		17	
18	TYPE OF CONTROL			2			18	
TYPE OF HOSPITAL/SUBPROVIDER								
19	HOSPITAL			1			19	
20	SUBPROVIDER I						20	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?						21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	Y	16580	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.						1	21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.						1	21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO				21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?						NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW						NO	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO						25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO						25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO						25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO						25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO						25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)							25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)							25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:							26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.							26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:							26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	04/01/1993					27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO						28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	0.8301	0.9315				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1	14	16580				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)								
28.03	STAFFING	0.00		N				28.03
28.04	RECRUITMENT	0.00		N				28.04
28.05	RETENTION OF EMPLOYEES	0.00		N				28.05
28.06	TRAINING	0.00		N				28.06
28.07	OTHER (SPECIFY)							28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO						29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES						30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.	NO						30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO						30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)	NO						30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.	NO						30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO						31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	YES			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	NO			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O.BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
54.01	PREMIUMS: 460383 PAID LOSSES: AND/OR SELF INSURANCE:					54.01
55	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					55
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----			OBS. BEDS ADMITTED 5.01	
				TITLE V 3	TITLE XVIII 4	TITLE NONCOVERED DAYS 4.01		TITLE XIX 5
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	23	8395	79848.00		1316		270	1
2 HMO								2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					924			3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	23	8395	79848.00		2240		270	5
6 INTENSIVE CARE UNIT	2	730	984.00		24			6
7 CORONARY CARE UNIT								7
8 BURN INTENSIVE CARE UNIT								8
9 SURGICAL INTENSIVE CARE UNIT								9
10 OTHER SPECIAL CARE (SPECIFY)								10
11 NURSERY							57	11
12 TOTAL HOSPITAL	25	9125	80832.00		2264		327	12
13 RPCH VISITS								13
14 SUBPROVIDER I								14
15 SKILLED NURSING FACILITY	5	1825			716			15
16 NURSING FACILITY								16
17 OTHER LONG TERM CARE	37	13505						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					4015			24
24.01 RHC II					161			24.01
24.02 RHC III					346			24.02
25 TOTAL	67							25
26 OBSERVATION BED DAYS								26
27 AMBULANCE TRIPS					888			27
28 EMPLOYEE DISCOUNT DAYS								28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS----				---INTERNS & RES FTES----			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2268							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF		924							3
4 HOSPITAL ADULTS & PEDS - SWING BED NF		135							4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		3327							5
6 INTENSIVE CARE UNIT		41							6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		266							11
12 TOTAL HOSPITAL		3634						296.51	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY		1338						3.39	15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE		12256						31.08	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		13714						18.92	24
24.01 RHC II		2259						3.86	24.01
24.02 RHC III		1874						2.12	24.02
25 TOTAL								355.88	25
26 OBSERVATION BED DAYS		463	9	454					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE XX 15	
1 HOSPITAL ADULTS & PEDIATRICS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		374	120	743	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDIATRICS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDIATRICS - SWING BED NF					4
5 TOTAL ADULTS & PEDIATRICS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 OTHER SPECIAL CARE (SPECIFY)					10
11 NURSERY					11
12 TOTAL HOSPITAL		374	120	743	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE				73	17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
24.01 RHC II					24.01
24.02 RHC III					24.02
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	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
		A-6 2	3	4	5		6
1 SALARIES	1						1
2 TOTAL SALARIES	17974052			740237.00			2
3 NON-PHYSICIAN ANESTHETIST PART A							3
4 NON-PHYSICIAN ANESTHETIST PART B	900521			9990.00			4
5 PHYSICIAN - PART A							5
6 PHYSICIAN - PART B							6
7 TEACHING PHYSICIAN SALARIES							7
8 PHYSICIAN - PART B							8
9 NON-PHYSICIAN - PART B							9
10 INTERNS & RESIDENTS (IN APPR PGM)							10
11 CONTRACT SERVICES, I&R							11
12 HOME OFFICE PERSONNEL							12
13 SNF		116014		7057.00			13
14 EXCLUDED AREA SALARIES	4070724	-85058		192120.00			14
15 OTHER WAGES & RELATED COSTS							15
16 CONTRACT LABOR							16
17 PHARMACY SERVICES UNDER CONTRACT							17
18 LABORATORY SERVICES UNDER CONTRACT							18
19 MANAGEMENT AND ADMINISTRATIVE SERVICES'							19
20 CONTRACT LABOR: PHYSICIAN PART A							20
21 TEACHING PHYSICIAN UNDER CONTRACT							21
22 HOME OFFICE SALARIES & WAGE REL COSTS							22
23 HOME OFFICE: PHYSICIAN PART A							23
24 TEACHING PHYSICIAN SALARIES							24
25 WAGE-RELATED COSTS							25
26 WAGE RELATED COSTS (CORE)	3145218					CMS 339	26
27 WAGE RELATED COSTS (OTHER)						CMS 339	27
28 EXCLUDED AREAS	806505					CMS 339	28
29 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	29
30 NON-PHYSICIAN ANESTHETIST PART B	204541					CMS 339	30
31 PHYSICIAN PART A						CMS 339	31
32 PART A TEACHING PHYSICIANS						CMS 339	32
33 PHYSICIAN PART B						CMS 339	33
34 WAGE RELATED COSTS (RHC/FQHC)							34
35 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	35
36 OVERHEAD COSTS - DIRECT SALARIES							36
37 EMPLOYEE BENEFITS	155802			5684.00			37
38 ADMINISTRATIVE & GENERAL	2060625	-30956		96755.00			38
39 ADMINISTRATIVE & GENERAL UNDER CONTACT							39
40 MAINTENANCE & REPAIRS							40
41 OPERATION OF PLANT	346179			19236.00			41
42 LAUNDRY & LINEN SERVICE	84675			8075.00			42
43 HOUSEKEEPING	199140			21741.00			43
44 HOUSEKEEPING UNDER CONTRACT							44
45 DIETARY	313657	-158309		13475.00			45
46 DIETARY UNDER CONTRACT							46
47 CAFETERIA		158309		13829.00			47
48 MAINTENANCE OF PERSONNEL							48
49 NURSING ADMINISTRATION	636048			14913.00			49
50 CENTRAL SERVICES AND SUPPLY							50
51 PHARMACY							51
52 MEDICAL RECORDS & MEDICAL RECORDS LIBR	303434			17813.00			52
53 SOCIAL SERVICE							53
54 OTHER GENERAL SERVICE							54

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		A-6 2	3	4	5	
1 NET SALARIES	17073531		17073531	730247.00	23.38	1
2 EXCLUDED AREA SALARIES	4070724	30956	4101680	199177.00	20.59	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	13002807	-30956	12971851	531070.00	24.43	3
4 SUBTOTAL OTHER WAGES & REL COSTS						4
5 SUBTOTAL WAGE-RELATED COSTS	3145218		3145218		24.25%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	16148025	-30956	16117069	531070.00	30.35	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	4099560	-30956	4068604	211521.00	19.23	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7507

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: FORD

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

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

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

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7507

WORKSHEET S-4
 (CONTINUED)

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

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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB		36						5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		33						7
8	RHB		16						8
9	RHA								9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		42						10
11	RMB		112						11
12	RMA		1						12
12.01	RMX		72						12.01
12.02	RML		62						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		43						15
16	SE2		101						16
17	SE1		6						17
18	SSC								18
19	SSB		12						19
20	SSA		96						20
21	CC2								21
22	CC1								22
23	CB2		11						23
24	CB1		31						24
25	CA2								25
26	CA1		31						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		2						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		9						45
46	TOTAL		716						46

RHC I
 COMPONENT NO: 14-3408

WORKSHEET S-8

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

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

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

SOURCE OF FEDERAL FUNDS:

GRANT AWARD

DATE

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

PHYSICIAN INFORMATION:

PHYSICIAN NAME

BILLING NO.

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT 9

PHYSICIAN NAME

HOURS

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

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

FACILITY HOURS OF OPERATIONS (1)

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

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13
 14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
 IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.

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

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16

17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17
 IF YES, SEE INSTRUCTIONS.

RHC II
 COMPONENT NO: 14-3440

WORKSHEET S-8

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

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

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

SOURCE OF FEDERAL FUNDS:

GRANT AWARD

DATE

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

PHYSICIAN INFORMATION:

PHYSICIAN NAME

BILLING NO.

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT 9

PHYSICIAN NAME

HOURS

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

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

FACILITY HOURS OF OPERATIONS (1)

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

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13
 14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
 IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.

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

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16

17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17
 IF YES, SEE INSTRUCTIONS.

RHC III
 COMPONENT NO: 14-8505

WORKSHEET S-8

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

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 122 EAST WABASH AVENUE 1
 1.01 CITY: FORREST STATE: IL ZIP CODE: 61741-0058 COUNTY: LIVINGSTON 1.01
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

GRANT AWARD

DATE

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

PHYSICIAN INFORMATION:

PHYSICIAN NAME

BILLING NO.

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT 9

PHYSICIAN NAME

HOURS

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

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

FACILITY HOURS OF OPERATIONS (1)

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

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13
 14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
 IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.

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

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16

17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17
 IF YES, SEE INSTRUCTIONS.

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2067589	2067589	-240788	1826801	-38858	1787943	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				750550	750550	-782	749768	4
5	0500 EMPLOYEE BENEFITS	155802	4904873	5060675	233987	5294662	-270594	5024068	5
6.05	0650 PATIENT ACCOUNTING & REGIST	724980	275840	1000820	-30956	969864		969864	6.05
6.06	0660 ADMIN & GENERAL - OTHER	1335645	5254181	6589826	-649439	5940387	-1976724	3963663	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	346179	953312	1299491	6444	1305935		1305935	8
9	0900 LAUNDRY & LINEN SERVICE	84675	41448	126123		126123	-986	125137	9
10	1000 HOUSEKEEPING	199140	52204	251344		251344		251344	10
11	1100 DIETARY	313657	252722	566379	-285863	280516		280516	11
12	1200 CAFETERIA				285863	285863	-73984	211879	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	636048	53329	689377		689377		689377	14
15	1500 CENTRAL SERVICES & SUPPLY		1439410	1439410	-1428000	11410		11410	15
16	1600 PHARMACY		1291696	1291696	-878770	412926		412926	16
17	1700 MEDICAL RECORDS & LIBRARY	303434	38469	341903		341903	-388	341515	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	2055877	253873	2309750	-508416	1801334		1801334	25
26	2600 INTENSIVE CARE UNIT	73610	2807	76417		76417		76417	26
33	3300 NURSERY				196235	196235		196235	33
34	3400 SKILLED NURSING FACILITY				139019	139019		139019	34
36	3600 OTHER LONG TERM CARE	1178696	257122	1435818	-162413	1273405		1273405	36
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	735223	607523	1342746		1342746	-8949	1333797	37
38	3800 RECOVERY ROOM	204228	18599	222827		222827		222827	38
39	3900 DELIVERY ROOM & LABOR ROOM				319485	319485		319485	39
40	4000 ANESTHESIOLOGY	900521	80052	980573	-56978	923595	-901330	22265	40
41	4100 RADIOLOGY-DIAGNOSTIC	980012	1504486	2484498	-86727	2397771		2397771	41
43	4300 RADIOISOTOPE		107504	107504	87854	195358		195358	43
44	4400 LABORATORY	456503	679231	1135734		1135734	-3025	1132709	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA		107728	107728		107728		107728	47
49	4900 RESPIRATORY THERAPY	224844	53365	278209		278209		278209	49
50	5000 PHYSICAL THERAPY	711507	79272	790779	9217	799996	-5700	794296	50
51	5100 OCCUPATIONAL THERAPY	108531	9153	117684		117684		117684	51
52	5200 SPEECH PATHOLOGY	42745	33811	76556		76556		76556	52
53	5300 ELECTROCARDIOLOGY		25973	25973		25973	-18170	7803	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				1484978	1484978		1484978	55
56	5600 DRUGS CHARGED TO PATIENTS				878770	878770		878770	56
56.01	3950 CARDIAC REHAB	75359	8647	84006		84006		84006	56.01
56.02	3951 WOUND CARE CENTER	71998	56565	128563		128563		128563	56.02
56.03	3952 SLEEP LAB	94529	102878	197407		197407		197407	56.03
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	171223	12502	183725		183725		183725	60
61	6100 EMERGENCY	1050514	1514704	2565218		2565218	-939884	1625334	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC	1486645	748401	2235046	-35672	2199374	-463090	1736284	63.50
63.51	6311 RHC II	187245	119607	306852	-1863	304989	-197	304792	63.51
63.52	6312 RHC III	172654	92490	265144	9126	274270	-19106	255164	63.52
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	6500 AMBULANCE SERVICES	1383674	225593	1609267	42513	1651780		1651780	65
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	16465698	23326959	39792657	78156	39870813	-4721767	35149046	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98.01	9801 GAH - MSO	192159	133682	325841	-19216	306625		306625	98.01
98.02	9802 GAH FOUNDATION	35939	54359	90298	-3592	86706		86706	98.02

