CRAWFORD MEMORIAL HOSPITAL

ROBINSON, ILLINOIS

MEDICARE COST ANALYSIS

YEAR ENDED APRIL 30, 2009

National Government Services, Inc.
Cost Report Processing Unit
P.O. Box 7149
Indianapolis, IN 46207-7149

Dear Sir or Madam:

This cost report of Crawford Memorial Hospital for the fiscal year ended April 30, 2009, includes a Level 2000 Error. The 2027 error, which reads that Wkst C. Part I, Line 60, Col 11 should not be more than 100% or less than 1%, is a result of a majority of revenue generated in this cost center resulting from surgeries being performed by Clinic physicians at the Hospital for Short Stay Surgery. Since the surgery is performed at the hospital, technical component charges are properly billed and posted to the operating room cost center where the cost is incurred. The physician charges and other clinic charges are posted to the Clinic cost center. Therefore, the Clinic cost center does not generate enough charges to cover the expense of running the clinic which includes the cost report allocated overhead expenses.

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

CHECK APPLICABLE BOX XX ELECTRONICALLY FILED COST REPORT __ MANUALLY SUBMITTED COST REPORT DATE: _09/15/2009 TIME: _08:46____

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CRAWFORD MEMORIAL HOSPITAL (14-1343) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2008 AND ENDING 04/30/2009, 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.

ECR Encryption: 09/15/2009 08:46
I3XBrSFHmne:Mcls5YejLuo9tghsN0
YOdgx0T2cUE9ecBkiaJ.K7bmLFrHfH
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PI Encryption: 09/15/2009 08:46
6iofTxXRxqKmcs6z86MkLTxDhZ83Q0
KhW1T03LlN:jFmy.GB7CIXZpdmiKt5
lO1A9t3HcO0ZGAu4

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

_____
TITLE

_____
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		42585	162431		1
2	SUBPROVIDER I					2
3	SWING BED - SNF		-7431			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			82006		9
9.01	RURAL HEALTH CLINIC II			18134		9.01
9.02	RURAL HEALTH CLINIC III			8187		9.02
100	TOTAL		35154	270758		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1	STREET: 1000 NORTH ALLEN STREET		P.O.BOX:		1
1.01	CITY: ROBINSON	STATE: IL	ZIP CODE: 62454	COUNTY: CRAWFORD	1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6	
2	HOSPITAL	CRAWFORD MEMORIAL HOSPITAL	14-1343	05/01/2005	N	O	P	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF	CRAWFORD MEMORIAL HOSPITAL	14-Z343	05/01/2005	N	O	N	4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	CRAWFORD MEMORIAL HHA	14-7175	08/01/1979	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC	CMH RURAL HEALTH CLINIC	14-3429	11/11/1996	N	O	N	14
14.01	HOSP-BASED RHC II	PALESTINE RURAL HEALTH CLINIC	14-3486	11/21/2006	N	O	N	14.01
14.02	HOSP BASED RHC III	OBLONG RURAL HEALTH CLINIC	14-3488	05/01/2007	N	O	N	14.02
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 05/01/2008	TO: 04/30/2009	17
		1	2	
18	TYPE OF CONTROL	11		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.	2	Y 00014	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2		21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2		21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO		21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO		22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO		23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.			24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.			24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	09/19/1994	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.	NO		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)	NO		30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.	NO		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	NO	40

40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:		P.O.BOX:	40.02
40.03	CITY:		STATE: ZIP CODE:	40.03

41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE 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	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01	MDH PERIOD: BEGINNING: ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 355544 PAID LOSSES: AND/OR SELF INSURANCE:		54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

MULTICAMPUS

61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5	

SETTLEMENT DATA

63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	08/03/2009		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART 1

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	21	7665	113952.0		2581		631		1
2	HMO									2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					219				3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	21	7665	113952.0		2800		631		5
6	INTENSIVE CARE UNIT	4	1460			145		22		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							191		11
12	TOTAL HOSPITAL	25	9125	113952.0		2945		844		12
13	RPCH VISITS									13
14	SUBPROVIDER I									14
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY	48	17520							16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY					4058				18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I					9106				24
24.01	RHC II					755				24.01
24.02	RHC III					312				24.02
25	TOTAL	73								25
26	OBSERVATION BED DAYS							70	18	26
27	AMBULANCE TRIPS									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: OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	INTERNS & RES FTES: TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	FULL TIME EQUIV: EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4748								1
2	HMO XIX										2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF		219								3
4	HOSPITAL ADULTS & PEDS - SWING BED NF										4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		4967								5
6	INTENSIVE CARE UNIT		206								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		300								11
12	TOTAL HOSPITAL		5473						225.06		12
13	RPCH VISITS										13
14	SUBPROVIDER I										14
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY		7245						18.80		16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY		7016						9.20		18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I		28531						28.24		24
24.01	RHC II		4377						4.10		24.01
24.02	RHC III		4123						4.60		24.02
25	TOTAL								290.00		25
26	OBSERVATION BED DAYS	52	269	67	202						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 TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		651	303	1491	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		651	303	1491	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
24.01	RHC II					24.01
24.02	RHC III					24.02
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7175

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		3792			3792	1
2	UNDUPLICATED CENSUS COUNT		195.00		151.00	346.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00

		STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTORS AND ASSISTANT DIRECTOR(S)	1.25		1.25	4
5	OTHER ADMINISTRATIVE PERSONNEL	1.05		1.05	5
6	DIRECT NURSING SERVICE	6.63		6.63	6
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE	.58		.58	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	.04		.04	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	1.82		1.82	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

			1	1.01	
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	19
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		9914	99914	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7175

WORKSHEET S-4
(CONTINUED)

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
21	SKILLED NURSING VISITS	2123		35	12			2170	21
22	SKILLED NURSING VISIT CHARGES	289373		4705	1644			295722	22
23	PHYSICAL THERAPY VISITS	733		2	1			736	23
24	PHYSICAL THERAPY VISIT CHARGES	102840		282	141			103263	24
25	OCCUPATIONAL THERAPY VISITS	77						77	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	10758						10758	26
27	SPEECH PATHOLOGY VISITS	12			1			13	27
28	SPEECH PATHOLOGY VISIT CHARGES	1692			141			1833	28
29	MEDICAL SOCIAL SERVICE VISITS	6						6	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	1544						1544	30
31	HOME HEALTH AIDE VISITS	1054		1	1			1056	31
32	HOME HEALTH AIDE VISIT CHARGES	68198		65	65			68328	32
33	TOTAL VISITS	4005		38	15			4058	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	474405		5052	1991			481448	35
36	TOTAL NUMBER OF EPISODES	229		12	3			244	36
37	TOTAL NUMBER OF OUTLIER EPISODES								37
38	TOTAL MEDICAL SUPPLY CHARGES	16400		7212	2272			25884	38

RHC I WORKSHEET S-8
COMPONENT NO: 14-3429

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

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1	STREET: 1000 N ALLEN	1
1.01	CITY: ROBINSON STATE: IL ZIP CODE: 62454 COUNTY: CRAWFORD	1.01
2	DESIGNATION (FOR FQHCs ONLY) ENTER 'R' FOR RURAL OR 'U' FOR URBAN	2

SOURCE OF FEDERAL FUNDS:	GRANT AWARD 1	DATE 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 LOCK-ALIKES		/ /	7
8 OTHER		/ /	8

PHYSICIAN INFORMATION:	PHYSICIAN NAME	BILLING NO.	
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KASTNER	C43558	9
9.01	ULRICH	G12377	9.01
9.02	PHILLIPPE	C44077	9.02
9.03	WALSH	F88519	9.03
9.04	TENNISON	G69425	9.04
9.05	TENNISON	G66468	9.05

	PHYSICIAN NAME	HOURS	
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	KASTNER		10
10.01	PHILLIPPE		10.01

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

FACILITY HOURS OF OPERATIONS (1)

	TYPE OPERATION 0	SUNDAY FROM 1	SUNDAY TO 2	MONDAY FROM 3	MONDAY TO 4	TUESDAY FROM 5	TUESDAY TO 6	WEDNESDAY FROM 7	WEDNESDAY TO 8	THURSDAY FROM 9	THURSDAY TO 10	FRIDAY FROM 11	FRIDAY TO 12	SATURDAY FROM 13	SATURDAY TO 14	
12	CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700			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)? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT. LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.	NO	14
15	PROVIDER NAME:	PROVIDER NUMBER: - V XVIII XIX	15
16	HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS.	NO	16
17	HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, SEE INSTRUCTIONS.	NO	17

RHC II
COMPONENT NO: 14-3486

WORKSHEET S-8

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

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 209 EAST GRAND PRAIRIE 1
1.01 CITY: PALESTINE STATE: IL ZIP CODE: 62451 COUNTY: CRAWFORD 1.01
2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

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

PHYSICIAN INFORMATION:	PHYSICIAN NAME	BILLING NO.	
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	WHITT	1972533123	9
9.01	ATIENZA	1225038235	9.01
9.02	BURBANK	1568345827	9.02

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

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

FACILITY HOURS OF OPERATIONS (1)

	TYPE OPERATION 0	SUNDAY FROM 1	SUNDAY TO 2	MONDAY FROM 3	MONDAY TO 4	TUESDAY FROM 5	TUESDAY TO 6	WEDNESDAY FROM 7	WEDNESDAY TO 8	THURSDAY FROM 9	THURSDAY TO 10	FRIDAY FROM 11	FRIDAY TO 12	SATURDAY FROM 13	SATURDAY TO 14	
12	CLINIC			800	1630	800	1630	800	1630	800	1630	800	1630			12

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

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

RHC III
COMPONENT NO: 14-3488

WORKSHEET S-8

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

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 1000 N ALLEN 1
1.01 CITY: ROBINSON STATE: IL ZIP CODE: 62454 COUNTY: CRAWFORD 1.01
2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

		PHYSICIAN NAME	BILLING NO.	
9	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	WALSH		9

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

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

FACILITY HOURS OF OPERATIONS (1)

	TYPE OPERATION 0	SUNDAY FROM 1	SUNDAY TO 2	MONDAY FROM 3	MONDAY TO 4	TUESDAY FROM 5	TUESDAY TO 6	WEDNESDAY FROM 7	WEDNESDAY TO 8	THURSDAY FROM 9	THURSDAY TO 10	FRIDAY FROM 11	FRIDAY TO 12	SATURDAY FROM 13	SATURDAY TO 14	
12	CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700			12