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
			1	2	3	4	5	6	7
100	7950	HOSPITAL ASSOC SRVCS	7075	1258	8333		8333		8333 100
100.01	7951	PHYSICIAN OFFICE	1057988	520386	1578374	-57449	1520925		1520925 100.01
100.02	7952	PHYSICIAN CLINICS	215193	186331	401524	2101	403625		403625 100.02
101		TOTAL	17974052	24222975	42197027		42197027	-4721767	37475260 101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		390853	1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		27306	2
3	A	RHC	63.50		25335	3
4	A	RHC III	63.52		11764	4
5	A	PHYSICIAN CLINICS	100.02		13745	5
6						6
7 COST OF DRUGS	B	DRUGS CHARGED TO PATIENTS	56		878770	7
8						8
9 COST OF MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		1484978	9
10	C					10
11						11
12 CAFETERIA COSTS	D	CAFETERIA	12	158309	127554	12
13						13
14 DELIVERY AND NURSERY COSTS	E	DELIVERY ROOM & LABOR ROOM	39	283632	35853	14
15	E	NURSERY	33	174213	22022	15
16						16
17 CLINIC FRINGE BENEFITS	F	EMPLOYEE BENEFITS	5		211179	17
18	F					18
19	F					19
20	F					20
21						21
22 OTHER FRINGE BENEFITS	G	EMPLOYEE BENEFITS	5		22808	22
23	G					23
24						24
25 ADM LONG TERM CARE FEES	H	ADMIN & GENERAL - OTHER	6.06		23394	25
26						26
27 SNF DIRECT CARE COST	I	SKILLED NURSING FACILITY	34	116014	23005	27
28						28
29 OTHER CAPITAL COSTS	J	NEW CAP REL COSTS-MVBLE EQUIP	4		2599	29
30						30
31 MOVABLE EQUIP AND PAXTON DEPR	K	NEW CAP REL COSTS-MVBLE EQUIP	4		689545	31
32	K	RADIOLOGY-DIAGNOSTIC	41		1127	32
33	K	PHYSICAL THERAPY	50		9217	33
34	K	RHC	63.50		65574	34
35	K	RHC III	63.52		6164	35
36 SUBTOTAL				732168	4072792	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 INTEREST EXPENSE	A	ADMIN & GENERAL - OTHER	6.06		469003	11 1
2	A					11 2
3	A					11 3
4	A					11 4
5	A					11 5
6						6
7 COST OF DRUGS	B	PHARMACY	16		878770	7
8						8
9 COST OF MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		1428000	9
10	C	ANESTHESIOLOGY	40		56978	10
11						11
12 CAFETERIA COSTS	D	DIETARY	11	158309	127554	12
13						13
14 DELIVERY AND NURSERY COSTS	E	ADULTS & PEDIATRICS	25	457845	57875	14
15	E					15
16						16
17 CLINIC FRINGE BENEFITS	F	RHC	63.50		126581	17
18	F	RHC III	63.52		8802	18
19	F	PHYSICIAN OFFICE	100.01		57449	19
20	F	PHYSICIAN CLINICS	100.02		18347	20
21						21
22 OTHER FRINGE BENEFITS	G	GAH - MSO	98.01		19216	22
23	G	GAH FOUNDATION	98.02		3592	23
24						24
25 ADM LONG TERM CARE FEES	H	OTHER LONG TERM CARE	36		23394	25
26						26
27 SNF DIRECT CARE COST	I	OTHER LONG TERM CARE	36	116014	23005	27
28						28
29 OTHER CAPITAL COSTS	J	NEW CAP REL COSTS-BLDG & FIXT	3		2599	9 29
30						30
31 MOVABLE EQUIP AND PAXTON DEPR	K	NEW CAP REL COSTS-BLDG & FIXT	3		702726	9 31
32	K	ADMIN & GENERAL - OTHER	6.06		91742	9 32
33	K					9 33
34	K					9 34
35	K					9 35
36 SUBTOTAL				732168	4095633	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	K	AMBULANCE SERVICES	65		16138	1
2	K	PHYSICIAN CLINICS	100.02		6703	2
3						3
4	L	NEW CAP REL COSTS-BLDG & FIXT	3		73684	4
5	L	NEW CAP REL COSTS-MVBLE EQUIP	4		31100	5
6						6
7						7
8	M	RADIOISOTOPE	43	87854		8
9						9
10	N	AMBULANCE SERVICES	65	30956		10
11						11
12	O	OPERATION OF PLANT	8		4581	12
13						13
14	P	OPERATION OF PLANT	8		1863	14
15						15
16	Q	ADULTS & PEDIATRICS	25		7304	16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		850978	4214165	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	K					9 1
2	K					9 2
3						3
4	L	ADMIN & GENERAL - OTHER	6.06		104784	12 4
5	L					12 5
6						6
7						7
8	M	RADIOLOGY-DIAGNOSTIC	41	87854		8
9						9
10	N	PATIENT ACCOUNTING & REGIST	6.05	30956		10
11						11
12	O	AMBULANCE SERVICES	65		4581	12
13						13
14	P	RHC II	63.51		1863	14
15						15
16	Q	ADMIN & GENERAL - OTHER	6.06		7304	16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		850978	4214165	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	76252					76252		1
2 LAND IMPROVEMENTS	1131919	5579		5579		1137498		2
3 BUILDINGS AND FIXTURES	11155827	638735		638735		11794562		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	10076864	542816		542816		10619680		6
7 SUBTOTAL	22440862	1187130		1187130		23627992		7
8 RECONCILING ITEMS								8
9 TOTAL	22440862	1187130		1187130		23627992		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1334598		379661	73684			1787943
4 NEW CAP REL COSTS-MVBLE EQUIP	692144		26524	31100			749768
5 TOTAL	2026742		406185	104784			2537711

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	2067589						2067589
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	2067589						2067589

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-11192	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-782	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER	B	-501	ADMIN & GENERAL - OTHER	6.06	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-1492	ADMIN & GENERAL - OTHER	6.06	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-975728			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-73984	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-388	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 RENTAL INCOME	B	-27666	NEW CAP REL COSTS-BLDG & FIXT	3	9 37
37.01 OTHER INTEREST INCOME - ONARGA	B	-84	RHC II	63.51	37.01
37.02 INSURANCE SETTLEMENT	B	-73000	ADMIN & GENERAL - OTHER	6.06	37.02
37.03 PAXTON INTEREST INCOME	B	-803	RHC	63.50	37.03
37.04 ADMIN INTEREST INCOME	B	-1437	ADMIN & GENERAL - OTHER	6.06	37.04
38 MISC REVENUE	B	-2086	ADMIN & GENERAL - OTHER	6.06	38
39 MISC LIFELINE REVENUE	B	-4500	ADMIN & GENERAL - OTHER	6.06	39
40 LAUNDRY INCOME	B	-986	LAUNDRY & LINEN SERVICE	9	40
41 CRNA SALARY EXPENSE	A	-900521	ANESTHESIOLOGY	40	41
42 CRNA NONSALARY EXPENSE	A	-809	ANESTHESIOLOGY	40	42
42.01 CRNA FRINGE BENEFITS	A	-270594	EMPLOYEE BENEFITS	5	42.01
43 NON-REIMB PHYS RECRUITMENT COST	A	-879981	ADMIN & GENERAL - OTHER	6.06	43
44 NONREIMB LOBBYING COST	A	-8224	ADMIN & GENERAL - OTHER	6.06	44
45 RHC RENT EXPENSE	A	-63221	RHC	63.50	45
46 NONREIMB PUBLIC RELATIONS	A	-246221	ADMIN & GENERAL - OTHER	6.06	46
46.01 MISC DONATIONS	A	-85597	ADMIN & GENERAL - OTHER	6.06	46.01
46.02 INTEREST PENALTY	A	-464	ADMIN & GENERAL - OTHER	6.06	46.02
47 GIBSON PHO EXPENSE	A	-415096	ADMIN & GENERAL - OTHER	6.06	47
48 ONARGA LAB SRVCS COST	A	-113	RHC II	63.51	48
48.01 STATE PROVIDER TAX EXPENSE ADJUST	A	-258125	ADMIN & GENERAL - OTHER	6.06	48.01
49 EXCESS PHYSICIAN COMP ADJUSTMENT	A	-314392	RHC	63.50	49
49.01 PAXTON LAB SRVC COST	A	-84674	RHC	63.50	49.01
49.03 FORREST RHC RENT EXP	A	-8581	RHC III	63.52	49.03
49.04 FORREST DRS HOSP VISIT COSTS	A	-10525	RHC III	63.52	49.04
50 TOTAL		-4721767			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
LINE NO.	1	2	3	4	5	6	7	8	9
1	53	ELECTROCARDIOLOGY	EKG	18170	18170				
2	61	EMERGENCY	ER	1427311	939884	487427			
3	44	LABORATORY	LAB	3025	3025				
4	34	SKILLED NURSING FACILITY	SNF	17250		17250			
5	56.01	CARDIAC REHAB	CARDIAC	6000		6000			
6	56.02	WOUND CARE CENTER	PT	31500		31500			
7	40	ANESTHESIOLOGY	ANESTH	9000		9000			
8	37	OPERATING ROOM	SURGERY	8949	8949				
9	56.03	SLEEP LAB	SLEEP LAB	10200		10200			
10	25	ADULTS & PEDIATRICS	OB	7304		7304			
11	50	PHYSICAL THERAPY	PT	5700	5700				
101		TOTAL		1544409	975728	568681			

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	53 ELECTROCARDIOLOGY	EKG						18170
2	61 EMERGENCY	ER						939884
3	44 LABORATORY	LAB						3025
4	34 SKILLED NURSING FACILITY	SNF						
5	56.01 CARDIAC REHAB	CARDIAC						
6	56.02 WOUND CARE CENTER	PT						
7	40 ANESTHESIOLOGY	ANESTH						
8	37 OPERATING ROOM	SURGERY						8949
9	56.03 SLEEP LAB	SLEEP LAB						
10	25 ADULTS & PEDIATRICS	OB						
11	50 PHYSICAL THERAPY	PT						5700
101	TOTAL							975728

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADM + GEN PATIENT ACTG + REG 6.05	SUBTOTAL 6.06	ADM + GEN OTHER 6.06	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1787943	1787943							3
4 NEW CAP REL COSTS-MVBLE EQUIP			749768						4
5 EMPLOYEE BENEFITS	5024068	9096	3941	5037105					5
6.05 PATIENT ACCOUNTING & REGIST	969864	7364	7593	226135	1210956	1210956			6.05
6.06 ADMIN & GENERAL - OTHER	3963663	202026	385717	434118	4985524	224890	5210414	5210414	6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1305935	470127	6006	121065	1903133	85850	1988983	321199	8
9 LAUNDRY & LINEN SERVICE	125137	24204	637	28451	178429	8049	186478	30114	9
10 HOUSEKEEPING	251344	7716	186	67566	326812	14742	341554	55157	10
11 DIETARY	280516	35356	3777	52542	372191	16790	388981	62816	11
12 CAFETERIA	211879	11222	3849	53878	280828	12668	293496	47396	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	689377	4196		188270	881843	39780	921623	148832	14
15 CENTRAL SERVICES & SUPPLY	11410	9913			21323	962	22285	3599	15
16 PHARMACY	412926	18657	9681		441264	19905	461169	74474	16
17 MEDICAL RECORDS & LIBRARY	341515	14517	82	102848	458962	20704	479666	77461	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1801334	186481	57633	524263	2569711	115920	2685631	433700	25
26 INTENSIVE CARE UNIT	76417	13658	5145	18777	113997	5142	119139	19240	26
33 NURSERY	196235	4492	3619	32486	236832	10683	247515	39971	33
34 SKILLED NURSING FACILITY	139019	16122	1130	40156	196427		196427	31721	34
36 OTHER LONG TERM CARE	1273405	172246	10351	380766	1836768		1836768	296618	36
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1333797	86327	58810	192465	1671399	75397	1746796	282088	37
38 RECOVERY ROOM	222827	17784	650	78869	320130	14441	334571	54030	38
39 DELIVERY ROOM & LABOR ROOM	319485	15207	5891	97551	438134	19764	457898	73945	39
40 ANESTHESIOLOGY	22265	1380	10360		34005	1534	35539	5739	40
41 RADIOLOGY-DIAGNOSTIC	2397771	99619	11503	297181	2806074	126582	2932656	473588	41
43 RADIOISOTOPE	195358	9279		30637	235274	10613	245887	39708	43
44 LABORATORY	1132709	26429	12997	163566	1335701	60253	1395954	225431	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	107728	2168			109896	4957	114853	18547	47
49 RESPIRATORY THERAPY	278209	6350	2336	81384	368279	16613	384892	62156	49
50 PHYSICAL THERAPY	794296	153533	5784	195971	1149584	51858	1201442	194020	50
51 OCCUPATIONAL THERAPY	117684	3168	561	36400	157813	7119	164932	26635	51
52 SPEECH PATHOLOGY	76556	3168		10862	90586	4086	94672	15288	52
53 ELECTROCARDIOLOGY	7803		2844		10647	480	11127	1797	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1484978				1484978	66987	1551965	250625	55
56 DRUGS CHARGED TO PATIENTS	878770				878770	39641	918411	148313	56
56.01 CARDIAC REHAB	84006	14235	3728	35008	136977	6179	143156	23118	56.01
56.02 WOUND CARE CENTER	128563	9420	3849	39722	181554	8190	189744	30642	56.02
56.03 SLEEP LAB	197407		11630	18079	227116	10245	237361	38331	56.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	183725	33385	3075	54574	274759	12394	287153	46372	60
61 EMERGENCY	1625334	94325	72979	350894	2143532	96695	2240227	361772	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC	1736284			407718	2144002		2144002	346233	63.50
63.51 RHC II	304792			57174	361966		361966	58454	63.51
63.52 RHC III	255164		4349		259513		259513	41908	63.52
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	1651780		35716	358074	2045570		2045570	330337	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	35149046	1783170	746409	4777450	34881259	1210113	34880416	4791375	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4773			4773	215	4988	806	96
98.01 GAH - MSO	306625			68026	374651		374651	60502	98.01
98.02 GAH FOUNDATION	86706			12409	99115		99115	16006	98.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADM + GEN	SUBTOTAL	ADM & GEN
	FOR COST	BLDGS &	MOVABLE	BENEFITS		PATIENT		OTHER
	ALLOCATION	FIXTURES	EQUIPMENT		5A	ACTG + REG		
	0	3	4	5		6.05		6.06
100 HOSPITAL ASSOC SRVCS	8333		1357	4236	13926	628	14554	2350 100
100.01PHYSICIAN OFFICE	1520925			174984	1695909		1695909	273871 100.01
100.02PHYSICIAN CLINICS	403625		2002		405627		405627	65504 100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	37475260	1787943	749768	5037105	37475260	1210956	37475260	5210414 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	SUPPLY	16
						14	15	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.05 PATIENT ACCOUNTING & REGIST								6.05
6.06 ADMIN & GENERAL - OTHER								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	2310182							8
9 LAUNDRY & LINEN SERVICE	39290	255882						9
10 HOUSEKEEPING	12525	18841	428077					10
11 DIETARY	57392	565	14179	523933				11
12 CAFETERIA	18216	576	4501		364185			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	6811		1683		16724	1095673		14
15 CENTRAL SERVICES & SUPPLY	16091		3975				45950	15
16 PHARMACY	30284		7482				65	573474
17 MEDICAL RECORDS & LIBRARY	23565		5822		17391			17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	302706	51793	74786	113957	62640	400245	1649	185
26 INTENSIVE CARE UNIT	22170	477	5477	1233	1460	9328	4	26
33 NURSERY	7291	1201	1801		6047	38726	120	3
34 SKILLED NURSING FACILITY	26170	12432	6466	40231	7069		75	2
36 OTHER LONG TERM CARE	279599	113877	69078	368512	64807		683	24
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	140131	25699	34621		30257	193431	5687	13537
38 RECOVERY ROOM	28867		7132		7069	45119	225	38
39 DELIVERY ROOM & LABOR ROOM	24685		6099		9550	61039	195	5
40 ANESTHESIOLOGY	2240		553					40
41 RADIOLOGY-DIAGNOSTIC	161707	9978	39952		32905		272	705
43 RADIOISOTOPE	15062		3721		2085		21	47
44 LABORATORY	42901		10599		21749		569	5
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	3520		870					47
49 RESPIRATORY THERAPY	10308		2547		9425	60296	23	43
50 PHYSICAL THERAPY	283507	9305	61573		24230		79	42
51 OCCUPATIONAL THERAPY	5143		1271		3566		1	51
52 SPEECH PATHOLOGY	5143		1271		1314			52
53 ELECTROCARDIOLOGY							14	53
55 MEDICAL SUPPLIES CHARGED TO PAT							34717	55
56 DRUGS CHARGED TO PATIENTS								515646
56.01 CARDIAC REHAB	23108		5709		2961	18918	16	56.01
56.02 WOUND CARE CENTER	15291		3778		2315	14831	20	47
56.03 SLEEP LAB					3566	22723	15	43
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	54192		13389		8049	51462	134	184
61 EMERGENCY	153113	11138	37828		28109	179555	893	160
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC	159764						75	2447
63.51 RHC II	27176						31	1500
63.52 RHC III	68934						14	74
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	139331						186	1388
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	2206233	255882	426163	523933	363288	1095673	45783	536087
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	7748		1914					96
98.01 GAH - MSO								89
98.02 GAH FOUNDATION								98.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	SUPPLY	16
						14	15	
100 HOSPITAL ASSOC SRVCS					897			58 100
100.01PHYSICIAN OFFICE							135	36445 100.01
100.02PHYSICIAN CLINICS	96201						32	795 100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2310182	255882	428077	523933	364185	1095673	45950	573474 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.05 PATIENT ACCOUNTING & REGIST					6.05
6.06 ADMIN & GENERAL - OTHER					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY	603905				17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	271401	4398693		4398693	25
26 INTENSIVE CARE UNIT	22108	200636		200636	26
33 NURSERY		342675		342675	33
34 SKILLED NURSING FACILITY		320593		320593	34
36 OTHER LONG TERM CARE		3029966		3029966	36
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	105539	2577786		2577786	37
38 RECOVERY ROOM		477013		477013	38
39 DELIVERY ROOM & LABOR ROOM		633416		633416	39
40 ANESTHESIOLOGY		44071		44071	40
41 RADIOLOGY-DIAGNOSTIC	177083	3828846		3828846	41
43 RADIOISOTOPE		306531		306531	43
44 LABORATORY		1697208		1697208	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA		137790		137790	47
49 RESPIRATORY THERAPY	5555	535245		535245	49
50 PHYSICAL THERAPY		1774198		1774198	50
51 OCCUPATIONAL THERAPY		201548		201548	51
52 SPEECH PATHOLOGY		117688		117688	52
53 ELECTROCARDIOLOGY		12938		12938	53
55 MEDICAL SUPPLIES CHARGED TO PAT		1837307		1837307	55
56 DRUGS CHARGED TO PATIENTS		1582370		1582370	56
56.01 CARDIAC REHAB		216986		216986	56.01
56.02 WOUND CARE CENTER		256668		256668	56.02
56.03 SLEEP LAB		302039		302039	56.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		460935	-35640	425295	60
61 EMERGENCY	22219	3035014		3035014	61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC		2652521		2652521	63.50
63.51 RHC II		449127		449127	63.51
63.52 RHC III		370443		370443	63.52
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES		2516812		2516812	65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS	603905	34317063	-35640	34281423	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		15456		15456	96
98.01 GAH - MSO		435242		435242	98.01
98.02 GAH FOUNDATION		115121		115121	98.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	17	25	26	27	
100 HOSPITAL ASSOC SRVCS		17859		17859	100
100.01PHYSICIAN OFFICE		2006360		2006360	100.01
100.02PHYSICIAN CLINICS		568159		568159	100.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	603905	37475260	-35640	37439620	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADM + GEN PATIENT ACTG + REG 6.05	ADM & GEN OTHER 6.06	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		9096	3941	13037	13037				5
6.05 PATIENT ACCOUNTING & REGIST	30229	7364	7593	45186	585	45771			6.05
6.06 ADMIN & GENERAL - OTHER	10102	202026	385717	597845	1124	8502	607471		6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	866	470127	6006	476999	313	3245	37449	518006	8
9 LAUNDRY & LINEN SERVICE		24204	637	24841	74	304	3511	8810	9
10 HOUSEKEEPING		7716	186	7902	175	557	6431	2808	10
11 DIETARY		35356	3777	39133	136	635	7324	12869	11
12 CAFETERIA		11222	3849	15071	139	479	5526	4085	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		4196		4196	487	1504	17352	1527	14
15 CENTRAL SERVICES & SUPPLY	6014	9913		15927		36	420	3608	15
16 PHARMACY		18657	9681	28338		752	8683	6791	16
17 MEDICAL RECORDS & LIBRARY	4385	14517	82	18984	266	783	9031	5284	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	23484	186481	57633	267598	1355	4381	50565	67875	25
26 INTENSIVE CARE UNIT	1308	13658	5145	20111	49	194	2243	4971	26
33 NURSERY		4492	3619	8111	84	404	4660	1635	33
34 SKILLED NURSING FACILITY		16122	1130	17252	104		3698	5868	34
36 OTHER LONG TERM CARE	1662	172246	10351	184259	986		34583	62694	36
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	97955	86327	58810	243092	498	2850	32889	31421	37
38 RECOVERY ROOM		17784	650	18434	204	546	6299	6473	38
39 DELIVERY ROOM & LABOR ROOM		15207	5891	21098	253	747	8621	5535	39
40 ANESTHESIOLOGY	64	1380	10360	11804		58	669	502	40
41 RADIOLOGY-DIAGNOSTIC	1012224	99619	11503	1123346	769	4784	55205	36259	41
43 RADIOISOTOPE	2437	9279		11716	79	401	4630	3377	43
44 LABORATORY	134943	26429	12997	174369	423	2277	26283	9620	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		2168		2168		187	2162	789	47
49 RESPIRATORY THERAPY	3331	6350	2336	12017	211	628	7247	2311	49
50 PHYSICAL THERAPY	2467	153533	5784	161784	507	1960	22621	63570	50
51 OCCUPATIONAL THERAPY		3168	561	3729	94	269	3105	1153	51
52 SPEECH PATHOLOGY		3168		3168	28	154	1782	1153	52
53 ELECTROCARDIOLOGY			2844	2844		18	209		53
55 MEDICAL SUPPLIES CHARGED TO PAT						2532	29220		55
56 DRUGS CHARGED TO PATIENTS						1498	17292		56
56.01 CARDIAC REHAB	62	14235	3728	18025	91	234	2695	5181	56.01
56.02 WOUND CARE CENTER		9420	3849	13269	103	310	3573	3429	56.02
56.03 SLEEP LAB	1290		11630	12920	47	387	4469		56.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	439	33385	3075	36899	141	468	5407	12151	60
61 EMERGENCY	2825	94325	72979	170129	909	3655	42179	34332	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC	31719			31719	1056		40367	35824	63.50
63.51 RHC II	774			774	148		6815	6094	63.51
63.52 RHC III			4349	4349			4886	15457	63.52
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	1458		35716	37174	927		38514	31242	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1370038	1783170	746409	3899617	12365	45739	558615	494698	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4773		4773		8	94	1737	96
98.01 GAH - MSO					176		7054		98.01
98.02 GAH FOUNDATION					32		1866		98.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADM + GEN PATIENT ACTG + REG 6.05	ADM & GEN OTHER 6.06	OPERATION OF PLANT 8
100 HOSPITAL ASSOC SRVCS	121		1357	1478	11	24	274	100
100.01PHYSICIAN OFFICE	45957			45957	453		31931	100.01
100.02PHYSICIAN CLINICS	1104		2002	3106			7637	21571 100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1417220	1787943	749768	3954931	13037	45771	607471	518006 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY