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

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1331538	1331538	-33393	1298145	-180513	1117632	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		893226	893226	4357	897583	-11865	885718	4
5	0500	EMPLOYEE BENEFITS	149767	2267015	2416782	6937	2423719	-146333	2277386	5
6.01	0610	NONPATIENT TELEPHONES	6482	726	7208	-5077	2131	-957	1174	6.01
6.02	0620	DATA PROCESSING	113131	449181	562312		562312		562312	6.02
6.03	0630	PURCHASING RECEIVING AND STORES	86214	72143	158357	-42042	116315		116315	6.03
6.04	0640	ADMITTING	245454	37270	282724	-193	282531		282531	6.04
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	228091	239638	467729	5077	472806		472806	6.05
6.06	0660	OTHER ADMINISTRATIVE AND GENERA	379015	3695688	4074703	26488	4101191	-1981972	2119219	6.06
8	0800	OPERATION OF PLANT	282928	987010	1269938	84402	1354340	-2811	1351529	8
9	0900	LAUNDRY & LINEN SERVICE	79653	54103	133756		133756		133756	9
10	1000	HOUSEKEEPING	243278	121642	364920	11316	376236		376236	10
11	1100	DIETARY	348108	392082	740190	-343489	396701		396701	11
12	1200	CAFETERIA				343489	343489	-125161	218328	12
14	1400	NURSING ADMINISTRATION	476488	55843	532331		532331		532331	14
15	1500	CENTRAL SERVICES & SUPPLY		177225	177225	-176833	392		392	15
16	1600	PHARMACY	393005	1335180	1728185	-1202265	525920	145	526065	16
17	1700	MEDICAL RECORDS & LIBRARY	347061	101953	449014	3240	452254	-503	451751	17
18	1800	SOCIAL SERVICE	37778	2460	40238		40238		40238	18
20	2000	NONPHYSICIAN ANESTHETISTS								20
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	1291010	233026	1524036	129849	1394187	-46	1394141	25
26	2600	INTENSIVE CARE UNIT	218459	26268	244727		244727		244727	26
33	3300	NURSERY				43401	43401		43401	33
35	3500	NURSING FACILITY	622800	94396	717196	18556	735752		735752	35
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	652414	726719	1379133	-364538	1014595	-84708	929887	37
39	3900	DELIVERY ROOM & LABOR ROOM				82499	82499	-14500	67999	39
40	4000	ANESTHESIOLOGY		97548	97548	-97548				40
41	4100	RADIOLOGY-DIAGNOSTIC	546381	729904	1276285		1276285	-43095	1233190	41
41.01	4101	RADIOLOGY-ULTRASOUND		175440	175440		175440		175440	41.01
44	4400	LABORATORY	459066	753872	1212938	-93118	1119820		1119820	44
46	4600	WHOLE BLOOD & PACKED RED BLOOD				93118	93118		93118	46
49	4900	RESPIRATORY THERAPY	220061	210541	430602	-1488	429114	-20626	408488	49
50	5000	PHYSICAL THERAPY	496410	169081	665491	-5121	660370	-1407	658963	50
53	5300	ELECTROCARDIOLOGY	18288	49025	67313		67313	-48507	18806	53
55	5500	MEDICAL SUPPLIES CHARGED TO PAT				671517	671517		671517	55
56	5600	DRUGS CHARGED TO PATIENTS				1202265	1202265		1202265	56
59	3950	CARDIAC REHAB	56275	25138	81413		81413	-18087	63326	59
59.01	3951	OCCUPATIONAL MEDICINE & WELLNES	436325	140195	576520	-8808	567712	-339520	228192	59.01
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	1468237	368796	1837033	-9532	1827501	-1182967	644534	60
61	6100	EMERGENCY	551994	1281851	1833845	-7678	1826167	-896617	929550	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310	RURAL HEALTH CLINIC	2895662	591162	3486824	124834	3611658	-227840	3383818	63.50
63.51	6311	RHC II	174647	112750	287397	36925	324322	-8345	315977	63.51
63.52	6312	RHC III	193770	170885	364655	39232	403887	-12529	391358	63.52
		OTHER REIMBURSABLE COST CENTERS								
71	7100	HOME HEALTH AGENCY	391992	132070	524062	-14362	509700	-29558	480142	71
		SPECIAL PURPOSE COST CENTERS								
88	8800	INTEREST EXPENSE		191838	191838	-191838				88
90	9000	OTHER CAPITAL RELATED COSTS								90
95		SUBTOTALS	14110244	18494428	32604672	70481	32675153	-5378322	27296831	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800	PHYSICIANS' PRIVATE OFFICES	5625	6494	12119		12119		12119	98
100	7950	OBLONG RURAL HEALTH CLINIC								100
100.01	7951	PROFESSIONAL BUILDINGS		81599	81599	-70481	11118		11118	100.01
100.02	7952	FOUNDATION SERVICES	20885	5768	26653		26653		26653	100.02
101		TOTAL	14136754	18588289	32725043		32725043	-5378322	27346721	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	R/C HHA MED SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		14362	1
2	R/C COST OF DRUGS	B	DRUGS CHARGED TO PATIENTS	56		1202265	2
3	R/C OF EMPLOYEE BENEFITS	C					3
4		C					4
5	R/C OF LTC ADMITTING COSTS	D	NURSING FACILITY	35	163	30	5
6	R/C POSTAGE	E	OTHER ADMINISTRATIVE AND GENE	6.06		42042	6
7	R/C CAFETERIA COSTS	F	CAFETERIA	12	161541	181948	7
8	R/C COST OF BLOOD	G	WHOLE BLOOD & PACKED RED BLOO	46		93118	8
9	R/C BUS OFF COST	H	CASHIERING/ACCOUNTS RECEIVABL	6.05	4716	361	9
10	R/C DEPR OBLONG CLINIC	I	RHC III	63.52		780	10
11		I					11
12	R/C DEPR PROF BLDGS	J	PROFESSIONAL BUILDINGS	100.01		38850	12
13		J	RURAL HEALTH CLINIC	63.50		162294	13
14		J	RHC I1	63.51		9582	14
15		J	CLINIC	60		2054	15
16		J	OCCUPATIONAL MEDICINE & WELLN	59.01		4505	16
17	R/C SNF DEPR	K	NURSING FACILITY	35		18363	17
18		K					18
19	R/C LABOR/DEL & NB COSTS	L	NURSERY	33	34950	8451	19
20		L	DELIVERY ROOM & LABOR ROOM	39	66434	16065	20
21	R/C SUPPLIES CHGD TO PTS	M	MEDICAL SUPPLIES CHARGED TO P	55		657155	21
22		M					22
23		M					23
24		M					24
25		M					25
26		M					26
27		M					27
28	R/C TRANSCRIPTION TXFR	N	MEDICAL RECORDS & LIBRARY	17		3240	28
29		N					29
30		N					30
31	R/C HOUSEKEEPING TXFR	O	HOUSEKEEPING	10		11316	31
32		O					32
33	R/C INTEREST EXPENSE	P	NEW CAF REL COSTS-BLDG & FIXT	3		191838	33
34		P					34
35	R/C OR COST	Q	OPERATING ROOM	37		87981	35
36	SUBTOTAL				267804	2746600	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	R/C HHA MED SUPPLIES	A	HOME HEALTH AGENCY	71		14362	1
2	R/C COST OF DRUGS	B	PHARMACY	16		1202265	2
3	R/C OF EMPLOYEE BENEFITS	C					3
4		C					4
5	R/C OF LTC ADMITTING COSTS	D	ADMITTING	6.04	163	30	5
6	R/C POSTAGE	E	PURCHASING RECEIVING AND STOR	6.03		42042	6
7	R/C CAFETERIA COSTS	F	DIETARY	11	161541	181948	7
8	R/C COST OF BLOOD	G	LABORATORY	44		93118	8
9	R/C BUS OFF COST	H	NONPATIENT TELEPHONES	6.01	4716	361	9
10	R/C DEPR OBLONG CLINIC	I	NEW CAP REL COSTS-BLDG & FIXT	3		780	9 10
11		I					9 11
12	R/C DEPR PROF BLDGS	J	NEW CAP REL COSTS-BLDG & FIXT	3		217285	9 12
13		J					9 13
14		J					9 14
15		J					9 15
16		J					16
17	R/C SNF DEPR	K	NEW CAP REL COSTS-BLDG & FIXT	3		18363	9 17
18		K					9 18
19	R/C LABOR/DEL & NB COSTS	L	ADULTS & PEDIATRICS	25	101384	24516	19
20		L					20
21	R/C SUPPLIES CHGD TO PTS	M	OPERATING ROOM	37		452519	21
22		M	CENTRAL SERVICES & SUPPLY	15		176833	22
23		M	EMERGENCY	61		7678	23
24		M	ANESTHESIOLOGY	40		9567	24
25		M	PHYSICAL THERAPY	50		5121	25
26		M	RESPIRATORY THERAPY	49		1488	26
27		M	ADULTS & PEDIATRICS	25		3949	27
28	R/C TRANSCRIPTION TXFR	N	RURAL HEALTH CLINIC	63.50		3222	28
29		N	CLINIC	60		18	29
30		N					30
31	R/C HOUSEKEEPING TXFR	O	CLINIC	60		1716	31
32		O	RURAL HEALTH CLINIC	63.50		9600	32
33	R/C INTEREST EXPENSE	P	INTEREST EXPENSE	88		191838	10 33
34		P					10 34
35	R/C OR COST	Q	ANESTHESIOLOGY	40		87981	35
36	SUBTOTAL				267804	2746600	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	R/C PALESTINE/OBLONG DRS	R	RHC II	63.51	28000	8494	1
2		R	RHC III	63.52	30369	8083	2
3	R/C COST CENTER 100	S	RURAL HEALTH CLINIC	63.50		57499	3
4	R/C INSURANCE EXPENSE	T	OTHER CAPITAL RELATED COSTS	90		15554	4
5	HEALTHWORKS COST	U	EMPLOYEE BENEFITS	5		6937	5
6	UTILITIES	V	OPERATION OF PLANT	8		84402	6
7		V					7
8		V					8
9		V					9
10		V					10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				326173	2927569	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	R/C PALESTINE/OBLONG DRS	R	RURAL HEALTH CLINIC	63.50	58369	16577	1
2		R					2
3	R/C COST CENTER 100	S	PROFESSIONAL BUILDINGS	100.01		57499	3
4	R/C INSURANCE EXPENSE	T	OTHER ADMINISTRATIVE AND GENE	6.06		15554	4
5	HEALTHWORKS COST	U	OCCUPATIONAL MEDICINE & WELLN	59.01		6937	5
6	UTILITIES	V	OCCUPATIONAL MEDICINE & WELLN	59.01		6376	6
7		V	CLINIC	60		9852	7
8		V	RURAL HEALTH CLINIC	63.50		7191	8
9		V	RHC II	63.51		9151	9
10		V	PROFESSIONAL BUILDINGS	100.01		51832	10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				326173	2927569	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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	48365					48365		1
2	LAND IMPROVEMENTS	724308					724308		2
3	BUILDINGS AND FIXTURES	22905519	3473598		3473598	315985	26063132		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	10087408	1488725		1488725	1151068	10425065		6
7	SUBTOTAL	33765600	4962323		4962323	1467053	37260870		7
8	RECONCILING ITEMS								8
9	TOTAL	33765600	4962323		4962323	1467053	37260870		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL: INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
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	26787441		26787441	.719850			11197	11197	3
4	NEW CAP REL COSTS-MVBLE EQUIP	10425065		10425065	.280150			4357	4357	4
5	TOTAL	37212506		37212506	1.000000			15554	15554	5

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	1095110	11325				11197	1117632	3
4	NEW CAP REL COSTS-MVBLE EQUIP	892685	-11324				4357	885718	4
5	TOTAL	1987795	1				15554	2003350	5

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	1331538						1331538	3
4	NEW CAP REL COSTS-MVBLE EQUIP	893226						893226	4
5	TOTAL	2224764						2224764	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 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	A	-180513	NEW CAP REL COSTS-BLDG & FIXT	3	10	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	A	-11324	NEW CAP REL COSTS-MVBLE EQUIP	4	10	4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)						9
10	TELEVISION AND RADIO SERVICE						10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-969303				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	-125148	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	-503	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	PHYS RECRUITING	A	-350959	OTHER ADMINISTRATIVE AND GENERA	6.06		37
37.11	EMPLOYEE INJURY	A	-668	EMPLOYEE BENEFITS	5		37.11
38	ADVERTISING	A	-65467	OTHER ADMINISTRATIVE AND GENERA	6.06		38
39	TV ADMINISTRATION	A	-4393	OTHER ADMINISTRATIVE AND GENERA	6.06		39
40	TV UTILITIES & REPAIR	A	-2811	OPERATION OF PLANT	8		40
41	PROV FOR BAD DEBT	A	-1557924	OTHER ADMINISTRATIVE AND GENERA	6.06		41
42	EMPLOYEE DISCOUNTS	A	-36606	EMPLOYEE BENEFITS	5		42
43	EMPLOYEE PHYSICALS	A	-5907	EMPLOYEE BENEFITS	5		43
44	OTHER A&G	A	-40476	OTHER ADMINISTRATIVE AND GENERA	6.06		44
45	EMPLOYEE SALES-PHARMACY	B	145	PHARMACY	16		45
46	EXERCISE CLASS - WELLNESS	B	-86101	OCCUPATIONAL MEDICINE & WELLNES	59.01		46
47	CONSULTING CLINIC	B	-73379	CLINIC	60		47
48	OTHER INCOME - OCC MED	B	-548	CLINIC	60		48
49	OTHER INCOME - OBLONG	B	-12271	RHC III	63.52		49
49.01	PHYSICIAN EXPENSES	A	-1094424	CLINIC	60		49.01
49.02	PHYSICIAN EXPENSES	A	-253081	OCCUPATIONAL MEDICINE & WELLNES	59.01		49.02
49.03	PHYSICIAN EXPENSES	A	-56491	EMPLOYEE BENEFITS	5		49.03
49.04	PHYSICIAN EXPENSES	A	-227840	RURAL HEALTH CLINIC	63.50		49.04
49.05	PHYSICIAN EXPENSES	A	-36470	EMPLOYEE BENEFITS	5		49.05
49.06	NON ALLOWABLE ADS	A	-1942	HOME HEALTH AGENCY	71		49.06
49.07	NON ALLOWABLE ADS	A	-258	RHC III	63.52		49.07
49.08	NON ALLOWABLE CARELINK COSTS	A	-23765	HOME HEALTH AGENCY	71		49.08
49.09	TELEPHONE COSTS	A	-957	NONPATIENT TELEPHONES	6.01		49.09
49.10	TELEPHONE COSTS	A	-191	EMPLOYEE BENEFITS	5		49.10
49.11	TELEPHONE DEPRECIATION	A	-541	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.11
49.12	MISC INCOME	B	19251	OTHER ADMINISTRATIVE AND GENERA	6.06		49.12
49.13	AHA & IHA DUES	A	-11788	OTHER ADMINISTRATIVE AND GENERA	6.06		49.13
49.14	OB LUCUM TENUMS	A	-14500	DELIVERY ROOM & LABOR ROOM	39		49.14
49.15	NONPATIENT CPR	B	-1208	OTHER ADMINISTRATIVE AND GENERA	6.06		49.15
49.53	DONATIONS, PROJECTS	A	-62810	OTHER ADMINISTRATIVE AND GENERA	6.06		49.53

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
49.55	OTHER INCOME - PALESTINE	B	-8345	RHC II	63.51	49.55
49.56	OTHER INCOME - ER	B	-707	EMERGENCY	61	49.56
49.58	COMMUN RENTAL	B	-3851	HOME HEALTH AGENCY	71	49.58
49.61	DME A&P	A	-46	ADULTS & PEDIATRICS	25	49.61
49.62	DME-OR	A	-317	OPERATING ROOM	37	49.62
49.63	DME ER	A	-14165	EMERGENCY	61	49.63
49.64	DME-PT	A	-1317	PHYSICAL THERAPY	50	49.64
49.65	DME-CLINICS	A	-14616	CLINIC	60	49.65
49.66	CRNA FEES	A	-84391	OPERATING ROOM	37	49.66
49.67	ADMINISTRATION CLAIMS FEES	A	132314	OTHER ADMINISTRATIVE AND GENERA	6.06	49.67
49.68	SILVER RECOVERY	B	-1149	RADIOLOGY-DIAGNOSTIC	41	49.68
49.69	VENDING MACHINES	B	-13	CAFETERIA	12	49.69
49.70	EXERCISE CLASS	B	-90	PHYSICAL THERAPY	50	49.70
49.71	BABY REVENUE	B	-10	OTHER ADMINISTRATIVE AND GENERA	6.06	49.71
49.72	PHYSICIAN FEES	B	-41946	RADIOLOGY-DIAGNOSTIC	41	49.72
50	TOTAL		-5378322			50

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	49	RESPIRATORY THERAPY	AGGREGATE	20626	20626					
2	53	ELECTROCARDIOLOGY	AGGREGATE	48507	48507					
3	59	CARDIAC REHAB	AGGREGATE	18087	18087					
4	59.01	OCCUPATIONAL MEDICINE &	AGGREGATE	338	338					
5	61	EMERGENCY	AGGREGATE	1170976	881745	289231				
101		TOTAL		1258534	969303	289231				

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	49	RESPIRATORY THERAPY	AGGREGATE							20626
2	53	ELECTROCARDIOLOGY	AGGREGATE							48507
3	59	CARDIAC REHAB	AGGREGATE							18087
4	59.01	OCCUPATIONAL MEDICINE &	AGGREGATE							338
5	61	EMERGENCY	AGGREGATE							881745
101		TOTAL								969303