	9	10	11	12	14	15	16	17
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.05 PATIENT ACCOUNTING & REGIST								6.05
6.06 ADMIN & GENERAL - OTHER								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	37540							9
10 HOUSEKEEPING	2764	20637						10
11 DIETARY	83	684	60864					11
12 CAFETERIA	84	217		25601				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		81		1176	26323			14
15 CENTRAL SERVICES & SUPPLY		192				20183		15
16 PHARMACY		361				28	44953	16
17 MEDICAL RECORDS & LIBRARY		281		1223				35852
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	7598	3605	13238	4403	9617	724	15	16112
26 INTENSIVE CARE UNIT	70	264	143	103	224	2		1312
33 NURSERY	176	87		425	930	53		33
34 SKILLED NURSING FACILITY	1824	312	4674	497		33		34
36 OTHER LONG TERM CARE	16708	3330	42809	4554		300	2	36
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3770	1669		2127	4647	2498	1061	6266
38 RECOVERY ROOM		344		497	1084	99		38
39 DELIVERY ROOM & LABOR ROOM		294		671	1466	86		39
40 ANESTHESIOLOGY		27						40
41 RADIOLOGY-DIAGNOSTIC	1464	1926		2313		120	55	10513
43 RADIOISOTOPE		179		147		9	4	43
44 LABORATORY		511		1529		250		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		42						47
49 RESPIRATORY THERAPY		123		663	1449	10	3	330
50 PHYSICAL THERAPY	1365	2968		1703		35	3	50
51 OCCUPATIONAL THERAPY		61		251				51
52 SPEECH PATHOLOGY		61		92				52
53 ELECTROCARDIOLOGY						6		53
55 MEDICAL SUPPLIES CHARGED TO PAT						15248		55
56 DRUGS CHARGED TO PATIENTS							40420	56
56.01 CARDIAC REHAB		275		208	454	7		56.01
56.02 WOUND CARE CENTER		182		163	356	9	4	56.02
56.03 SLEEP LAB				251	546	7	3	56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		645		566	1236	59	14	60
61 EMERGENCY	1634	1824		1976	4314	392	13	1319
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC						33	192	63.50
63.51 RHC II						14	118	63.51
63.52 RHC III						6	6	63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES						82	109	65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	37540	20545	60864	25538	26323	20110	42022	35852
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		92						96
98.01 GAH - MSO							7	98.01
98.02 GAH FOUNDATION								98.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17
100 HOSPITAL ASSOC SRVCS				63			5	100
100.01PHYSICIAN OFFICE						59	2857	100.01
100.02PHYSICIAN CLINICS						14	62	100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	37540	20637	60864	25601	26323	20183	44953	35852 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.05 PATIENT ACCOUNTING & REGIST				6.05
6.06 ADMIN & GENERAL - OTHER				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	447086		447086	25
26 INTENSIVE CARE UNIT	29686		29686	26
33 NURSERY	16565		16565	33
34 SKILLED NURSING FACILITY	34262		34262	34
36 OTHER LONG TERM CARE	350225		350225	36
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	332788		332788	37
38 RECOVERY ROOM	33980		33980	38
39 DELIVERY ROOM & LABOR ROOM	38771		38771	39
40 ANESTHESIOLOGY	13060		13060	40
41 RADIOLOGY-DIAGNOSTIC	1236754		1236754	41
43 RADIOISOTOPE	20542		20542	43
44 LABORATORY	215262		215262	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	5348		5348	47
49 RESPIRATORY THERAPY	24992		24992	49
50 PHYSICAL THERAPY	256516		256516	50
51 OCCUPATIONAL THERAPY	8662		8662	51
52 SPEECH PATHOLOGY	6438		6438	52
53 ELECTROCARDIOLOGY	3077		3077	53
55 MEDICAL SUPPLIES CHARGED TO PAT	47000		47000	55
56 DRUGS CHARGED TO PATIENTS	59210		59210	56
56.01 CARDIAC REHAB	27170		27170	56.01
56.02 WOUND CARE CENTER	21398		21398	56.02
56.03 SLEEP LAB	18630		18630	56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	57586		57586	60
61 EMERGENCY	262676		262676	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC	109191		109191	63.50
63.51 RHC II	13963		13963	63.51
63.52 RHC III	24704		24704	63.52
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	108048		108048	65
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	3823590		3823590	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	6704		6704	96
98.01 GAH - MSO	7237		7237	98.01
98.02 GAH FOUNDATION	1898		1898	98.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100 HOSPITAL ASSOC SRVCS	1855		1855	100
100.01PHYSICIAN OFFICE	81257		81257	100.01
100.02PHYSICIAN CLINICS	32390		32390	100.02
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	3954931		3954931	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADM + GEN	RECON- CILIATION	ADM & GEN	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		PATIENT ACTG + REG ACCUM COST		OTHER ACCUM COST	
	3	4	5	6A.05	6.05		6.06	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	126981							3
4 NEW CAP REL COSTS-MVBLE EQUIP		689546						4
5 EMPLOYEE BENEFITS	646	3624	14023346					5
6.05 PATIENT ACCOUNTING & REGIST	523	6983	629561	-1210956	26844756			6.05
6.06 ADMIN & GENERAL - OTHER	14348	354736	1208590		4985524	-5210414	32264846	6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	33389	5524	337045		1903133		1988983	8
9 LAUNDRY & LINEN SERVICE	1719	586	79208		178429		186478	9
10 HOUSEKEEPING	548	171	188104		326812		341554	10
11 DIETARY	2511	3474	146278		372191		388981	11
12 CAFETERIA	797	3540	149996		280828		293496	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	298		524147		881843		921623	14
15 CENTRAL SERVICES & SUPPLY	704				21323		22285	15
16 PHARMACY	1325	8903			441264		461169	16
17 MEDICAL RECORDS & LIBRARY	1031	75	286330		458962		479666	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	13244	53004	1459545		2569711		2685631	25
26 INTENSIVE CARE UNIT	970	4732	52274		113997		119139	26
33 NURSERY	319	3328	90440		236832		247515	33
34 SKILLED NURSING FACILITY	1145	1039	111795	-196427			196427	34
36 OTHER LONG TERM CARE	12233	9520	1060057	-1836768			1836768	36
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	6131	54086	535826		1671399		1746796	37
38 RECOVERY ROOM	1263	598	219572		320130		334571	38
39 DELIVERY ROOM & LABOR ROOM	1080	5418	271583		438134		457898	39
40 ANESTHESIOLOGY	98	9528			34005		35539	40
41 RADIOLOGY-DIAGNOSTIC	7075	10579	827354		2806074		2932656	41
43 RADIOISOTOPE	659		85295		235274		245887	43
44 LABORATORY	1877	11953	455370		1335701		1395954	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	154				109896		114853	47
49 RESPIRATORY THERAPY	451	2148	226575		368279		384892	49
50 PHYSICAL THERAPY	10904	5319	545586		1149584		1201442	50
51 OCCUPATIONAL THERAPY	225	516	101339		157813		164932	51
52 SPEECH PATHOLOGY	225		30240		90586		94672	52
53 ELECTROCARDIOLOGY		2616			10647		11127	53
55 MEDICAL SUPPLIES CHARGED TO P					1484978		1551965	55
56 DRUGS CHARGED TO PATIENTS					878770		918411	56
56.01 CARDIAC REHAB	1011	3429	97464		136977		143156	56.01
56.02 WOUND CARE CENTER	669	3540	110587		181554		189744	56.02
56.03 SLEEP LAB		10696	50332		227116		237361	56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2371	2828	151935		274759		287153	60
61 EMERGENCY	6699	67117	976894		2143532		2240227	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC			1135092	-2144002			2144002	63.50
63.51 RHC II			159172	-361966			361966	63.51
63.52 RHC III		4000		-259513			259513	63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		32847	996882	-2045570			2045570	65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	126642	686457	13300468	-8055202	26826057	-5210414	29670002	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	339				4773		4988	96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADM + GEN	RECON-	ADM & GEN
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		PATIENT ACTG + REG ACCUM COST		OTHER ACCUM COST
	3	4	5	6A.05	6.05		6.06
98.01 GAH - MSO			189384	-374651			374651 98.01
98.02 GAH FOUNDATION			34546	-99115			99115 98.02
100 HOSPITAL ASSOC SRVCS		1248	11792		13926		14554 100
100.01 PHYSICIAN OFFICE			487156	-1695909			1695909 100.01
100.02 PHYSICIAN CLINICS		1841		-405627			405627 100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1787943	749768	5037105		1210956		5210414 103
104 UNIT COST MULT-WS B PT I		1.087336					104
104 UNIT COST MULT-WS B PT I	14.080398		.359194		.045110		.161489 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			13037		45771		607471 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III			.000930		.001705		.018828 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	
	8	9	10	11	12	14	15	16	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.05									6.05
6.06									6.06
7									7
8	101075								8
9	1719	296389							9
10	548	21824	75808						10
11	2511	655	2511	52275					11
12	797	667	797		17465				12
13									13
14	298		298		802	171031			14
15	704		704				2056326		15
16	1325		1325				2898	977323	16
17	1031		1031		834				17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	13244	59992	13244	11370	3004	62477	73803	316	25
26	970	552	970	123	70	1456	179		26
33	319	1391	319		290	6045	5367	5	33
34	1145	14400	1145	4014	339		3334	4	34
36	12233	131904	12233	36768	3108		30544	41	36
ANCILLARY SERVICE COST CENTERS									
37	6131	29767	6131		1451	30194	254512	23070	37
38	1263		1263		339	7043	10052		38
39	1080		1080		458	9528	8737	8	39
40	98		98						40
41	7075	11558	7075		1578		12192	1201	41
43	659		659		100		929	80	43
44	1877		1877		1043		25443	8	44
46.30									46.30
47	154		154						47
49	451		451		452	9412	1011	74	49
50	12404	10778	10904		1162		3530	72	50
51	225		225		171		33		51
52	225		225		63				52
53							608		53
55							1553768		55
56								878770	56
56.01	1011		1011		142	2953	706		56.01
56.02	669		669		111	2315	874	80	56.02
56.03					171	3547	672	74	56.03
OUTPATIENT SERVICE COST CENTERS									
60	2371		2371		386	8033	5986	313	60
61	6699	12901	6699		1348	28028	39965	273	61
62									62
63.50	6990						3378	4171	63.50
63.51	1189						1405	2557	63.51
63.52	3016						628	126	63.52
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
65	6096						8309	2365	65
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	96527	296389	75469	52275	17422	171031	2048863	913608	95
NONREIMBURSABLE COST CENTERS									
96	339		339						96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	SQUARE	SERVICE	SQUARE	MEALS	MEALS	TRATION	SUPPLY	COSTED
	FEET	POUNDS OF	FEET	SERVED	SERVED	DIRECT	COSTED	REQUIS.
	8	LAUNDRY	10	11	12	NRSING HRS	REQUIS.	REQUIS.
		9				14	15	16
98.01 GAH - MSO								152 98.01
98.02 GAH FOUNDATION								98.02
100 HOSPITAL ASSOC SRVCS					43			98 100
100.01 PHYSICIAN OFFICE							6041	62110 100.01
100.02 PHYSICIAN CLINICS	4209						1422	1355 100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2310182	255882	428077	523933	364185	1095673	45950	573474 103
104 UNIT COST MULT-WS B PT I	22.856117	.863332	5.646858	10.022630	20.852276	6.406283	.022346	.586780 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	518006	37540	20637	60864	25601	26323	20183	44953 107
108 UNIT COST MULT-WS B PT III	5.124967	.126658	.272227	1.164304	1.465846	.153908	.009815	.045996 108
108 UNIT COST MULT-WS B PT III								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY TIME SPENT	
17		
GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6.05	PATIENT ACCOUNTING & REGIST	6.05
6.06	ADMIN & GENERAL - OTHER	6.06
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	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	27180
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	12215
26	INTENSIVE CARE UNIT	995
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
36	OTHER LONG TERM CARE	36
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	4750
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	7970
43	RADIOISOTOPE	43
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
47	BLOOD STORING, PROCESSING & T	47
49	RESPIRATORY THERAPY	250
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
55	MEDICAL SUPPLIES CHARGED TO P	55
56	DRUGS CHARGED TO PATIENTS	56
56.01	CARDIAC REHAB	56.01
56.02	WOUND CARE CENTER	56.02
56.03	SLEEP LAB	56.03
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
61	EMERGENCY	1000
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.51	RHC II	63.51
63.52	RHC III	63.52
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
65	AMBULANCE SERVICES	65
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
85.03	ISLET CELL ACQUISITION	85.03
95	SUBTOTALS	27180
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY TIME SPENT	
	17	
98.01 GAH - MSO		98.01
98.02 GAH FOUNDATION		98.02
100 HOSPITAL ASSOC SRVCS		100
100.01 PHYSICIAN OFFICE		100.01
100.02 PHYSICIAN CLINICS		100.02
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	603905	103
104 UNIT COST MULT-WS B PT I	22.218727	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	35852	107
108 UNIT COST MULT-WS B PT III	1.319058	108
108 UNIT COST MULT-WS B PT III		108

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

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

DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	
1				1
2				2
3				3
4				4
5 CLINIC RENTAL INCOME	1	60	-35640	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	4398693		4398693		4398693	25
26 INTENSIVE CARE UNIT	200636		200636		200636	26
33 NURSERY	342675		342675		342675	33
34 SKILLED NURSING FACILITY	320593		320593		320593	34
36 OTHER LONG TERM CARE	3029966		3029966		3029966	36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2577786		2577786		2577786	37
38 RECOVERY ROOM	477013		477013		477013	38
39 DELIVERY ROOM & LABOR ROOM	633416		633416		633416	39
40 ANESTHESIOLOGY	44071		44071		44071	40
41 RADIOLOGY-DIAGNOSTIC	3828846		3828846		3828846	41
43 RADIOISOTOPE	306531		306531		306531	43
44 LABORATORY	1697208		1697208		1697208	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	137790		137790		137790	47
49 RESPIRATORY THERAPY	535245		535245		535245	49
50 PHYSICAL THERAPY	1774198		1774198		1774198	50
51 OCCUPATIONAL THERAPY	201548		201548		201548	51
52 SPEECH PATHOLOGY	117688		117688		117688	52
53 ELECTROCARDIOLOGY	12938		12938		12938	53
55 MEDICAL SUPPLIES CHARGED TO	1837307		1837307		1837307	55
56 DRUGS CHARGED TO PATIENTS	1582370		1582370		1582370	56
56.01 CARDIAC REHAB	216986		216986		216986	56.01
56.02 WOUND CARE CENTER	256668		256668		256668	56.02
56.03 SLEEP LAB	302039		302039		302039	56.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	425295		425295		425295	60
61 EMERGENCY	3035014		3035014		3035014	61
62 OBSERVATION BEDS (NON-DISTI	555419		555419		555419	62
63.50 RHC	2652521		2652521		2652521	63.50
63.51 RHC II	449127		449127		449127	63.51
63.52 RHC III	370443		370443		370443	63.52
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	2516812		2516812		2516812	65
101 SUBTOTAL	34836842		34836842		34836842	101
102 LESS OBSERVATION BEDS	555419		555419		555419	102
103 TOTAL	34281423		34281423		34281423	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	3353857		3353857			25
26 INTENSIVE CARE UNIT	53290		53290			26
33 NURSERY	490986		490986			33
34 SKILLED NURSING FACILITY	207216		207216			34
36 OTHER LONG TERM CARE	1851412		1851412			36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2224237	6787085	9011322	.286061	.286061	.286061 37
38 RECOVERY ROOM	253317	1351763	1605080	.297190	.297190	.297190 38
39 DELIVERY ROOM & LABOR ROOM	67793	731572	799365	.792399	.792399	.792399 39
40 ANESTHESIOLOGY	60951	77118	138069	.319195	.319195	.319195 40
41 RADIOLOGY-DIAGNOSTIC	854854	11239836	12094690	.316572	.316572	.316572 41
43 RADIOISOTOPE	33386	741065	774451	.395804	.395804	.395804 43
44 LABORATORY	879282	6596319	7475601	.227033	.227033	.227033 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	57073	34446	91519	1.505589	1.505589	1.505589 47
49 RESPIRATORY THERAPY	1531827	570608	2102435	.254583	.254583	.254583 49
50 PHYSICAL THERAPY	511244	1287984	1799228	.986088	.986088	.986088 50
51 OCCUPATIONAL THERAPY	122826	223195	346021	.582473	.582473	.582473 51
52 SPEECH PATHOLOGY	16728	54365	71093	1.655409	1.655409	1.655409 52
53 ELECTROCARDIOLOGY	63329	558122	621451	.020819	.020819	.020819 53
55 MEDICAL SUPPLIES CHARGED TO	3186373	3120332	6306705	.291326	.291326	.291326 55
56 DRUGS CHARGED TO PATIENTS	2548440	4176563	6725003	.235297	.235297	.235297 56
56.01 CARDIAC REHAB		129341	129341	1.677627	1.677627	1.677627 56.01
56.02 WOUND CARE CENTER	149	49919	50068	5.126388	5.126388	5.126388 56.02
56.03 SLEEP LAB		495186	495186	.609951	.609951	.609951 56.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		245843	245843	1.729946	1.729946	1.729946 60
61 EMERGENCY	11013	3015652	3026665	1.002758	1.002758	1.002758 61
62 OBSERVATION BEDS (NON-DISTI	11044	1110820	1121864	.495086	.495086	.495086 62
63.50 RHC		2357588	2357588	1.125099	1.125099	1.125099 63.50
63.51 RHC II		390769	390769	1.149341	1.149341	1.149341 63.51
63.52 RHC III		305244	305244	1.213596	1.213596	1.213596 63.52
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		2347407	2347407	1.072167	1.072167	1.072167 65
101 SUBTOTAL	18390627	47998142	66388769			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	18390627	47998142	66388769			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1317) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II 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	.286061	.286061	.286061			37
38 RECOVERY ROOM	.297190	.297190	.297190			38
39 DELIVERY ROOM & LABOR ROOM	.792399	.792399	.792399			39
40 ANESTHESIOLOGY	.319195	.319195	.319195			40
41 RADIOLOGY-DIAGNOSTIC	.316572	.316572	.316572			41
43 RADIOISOTOPE	.395804	.395804	.395804			43
44 LABORATORY	.227033	.227033	.227033			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	1.505589	1.505589	1.505589			47
49 RESPIRATORY THERAPY	.254583	.254583	.254583			49
50 PHYSICAL THERAPY	.986088	.986088	.986088			50
51 OCCUPATIONAL THERAPY	.582473	.582473	.582473			51
52 SPEECH PATHOLOGY	1.655409	1.655409	1.655409			52
53 ELECTROCARDIOLOGY	.020819	.020819	.020819			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.291326	.291326	.291326			55
56 DRUGS CHARGED TO PATIENTS	.235297	.235297	.235297			56
56.01 CARDIAC REHAB	1.677627	1.677627	1.677627			56.01
56.02 WOUND CARE CENTER	5.126388	5.126388	5.126388			56.02
56.03 SLEEP LAB	.609951	.609951	.609951			56.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.729946	1.729946	1.729946			60
61 EMERGENCY	1.002758	1.002758	1.002758			61
62 OBSERVATION BEDS (NON-DISTINCT	.495086	.495086	.495086			62
63.50 RHC	1.125099	1.125099	1.125099			63.50
63.51 RHC II	1.149341	1.149341	1.149341			63.51
63.52 RHC III	1.213596	1.213596	1.213596			63.52
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1.072167	1.072167	1.072167			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	1.072167	1.072167	1.072167			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	1.072167	1.072167	1.072167			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	1.072167	1.072167	1.072167			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.235297	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	5072	2
2.01 VACCINE CHARGES - HEPATITIS B		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	1193	3
3.01 VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1317) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2047257							37
38 RECOVERY ROOM	430483							38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY	45653							40
41 RADIOLOGY-DIAGNOSTIC	3871459							41
43 RADIOISOTOPE	307931							43
44 LABORATORY	2249969							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR	23686							47
49 RESPIRATORY THERAPY	273389							49
50 PHYSICAL THERAPY	486235							50
51 OCCUPATIONAL THERAPY	73508							51
52 SPEECH PATHOLOGY	18636							52
53 ELECTROCARDIOLOGY	269295							53
55 MEDICAL SUPPLIES CHARGED TO PA	632351							55
56 DRUGS CHARGED TO PATIENTS	1731127							56
56.01 CARDIAC REHAB	69752							56.01
56.02 WOUND CARE CENTER	30716							56.02
56.03 SLEEP LAB	171743							56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	150005							60
61 EMERGENCY	889629							61
62 OBSERVATION BEDS (NON-DISTINCT	383785							62
63.50 RHC								63.50
63.51 RHC II								63.51
63.52 RHC III								63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL	14156609							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	14156609							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1317) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	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	585640						37
38 RECOVERY ROOM	127935						38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY	14572						40
41 RADIOLOGY-DIAGNOSTIC	1225596						41
43 RADIOISOTOPE	121880						43
44 LABORATORY	510817						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	35661						47
49 RESPIRATORY THERAPY	69600						49
50 PHYSICAL THERAPY	479470						50
51 OCCUPATIONAL THERAPY	42816						51
52 SPEECH PATHOLOGY	30850						52
53 ELECTROCARDIOLOGY	5606						53
55 MEDICAL SUPPLIES CHARGED TO PAT	184220						55
56 DRUGS CHARGED TO PATIENTS	407329						56
56.01 CARDIAC REHAB	117018						56.01
56.02 WOUND CARE CENTER	157462						56.02
56.03 SLEEP LAB	104755						56.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	259501						60
61 EMERGENCY	892083						61
62 OBSERVATION BEDS (NON-DISTINCT	190007						62
63.50 RHC							63.50
63.51 RHC II							63.51
63.52 RHC III							63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	5562818						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	5562818						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION COST	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
43 RADIOISOTOPE								43
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
56.01 CARDIAC REHAB								56.01
56.02 WOUND CARE CENTER								56.02
56.03 SLEEP LAB								56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.51 RHC II								63.51
63.52 RHC III								63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		9011322					37
38 RECOVERY ROOM		1605080					38
39 DELIVERY ROOM & LABOR ROOM		799365					39
40 ANESTHESIOLOGY		138069					40
41 RADIOLOGY-DIAGNOSTIC		12094690			4614		41
43 RADIOISOTOPE		774451					43
44 LABORATORY		7475601			21908		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		91519					47
49 RESPIRATORY THERAPY		2102435					49
50 PHYSICAL THERAPY		1799228			64019		50
51 OCCUPATIONAL THERAPY		346021			27072		51
52 SPEECH PATHOLOGY		71093			3829		52
53 ELECTROCARDIOLOGY		621451					53
55 MEDICAL SUPPLIES CHARGED TO P		6306705			10537		55
56 DRUGS CHARGED TO PATIENTS		6725003			5588		56
56.01 CARDIAC REHAB		129341					56.01
56.02 WOUND CARE CENTER		50068					56.02
56.03 SLEEP LAB		495186					56.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		245843					60
61 EMERGENCY		3026665					61
62 OBSERVATION BEDS (NON-DISTINC		1121864					62
63.50 RHC		2357588					63.50
63.51 RHC II		390769					63.51
63.52 RHC III		305244					63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		55031000			137567		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CARDIAC REHAB					56.01
56.02 WOUND CARE CENTER					56.02
56.03 SLEEP LAB					56.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.51 RHC II					63.51
63.52 RHC III					63.52
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5979)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3790					1338	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	2731					1338	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2731					1338	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	231						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	693						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	34						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	101						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1316					716	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	231						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	693						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5979)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	102.89						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	104.95						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4398693					320593	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	3498						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	10600						25