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING AND STORE 6.03	ADMITTING 6.04	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT	1117632	1117632							3
4	NEW CAP REL COSTS-MVBLE EQUIP	885718		885718						4
5	EMPLOYEE BENEFITS	2277386	4530	5243	2287159					5
6.01	NONPATIENT TELEPHONES	1174	7820	276	321	9591				6.01
6.02	DATA PROCESSING	562312	7661	165312	20554	247	756086			6.02
6.03	PURCHASING RECEIVING AND STORES	116315	36714	5030	15663	247		173969		6.03
6.04	ADMITTING	282531	3497	1293	44665	247		782	332915	6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	472806	16784	1551	42297	329	476561	977		6.05
6.06	OTHER ADMINISTRATIVE AND GENERA	2119219	107837	13665	72654	438	279525	5082		6.06
8	OPERATION OF PLANT	1351529	93549	22234	51403	110		9578		8
9	LAUNDRY & LINEN SERVICE	133756	40354	3926	14471			1955		9
10	HOUSEKEEPING	376236	3814	1741	44199			3909		10
11	DIETARY	396701	53243	35126	33896	137		1759		11
12	CAFETERIA	218328	31247		29349					12
14	NURSING ADMINISTRATION	532331	7263		86569			391		14
15	CENTRAL SERVICES & SUPPLY	392	16593	157						15
16	PHARMACY	526065	20153	44760	71402	192		2737		16
17	MEDICAL RECORDS & LIBRARY	451751	35315	14387	63054	575		3323		17
18	SOCIAL SERVICE	40238	795	295	6864					18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1394141	182345	97773	216132	1206		8601	58038	25
26	INTENSIVE CARE UNIT	244727	35745	7664	39690	247		977	23734	26
33	NURSERY	43401	6628		6350				4839	33
35	NURSING FACILITY	735752		9943	113181	849		2150		35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	929887	131408	188640	118531	411		14074	46058	37
39	DELIVERY ROOM & LABOR ROOM	67999	19883		12070				14957	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	1233190	53990	47850	99267	356		9187	25847	41
41.01	RADIOLOGY-ULTRASOUND	175440	3576	374				7819	7765	41.01
44	LABORATORY	1119820	35601	17418	83404	247		46719	40600	44
46	WHOLE BLOOD & PACKED RED BLOOD	93118	1748						3498	46
49	RESPIRATORY THERAPY	408488	8821	20616	39981			3323	15568	49
50	PHYSICAL THERAPY	658963	63892	3901	90188	137		9187	5751	50
53	ELECTROCARDIOLOGY	18806	4323		3323				2980	53
55	MEDICAL SUPPLIES CHARGED TO PAT	671517							31228	55
56	DRUGS CHARGED TO PATIENTS	1202265							82041	56
59	CARDIAC REHAB	63326	7247	9753	10224			391	11	59
59.01	OCCUPATIONAL MEDICINE & WELLNES	228192		14902	36285	55		4496		59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	644534		41647	97115	767		8014		60
61	EMERGENCY	929550	56184	33813	100287	329		4105		61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC	3383818		32141	474092	2054		19156		63.50
63.51	RHC II	315977			36817			2150		63.51
63.52	RHC III	391358		13220	40722			1759		63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	480142	7152	9239	71217	411		1173		71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	27296831	1105712	863890	2286137	9591	756086	173774	332915	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		11125							96
98	PHYSICIANS' PRIVATE OFFICES	12119			1022					98
100	OBLONG RURAL HEALTH CLINIC									100
100.01	PROFESSIONAL BUILDINGS	11118		10973						100.01
100.02	FOUNDATION SERVICES	26653	795	10855				195		100.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	27346721	1117632	885718	2287159	9591	756086	173969	332915	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	CASHIERING /ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	OTHER ADMI NISTRATIVE AND GENER 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STORES									6.03
6.04	ADMITTING									6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	1011305								6.05
6.06	OTHER ADMINISTRATIVE AND GENERA		2598420	2598420						6.06
8	OPERATION OF PLANT		1528403	160473	1688876					8
9	LAUNDRY & LINEN SERVICE		194462	20417	50073	264952				9
10	HOUSEKEEPING		429899	45137	4733	13059	492828			10
11	DIETARY		520862	54687	66067	4472	20534	666622		11
12	CAFETERIA		278924	29285	38773		12051		359033	12
14	NURSING ADMINISTRATION		626554	65784	9013		2801		13876	14
15	CENTRAL SERVICES & SUPPLY		17142	1800	20589		6399			15
16	PHARMACY		665309	69853	25007		7772		10407	16
17	MEDICAL RECORDS & LIBRARY		568405	59679	43821		13620		17345	17
18	SOCIAL SERVICE		48192	5060	986		306		1734	18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	49175	2007411	210766	226267	78329	70324	202489	52034	25
26	INTENSIVE CARE UNIT	18072	370856	38938	44354	2366	13785	15172	6938	26
33	NURSERY	3685	64903	6814	8224	2045	2556		1734	33
35	NURSING FACILITY		861875	90492	170355	65456	52946	431898	32955	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	145961	1574970	165362	163058	30795	50678	7475	20814	37
39	DELIVERY ROOM & LABOR ROOM	11389	126298	13261	24672		7668		3469	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	238071	1707758	179304	66994	17107	20822		17345	41
41.01	RADIOLOGY-ULTRASOUND	37086	232060	24365	4437		1379			41.01
44	LABORATORY	205110	1548919	162627	44176	177	13730		17345	44
46	WHOLE BLOOD & PACKED RED BLOOD	4515	102879	10802	2169		674			46
49	RESPIRATORY THERAPY	22202	518999	54492	10945	448	3402		8672	49
50	PHYSICAL THERAPY	35976	867995	91134	79281	17688	24640		17345	50
53	ELECTROCARDIOLOGY	9286	38718	4065	5364		1667			53
55	MEDICAL SUPPLIES CHARGED TO PAT	35747	738492	77537						55
56	DRUGS CHARGED TO PATIENTS	98455	1352761	142032						56
59	CARDIAC REHAB	2853	93805	9849	8993		2795		1734	59
59.01	OCCUPATIONAL MEDICINE & WELLNES	8600	292530	30714		6430	25542		13876	59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	15009	807086	84739	121485		37758		20814	60
61	EMERGENCY	56758	1181026	124001	69716	20498	21668	9588	17345	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC		3911261	410657	225082	6082	69956		67641	63.50
63.51	RHC II		354944	37267	49126					63.51
63.52	RHC III		447059	46939						63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	13355	582689	61179	8875		2758		16610	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	1011305	27261866	2589511	1592635	264952	488231	666622	359033	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		11125	1168	13805		4291			96
98	PHYSICIANS' PRIVATE OFFICES		13141	1380						98
100	OBLONG RURAL HEALTH CLINIC									100
100.01	PROFESSIONAL BUILDINGS		22091	2319	81450					100.01
100.02	FOUNDATION SERVICES		38498	4042	986		306			100.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1011305	27346721	2598420	1688876	264952	492828	666622	359033	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STORES									6.03
6.04	ADMITTING									6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06	OTHER ADMINISTRATIVE AND GENERA									6.06
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA									12
14	NURSING ADMINISTRATION	718028								14
15	CENTRAL SERVICES & SUPPLY		45930							15
16	PHARMACY	43760		822108						16
17	MEDICAL RECORDS & LIBRARY				702870					17
18	SOCIAL SERVICE	7210				63488				18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	217870			35164	21449	3122103		3122103	25
26	INTENSIVE CARE UNIT	30153			12923		535485		535485	26
33	NURSERY	6004			2635		94915		94915	33
35	NURSING FACILITY	134996				42039	1883012		1883012	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	88149			104373		2205674		2205674	37
39	DELIVERY ROOM & LABOR ROOM	11413			8144		194925		194925	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC				170233		2179563		2179563	41
41.01	RADIOLOGY-ULTRASOUND				26520		288761		288761	41.01
44	LABORATORY				146669		1933643		1933643	44
46	WHOLE BLOOD & PACKED RED BLOOD				3229		119753		119753	46
49	RESPIRATORY THERAPY	37888			15876		650722		650722	49
50	PHYSICAL THERAPY				25725		1123808		1123808	50
53	ELECTROCARDIOLOGY				6640		56454		56454	53
55	MEDICAL SUPPLIES CHARGED TO PAT		45930		25562		887521		887521	55
56	DRUGS CHARGED TO PATIENTS			822108	70402		2387303		2387303	56
59	CARDIAC REHAB				2040		119216		119216	59
59.01	OCCUPATIONAL MEDICINE & WELLNES				6149		375241		375241	59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC						1071882		1071882	60
61	EMERGENCY	74428			40586		1558856		1558856	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC						4690679		4690679	63.50
63.51	RHC II						441337		441337	63.51
63.52	RHC III						493998		493998	63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	66157					737268		737268	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	718028	45930	822108	702870	63488	27152119		27152119	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN						30389		30389	96
98	PHYSICIANS' PRIVATE OFFICES						14521		14521	98
100	OBLONG RURAL HEALTH CLINIC									100
100.01	PROFESSIONAL BUILDINGS						105860		105860	100.01
100.02	FOUNDATION SERVICES						43832		43832	100.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	718028	45930	822108	702870	63488	27346721		27346721	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING AND STORE 6.03	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS	4530	5243	9773	9773					5
6.01	NONPATIENT TELEPHONES	7820	276	8096	1	8097				6.01
6.02	DATA PROCESSING	7661	165312	172973	88	208	173269			6.02
6.03	PURCHASING RECEIVING AND STORES	36714	5030	41744	67	208			42019	6.03
6.04	ADMITTING	3497	1293	4790	190	208			189	6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	16784	1551	18335	181	278	109211		236	6.05
6.06	OTHER ADMINISTRATIVE AND GENERA	107837	13665	121502	310	370	64058		1228	6.06
8	OPERATION OF PLANT	93549	22234	115783	220	93			2313	8
9	LAUNDRY & LINEN SERVICE	40354	3926	44280	62				472	9
10	HOUSEKEEPING	3814	1741	5555	189				944	10
11	DIETARY	53243	35126	88369	145	116			425	11
12	CAFETERIA	31247		31247	125					12
14	NURSING ADMINISTRATION	7263		7263	370				94	14
15	CENTRAL SERVICES & SUPPLY	16593	157	16750						15
16	PHARMACY	20153	44760	64913	305	162			661	16
17	MEDICAL RECORDS & LIBRARY	35315	14387	49702	269	486			803	17
18	SOCIAL SERVICE	795	295	1090	29					18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	182345	97773	280118	923	1018			2077	25
26	INTENSIVE CARE UNIT	35745	7664	43409	170	208			236	26
33	NURSERY	6628		6628	27					33
35	NURSING FACILITY		9943	9943	483	717			519	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	131408	188640	320048	506	347			3399	37
39	DELIVERY ROOM & LABOR ROOM	19883		19883	52					39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	53990	47850	101840	424	301			2219	41
41.01	RADIOLOGY-ULTRASOUND	3576	374	3950					1888	41.01
44	LABORATORY	35601	17418	53019	356	208			11286	44
46	WHOLE BLOOD & PACKED RED BLOOD	1748		1748						46
49	RESPIRATORY THERAPY	8821	20616	29437	171				803	49
50	PHYSICAL THERAPY	63892	3901	67793	385	116			2219	50
53	ELECTROCARDIOLOGY	4323		4323	14					53
55	MEDICAL SUPPLIES CHARGED TO PAT									55
56	DRUGS CHARGED TO PATIENTS									56
59	CARDIAC REHAB	7247	9753	17000	44				94	59
59.01	OCCUPATIONAL MEDICINE & WELLNES		14902	14902	155	46			1086	59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		41647	41647	415	648			1936	60
61	EMERGENCY	56184	33813	89997	428	278			991	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC		32141	32141	2030	1734			4627	63.50
63.51	RHC II				157				519	63.51
63.52	RHC III		13220	13220	174				425	63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	7152	9239	16391	304	347			283	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	1105712	863890	1969602	9769	8097	173269		41972	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	11125		11125						96
98	PHYSICIANS' PRIVATE OFFICES				4					98
100	OBLONG RURAL HEALTH CLINIC									100
100.01	PROFESSIONAL BUILDINGS		10973	10973						100.01
100.02	FOUNDATION SERVICES	795	10855	11650					47	100.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1117632	885718	2003350	9773	8097	173269		42019	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING /ACCOUNTS RECEIVABLE 6.05	OTHER ADMI NISTRATIVE AND GENER 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STORES									6.03
6.04	ADMITTING	5377								6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE		128241							6.05
6.06	OTHER ADMINISTRATIVE AND GENERA			187468						6.06
8	OPERATION OF PLANT			11578	129987					8
9	LAUNDRY & LINEN SERVICE			1473	3854	50141				9
10	HOUSEKEEPING			3256	364	2471	12779			10
11	DIETARY			3946	5085	846	532	99464		11
12	CAFETERIA			2113	2984		312		36781	12
14	NURSING ADMINISTRATION			4746	694		73		1421	14
15	CENTRAL SERVICES & SUPPLY			130	1585		166			15
16	PHARMACY			5040	1925		202		1066	16
17	MEDICAL RECORDS & LIBRARY			4306	3373		353		1777	17
18	SOCIAL SERVICE			365	76		8		178	18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	938	6235	15206	17413	14824	1825	30213	5331	25
26	INTENSIVE CARE UNIT	383	2291	2809	3414	448	357	2264	711	26
33	NURSERY	78	467	492	633	387	66		178	33
35	NURSING FACILITY			6529	13112	12387	1373	64441	3376	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	744	18506	11930	12550	5828	1314	1115	2132	37
39	DELIVERY ROOM & LABOR ROOM	242	1444	957	1899		199		355	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	417	30207	12936	5156	3238	540		1777	41
41.01	RADIOLOGY-ULTRASOUND	125	4702	1758	342		36			41.01
44	LABORATORY	656	26005	11733	3400	33	356		1777	44
46	WHOLE BLOOD & PACKED RED BLOOD	57	572	779	167		17			46
49	RESPIRATORY THERAPY	251	2815	3931	842	85	88		888	49
50	PHYSICAL THERAPY	93	4561	6575	6102	3347	639		1777	50
53	ELECTROCARDIOLOGY	48	1177	293	413		43			53
55	MEDICAL SUPPLIES CHARGED TO PAT	504	4532	5594						55
56	DRUGS CHARGED TO PATIENTS	841	12483	10247						56
59	CARDIAC REHAB		362	711	692		72		178	59
59.01	OCCUPATIONAL MEDICINE & WELLNES		1090	2216		1217	662		1421	59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		1903	6114	9350		979		2132	60
61	EMERGENCY		7196	8946	5366	3879	562	1431	1777	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC			29627	17324	1151	1814		6930	63.50
63.51	RHC II			2689	3781					63.51
63.52	RHC III			3386						63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY		1693	4414	683		72		1599	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	5377	128241	186825	122579	50141	12660	99464	36781	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN			84	1063		111			96
98	PHYSICIANS' PRIVATE OFFICES			100						98
100	OBLONG RURAL HEALTH CLINIC									100
100.01	PROFESSIONAL BUILDINGS			167	6269					100.01
100.02	FOUNDATION SERVICES			292	76		8			100.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	5377	128241	187468	129987	50141	12779	99464	36781	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STORES									6.03
6.04	ADMITTING									6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06	OTHER ADMINISTRATIVE AND GENERA									6.06
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA									12
14	NURSING ADMINISTRATION	14661								14
15	CENTRAL SERVICES & SUPPLY		18631							15
16	PHARMACY	894		75168						16
17	MEDICAL RECORDS & LIBRARY				61069					17
18	SOCIAL SERVICE	147				1893				18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	4447			3055	640	384263		384263	25
26	INTENSIVE CARE UNIT	616			1123		58439		58439	26
33	NURSERY	123			229		9308		9308	33
35	NURSING FACILITY	2756				1253	116889		116889	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1800			9068		389287		389287	37
39	DELIVERY ROOM & LABOR ROOM	233			708		25972		25972	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC				14793		173848		173848	41
41.01	RADIOLOGY-ULTRASOUND				2304		15105		15105	41.01
44	LABORATORY				12743		121572		121572	44
46	WHOLE BLOOD & PACKED RED BLOOD				280		3620		3620	46
49	RESPIRATORY THERAPY	774			1379		41464		41464	49
50	PHYSICAL THERAPY				2235		95842		95842	50
53	ELECTROCARDIOLOGY				577		6888		6888	53
55	MEDICAL SUPPLIES CHARGED TO PAT		18631		2221		31482		31482	55
56	DRUGS CHARGED TO PATIENTS			75168	6117		104856		104856	56
59	CARDIAC REHAB				177		19330		19330	59
59.01	OCCUPATIONAL MEDICINE & WELLNES				534		23329		23329	59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC						65124		65124	60
61	EMERGENCY	1520			3526		125897		125897	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC						97378		97378	63.50
63.51	RHC II						7146		7146	63.51
63.52	RHC III						17205		17205	63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	1351					27137		27137	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	14661	18631	75168	61069	1893	1961381		1961381	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN						12383		12383	96
98	PHYSICIANS' PRIVATE OFFICES						104		104	98
100	OBLONG RURAL HEALTH CLINIC									100
100.01	PROFESSIONAL BUILDINGS						17409		17409	100.01
100.02	FOUNDATION SERVICES						12073		12073	100.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	14661	18631	75168	61069	1893	2003350		2003350	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE NEW 4	EMPLOYEE BENEFITS GROSS SAL 5	NONPATIENT TELEPHONES #OF PHONES 6.01	DATA PROCESSING MACHINE TIME 6.02	PURCHASING RECEIVING AND STORE COST REQ'S 6.03	ADMITTING INPATIENT REVENUE 6.04	
	GENERAL SERVICE COST CENTERS								
3	NEW CAP REL COSTS-BLDG & FIXT	70320							3
4	NEW CAP REL COSTS-MVBLE EQUIP		874871						4
5	EMPLOYEE BENEFITS	285	5179	12588841					5
6.01	NONPATIENT TELEPHONES	492	273	1766	350				6.01
6.02	DATA PROCESSING	482	163288	113131	9	10000			6.02
6.03	PURCHASING RECEIVING AND STOR	2310	4968	86214	9		890		6.03
6.04	ADMITTING	220	1277	245291	9		4	12361902	6.04
6.05	CASHIERING/ACCOUNTS RECEIVABL	1056	1532	232807	12	6303	5		6.05
6.06	OTHER ADMINISTRATIVE AND GENE	6785	13498	399900	16	3697	26		6.06
8	OPERATION OF PLANT	5886	21962	282928	4		49		8
9	LAUNDRY & LINEN SERVICE	2539	3878	79653			10		9
10	HOUSEKEEPING	240	1720	243278			20		10
11	DIETARY	3350	34696	186567	5		9		11
12	CAFETERIA	1966		161541					12
14	NURSING ADMINISTRATION	457		476488			2		14
15	CENTRAL SERVICES & SUPPLY	1044	155						15
16	PHARMACY	1268	44212	393005	7		14		16
17	MEDICAL RECORDS & LIBRARY	2222	14211	347061	21		17		17
18	SOCIAL SERVICE	50	291	37778					18
20	NONPHYSICIAN ANESTHETISTS								20
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	11473	96576	1189626	44		44	2155157	25
26	INTENSIVE CARE UNIT	2249	7570	218459	9		5	881278	26
33	NURSERY	417		34950				179694	33
35	NURSING FACILITY		9821	622963	31		11		35
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	8268	186327	652414	15		72	1710212	37
39	DELIVERY ROOM & LABOR ROOM	1251		66434				555387	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	3397	47264	546381	13		47	959763	41
41.01	RADIOLOGY-ULTRASOUND	225	369				40	288318	41.01
44	LABORATORY	2240	17205	459066	9		239	1507561	44
46	WHOLE BLOOD & PACKED RED BLOO	110						129888	46
49	RESPIRATORY THERAPY	555	20364	220061			17	578082	49
50	PHYSICAL THERAPY	4020	3853	496410	5		47	213547	50
53	ELECTROCARDIOLOGY	272		18288				110664	53
55	MEDICAL SUPPLIES CHARGED TO P							1159544	55
56	DRUGS CHARGED TO PATIENTS							1932393	56
59	CARDIAC REHAB	456	9634	56275			2	414	59
59.01	OCCUPATIONAL MEDICINE & WELLN		14720	199719	2		23		59.01
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		41137	534537	28		41		60
61	EMERGENCY	3535	33399	551994	12		21		61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RURAL HEALTH CLINIC		31747	2609453	75		98		63.50
63.51	RHC II			202647			11		63.51
63.52	RHC III		13058	324139			9		63.52
	OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY	450	9126	391992	15		6		71
	SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	69570	853310	12583216	350	10000	889	12361902	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	700							96
98	PHYSICIANS' PRIVATE OFFICES			5625					98
100	OBLONG RURAL HEALTH CLINIC								100
100.01	PROFESSIONAL BUILDINGS		10839						100.01
100.02	FOUNDATION SERVICES	50	10722				1		100.02
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1117632	885718	2287159	9591	756086	173969	332915	103
104	UNIT COST MULT-WS B PT I		1.012398		27.402857		195.470787		104
104	UNIT COST MULT-WS B PT I	15.893515		.181681		75.608600		.026931	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			9773	8097	173269	42019	5377	107
108	UNIT COST MULT-WS B PT III				23.134286		47.212360		108
108	UNIT COST MULT-WS B PT III			.000776		17.326900		.000435	108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE 6.05	RECON-CILIATION 6A.06	OTHER ADMINISTRATIVE AND GENER ACCUM COST 6.06	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS 11	CAFETERIA FTE'S 12	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STOR									6.03
6.04	ADMITTING									6.04
6.05	CASHIERING/ACCOUNTS RECEIVABL	49316056								6.05
6.06	OTHER ADMINISTRATIVE AND GENE		-2598420	24748301						6.06
8	OPERATION OF PLANT			1528403	85636					8
9	LAUNDRY & LINEN SERVICE			194462	2539	233645				9
10	HOUSEKEEPING			429899	240	11516	80403			10
11	DIETARY			520862	3350	3944	3350	83920		11
12	CAFETERIA			278924	1966		1966		207	12
14	NURSING ADMINISTRATION			626554	457		457		8	14
15	CENTRAL SERVICES & SUPPLY			17142	1044		1044			15
16	PHARMACY			665309	1268		1268		6	16
17	MEDICAL RECORDS & LIBRARY			568405	2222		2222		10	17
18	SOCIAL SERVICE			48192	50		50		1	18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	2397962		2007411	11473	69074	11473	25491	30	25
26	INTENSIVE CARE UNIT	881278		370856	2249	2086	2249	1910	4	26
33	NURSERY	179694		64903	417	1803	417		1	33
35	NURSING FACILITY			861875	8638	57722	8638	54371	19	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	7117603		1574970	8268	27156	8268	941	12	37
39	DELIVERY ROOM & LABOR ROOM	555387		126298	1251		1251		2	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	11610177		1707758	3397	15086	3397		10	41
41.01	RADIOLOGY-ULTRASOUND	1808479		232060	225		225			41.01
44	LABORATORY	10001967		1548919	2240	156	2240		10	44
46	WHOLE BLOOD & PACKED RED BLOO	220170		102879	110		110			46
49	RESPIRATORY THERAPY	1082646		518999	555	395	555		5	49
50	PHYSICAL THERAPY	1754306		867995	4020	15598	4020		10	50
53	ELECTROCARDIOLOGY	452839		38718	272		272			53
55	MEDICAL SUPPLIES CHARGED TO P	1743183		738492						55
56	DRUGS CHARGED TO PATIENTS	4801043		1352761						56
59	CARDIAC REHAB	139112		93805	456		456		1	59
59.01	OCCUPATIONAL MEDICINE & WELLN	419360		292530		5670	4167		8	59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	731903		807086	6160		6160		12	60
61	EMERGENCY	2767727		1181026	3535	18076	3535	1207	10	61
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RURAL HEALTH CLINIC			3911261	11413	5363	11413		39	63.50
63.51	RHC II			354944	2491					63.51
63.52	RHC III			447059						63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	651220		582689	450		450		9	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	49316056	-2598420	24663446	80766	233645	79653	83920	207	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C			11125	700		700			96
98	PHYSICIANS' PRIVATE OFFICES			13141						98
100	OBLONG RURAL HEALTH CLINIC									100
100.01	PROFESSIONAL BUILDINGS			22091	4130					100.01
100.02	FOUNDATION SERVICES			38498	50		50			100.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	1011305		2598420	1688876	264952	492828	666622	359033	103
104	UNIT COST MULT-WS B PT I	.020507		.104994		1.133994		7.943541		104
104	UNIT COST MULT-WS B PT I				19.721566		6.129473		1734.458937	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	128241		187468	129987	50141	12779	99464	36781	107
108	UNIT COST MULT-WS B PT III	.002600		.007575		.214603		1.185224		108
108	UNIT COST MULT-WS B PT III				1.517901		.158937		177.685990	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION NURSING HOURS 14	CENTRAL SERVICES & SUPPLY CSS CSTED REQ' 15	PHARMACY RX CSTD REQ'S 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME 18	
	GENERAL SERVICE COST CENTERS						
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	NONPATIENT TELEPHONES						6.01
6.02	DATA PROCESSING						6.02
6.03	PURCHASING RECEIVING AND STOR						6.03
6.04	ADMITTING						6.04
6.05	CASHIERING/ACCOUNTS RECEIVABL						6.05
6.06	OTHER ADMINISTRATIVE AND GENE						6.06
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION	207745					14
15	CENTRAL SERVICES & SUPPLY		100				15
16	PHARMACY	12661		100			16
17	MEDICAL RECORDS & LIBRARY				47932933		17
18	SOCIAL SERVICE	2086				74	18
20	NONPHYSICIAN ANESTHETISTS						20
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	63036			2397962	25	25
26	INTENSIVE CARE UNIT	8724			881278		26
33	NURSERY	1737			179694		33
35	NURSING FACILITY	39058				49	35
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	25504			7117603		37
39	DELIVERY ROOM & LABOR ROOM	3302			555387		39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC				11610177		41
41.01	RADIOLOGY-ULTRASOUND				1808479		41.01
44	LABORATORY				10001967		44
46	WHOLE BLOOD & PACKED RED BLOO				220170		46
49	RESPIRATORY THERAPY	10962			1082646		49
50	PHYSICAL THERAPY				1754306		50
53	ELECTROCARDIOLOGY				452839		53
55	MEDICAL SUPPLIES CHARGED TO P		100		1743183		55
56	DRUGS CHARGED TO PATIENTS			100	4801043		56
59	CARDIAC REHAB				139112		59
59.01	OCCUPATIONAL MEDICINE & WELLN				419360		59.01
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY	21534			2767727		61
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	RURAL HEALTH CLINIC						63.50
63.51	RHC II						63.51
63.52	RHC III						63.52
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY	19141					71
	SPECIAL PURPOSE COST CENTERS						
95	SUBTOTALS	207745	100	100	47932933	74	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & C						96
98	PHYSICIANS' PRIVATE OFFICES						98
100	OBLONG RURAL HEALTH CLINIC						100
100.01	PROFESSIONAL BUILDINGS						100.01
100.02	FOUNDATION SERVICES						100.02
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	COST TO BE ALLOC PER B PT I	718028	45930	822108	702870	63488	103
104	UNIT COST MULT-WS B PT I	3.456295		8221.080000		857.945946	104
104	UNIT COST MULT-WS B PT I		459.300000		.014664		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	14661	18631	75168	61069	1893	107
108	UNIT COST MULT-WS B PT III	.070572		751.680000		25.581081	108
108	UNIT COST MULT-WS B PT III		186.310000		.001274		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	3122103		3122103		3122103	25
26	INTENSIVE CARE UNIT	535485		535485		535485	26
33	NURSERY	94915		94915		94915	33
35	NURSING FACILITY	1883012		1883012		1883012	35
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	2205674		2205674		2205674	37
39	DELIVERY ROOM & LABOR ROOM	194925		194925		194925	39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	2179563		2179563		2179563	41
41.01	RADIOLOGY-ULTRASOUND	288761		288761		288761	41.01
44	LABORATORY	1933643		1933643		1933643	44
46	WHOLE BLOOD & PACKED RED BL	119753		119753		119753	46
49	RESPIRATORY THERAPY	650722		650722		650722	49
50	PHYSICAL THERAPY	1123808		1123808		1123808	50
53	ELECTROCARDIOLOGY	56454		56454		56454	53
55	MEDICAL SUPPLIES CHARGED TO	887521		887521		887521	55
56	DRUGS CHARGED TO PATIENTS	2387303		2387303		2387303	56
59	CARDIAC REHAB	119216		119216		119216	59
59.01	OCCUPATIONAL MEDICINE & WEL	375241		375241		375241	59.01
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	1071882		1071882		1071882	60
61	EMERGENCY	1558856		1558856		1558856	61
62	OBSERVATION BEDS (NON-DISTI	160399		160399		160399	62
63.50	RURAL HEALTH CLINIC	4690679		4690679		4690679	63.50
63.51	RHC II	441337		441337		441337	63.51
63.52	RHC III	493998		493998		493998	63.52
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	26575250		26575250		26575250	101
102	LESS OBSERVATION BEDS	160399		160399		160399	102
103	TOTAL	26414851		26414851		26414851	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	2204785		2204785				25
26	INTENSIVE CARE UNIT	881278		881278				26
33	NURSERY	179694		179694				33
35	NURSING FACILITY	950476		950476				35
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1710212	5407391	7117603	.309890	.309890	.309890	37
39	DELIVERY ROOM & LABOR ROOM	555387		555387	.350971	.350971	.350971	39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	959763	10650414	11610177	.187729	.187729	.187729	41
41.01	RADIOLOGY-ULTRASOUND	288318	1520161	1808479	.159671	.159671	.159671	41.01
44	LABORATORY	1507561	8494406	10001967	.193326	.193326	.193326	44
46	WHOLE BLOOD & PACKED RED BL	129888	90282	220170	.543912	.543912	.543912	46
49	RESPIRATORY THERAPY	578082	504564	1082646	.601048	.601048	.601048	49
50	PHYSICAL THERAPY	213547	1540758	1754305	.640600	.640600	.640600	50
53	ELECTROCARDIOLOGY	120664	332175	452839	.124667	.124667	.124667	53
55	MEDICAL SUPPLIES CHARGED TO	1159544	584183	1743727	.508979	.508979	.508979	55
56	DRUGS CHARGED TO PATIENTS	1932393	2868649	4801042	.497247	.497247	.497247	56
59	CARDIAC REHAB	414	138698	139112	.856979	.856979	.856979	59
59.01	OCCUPATIONAL MEDICINE & WEL		419360	419360	.894794	.894794	.894794	59.01
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	31361	700542	731903	1.464514	1.464514	1.464514	60
61	EMERGENCY	80000	2687727	2767727	.563226	.563226	.563226	61
62	OBSERVATION BEDS (NON-DISTI	17993	175191	193184	.830291	.830291	.830291	62
63.50	RURAL HEALTH CLINIC		5442668	5442668	.861834	.861834	.861834	63.50
63.51	RHC II		574522	574522	.768181	.768181	.768181	63.51
63.52	RHC III		520655	520655	.948801	.948801	.948801	63.52
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	13501360	42652346	56153706				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	13501360	42652346	56153706				103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