26 TOTAL SWING-BED COST	1122547						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3276146					320593	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3347729					200700	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3347729					200700	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.978617					1.597374	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1225.83					150.00	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	3276146					320593	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1199.62					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1578700					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1578700					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	200636	41	4893.56	24	117445	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1837367					48
49 TOTAL PROGRAM INPATIENT COSTS	3533512					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	277112					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61	831337					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62	1108449					TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF	
	(PPS)	
	(14-5979)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	320593	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	239.61	67
68 PROGRAM ROUTINE SERVICE COST	171561	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	171561	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	34262	71
72 PER DIEM CAPITAL RELATED COSTS	25.61	72
73 PROGRAM CAPITAL RELATED COSTS	18337	73
74 INPATIENT ROUTINE SERVICE COST	153224	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	153224	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	171561	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	96056	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	267617	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	463	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1199.61	84
85 OBSERVATION BED COST	555419	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		1650366		25
26 INTENSIVE CARE UNIT		37680		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.286061	1065020	304661	37
38 RECOVERY ROOM	.297190	117645	34963	38
39 DELIVERY ROOM & LABOR ROOM	.792399			39
40 ANESTHESIOLOGY	.319195	45214	14432	40
41 RADIOLOGY-DIAGNOSTIC	.316572	527281	166922	41
43 RADIOISOTOPE	.395804	22341	8843	43
44 LABORATORY	.227033	512551	116366	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.505589	40337	60731	47
49 RESPIRATORY THERAPY	.254583	1141730	290665	49
50 PHYSICAL THERAPY	.986088	90076	88823	50
51 OCCUPATIONAL THERAPY	.582473	15546	9055	51
52 SPEECH PATHOLOGY	1.655409	4334	7175	52
53 ELECTROCARDIOLOGY	.020819	45059	938	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.291326	1483912	432302	55
56 DRUGS CHARGED TO PATIENTS	.235297	1252268	294655	56
56.01 CARDIAC REHAB	1.677627			56.01
56.02 WOUND CARE CENTER	5.126388	148	759	56.02
56.03 SLEEP LAB	.609951			56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.729946			60
61 EMERGENCY	1.002758	3182	3191	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.495086	5830	2886	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC	1.125099			63.50
63.51 RHC II	1.149341			63.51
63.52 RHC III	1.213596			63.52
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		6372474	1837367	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		6372474		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.286061			37
38 RECOVERY ROOM	.297190			38
39 DELIVERY ROOM & LABOR ROOM	.792399			39
40 ANESTHESIOLOGY	.319195			40
41 RADIOLOGY-DIAGNOSTIC	.316572	4614	1461	41
43 RADIOISOTOPE	.395804			43
44 LABORATORY	.227033	21908	4974	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.505589			47
49 RESPIRATORY THERAPY	.254583			49
50 PHYSICAL THERAPY	.986088	64019	63128	50
51 OCCUPATIONAL THERAPY	.582473	27072	15769	51
52 SPEECH PATHOLOGY	1.655409	3829	6339	52
53 ELECTROCARDIOLOGY	.020819			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.291326	10537	3070	55
56 DRUGS CHARGED TO PATIENTS	.235297	5588	1315	56
56.01 CARDIAC REHAB	1.677627			56.01
56.02 WOUND CARE CENTER	5.126388			56.02
56.03 SLEEP LAB	.609951			56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.729946			60
61 EMERGENCY	1.002758			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.495086			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC	1.125099			63.50
63.51 RHC II	1.149341			63.51
63.52 RHC III	1.213596			63.52
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		137567	96056	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		137567		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (14-2317)	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.286061	4615	1320	37
38 RECOVERY ROOM	.297190			38
39 DELIVERY ROOM & LABOR ROOM	.792399			39
40 ANESTHESIOLOGY	.319195			40
41 RADIOLOGY-DIAGNOSTIC	.316572	29394	9305	41
43 RADIOISOTOPE	.395804			43
44 LABORATORY	.227033	72532	16467	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.505589	4194	6314	47
49 RESPIRATORY THERAPY	.254583	130532	33231	49
50 PHYSICAL THERAPY	.986088	160421	158189	50
51 OCCUPATIONAL THERAPY	.582473	60380	35170	51
52 SPEECH PATHOLOGY	1.655409	3032	5019	52
53 ELECTROCARDIOLOGY	.020819	4764	99	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.291326	244745	71301	55
56 DRUGS CHARGED TO PATIENTS	.235297	347205	81696	56
56.01 CARDIAC REHAB	1.677627			56.01
56.02 WOUND CARE CENTER	5.126388			56.02
56.03 SLEEP LAB	.609951			56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.729946			60
61 EMERGENCY	1.002758			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.495086	95	47	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC	1.125099			63.50
63.51 RHC II	1.149341			63.51
63.52 RHC III	1.213596			63.52
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		1061909	418158	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1061909		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1317)	HOSPITAL (14-1317)	HOSPITAL (14-1317)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	5564011			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	5564011			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	5619651			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1317)	HOSPITAL (14-1317)	HOSPITAL (14-1317)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	33941		18
18.01 COINSURANCE	2367477		18.01
19 SUBTOTAL	3218233		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	3218233		23
24 PRIMARY PAYER PAYMENTS	548		24
25 SUBTOTAL	3217685		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	306999		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	306999		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	306999		27.02
28 SUBTOTAL	3524684		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	3524684		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3423911		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	100773		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	30612		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5979)	SNF (14-5979)	SNF (14-5979)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5979)	SNF (14-5979)	SNF (14-5979)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES			18
18.01 COINSURANCE			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

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

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

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

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2555474		3321830	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 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	04/10/2009 161519 09/04/2009 363628	04/10/2009 88100 09/04/2009 13981		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	525147		102081	3.99
4 TOTAL INTERIM PAYMENTS		3080621		3423911	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	200134		100773	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3280755		3524684	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5979)

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		173890		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			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .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		173890		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			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		173890		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1418068		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				3.01
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 .02	04/10/2009	42496	3.02
	TO .03			NONE
	PROVIDER .04	09/04/2009	140782	3.03
	.05			3.04
	.50			3.05
	PROVIDER .51			3.50
	TO .52		NONE	3.51
	PROGRAM .53			NONE
	.54			3.52
				3.53
				3.54
SUBTOTAL	.99		183278	3.99
4 TOTAL INTERIM PAYMENTS			1601346	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	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51		NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
	PROGRAM TO .01			6.01
	PROVIDER TO .02		-70467	6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY			1530879	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---		
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF	
		PART A	PART B	(14-Z317)		
	1	1	2	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		1119533			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES		422340			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS		924			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL		1541873			8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL		1541873			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL		1541873			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		10994			13
14	80% OF PART B COSTS					14
15	SUBTOTAL		1530879			15
16	OTHER ADJUSTMENTS					16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)					17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18	TOTAL		1530879			18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS		1601346			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM		-70467			21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		8379			22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF I
1	INPATIENT SERVICES	3533512				1
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)					1.01
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	3533512				4
5	PRIMARY PAYER PAYMENTS					5
6	TOTAL COST	3568847				6
COMPUTATION OF LESSER OF COST OR CHARGES						
REASONABLE CHARGES						
7	ROUTINE SERVICE CHARGES					7
8	ANCILLARY SERVICE CHARGES					8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE					9
10	TEACHING PHYSICIANS					10
11	TOTAL REASONABLE CHARGES					11
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS					12
13	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					13
14	RATIO OF LINE 12 TO LINE 13					14
15	TOTAL CUSTOMARY CHARGES					15
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					16
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF I
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					18
19	COST OF COVERED SERVICES	3568847				19
20	DEDUCTIBLES	316285				20
21	EXCESS REASONABLE COST					21
22	SUBTOTAL	3252562				22
23	COINSURANCE					23
24	SUBTOTAL	3252562				24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	28193				25
25.01	REDUCED REIMBURSABLE BAD DEBTS	28193				25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	28193				25.02
26	SUBTOTAL	3280755				26
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					27
28	OTHER ADJUSTMENTS					28
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					29
30	SUBTOTAL	3280755				30
31	SEQUESTRATION ADJUSTMENT					31
32	INTERIM PAYMENTS	3080621				32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					32.01
33	BALANCE DUE PROVIDER/PROGRAM	200134				33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	19376				34