[XX] HOSPITAL (14-1343)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.309890	.309890	.309890				37
39	DELIVERY ROOM & LABOR ROOM	.350971	.350971	.350971				39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	.187729	.187729	.187729				41
41.01	RADIOLOGY-ULTRASOUND	.159671	.159671	.159671				41.01
44	LABORATORY	.193326	.193326	.193326				44
46	WHOLE BLOOD & PACKED RED BLOOD	.543912	.543912	.543912				46
49	RESPIRATORY THERAPY	.601048	.601048	.601048				49
50	PHYSICAL THERAPY	.640600	.640600	.640600				50
53	ELECTROCARDIOLOGY	.124667	.124667	.124667				53
55	MEDICAL SUPPLIES CHARGED TO PAT	.508979	.508979	.508979				55
56	DRUGS CHARGED TO PATIENTS	.497247	.497247	.497247				56
59	CARDIAC REHAB	.856979	.856979	.856979				59
59.01	OCCUPATIONAL MEDICINE & WELLNES	.894794	.894794	.894794				59.01
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	1.464514	1.464514	1.464514				60
61	EMERGENCY	.563226	.563226	.563226				61
62	OBSERVATION BEDS (NON-DISTINCT	.830291	.830291	.830291				62
63.50	RURAL HEALTH CLINIC	.861834	.861834	.861834				63.50
63.51	RHC II	.768181	.768181	.768181				63.51
63.52	RHC III	.948801	.948801	.948801				63.52
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.497247	1
2	VACCINE CHARGES (OTHER THAN HEPATITIS B)		2
2.01	VACCINE CHARGES - HEPATITIS B		2.01
3	VACCINE COSTS (OTHER THAN HEPATITIS B)		3
3.01	VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES						
	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-1343)	[ ]	SNF
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1552803								37
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	3367910								41
41.01	RADIOLOGY-ULTRASOUND	536187								41.01
44	LABORATORY	3152618								44
46	WHOLE BLOOD & PACKED RED BLOOD	67849								46
49	RESPIRATORY THERAPY	175077								49
50	PHYSICAL THERAPY	492552								50
53	ELECTROCARDIOLOGY	247207								53
55	MEDICAL SUPPLIES CHARGED TO PA	206472								55
56	DRUGS CHARGED TO PATIENTS	1922462								56
59	CARDIAC REHAB	29920								59
59.01	OCCUPATIONAL MEDICINE & WELLNE									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	187831								60
61	EMERGENCY	974049								61
62	OBSERVATION BEDS (NON-DISTINCT	79592								62
63.50	RURAL HEALTH CLINIC									63.50
63.51	RHC II									63.51
63.52	RHC III									63.52
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL	12992529								101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES	12992529								104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-1343)	[ ]	SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
		[ ]	SUB III	[ ]	S/B-NF
		[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	481198							37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	632254							41
41.01	RADIOLOGY-ULTRASOUND	85614							41.01
44	LABORATORY	609483							44
46	WHOLE BLOOD & PACKED RED BLOOD	36904							46
49	RESPIRATORY THERAPY	105230							49
50	PHYSICAL THERAPY	315529							50
53	ELECTROCARDIOLOGY	30819							53
55	MEDICAL SUPPLIES CHARGED TO PAT	105090							55
56	DRUGS CHARGED TO PATIENTS	955938							56
59	CARDIAC REHAB	25641							59
59.01	OCCUPATIONAL MEDICINE & WELLNES								59.01
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	275081							60
61	EMERGENCY	548610							61
62	OBSERVATION BEDS (NON-DISTINCT	66085							62
63.50	RURAL HEALTH CLINIC								63.50
63.51	RHC II								63.51
63.52	RHC III								63.52
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL	4273476							101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES	4273476							104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART 1

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				384263	16072	368191	25
26	INTENSIVE CARE UNIT				58439		58439	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY				9308		9308	33
101	TOTAL				452010		435938	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	5017	631			73.39	46309	25
26	INTENSIVE CARE UNIT	206	22			283.68	6241	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY	300	191			31.03	5927	33
101	TOTAL	5523	844				58477	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	OLD CAPITAL RATIO OF COST TO CHARGES 5	OLD CAPITAL CAPITAL COSTS 6	NEW CAPITAL RATIO OF COST TO CHARGES 7	NEW CAPITAL CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		389287	7117603	469071			.054694	25655	37
39	DELIVERY ROOM & LABOR ROOM		25972	555387	276719			.046764	12940	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		173848	11610177	163372			.014974	2446	41
41.01	RADIOLOGY-ULTRASOUND		15105	1808479	39434			.008352	329	41.01
44	LABORATORY		121572	10001967	277113			.012155	3368	44
46	WHOLE BLOOD & PACKED RED BLOO		3620	220170	8330			.016442	137	46
49	RESPIRATORY THERAPY		41464	1082646	50644			.038299	1940	49
50	PHYSICAL THERAPY		95842	1754305	6373			.054632	348	50
53	ELECTROCARDIOLOGY		6888	452839	11835			.015211	180	53
55	MEDICAL SUPPLIES CHARGED TO P		31482	1743727	138171			.018054	2495	55
56	DRUGS CHARGED TO PATIENTS		104856	4801042	367124			.021840	8018	56
59	CARDIAC REHAB		19330	139112				.138953		59
59.01	OCCUPATIONAL MEDICINE & WELLN		23329	419360				.055630		59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		65124	731903	7510			.088979	668	60
61	EMERGENCY		125897	2767727	48127			.045488	2189	61
62	OBSERVATION BEDS (NON-DISTINC			193184	10063					62
63.50	RURAL HEALTH CLINIC			5442668						63.50
63.51	RHC II			574522						63.51
63.52	RHC III			520655						63.52
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		1243616	45399628	1873886				60713	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					5017		631		25
26	INTENSIVE CARE UNIT					206		22		26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I									31
33	NURSERY					300		191		33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					5523		844		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

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

*

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		7117603			469071			37
39	DELIVERY ROOM & LABOR ROOM		555387			276719			39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		11610177			163372			41
41.01	RADIOLOGY-ULTRASOUND		1808479			39434			41.01
44	LABORATORY		10001967			277113			44
46	WHOLE BLOOD & PACKED RED BLOO		220170			8330			46
49	RESPIRATORY THERAPY		1082646			50644			49
50	PHYSICAL THERAPY		1754305			6373			50
53	ELECTROCARDIOLOGY		452839			11835			53
55	MEDICAL SUPPLIES CHARGED TO P		1743727			138171			55
56	DRUGS CHARGED TO PATIENTS		4801042			367124			56
59	CARDIAC REHAB		139112						59
59.01	OCCUPATIONAL MEDICINE & WELLN		419360						59.01
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		731903			7510			60
61	EMERGENCY		2767727			48127			61
62	OBSERVATION BEDS (NON-DISTINC		193184			10063			62
63.50	RURAL HEALTH CLINIC		5442668						63.50
63.51	RHC II		574522						63.51
63.52	RHC III		520655						63.52
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		45399628			1873886			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES				
[ ] TITLE V - O/P	[XX] HOSPITAL (14-1343)	[ ] SNF
[ ] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
[XX] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-SNF
	[ ] SUB III	[ ] S/B-NF
	[ ] SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	--------- PROGRAM CHARGES --------- OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.309890	.309890	.309890				37
39	DELIVERY ROOM & LABOR ROOM	.350971	.350971	.350971				39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	.187729	.187729	.187729				41
41.01	RADIOLOGY-ULTRASOUND	.159671	.159671	.159671				41.01
44	LABORATORY	.193326	.193326	.193326				44
46	WHOLE BLOOD & PACKED RED BLOOD	.543912	.543912	.543912				46
49	RESPIRATORY THERAPY	.601048	.601048	.601048				49
50	PHYSICAL THERAPY	.640600	.640600	.640600				50
53	ELECTROCARDIOLOGY	.124667	.124667	.124667				53
55	MEDICAL SUPPLIES CHARGED TO PAT	.508979	.508979	.508979				55
56	DRUGS CHARGED TO PATIENTS	.497247	.497247	.497247				56
59	CARDIAC REHAB	.856979	.856979	.856979				59
59.01	OCCUPATIONAL MEDICINE & WELLNES	.894794	.894794	.894794				59.01
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	1.464514	1.464514	1.464514				60
61	EMERGENCY	.563226	.563226	.563226				61
62	OBSERVATION BEDS (NON-DISTINCT	.830291	.830291	.830291				62
63.50	RURAL HEALTH CLINIC	.861834	.861834	.861834				63.50
63.51	RHC II	.768181	.768181	.768181				63.51
63.52	RHC III	.948801	.948801	.948801				63.52
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.497247	1
2	VACCINE CHARGES (OTHER THAN HEPATITIS B)		2
2.01	VACCINE CHARGES - HEPATITIS B		2.01
3	VACCINE COSTS (OTHER THAN HEPATITIS B)		3
3.01	VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES						
	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-1343)	[ ]	SNF
	[ ]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
	[XX]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1675026								37
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	3186358								41
41.01	RADIOLOGY-ULTRASOUND	475667								41.01
44	LABORATORY	924684								44
46	WHOLE BLOOD & PACKED RED BLOOD									46
49	RESPIRATORY THERAPY	145774								49
50	PHYSICAL THERAPY	235516								50
53	ELECTROCARDIOLOGY	76897								53
55	MEDICAL SUPPLIES CHARGED TO PA	172058								55
56	DRUGS CHARGED TO PATIENTS	342478								56
59	CARDIAC REHAB	16074								59
59.01	OCCUPATIONAL MEDICINE & WELLNE									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	240541								60
61	EMERGENCY	1003734								61
62	OBSERVATION BEDS (NON-DISTINCT	56539								62
63.50	RURAL HEALTH CLINIC									63.50
63.51	RHC II									63.51
63.52	RHC III									63.52
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL	8551346								101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES	8551346								104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-1343)	[ ]	SNF
[ ]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[XX]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
		[ ]	SUB III	[ ]	S/B-NF
		[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	519074							37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	598172							41
41.01	RADIOLOGY-ULTRASOUND	75950							41.01
44	LABORATORY	178765							44
46	WHOLE BLOOD & PACKED RED BLOOD								46
49	RESPIRATORY THERAPY	87617							49
50	PHYSICAL THERAPY	150872							50
53	ELECTROCARDIOLOGY	9587							53
55	MEDICAL SUPPLIES CHARGED TO PAT	87574							55
56	DRUGS CHARGED TO PATIENTS	170296							56
59	CARDIAC REHAB	13775							59
59.01	OCCUPATIONAL MEDICINE & WELLNES								59.01
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	352276							60
61	EMERGENCY	565329							61
62	OBSERVATION BEDS (NON-DISTINCT	46944							62
63.50	RURAL HEALTH CLINIC								63.50
63.51	RHC II								63.51
63.52	RHC III								63.52
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL	2856231							101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES	2856231							104

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

	INPATIENT DAYS	HOSPITAL (OTHER) (14-1343) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	SNF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	5236						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	5017						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5017						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	146						5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	73						6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2581						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	146						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	73						11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I ALL PROVIDER COMPONENTS

		HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	SNF	
	SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	106.88						19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	109.88						20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3122103						21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25	SWING BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26	TOTAL SWING-BED COST	130585						26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2991518						27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2099698						28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2099698						30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.424737						31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	418.52						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	2991518						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	596.28					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1538999					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1538999					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	535485	206	2599.44	145	376919	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1806567					48
49	TOTAL PROGRAM INPATIENT COSTS	3722485					49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	51
52	TOTAL PROGRAM EXCLUDABLE COST	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	87057					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	43528					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	130585					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	269					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	596.28					84
85 OBSERVATION BED COST	160399					85