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5979) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	24
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29
30	SUBTOTAL	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5979) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	230661	35
36 COINSURANCE	56771	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS		38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	173890	40
41 INPATIENT ROUTINE SERVICE COST		41
42 MEDICARE INPATIENT ROUTINE CHARGES		42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44 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)		44
45 RATIO OF LINE 43 TO LINE 44		45
46 TOTAL CUSTOMARY CHARGES		46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50 OTHER ADJUSTMENTS		50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52 SUBTOTAL	173890	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	173890	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	173890	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM		58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2733731			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	5127472			4
5	OTHER RECEIVABLES	1609541			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	521707			7
8	PREPAID EXPENSES	314389			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	10306840			11
FIXED ASSETS					
12	LAND	206354			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1003201			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	23394023			14
14.01	ACCUMULATED DEPRECIATION	-19652742			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	16765085			18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	176609			20
21	TOTAL FIXED ASSETS	21892530			21
OTHER ASSETS					
22	INVESTMENTS	6717630			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	651837			25
26	TOTAL OTHER ASSETS	7369467			26
27	TOTAL ASSETS	39568837			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2649838			28
29	SALARIES, WAGES & FEES PAYABLE	1598044			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	2250934			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	137996			35
36	TOTAL CURRENT LIABILITIES	6636812			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	12701780			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES	12701780			42
43	TOTAL LIABILITIES	19338592			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	20230245			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	20230245			51
52	TOTAL LIABILITIES AND FUND BALANCES	39568837			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	20905284			1
2 NET INCOME (LOSS)	-675039			2
3 TOTAL	20230245			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CURRENT YEAR CHANGES				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	20230245			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	20230245			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	3328284		3328284	2
4 SUBPROVIDER I				4
5 SWING BED - SNF	516559		516559	5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	207216		207216	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE	1851412		1851412	9
10 TOTAL GENERAL INPATIENT CARE SERVICES	5903471		5903471	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	53290		53290	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	53290		53290	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	5956761		5956761	18
19 ANCILLARY SERVICES	12433924	45712244	58146168	19
20 OUTPATIENT SERVICES				20
18.50 RHC		2357588	2357588	18.50
18.51 RHC II		390769	390769	18.51
18.52 RHC III		305244	305244	18.52
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE		2347407	2347407	20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	18390685	51113252	69503937	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		42197027	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE	1705514		28
29 WORK COMP CREDIT	340		29
30 ROUNDING			30
31 LATE CHRGS DEBIT BAL	8		31
32			32
33 TOTAL ADDITIONS		1705862	33
34 DEDUCT (SPECIFY)			34
35			35
36 ROUNDING			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		43902889	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	69503937	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	28236496	2
3	NET PATIENT REVENUES	41267441	3
4	LESS - TOTAL OPERATING EXPENSES	43902889	4
5	NET INCOME FROM SERVICE TO PATIENTS	-2635448	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	294056	6
7	INCOME FROM INVESTMENTS	103868	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC OTHER REVENUE	1476203	24
24.01	GRANT INCOME	86282	24.01
25	TOTAL OTHER INCOME	1960409	25
26	TOTAL	-675039	26
27	EXTRAORDINARY LOSS ON EXT OF LTD		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-675039	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7507

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL						5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						6
7 PHYSICAL THERAPY						7
8 OCCUPATIONAL THERAPY						8
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE						11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL						24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7507

WORKSHEET H
 (CONTINUED)

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

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7507

WORKSHEET H-4
 PART I

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

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXT						1
2 CAPITAL RELATED-MOVABLE EQUIP						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES						5
6 SKILLED NURSING CARE						6
7 PHYSICAL THERAPY						7
8 OCCUPATIONAL THERAPY						8
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE						11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL						24
25 COST TO BE ALLOC (PER W/S H)						25
26 UNIT COST MULTIPLIER						26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

HHA COST CENTER	HHA TRIAL BALANCE	OLD CAP BLDGS & FIXTURES	OLD CAP MOVABLE EQUIPMENT	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADM + GEN PATIENT ACTG + REG
	0	1	2	3	4	5	5A	6.05
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS								20
21 UNIT COST MULTIPLIER								21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ADM & GEN OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6.06	7	8	9	10	11	12	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS									20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

HHA COST CENTER	MAIN- TENANCE OF PERSONNEL 13	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	NURSING SCHOOL 21	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS									20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	22	23	24	25	26	27	28	29
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS								20
21 UNIT COST MULTIPLIER								21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADM + GEN PATIENT ACTG + REG ACCUM COST	RECON- CILIATION
	1	2	3	4	5	6A.05	6.05	
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS								20
21 TOTAL COST TO BE ALLOCATED								21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER								22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

HHA COST CENTER	ADM & GEN OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	
	ACCUM COST	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	MEALS SERVED	NUMBER HOUSED	
	6.06	7	8	9	10	11	12	13	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS									20
21 TOTAL COST TO BE ALLOCATED									21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER									22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS								20
21 TOTAL COST TO BE ALLOCATED								21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER								22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

HHA COST CENTER	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
	23	24	
1	ADMINISTRATIVE AND GENERAL		1
2	SKILLED NURSING CARE		2
3	PHYSICAL THERAPY		3
4	OCCUPATIONAL THERAPY		4
5	SPEECH PATHOLOGY		5
6	MEDICAL SOCIAL SERVICES		6
7	HOME HEALTH AIDE		7
8	SUPPLIES		8
9	DRUGS		9
9.20	COST OF ADMINISTERING VACC		9.20
10	DME		10
11	HOME DIALYSIS AIDE SERVICE		11
12	RESPIRATORY THERAPY		12
13	PRIVATE DUTY NURSING		13
14	CLINIC		14
15	HEALTH PROMOTION ACTIVITIE		15
16	DAY CARE PROGRAM		16
17	HOME DELIVERED MEALS PROGR		17
18	HOMEMAKER SERVICE		18
19	ALL OTHERS		19
19.50	TELEMEDICINE		19.50
20	TOTALS		20
21	TOTAL COST TO BE ALLOCATED		21
22	UNIT COST MULTIPLIER		22
22	UNIT COST MULTIPLIER		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7507

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2						1
2	PHYSICAL THERAPY	3						2
3	OCCUPATIONAL THERAPY	4						3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERV	6						5
6	HOME HEALTH AIDE SERV	7						6
7	TOTAL							7
LIMITATION COST COMPUTATION								
PATIENT SERVICES			MSA NO.				PROGRAM COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL		
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7507

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7507

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1	PHYSICAL THERAPY 50	.986088			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.582473			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	1.655409			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.291326			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.235297			COL 2, LINE 16	5
5.01	CARDIAC REHAB 56.01	1.677627			COL 2, LINE 16	5.01
5.02	WOUND CARE CENTER 56.02	5.126388			COL 2, LINE 16	5.02
5.03	SLEEP LAB 56.03	.609951			COL 2, LINE 16	5.03

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY		2.01		3.01			1
2	OCCUPATIONAL THERAPY							2
3	SPEECH PATHOLOGY							3
4	TOTAL							4

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7507

WORKSHEET H-7
 PARTS I & II

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

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

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

HHA NO.: 14-7507

WORKSHEET H-8

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

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.05 PATIENT ACCOUNTING & REGIST					6.05
6.06 ADMIN & GENERAL - OTHER					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
36 OTHER LONG TERM CARE					36
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CARDIAC REHAB					56.01
56.02 WOUND CARE CENTER					56.02
56.03 SLEEP LAB					56.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.51 RHC II					63.51
63.52 RHC III					63.52
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98.01 GAH - MSO					98.01
98.02 GAH FOUNDATION					98.02

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
100 HOSPITAL ASSOC SRVCS						100
100.01 PHYSICIAN OFFICE						100.01
100.02 PHYSICIAN CLINICS						100.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-1

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

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1	867628		867628		867628	-314392	553236	1
2								2
3	147476		147476		147476		147476	3
4								4
5	219655		219655		219655		219655	5
6								6
7								7
8								8
9								9
10	1234759		1234759		1234759	-314392	920367	10
OTHER FACILITY HEALTH CARE STAFF COSTS								
11								11
12								12
13								13
14								14
OTHER HEALTH CARE COSTS								
15		159413	159413		159413		159413	15
16								16
17								17
18								18
19								19
20								20
21		159413	159413		159413		159413	21
22	1234759	159413	1394172		1394172	-314392	1079780	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23								23
24								24
25								25
26								26
27								27
28								28
FACILITY OVERHEAD								
29		588988	588988	-35672	553316	-148698	404618	29
30	251886		251886		251886		251886	30
31	251886	588988	840874	-35672	805202	-148698	656504	31
32	1486645	748401	2235046	-35672	2199374	-463090	1736284	32

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	2.77	9401	4200	11634		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	1.59	4313	2100	3339		3
4 SUBTOTAL	4.36	13714		14973	14973	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	4.36	13714			14973	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					1079780	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					1079780	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					656504	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					916237	15
16 TOTAL OVERHEAD					1572741	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1572741	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1572741	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					2652521	20

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	2652521	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	24716	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	2627805	3
4	TOTAL VISITS	14973	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	14973	6
7	ADJUSTED COST PER VISIT	175.50	7

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

8	PER VISIT PAYMENT LIMIT			8
9	RATE FOR PROGRAM COVERED VISITS	175.50	175.50	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	4015	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	704633	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	704633	16
16.01	PRIMARY PAYOR PAYMENTS	514	16.01
17	LESS: BENEFICIARY DEDUCTIBLE	37969	17
18	NET PROGRAM COST EXCLUDING VACCINES	666150	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	532920	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION	11620	20
21	TOTAL REIMBURSABLE PROGRAM COST	544540	21
22	REIMBURSABLE BAD DEBTS	7289	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	551829	24
25	INTERIM PAYMENTS	448609	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	103220	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	81548	27

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

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	920367	920367	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.003969	0.000149	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	3653	137	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	5901	370	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	9554	507	5
6 TOTAL DIRECT COST OF THE FACILITY	1079780	1079780	6
7 TOTAL OVERHEAD	1572741	1572741	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.008848	0.000470	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	13916	739	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	23470	1246	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	399	25	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	58.82	49.84	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	184	16	13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	10823	797	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		24716	15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		11620	16

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

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B		AMOUNT
	1 MM/DD/YYYY	2	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		452329	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-3720	3.99
4 TOTAL INTERIM PAYMENTS		448609	4
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99		5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	103220	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		551829	7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____	

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-1

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

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1								1
2		9360	9360		9360		9360	2
3								3
4	93181		93181		93181		93181	4
5	28761		28761		28761		28761	5
6								6
7								7
8								8
9								9
10	121942	9360	131302		131302		131302	10
OTHER FACILITY HEALTH CARE STAFF COSTS								
11								11
12								12
13								13
14								14
OTHER HEALTH CARE COSTS								
15		21799	21799		21799		21799	15
16								16
17								17
18								18
19								19
20								20
21		21799	21799		21799		21799	21
22	121942	31159	153101		153101		153101	22
TOTAL COSTS OF HEALTH CARE SERVICES								
23								23
24								24
25								25
26								26
27								27
28								28
FACILITY OVERHEAD								
29		88448	88448	-1863	86585	-197	86388	29
30	65303		65303		65303		65303	30
31	65303	88448	153751	-1863	151888	-197	151691	31
32	187245	119607	306852	-1863	304989	-197	304792	32

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	0.04	80	4200	168		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.99	2179	2100	2079		3
4 SUBTOTAL	1.03	2259		2247	2259	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	1.03	2259			2259	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					153101	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					153101	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					151691	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					144335	15
16 TOTAL OVERHEAD					296026	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					296026	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					296026	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					449127	20