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (PPS) (14-1343) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	NF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	5236						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	5017						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5017						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	146						5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	73						6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	631						9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS	300						15
16	TITLE V OR XIX NURSERY DAYS	191						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	NF	
	SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	106.88						19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	109.88						20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3122103						21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26	TOTAL SWING-BED COST	130585						26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2991518						27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2099698						28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2099698						30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.424737						31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	418.52						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	2991518						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D 1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	596.28					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	376253					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	376253					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)	94915	300	316.38	191	60429	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	535485	206	2599.44	22	57188	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	672884					48
49	TOTAL PROGRAM INPATIENT COSTS	1166754					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	58477					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	60713					51
52	TOTAL PROGRAM EXCLUDABLE COST	119190					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	1047564					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	269					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	596.28					84
85 OBSERVATION BED COST	160399					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86	OLD CAPITAL-RELATED COST	2991518		160399		86
87	NEW CAPITAL-RELATED COST	2991518		160399		87
88	NON PHYSICIAN ANESTHETIST	2991518		160399		88
89	MEDICAL EDUCATION	2991518		160399		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (14-1343)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		1727143		25
26	INTENSIVE CARE UNIT		180178		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.309890	424819	131647	37
39	DELIVERY ROOM & LABOR ROOM	.350971			39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.187729	623329	117017	41
41.01	RADIOLOGY-ULTRASOUND	.159671	195562	31226	41.01
44	LABORATORY	.193326	1000822	193485	44
46	WHOLE BLOOD & PACKED RED BLOOD	.543912	101019	54945	46
49	RESPIRATORY THERAPY	.601048	341757	205412	49
50	PHYSICAL THERAPY	.640600	137245	87919	50
53	ELECTROCARDIOLOGY	.124667	104465	13023	53
55	MEDICAL SUPPLIES CHARGED TO PAT	.508979	765699	389725	55
56	DRUGS CHARGED TO PATIENTS	.497247	1155763	574700	56
59	CARDIAC REHAB	.856979			59
59.01	OCCUPATIONAL MEDICINE & WELLNES	.894794			59.01
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	1.464514	4158	6089	60
61	EMERGENCY	.563226	1731	975	61
62	OBSERVATION BEDS (NON-DISTINCT	.830291	486	404	62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RURAL HEALTH CLINIC	.861834			63.50
63.51	RHC II	.768181			63.51
63.52	RHC III	.948801			63.52
101	TOTAL		4856855	1806567	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		4856855		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[ ] HOSPITAL
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[XX] S/B-SNF (14-Z343)
[ ] S/B-NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.309890			37
39	DELIVERY ROOM & LABOR ROOM	.350971			39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.187729	5061	950	41
41.01	RADIOLOGY-ULTRASOUND	.159671	616	98	41.01
44	LABORATORY	.193326	11055	2137	44
46	WHOLE BLOOD & PACKED RED BLOOD	.543912			46
49	RESPIRATORY THERAPY	.601048	9477	5696	49
50	PHYSICAL THERAPY	.640600	55383	35478	50
53	ELECTROCARDIOLOGY	.124667			53
55	MEDICAL SUPPLIES CHARGED TO PAT	.508979	9039	4601	55
56	DRUGS CHARGED TO PATIENTS	.497247	37079	18437	56
59	CARDIAC REHAB	.856979			59
59.01	OCCUPATIONAL MEDICINE & WELLNES	.894794			59.01
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	1.464514			60
61	EMERGENCY	.563226			61
62	OBSERVATION BEDS (NON-DISTINCT	.830291			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RURAL HEALTH CLINIC	.861834			63.50
63.51	RHC II	.768181			63.51
63.52	RHC III	.948801			63.52
101	TOTAL		127710	67397	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		127710		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (14-1343)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		461491		25
26	INTENSIVE CARE UNIT		57727		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.309890	469071	145360	37
39	DELIVERY ROOM & LABOR ROOM	.350971	276719	97120	39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.187729	163372	30670	41
41.01	RADIOLOGY-ULTRASOUND	.159671	39434	6296	41.01
44	LABORATORY	.193326	277113	53573	44
46	WHOLE BLOOD & PACKED RED BLOOD	.543912	8330	4531	46
49	RESPIRATORY THERAPY	.601048	50644	30439	49
50	PHYSICAL THERAPY	.640600	6373	4083	50
53	ELECTROCARDIOLOGY	.124667	11835	1475	53
55	MEDICAL SUPPLIES CHARGED TO PAT	.508979	138171	70326	55
56	DRUGS CHARGED TO PATIENTS	.497247	367124	182551	56
59	CARDIAC REHAB	.856979			59
59.01	OCCUPATIONAL MEDICINE & WELLNES	.894794			59.01
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	1.464514	7510	10999	60
61	EMERGENCY	.563226	48127	27106	61
62	OBSERVATION BEDS (NON-DISTINCT	.830291	10063	8355	62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RURAL HEALTH CLINIC	.861834			63.50
63.51	RHC II	.768181			63.51
63.52	RHC III	.948801			63.52
101	TOTAL		1873886	672884	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		1873886		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-1343) 1	HOSPITAL (14-1343) 1.01	HOSPITAL (14-1343) 1.02	
1	MEDICAL AND OTHER SERVICES	4273476			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	4273476			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	4316211			17
17.01	TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-1343) 1	HOSPITAL (14-1343) 1.01	HOSPITAL (14-1343) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES	41439			18
18.01	COINSURANCE	1965651			18.01
19	SUBTOTAL	2309121			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	2309121			23
24	PRIMARY PAYER PAYMENTS	323			24
25	SUBTOTAL	2308798			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	197385			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	197385			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	185082			27.02
28	SUBTOTAL	2506183			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	2506183			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	2343752			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	162431			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1

HOSPITAL (14-1343)

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				3286425		2384142	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
	PROGRAM	.02					3.02
	TO	.03		NONE		NONE	3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50	11/14/2008	8398	11/14/2008	40390	3.50
	PROVIDER	.51					3.51
	TO	.52					3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99		-8398		-40390	3.99
4 TOTAL INTERIM PAYMENTS				3278027		2343752	4
TO BE COMPLETED BY INTERMEDIARY							
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02		NONE		NONE	5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51		NONE		NONE	5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		42585		162431	6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				3320612		2506183	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
SWING BED SKILLED NURSING FACILITY (14-Z343)

WORKSHEET E-1

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			206881			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01					3.01
	PROGRAM .02					3.02
	TO .03		NONE		NONE	3.03
	PROVIDER .04					3.04
	.05					3.05
	.50					3.50
	PROVIDER .51					3.51
	TO .52		NONE		NONE	3.52
	PROGRAM .53					3.53
	.54					3.54
SUBTOTAL	.99					3.99
4 TOTAL INTERIM PAYMENTS			206881			4
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01					5.01
	TO .02		NONE		NONE	5.02
	PROVIDER .03					5.03
	PROVIDER .50					5.50
	TO .51		NONE		NONE	5.51
	PROGRAM .52					5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01					6.01
	PROVIDER TO PROGRAM .02		-7431			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			199450			7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

SUPPLEMENTAL
WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

		TITLE V S/B NF	--- TITLE XVIII --- S/B SNF PART A (14-Z343)	S/B SNF PART B	--- TITLE XIX --- S/B SNF (14-Z343)	S/B NF	
		1	1	2	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		131891				1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF						2
3	ANCILLARY SERVICES		68071				3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						4
5	PROGRAM DAYS		219				5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY						7
8	SUBTOTAL		199962				8
9	PRIMARY PAYER PAYMENTS						9
10	SUBTOTAL		199962				10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)						11
12	SUBTOTAL		199962				12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		512				13
14	80% OF PART B COSTS						14
15	SUBTOTAL		199450				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		199450				18
19	SEQUESTRATION ADJUSTMENT						19
20	INTERIM PAYMENTS		206881				20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						20.01
21	BALANCE DUE PROVIDER/PROGRAM		-7431				21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL (14-1343)	SUB I	SUB II	SUB III	SUB IV	SNF I	
1	INPATIENT SERVICES	3722485						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	3722485						4
5	PRIMARY PAYER PAYMENTS							5
6	TOTAL COST	3759710						6
	COMPUTATION OF LESSER OF COST OR CHARGES							
	REASONABLE CHARGES							
7	ROUTINE SERVICE CHARGES							7
8	ANCILLARY SERVICE CHARGES							8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE							9
10	TEACHING PHYSICIANS							10
11	TOTAL REASONABLE CHARGES							11
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS							12
13	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							13
14	RATIO OF LINE 12 TO LINE 13							14
15	TOTAL CUSTOMARY CHARGES							15
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							16
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL (14-1343)	SUB I	SUB II	SUB III	SUB IV	SNF I	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							18
19	COST OF COVERED SERVICES	3759710						19
20	DEDUCTIBLES	484902						20
21	EXCESS REASONABLE COST							21
22	SUBTOTAL	3274808						22
23	COINSURANCE	1280						23
24	SUBTOTAL	3273528						24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	47084						25
25.01	REDUCED REIMBURSABLE BAD DEBTS	47084						25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	42120						25.02
26	SUBTOTAL	3320612						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	3320612						30
31	SEQUESTRATION ADJUSTMENT							31
32	INTERIM PAYMENTS	3278027						32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							32.01
33	BALANCE DUE PROVIDER/PROGRAM	42585						33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2							34

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

WORKSHEET E-3
PART III

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

		HOSPITAL (14-1343) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES							1
2	MEDICAL AND OTHER SERVICES	2856231						2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	2856231						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	2856231						9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES	10425232						11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES	2856231						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	2856231						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31							32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

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

WORKSHEET E-3
PART III

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

		HOSPITAL (14-1343) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST							34
35	SUBTOTAL							35
36	COINSURANCE							36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38	REIMBURSABLE BAD DEBTS							38
38.01	REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39	UTILIZATION REVIEW							39
40	SUBTOTAL							40
41	INPATIENT ROUTINE SERVICE COST							41
42	MEDICARE INPATIENT ROUTINE CHARGES							42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							49
50	OTHER ADJUSTMENTS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL							52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS							57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2543768				1
2	TEMPORARY INVESTMENTS	450164				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	4954398				4
5	OTHER RECEIVABLES					5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7	INVENTORY	728097				7
8	PREPAID EXPENSES	725863				8
9	OTHER CURRENT ASSETS	191509				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	9593799				11
	FIXED ASSETS					
12	LAND	48365				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	724308				13
13.01	ACCUMULATED DEPRECIATION	-633755				13.01
14	BUILDINGS	26324153				14
14.01	ACCUMULATED DEPRECIATION	-11581084				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	10425065				18
18.01	ACCUMULATED DEPRECIATION	-6458152				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	18848900				21
	OTHER ASSETS					
22	INVESTMENTS	7714369				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	6004				25
26	TOTAL OTHER ASSETS	7720373				26
27	TOTAL ASSETS	36163072				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	973366				28
29	SALARIES, WAGES & FEES PAYABLE	1656427				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)	407320				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS					34
35	OTHER CURRENT LIABILITIES	761743				35
36	TOTAL CURRENT LIABILITIES	3798856				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE	3453255				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	3453255				42
43	TOTAL LIABILITIES	7252111				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	28910961				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	28910961				51
52	TOTAL LIABILITIES AND FUND BALANCES	36163072				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	26149258				1
2	NET INCOME (LOSS)	2761703				2
3	TOTAL	28910961				3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5						5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS					10
11	SUBTOTAL	28910961				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	28910961				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	2353456		2353456	1
2	SUBPROVIDER I				2
4	SWING BED - SNF	65680		65680	4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	2419136		2419136	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	883136		883136	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	883136		883136	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	3302272		3302272	16
17	ANCILLARY SERVICES	9610324	32904472	42514796	17
18	OUTPATIENT SERVICES		7948977	7948977	18
18.50	RURAL HEALTH CLINIC		5370685	5370685	18.50
18.51	RHC II		574522	574522	18.51
18.52	RHC III		520655	520655	18.52
19	HOME HEALTH AGENCY		651220	651220	19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24	PHYSICIAN PRIVATE OFFICE		71983	71983	24
24.01	LONG TERM CARE	950639		950639	24.01
25	TOTAL PATIENT REVENUES	13863235	48042514	61905749	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		32725043	26
27	ADD (SPECIFY)			27
28				28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS			33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		32725043	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	61905749	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	27738899	2
3	NET PATIENT REVENUES	34166850	3
4	LESS TOTAL OPERATING EXPENSES	32725043	4
5	NET INCOME FROM SERVICE TO PATIENTS	1441807	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	235398	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	125148	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	35400	22
23	GOVERNMENTAL APPROPRIATIONS	468413	23
24	CONSULTING CLINIC	70136	24
24.01	WELLNESS	86101	24.01
24.02	GRANTS	62141	24.02
24.03	OTHER PROFESSIONAL INCOME	153957	24.03
24.04	FOUNDATION REIMBURSEMENT	24909	24.04
24.05	DONATIONS	30000	24.05
24.06	OTHER INCOME	28293	24.06
25	TOTAL OTHER INCOME	1319896	25
26	TOTAL	2761703	26
27	LOSS ON SALE OF ASSET		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2761703	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 14-7175 WORKSHEET H

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 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	114762	5968	2644	23810	37243	184427	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	192842	13276	19289			225407	6
7	PHYSICAL THERAPY	33889	2203	6361			42453	7
8	OCCUPATIONAL THERAPY	2107	137	427			2671	8
9	SPEECH PATHOLOGY	600					600	9
10	MEDICAL SOCIAL SERVICES	600					600	10
11	HOME HEALTH AIDE	47192	3068	17644			67904	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	391992	24652	46365	23810	37243	524062	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7175

WORKSHEET H
(CONTINUED)

		RECLASSIFI-CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
	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	-14362	170065	-29558	140507	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		225407		225407	6
7	PHYSICAL THERAPY		42453		42453	7
8	OCCUPATIONAL THERAPY		2671		2671	8
9	SPEECH PATHOLOGY		600		600	9
10	MEDICAL SOCIAL SERVICES		600		600	10
11	HOME HEALTH AIDE		67904		67904	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	-14362	509700	-29558	480142	24

COST ALLOCATION - HHA GENERAL SERVICE COST HHA NO.: 14-7175 WORKSHEET H-4 PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
	GENERAL SERVICE COST CENTER									
1	CAPITAL RELATED-BLDG & FIXT									1
2	CAPITAL RELATED-MOVABLE EQUIP									2
3	PLANT OPERATION & MAINTENANCE									3
4	TRANSPORTATION									4
5	ADMINISTRATIVE AND GENERAL	140507					140507	140507		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	225407					225407	93251	318658	6
7	PHYSICAL THERAPY	42453					42453	17563	60016	7
8	OCCUPATIONAL THERAPY	2671					2671	1105	3776	8
9	SPEECH PATHOLOGY	600					600	248	848	9
10	MEDICAL SOCIAL SERVICES	600					600	248	848	10
11	HOME HEALTH AIDE	67904					67904	28092	95996	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	480142					480142		480142	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7175

WORKSHEET H-4
PART II

		CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT-ATION (MILEAGE) 4	RECONCIL-IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXT							1
2	CAPITAL RELATED-MOVABLE EQUIP							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL					-140507	339635	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						225407	6
7	PHYSICAL THERAPY						42453	7
8	OCCUPATIONAL THERAPY						2671	8
9	SPEECH PATHOLOGY						600	9
10	MEDICAL SOCIAL SERVICES						600	10
11	HOME HEALTH AIDE						67904	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					-140507	339635	24
25	COST TO BE ALLOC (PER W/S H)						140507	25
26	UNIT COST MULTIPLIER						.413700	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7175

WORKSHEET H-5
PART I

	HHA COST CENTER	HHA TRIAL BALANCE 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING AND STORE 6.03	ADMITTING 6.04	
1	ADMINISTRATIVE AND GENERAL		7152	9239	20850	411		1173		1
2	SKILLED NURSING CARE	318658			35253					2
3	PHYSICAL THERAPY	60016			6157					3
4	OCCUPATIONAL THERAPY	3776			383					4
5	SPEECH PATHOLOGY	848								5
6	MEDICAL SOCIAL SERVICES	848								6
7	HOME HEALTH AIDE	95996			8574					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	480142	7152	9239	71217	411		1173		20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7175 WORKSHEET B-5 PART I

	HHA COST CENTER	CASHIERING /ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMI NISTRATIVE AND GENER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6.05	5A	6.06	8	9	10	11	12	
1	ADMINISTRATIVE AND GENERAL	13355	52180	5479	8875		2758		15610	1
2	SKILLED NURSING CARE		353911	37158						2
3	PHYSICAL THERAPY		66173	6948						3
4	OCCUPATIONAL THERAPY		4159	437						4
5	SPEECH PATHOLOGY		848	89						5
6	MEDICAL SOCIAL SERVICES		848	89						6
7	HOME HEALTH AIDE		104570	10979						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	13355	582689	61179	8875		2758		15610	20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7175

WORKSHEET H-5
PART I

	HHA COST CENTER	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
1	ADMINISTRATIVE AND GENERAL	66157						151059		1
2	SKILLED NURSING CARE							391069		2
3	PHYSICAL THERAPY							73121		3
4	OCCUPATIONAL THERAPY							4596		4
5	SPEECH PATHOLOGY							937		5
6	MEDICAL SOCIAL SERVICES							937		6
7	HOME HEALTH AIDE							115549		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	66157						737268		20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7175

WORKSHEET H-5
PART I

	HHA COST CENTER	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
		27	28	29	
1	ADMINISTRATIVE AND GENERAL	151059			1
2	SKILLED NURSING CARE	391069	100775	491844	2
3	PHYSICAL THERAPY	73121	18842	91963	3
4	OCCUPATIONAL THERAPY	4596	1184	5780	4
5	SPEECH PATHOLOGY	937	241	1178	5
6	MEDICAL SOCIAL SERVICES	937	241	1178	6
7	HOME HEALTH AIDE	115549	29776	145325	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	737268	151059	737268	20
21	UNIT COST MULTIPLIER		.257688		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7175 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE NEW 4	EMPLOYEE BENEFITS GROSS SAL 5	NONPATIENT TELEPHONES #OF PHONES 6.01	DATA PROCESSING MACHINE TIME 6.02	PURCHASING RECEIVING AND STORE COST REQ'S 6.03	ADMITTING INPATIENT REVENUE 6.04	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE 6.05	
1	ADMINISTRATIVE AND GENERAL	450	9126	114762	15		6		651220	1
2	SKILLED NURSING CARE			194042						2
3	PHYSICAL THERAPY			33889						3
4	OCCUPATIONAL THERAPY			2107						4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE			47192						7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	450	9126	391992	15		6		651220	20
21	TOTAL COST TO BE ALLOCATED	7152	9239	71217	411		1173		13355	21
22	UNIT COST MULTIPLIER	15.893333		.181680						22
22	UNIT COST MULTIPLIER		1.012382		27.400000		195.500000		.020608	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7175

WORKSHEET H-5
PART II

	HHA COST CENTER	RECON-CILIATION	OTHER ADMINISTRATIVE AND GENER ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS	CAFETERIA FTE'S	NURSING ADMINIS-TRATION NURSING HOURS	
		6A.06	6.06	8	9	10	11	12	14	
1	ADMINISTRATIVE AND GENERAL		52180	450		450		9	19141	1
2	SKILLED NURSING CARE		353911							2
3	PHYSICAL THERAPY		66173							3
4	OCCUPATIONAL THERAPY		4159							4
5	SPEECH PATHOLOGY		848							5
6	MEDICAL SOCIAL SERVICES		848							6
7	HOME HEALTH AIDE		104570							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		582689	450		450		9	19141	20
21	TOTAL COST TO BE ALLOCATED		61179	8875		2758		15610	66157	21
22	UNIT COST MULTIPLIER			19.722222		6.128889		1734.444444		22
22	UNIT COST MULTIPLIER		.104994						3.456298	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7175

WORKSHEET H-5
PART II

	HHA COST CENTER	CENTRAL SERVICES & SUPPLY CSS CSTED REQ' 15	PHARMACY RX CSTD REQ'S 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME 18	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	
1	ADMINISTRATIVE AND GENERAL						1
2	SKILLED NURSING CARE						2
3	PHYSICAL THERAPY						3
4	OCCUPATIONAL THERAPY						4
5	SPEECH PATHOLOGY						5
6	MEDICAL SOCIAL SERVICES						6
7	HOME HEALTH AIDE						7
8	SUPPLIES						8
9	DRUGS						9
9.20	COST OF ADMINISTERING VACC						9.20
10	DME						10
11	HOME DIALYSIS AIDE SERVICE						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIE						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGR						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
19.50	TELEMEDICINE						19.50
20	TOTALS						20
21	TOTAL COST TO BE ALLOCATED						21
22	UNIT COST MULTIPLIER						22
22	UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7175

WORKSHEET H-6
PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [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 PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	491844		491844	4829	101.85	1
2	PHYSICAL THERAPY	3	91963		91963	913	100.73	2
3	OCCUPATIONAL THERAPY	4	5780		5780	89	64.94	3
4	SPEECH PATHOLOGY	5	1178		1178	23	51.22	4
5	MEDICAL SOCIAL SERV	6	1178		1178	8	147.25	5
6	HOME HEALTH AIDE SERV	7	145325		145325	1154	125.93	6
7	TOTAL		737268		737268	7016		7

	LIMITATION COST COMPUTATION PATIENT SERVICES	MSA NO.				PROGRAM COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	9914					8
9	PHYSICAL THERAPY	9914					9
10	OCCUPATIONAL THERAPY	9914					10
11	SPEECH PATHOLOGY	9914					11
12	MEDICAL SOCIAL SERV	9914					12
13	HOME HEALTH AIDE SERV	9914					13
14	TOTAL						14

	SUPPLIES AND DRUGS COST COMPUTATIONS OTHER PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		21976	21976	43176	.508986	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

	PER BENEFICIARY COST LIMITATION:	MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	9914		17
18	PER BENEFICIARY COST LIMITATION	9914		18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7175

WORKSHEET H-6
PARTS 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

	PATIENT SERVICES	PROGRAM VISITS PART A	PROGRAM VISITS PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	1295	875		131896	89119		221015	1
2	PHYSICAL THERAPY	583	153		58726	15412		74138	2
3	OCCUPATIONAL THERAPY	50	27		3247	1753		5000	3
4	SPEECH PATHOLOGY	8	5		410	256		666	4
5	MEDICAL SOCIAL SERV		6			884		884	5
6	HOME HEALTH AIDE SERV	657	399		82736	50246		132982	6
7	TOTAL	2593	1465		277015	157670		434685	7

LIMITATION COST COMPUTATION

	PATIENT SERVICES	PROGRAM VISITS PART A	PROGRAM VISITS PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST	
		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

	OTHER PATIENT SERVICES	PROGRAM COVERED CHARGES PART A	PROGRAM COVERED CHARGES PART B DEDUCT. & COINSUR. FEE REIMBURSED	PROGRAM COVERED CHARGES PART B DEDUCT. & COINSUR. NOT SUBJECT TO	PROGRAM COVERED CHARGES PART B DEDUCT. & COINSUR. SUBJECT TO	COST OF SERVICES PART A	COST OF SERVICES PART B DEDUCT. & COINSUR. FEE REIMBURSED	COST OF SERVICES PART B DEDUCT. & COINSUR. NOT SUBJECT TO	COST OF SERVICES PART B DEDUCT. & COINSUR. SUBJECT TO	
		6	7	7.01	8	9	10	10.01	11	
15	COST OF MEDICAL SUPPLIES	8176	17708			4161	9013			15
16	COST OF DRUGS									16
16.20	COST OF ADMINISTERING VA									16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7175

WORKSHEET H-6
PARTS II & III

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

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

		FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
			1	2	3	4	
1	PHYSICAL THERAPY	50	.640600			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.508979	43176	21976	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.497247			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

				PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE					
				PROGRAM VISITS		PROGRAM COST		PROGRAM	
		FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
		1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2	100.73						1
2	OCCUPATIONAL THERAPY	3	64.94						2
3	SPEECH PATHOLOGY	4	51.22						3
4	TOTAL								4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7175

WORKSHEET H 7
PARTS I & II

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

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

	DESCRIPTION	PART A 1	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PROGRAM SERVICES				
1	REASONABLE COST OF SERVICES				1
2	TOTAL CHARGES	301240			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	301240			6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	301240			7
8	EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9	PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST			10
10.01	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	301240	155718	10.01
10.02	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	1299	2162	10.03
10.04	TOTAL PPS REIMBURSEMENT - PEP EPISODES	1182		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	303721	157880	12
13	EXCESS REASONABLE COST			13
14	SUBTOTAL	303721	157880	14
15	COINSURANCE BILLED TO PROGRAM PATIENTS			15
16	NET COST	303721	157880	16
17	REIMBURSABLE BAD DEBTS			17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	303721	157880	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	303721	157880	22
23	SEQUESTRATION ADJUSTMENT			23
24	SUBTOTAL	303721	157880	24
25	TOTAL INTERIM PAYMENTS	303721	157880	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE PROVIDER/PROGRAM			26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7175

WORKSHEET H-8

DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				303721		157880	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
	PROGRAM	.02					3.02
	TO	.03		NONE		NONE	3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER	.51					3.51
	TO	.52		NONE		NONE	3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				303721		157880	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
		.50					5.50
	TO	.51		NONE		NONE	5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				303721		157880	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

RHC I WORKSHEET M-1
COMPONENT NO: 14-3429

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	1768136		1768136		1768136	-227840	1540296	1
2 PHYSICIAN ASSISTANT	39858		39858		39858		39858	2
3 NURSE PRACTITIONER	39329		39329		39329		39329	3
4 VISITING NURSE								4
5 OTHER NURSE								5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	417905	156537	574442		574442		574442	9
10 SUBTOTAL (SUM OF LINES 1-9)	2265228	156537	2421765		2421765	-227840	2193925	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		102286	102286		102286		102286	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSINAL LIABILITY INSURANCE		187968	187968		187968		187968	18
19 OTHER HEALTH CARE COSTS		483	483		483		483	19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		290737	290737		290737		290737	21
22 TOTAL COSTS OF HEALTH CARE SERVICES	2265228	447274	2712502		2712502	-227840	2484662	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		26233	26233		26233		26233	29
30 ADMINISTRATIVE COSTS	572063	300860	872923		872923		872923	30
31 TOTAL FACILITY OVERHEAD	572063	327093	899156		899156		899156	31
32 TOTAL FACILITY COSTS	2837291	774367	3611658		3611658	-227840	3383818	32

RHC I WORKSHEET M-2
COMPONENT NO: 14-3429

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX: [XX] RHC
[ ] 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	5.32	25314	4200	22344		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.84	3217	2100	1764		3
4 SUBTOTAL	6.16	28531		24108	28531	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	6.16	28531			28531	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES	2484662	10
11 TOTAL NONREIMBURSABLE COSTS		11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)	2484662	12
13 RATIO OF RHC/FQHC SERVICES	1.000000	13
14 TOTAL FACILITY OVERHEAD	899156	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	1306861	15
16 TOTAL OVERHEAD	2206017	16
17 ALLOWABLE GME OVERHEAD		17
18 SUBTRACT LINE 17 FROM LINE 16	2206017	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	2206017	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	4690679	20

RHC 1
COMPONENT NO: 14-3429

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	4690679	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	23209	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	4667470	3
4	TOTAL VISITS	28531	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	28531	6
7	ADJUSTED COST PER VISIT	163.59	7

		CALCULATION OF LIMIT(1) PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2	(SEE INSTR.) 3	
8	PER VISIT PAYMENT LIMIT				8
9	RATE FOR PROGRAM COVERED VISITS	163.59	163.59		9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	9106		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	1489651		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		1489651	16
16.01	PRIMARY PAYOR PAYMENTS		237	16.01
17	LESS: BENEFICIARY DEDUCTIBLE		131568	17
18	NET PROGRAM COST EXCLUDING VACCINES		1357846	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE		1086277	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		15868	20
21	TOTAL REIMBURSABLE PROGRAM COST		1102145	21
22	REIMBURSABLE BAD DEBTS		42221	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		42221	22.01
23	OTHER ADJUSTMENTS			23
24	NET REIMBURSABLE AMOUNT		1144366	24
25	INTERIM PAYMENTS		1062360	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE COMPONENT/PROGRAM		82006	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER 1, SECTION 115.2			27

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

RHC I WORKSHEET M-4
COMPONENT NO: 14-3429

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

		PNEUMOCOCCAL 1	INFLUENZA 2	
1	HEALTH CARE STAFF COSTS	2193925	2193925	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000300	0.001100	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	658	2413	3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	3565	5658	4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	4223	8071	5
6	TOTAL DIRECT COST OF THE FACILITY	2484662	2484662	6
7	TOTAL OVERHEAD	2206017	2206017	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST	0.001700	0.003248	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	3750	7165	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	7973	15236	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	115	427	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	69.33	35.68	12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	75	299	13
14	MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	5200	10668	14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		23209	15
16	TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		15868	16

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

RHC I
COMPONENT NO: 14-3429

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

DESCRIPTION			PART B 1 MM/DD/YYYY	PART B 2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				1062360	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.		.01			3.01
	PROGRAM	.02			3.02
	TO	.03		NONE	3.03
	PROVIDER	.04			3.04
		.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				1062360	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 PROVIDER	.01		82006	6.01
	PROVIDER TO PROGRAM	.02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				1144366	7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

RHC II
COMPONENT NO: 14-3486

WORKSHEET M-1

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

CHECK [XX] RHC
APPLICABLE BOX: [ ] FQHC

	COMPEN-SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI-CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN								1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	84076		84076		84076		84076	3
4 VISITING NURSE								4
5 OTHER NURSE								5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	66555	11973	78528		78528		78528	9
10 SUBTOTAL (SUM OF LINES 1-9)	150631	11973	162604		162604		162604	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		11616	11616		11616		11616	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)		11616	11616		11616		11616	21
22 TOTAL COSTS OF HEALTH CARE SERVICES	150631	23589	174220		174220		174220	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		11278	11278		11278		11278	29
30 ADMINISTRATIVE COSTS	24016	77883	101899	36925	138824	-8345	130479	30
31 TOTAL FACILITY OVERHEAD	24016	89161	113177	36925	150102	-8345	141757	31
32 TOTAL FACILITY COSTS	174647	112750	287397	36925	324322	-8345	315977	32

RHC II WORKSHEET M-2
COMPONENT NO: 14-3486

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX: [XX] RHC
[ ] 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	0.09	679	4200	378		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.84	3698	2100	1764		3
4 SUBTOTAL	0.93	4377		2142	4377	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	0.93	4377			4377	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES	174220	10
11 TOTAL NONREIMBURSABLE COSTS		11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)	174220	12
13 RATIO OF RHC/FQHC SERVICES	1.000000	13
14 TOTAL FACILITY OVERHEAD	141757	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	125360	15
16 TOTAL OVERHEAD	267117	16
17 ALLOWABLE GME OVERHEAD		17
18 SUBTRACT LINE 17 FROM LINE 16	267117	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	267117	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	441337	20

RHC II
COMPONENT NO: 14-3486

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	441337	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	3339	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	437998	3
4	TOTAL VISITS	4377	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	4377	6
7	ADJUSTED COST PER VISIT	100.07	7

		CALCULATION OF LIMIT(1) PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2	(SEE INSTR.) 3	
8	PER VISIT PAYMENT LIMIT				8
9	RATE FOR PROGRAM COVERED VISITS	100.07	100.07		9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES		755		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES		75553		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			75553	16
16.01	PRIMARY PAYOR PAYMENTS			134	16.01
17	LESS: BENEFICIARY DEDUCTIBLE			10995	17
18	NET PROGRAM COST EXCLUDING VACCINES			64424	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE			51539	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION			1630	20
21	TOTAL REIMBURSABLE PROGRAM COST			53169	21
22	REIMBURSABLE BAD DEBTS			2446	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			2446	22.01
23	OTHER ADJUSTMENTS				23
24	NET REIMBURSABLE AMOUNT			55615	24
25	INTERIM PAYMENTS			37481	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)				25.01
26	BALANCE DUE COMPONENT/PROGRAM			18134	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2				27