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	449127	1
2	COST OF VACCINES AND THEIR ADMINISTRATION		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	449127	3
4	TOTAL VISITS	2259	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	2259	6
7	ADJUSTED COST PER VISIT	198.82	7

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

8	PER VISIT PAYMENT LIMIT		8	
9	RATE FOR PROGRAM COVERED VISITS	198.82	198.82	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	161	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	32010	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	32010	16
16.01	PRIMARY PAYOR PAYMENTS		16.01
17	LESS: BENEFICIARY DEDUCTIBLE	1875	17
18	NET PROGRAM COST EXCLUDING VACCINES	30135	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	24108	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		20
21	TOTAL REIMBURSABLE PROGRAM COST	24108	21
22	REIMBURSABLE BAD DEBTS		22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	24108	24
25	INTERIM PAYMENTS	18766	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	5342	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	149	27

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

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	131302	131302	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE			5
6 TOTAL DIRECT COST OF THE FACILITY	153101	153101	6
7 TOTAL OVERHEAD	296026	296026	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES			13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			16

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

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B		AMOUNT
	1 MM/DD/YYYY	2	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			18766
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	PROGRAM .01		3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02		3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04		3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05		3.05
	.50		3.50
	PROVIDER .51		3.51
	TO .52	NONE	3.52
	PROGRAM .53		3.53
	.54		3.54
SUBTOTAL	.99		3.99
4 TOTAL INTERIM PAYMENTS			18766
			4
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01		5.01
	TO .02	NONE	5.02
	PROVIDER .03		5.03
	PROVIDER .50		5.50
	TO .51	NONE	5.51
	PROGRAM .52		5.52
SUBTOTAL	.99		5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01		5342
	PROVIDER TO .02		6.01
	PROGRAM		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			24108
			7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____	

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-1

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

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	111718		111718		111718		111718	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	12166		12166		12166		12166	3
4 VISITING NURSE								4
5 OTHER NURSE	11113		11113		11113		11113	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS								9
10 SUBTOTAL (SUM OF LINES 1-9)	134997		134997		134997		134997	10
COSTS UNDER AGREEMENT								
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13)								14
OTHER HEALTH CARE COSTS								
15 MEDICAL SUPPLIES		29072	29072		29072		29072	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS								19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		29072	29072		29072		29072	21
22 TOTAL COSTS OF HEALTH CARE SERVICES	134997	29072	164069		164069		164069	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23 PHARMACY								23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS								26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS								28
FACILITY OVERHEAD								
29 FACILITY COSTS		63418	63418	9126	72544	-19106	53438	29
30 ADMINISTRATIVE COSTS	37657		37657		37657		37657	30
31 TOTAL FACILITY OVERHEAD	37657	63418	101075	9126	110201	-19106	91095	31
32 TOTAL FACILITY COSTS	172654	92490	265144	9126	274270	-19106	255164	32

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD 3	MINIMUM VISITS 4	GREATER OF COL. 2 OR COL. 4 5	
1 PHYSICIANS	0.46	1459	4200	1932		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.16	415	2100	336		3
4 SUBTOTAL	0.62	1874		2268	2268	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	0.62	1874			2268	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					164069	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					164069	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					91095	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					115279	15
16 TOTAL OVERHEAD					206374	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					206374	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					206374	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					370443	20

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	370443	1
2	COST OF VACCINES AND THEIR ADMINISTRATION		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	370443	3
4	TOTAL VISITS	2268	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	2268	6
7	ADJUSTED COST PER VISIT	163.33	7

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

8	PER VISIT PAYMENT LIMIT		8
9	RATE FOR PROGRAM COVERED VISITS	163.33	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	346	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	56512	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	56512	16
16.01	PRIMARY PAYOR PAYMENTS		16.01
17	LESS: BENEFICIARY DEDUCTIBLE	1530	17
18	NET PROGRAM COST EXCLUDING VACCINES	54982	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	43986	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		20
21	TOTAL REIMBURSABLE PROGRAM COST	43986	21
22	REIMBURSABLE BAD DEBTS		22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	43986	24
25	INTERIM PAYMENTS	12466	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	31520	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	266	27

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

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	134997	134997	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE			5
6 TOTAL DIRECT COST OF THE FACILITY	164069	164069	6
7 TOTAL OVERHEAD	206374	206374	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES			13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			16

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

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B		AMOUNT
	1 MM/DD/YYYY	2	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		12466	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	PROGRAM .01		3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	TO .02		3.02
REVISION OF THE INTERIM RATE FOR THE COST	PROVIDER .03	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROGRAM .04		3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05		3.05
	PROVIDER .50		3.50
	TO .51		3.51
	PROGRAM .52	NONE	3.52
	.53		3.53
	.54		3.54
SUBTOTAL	.99		3.99
4 TOTAL INTERIM PAYMENTS		12466	4
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01		5.01
	TO .02	NONE	5.02
	PROVIDER .03		5.03
	PROVIDER .50		5.50
	TO .51	NONE	5.51
	PROGRAM .52		5.52
SUBTOTAL	.99		5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	31520	6.01
	PROVIDER TO .02		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY	PROGRAM	43986	7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____	

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	48.19		9.89				58.08 25
26 INTENSIVE CARE UNIT	58.54						58.54 26
33 NURSERY			21.43				21.43 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	11.82	22.72					34.54 37
38 RECOVERY ROOM	7.33	26.82					34.15 38
40 ANESTHESIOLOGY	32.75	33.07					65.82 40
41 RADIOLOGY-DIAGNOSTIC	4.36	32.01					36.37 41
43 RADIOISOTOPE	2.88	39.76					42.64 43
44 LABORATORY	6.86	30.10					36.96 44
47 BLOOD STORING, PROCESSING & TRA	44.08	25.88					69.96 47
49 RESPIRATORY THERAPY	54.31	13.00					67.31 49
50 PHYSICAL THERAPY	5.01	27.02					32.03 50
51 OCCUPATIONAL THERAPY	4.49	21.24					25.73 51
52 SPEECH PATHOLOGY	6.10	26.21					32.31 52
53 ELECTROCARDIOLOGY	7.25	43.33					50.58 53
55 MEDICAL SUPPLIES CHARGED TO PAT	23.53	10.03					33.56 55
56 DRUGS CHARGED TO PATIENTS	18.62	25.74					44.36 56
56.01 CARDIAC REHAB		53.93					53.93 56.01
56.02 WOUND CARE CENTER	0.30	61.35					61.65 56.02
56.03 SLEEP LAB		34.68					34.68 56.03
60 CLINIC		61.02					61.02 60
61 EMERGENCY	0.11	29.39					29.50 61
62 OBSERVATION BEDS (NON-DISTINCT	0.52	34.21					34.73 62
101 TOTAL CHARGES	9.60	21.32					30.92 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		53.51					53.51	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
41 RADIOLOGY-DIAGNOSTIC		0.04					0.04	41
44 LABORATORY		0.29					0.29	44
50 PHYSICAL THERAPY		3.56					3.56	50
51 OCCUPATIONAL THERAPY		7.82					7.82	51
52 SPEECH PATHOLOGY		5.39					5.39	52
55 MEDICAL SUPPLIES CHARGED TO PAT		0.17					0.17	55
56 DRUGS CHARGED TO PATIENTS		0.08					0.08	56
101 TOTAL CHARGES		0.21					0.21	101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	1787943	4.77	-1787943	-11.09		3
4	NEW CAP REL COSTS-MVBLE EQUIP	749768	2.00	-749768	-4.65		4
5	EMPLOYEE BENEFITS	5024068	13.41	-5024068	-31.16		5
6.05	PATIENT ACCOUNTING & REGIST	969864	2.59	-969864	-6.01		6.05
6.06	ADMIN & GENERAL - OTHER	3963663	10.58	-3963663	-24.58		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	1305935	3.48	-1305935	-8.10		8
9	LAUNDRY & LINEN SERVICE	125137	.33	-125137	-.78		9
10	HOUSEKEEPING	251344	.67	-251344	-1.56		10
11	DIETARY	280516	.75	-280516	-1.74		11
12	CAFETERIA	211879	.57	-211879	-1.31		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	689377	1.84	-689377	-4.28		14
15	CENTRAL SERVICES & SUPPLY	11410	.03	-11410	-.07		15
16	PHARMACY	412926	1.10	-412926	-2.56		16
17	MEDICAL RECORDS & LIBRARY	341515	.91	-341515	-2.12		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	1801334	4.81	2597359	16.11	4398693	11.74
26	INTENSIVE CARE UNIT	76417	.20	124219	.77	200636	.54
33	NURSERY	196235	.52	146440	.91	342675	.91
34	SKILLED NURSING FACILITY	139019	.37	181574	1.13	320593	.86
36	OTHER LONG TERM CARE	1273405	3.40	1756561	10.89	3029966	8.09
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1333797	3.56	1243989	7.71	2577786	6.88
38	RECOVERY ROOM	222827	.59	254186	1.58	477013	1.27
39	DELIVERY ROOM & LABOR ROOM	319485	.85	313931	1.95	633416	1.69
40	ANESTHESIOLOGY	22265	.06	21806	.14	44071	.12
41	RADIOLOGY-DIAGNOSTIC	2397771	6.40	1431075	8.87	3828846	10.22
43	RADIOISOTOPE	195358	.52	111173	.69	306531	.82
44	LABORATORY	1132709	3.02	564499	3.50	1697208	4.53
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	107728	.29	30062	.19	137790	.37
49	RESPIRATORY THERAPY	278209	.74	257036	1.59	535245	1.43
50	PHYSICAL THERAPY	794296	2.12	979902	6.08	1774198	4.73
51	OCCUPATIONAL THERAPY	117684	.31	83864	.52	201548	.54
52	SPEECH PATHOLOGY	76556	.20	41132	.26	117688	.31
53	ELECTROCARDIOLOGY	7803	.02	5135	.03	12938	.03
55	MEDICAL SUPPLIES CHARGED TO PAT	1484978	3.96	352329	2.18	1837307	4.90

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
56 DRUGS CHARGED TO PATIENTS	878770	2.34	703600	4.36	1582370	4.22	56
56.01 CARDIAC REHAB	84006	.22	132980	.82	216986	.58	56.01
56.02 WOUND CARE CENTER	128563	.34	128105	.79	256668	.68	56.02
56.03 SLEEP LAB	197407	.53	104632	.65	302039	.81	56.03
60 CLINIC	183725	.49	277210	1.72	460935	1.23	60
61 EMERGENCY	1625334	4.34	1409680	8.74	3035014	8.10	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC	1736284	4.63	916237	5.68	2652521	7.08	63.50
63.51 RHC II	304792	.81	144335	.90	449127	1.20	63.51
63.52 RHC III	255164	.68	115279	.71	370443	.99	63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	1651780	4.41	865032	5.36	2516812	6.72	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			15456	.10	15456	.04	96
98.01 GAH - MSO	306625	.82	128617	.80	435242	1.16	98.01
98.02 GAH FOUNDATION	86706	.23	28415	.18	115121	.31	98.02
100 HOSPITAL ASSOC SRVCS	8333	.02	9526	.06	17859	.05	100
100.01 PHYSICIAN OFFICE	1520925	4.06	485435	3.01	2006360	5.35	100.01
100.02 PHYSICIAN CLINICS	403625	1.08	164534	1.02	568159	1.52	100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	37475260	100.00	0	.00	37475260	100.00	103

**** THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	5009682
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	13578230
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.369