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

		PNEUMOCOCCAL 1	INFLUENZA 2	
1	HEALTH CARE STAFF COSTS	162604	162604	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000300	0.001100	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	49	179	3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	403	687	4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	452	866	5
6	TOTAL DIRECT COST OF THE FACILITY	174220	174220	6
7	TOTAL OVERHEAD	267117	267117	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.002594	0.004971	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	693	1328	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	1145	2194	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	13	52	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	88.08	42.19	12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	7	24	13
14	MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	617	1013	14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		3339	15
16	TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		1630	16

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

RHC II
COMPONENT NO: 14-3486

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

DESCRIPTION			PART B 1 MM/DD/YYYY	PART B 2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				37481	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 TO PROVIDER	.01			3.01
		.02			3.02
		.03		NONE	3.03
		.04			3.04
		.05			3.05
		.50			3.50
	PROVIDER TO PROGRAM	.51			3.51
		.52		NONE	3.52
		.53			3.53
		.54			3.54
SUBTOTAL		.99			3.99
4 TOTAL INTERIM PAYMENTS				37481	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 TO PROVIDER	.01			5.01
		.02		NONE	5.02
		.03			5.03
	PROVIDER TO PROGRAM	.50			5.50
		.51		NONE	5.51
		.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		18134	6.01
	PROVIDER TO PROGRAM	.02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				55615	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

RHC III
COMPONENT NO: 14-3488

WORKSHEET M-1

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

CHECK [XX] RHC
APPLICABLE BOX: [ ] FQHC

	COMPEN-SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI-CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN								1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	89324		89324	30369	119693		119693	3
4 VISITING NURSE								4
5 OTHER NURSE								5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	81075	13517	94592		94592		94592	9
10 SUBTOTAL (SUM OF LINES 1-9)	170399	13517	183916	30369	214285		214285	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		11305	11305		11305		11305	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSINAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS		42000	42000		42000		42000	19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		53305	53305		53305		53305	21
22 TOTAL COSTS OF HEALTH CARE SERVICES	170399	66822	237221	30369	267590		267590	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		9769	9769	780	10549		10549	29
30 ADMINISTRATIVE COSTS	23371	94294	117665	8083	125748	-12529	113219	30
31 TOTAL FACILITY OVERHEAD	23371	104063	127434	8863	136297	-12529	123768	31
32 TOTAL FACILITY COSTS	193770	170885	364655	39232	403887	-12529	391358	32

RHC III
COMPONENT NO: 14-3488

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX: [XX] RHC
[ ] 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	0.01	250	4200	42		1
2	PHYSICIAN ASSISTANTS			2100			2
3	NURSE PRACTITIONERS	0.84	3873	2100	1764		3
4	SUBTOTAL	0.85	4123		1806	4123	4
5	VISITING NURSE						5
6	CLINICAL PSYCHOLOGIST						6
7	CLINICAL SOCIAL WORKER						7
8	TOTAL FTEs AND VISITS	0.85	4123			4123	8
9	PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES	267590	10
11	TOTAL NONREIMBURSABLE COSTS		11
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD)	267590	12
13	RATIO OF RHC/FQHC SERVICES	1.000000	13
14	TOTAL FACILITY OVERHEAD	123768	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	102640	15
16	TOTAL OVERHEAD	226408	16
17	ALLOWABLE GME OVERHEAD		17
18	SUBTRACT LINE 17 FROM LINE 16	226408	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	226408	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	493998	20

RHC III
COMPONENT NO: 14-3488

WORKSHEET M 3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	493998	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	186	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	493812	3
4	TOTAL VISITS	4123	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	4123	6
7	ADJUSTED COST PER VISIT	119.77	7

		CALCULATION OF LIMIT(1) PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2	(SEE INSTR.) 3	
8	PER VISIT PAYMENT LIMIT				8
9	RATE FOR PROGRAM COVERED VISITS	119.77	119.77		9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	312		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	37368		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		37368	16
16.01	PRIMARY PAYOR PAYMENTS			16.01
17	LESS: BENEFICIARY DEDUCTIBLE		4935	17
18	NET PROGRAM COST EXCLUDING VACCINES		32433	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE		25946	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		62	20
21	TOTAL REIMBURSABLE PROGRAM COST		26008	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		26008	24
25	INTERIM PAYMENTS		17821	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE COMPONENT/PROGRAM		8187	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER 1, SECTION 115.2			27

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

		PNEUMOCOCCAL 1	INFLUENZA 2	
1	HEALTH CARE STAFF COSTS	214285	214285	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		0.000100	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST		21	3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE		80	4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE		101	5
6	TOTAL DIRECT COST OF THE FACILITY	267590	267590	6
7	TOTAL OVERHEAD	226408	226408	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST		0.000377	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE		85	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION		186	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS		6	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION		31.00	12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES		2	13
14	MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		62	14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		186	15
16	TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		62	16

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

RHC III
COMPONENT NO: 14-3488

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

DESCRIPTION			PART B 1 MM/DD/YYYY	PART B 2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				17821	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.		.01			3.01
	PROGRAM	.02			3.02
	TO	.03		NONE	3.03
	PROVIDER	.04			3.04
		.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				17821	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 PROVIDER	.01		8187	6.01
	PROVIDER TO PROGRAM	.02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				26008	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

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

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY 7	UTIL
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	51.45		12.58				64.03	25
26	INTENSIVE CARE UNIT	70.39		10.68				81.07	26
33	NURSERY			63.67				63.67	33
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	5.97	21.82	6.59	23.53			57.91	37
39	DELIVERY ROOM & LABOR ROOM			49.82				49.82	39
41	RADIOLOGY-DIAGNOSTIC	5.37	29.01	1.41	27.44			63.23	41
41.01	RADIOLOGY-ULTRASOUND	10.81	29.65	2.18	26.30			68.94	41.01
44	LABORATORY	10.01	31.52	2.77	9.25			53.55	44
46	WHOLE BLOOD & PACKED RED BLOOD	45.88	30.82	3.78				80.48	46
49	RESPIRATORY THERAPY	31.57	16.17	4.68	13.46			65.88	49
50	PHYSICAL THERAPY	7.82	28.08	0.36	13.43			49.69	50
53	ELECTROCARDIOLOGY	23.07	54.59	2.61	16.98			97.25	53
55	MEDICAL SUPPLIES CHARGED TO PAT	43.91	11.84	7.92	9.87			73.54	55
56	DRUGS CHARGED TO PATIENTS	24.07	40.04	7.65	7.13			78.89	56
59	CARDIAC REHAB		21.51		11.55			33.06	59
60	CLINIC	0.57	25.66	1.03	32.87			60.13	60
61	EMERGENCY	0.06	35.19	1.74	36.27			73.26	61
62	OBSERVATION BEDS (NON-DISTINCT	0.25	41.20	5.21	29.27			75.93	62
101	TOTAL CHARGES	8.65	23.14	3.34	15.23			50.36	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	1117632	4.09	-1117632	-9.42			3
4	NEW CAP REL COSTS-MVBLE EQUIP	885718	3.24	-885718	-7.47			4
5	EMPLOYEE BENEFITS	2277386	8.33	-2277386	-19.20			5
6.01	NONPATIENT TELEPHONES	1174		-1174	-.01			6.01
6.02	DATA PROCESSING	562312	2.06	-562312	-4.74			6.02
6.03	PURCHASING RECEIVING AND STORES	116315	.43	-116315	-.98			6.03
6.04	ADMITTING	282531	1.03	-282531	-2.38			6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	472806	1.73	-472806	-3.99			6.05
6.06	OTHER ADMINISTRATIVE AND GENERA	2119219	7.75	-2119219	-17.86			6.06
8	OPERATION OF PLANT	1351529	4.94	-1351529	-11.39			8
9	LAUNDRY & LINEN SERVICE	133756	.49	-133756	-1.13			9
10	HOUSEKEEPING	376236	1.38	-376236	-3.17			10
11	DIETARY	396701	1.45	-396701	-3.34			11
12	CAFETERIA	218328	.80	-218328	-1.84			12
14	NURSING ADMINISTRATION	532331	1.95	-532331	-4.49			14
15	CENTRAL SERVICES & SUPPLY	392		-392				15
16	PHARMACY	526065	1.92	-526065	-4.43			16
17	MEDICAL RECORDS & LIBRARY	451751	1.65	-451751	-3.81			17
18	SOCIAL SERVICE	40238	.15	-40238	-.34			18
20	NONPHYSICIAN ANESTHETISTS							20
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	1394141	5.10	1727962	14.57	3122103	11.42	25
26	INTENSIVE CARE UNIT	244727	.89	290758	2.45	535485	1.96	26
33	NURSERY	43401	.16	51514	.43	94915	.35	33
35	NURSING FACILITY	735752	2.69	1147260	9.67	1883012	6.89	35
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	929887	3.40	1275787	10.75	2205674	8.07	37
39	DELIVERY ROOM & LABOR ROOM	67999	.25	126926	1.07	194925	.71	39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	1233190	4.51	946373	7.98	2179563	7.97	41
41.01	RADIOLOGY-ULTRASOUND	175440	.64	113321	.96	288761	1.06	41.01
44	LABORATORY	1119820	4.09	813823	6.86	1933643	7.07	44
46	WHOLE BLOOD & PACKED RED BLOOD	93118	.34	26635	.22	119753	.44	46
49	RESPIRATORY THERAPY	408488	1.49	242234	2.04	650722	2.38	49
50	PHYSICAL THERAPY	658963	2.41	464845	3.92	1123808	4.11	50
53	ELECTROCARDIOLOGY	18806	.07	37648	.32	56454	.21	53
55	MEDICAL SUPPLIES CHARGED TO PAT	671517	2.46	216004	1.82	887521	3.25	55
56	DRUGS CHARGED TO PATIENTS	1202265	4.40	1185038	9.99	2387303	8.73	56
59	CARDIAC REHAB	63326	.23	55890	.47	119216	.44	59
59.01	OCCUPATIONAL MEDICINE & WELLNES	228192	.83	147049	1.24	375241	1.37	59.01
60	CLINIC	644534	2.36	427348	3.60	1071882	3.92	60
61	EMERGENCY	929550	3.40	629306	5.31	1558856	5.70	61
62	OBSERVATION BEDS (NON DISTINCT							62
63.50	RURAL HEALTH CLINIC	3383818	12.37	1306861	11.02	4690679	17.15	63.50
63.51	RHC II	315977	1.16	125360	1.06	441337	1.61	63.51
63.52	RHC III	391358	1.43	102640	.87	493998	1.81	63.52

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY	480142	1.76	257126	2.17	737268	2.70	71
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN			30389	.26	30389	.11	96
98	PHYSICIANS' PRIVATE OFFICES	12119	.04	2402	.02	14521	.05	98
100	OBLONG RURAL HEALTH CLINIC							100
100.01	PROFESSIONAL BUILDINGS	11118	.04	94742	.80	105860	.39	100.01
100.02	FOUNDATION SERVICES	26653	.10	17179	.14	43832	.16	100.02
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	27346721	100.00	0	.00	27346721	100.00	103

**** THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	3957947
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	12499977
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.317

MEDICAID SUPPLEMENTAL & NON-ALLOWABLE SCHEDULE OF EXPENSES	CLINIC NAME: CMH Rural Health Clinic, Palestine, OK long	14-3488 14-3486 14-3429 REPORTING PERIOD FROM: 5-1-08 TO: 4-30-09	ATTACHMENT #1

	COST CENTER (OMIT CENTS)	COMPENSATION 1	OTHER 2	TOTAL COL.1&2 3	RECLASSI-FICATIONS 4	RECLASSIFIED TRIAL BALANCE COL.3&4 5	ADJUSTMENTS INCREASES (DECREASES) 6	NET EXPENSES COL.5&6 7
1	SUPPLEMENTAL COSTS							
2	Pharmacy	None						
3	Patient Transportation							
4	Medical Case Management							
5	Health Education							
6	Nutrition Counseling							
7	Others(specify):							
8								
9								
10								
11								
12	Supplemental Subtotal(sum of lines 2 through 11)							
13	DENTAL							
14	NON-ALLOWABLE COST CENTERS							
15	HM\HK Case Management							
16	WIC(Women,Infants, & Children)							
17	Fundraising & Public Relations							
18	Social Services							
19	Unlicensed Social Workers							
20	Others(specify)							
21								
22								
23								
24								
25	Non-Allowable Subtotal(sum of lines 15 - 24)							
26	Totals for schedule C (sum of lines 12,13, &25)							

NOTE This schedule allows for supplemental reimbursement of some costs which are not allowable under the Medicare program.

RURAL HEALTH CENTER
DENTAL STATISTICS

CLINIC NAME: CMH RHC, Palestine

REPORTING PERIOD 143486 FROM 5-1-07
14-3429 TO: 4-30-08

ATTACHMENT #2

	COST CENTER (OMIT CENTS)	COMPENSATION 1	OTHER 2	COL.1&2 3	14-3488 RECLASSIFICATIONS 4	RECLASSIFIED TRIAL BALANCE (COL.3&4) 5	ADJUSTMENTS INCREASES (DECREASES) 6	NET EXPENSES (COL.5&6) 7
1	RHC DENTAL STAFF COST							
2	Dentists	N/A						
3	Dental Hygienist							
4								
5								
6	TOTAL - Dentists(Sum of lines 1 through 5)							
7	Other - Dental Staff							
8								
9								
10								
11	SUBTOTAL- Other Dental Staff(Sum of lines 7-10)							
12	TOTAL - Dental Staff (Sum of lines 6 and 11)							
13	Dental Services Under Agreement							
14								
15	TOTAL DENTAL COST(Sum of lines 12 through 14)							

DENTAL SERVICES PERSONNEL,EQUIVALENTS,HOURS ON SITE, AND ENCOUNTERS

	DENTAL SERVICES PERSONNEL	FULL TIME PERSONNEL EQUIVALENTS (FTEs) 1	HEALTH SERVICES HOURS 2	ENCOUNTERS ON-SITE 3	OFF-SITE 4	TOTAL 5
16	RHC DENTAL STAFF N/A					
17	Dentists					
18	Dental Hygienist					
19						
20						
21	TOTAL - Dentists(Sum of lines 17 through 20)					
22	Other - Dental Staff					
23						
24						
25						
26	SUBTOTAL-Other Dental Staff(Sum of lines 22 through 25)					
27	TOTAL - Dental Staff(Sum of lines 21 and 26)					
28	Dental Services Under Agreement					
29						
30	TOTAL DENTAL(Sum of lines 27 through 29)					

NOTE: Total dental cost from line 15, column 7, must agree with Attachment #1, line 13