

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

WORKSHEET 5
 PARTS I & II

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

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 05/13/2010
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 09:10

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 HEALTHSOUTH DEACONESS REHAB (15-3025) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, 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: 05/13/2010 09:10
 pk7B5r:TuD2pNFbYSwm:sR9MzZpJ90
 a:R4y0K0:225PtssmfCpckWTR5B3ph
 rRFv0PYW9X0qp:wx

(SIGNED)

Rob Wisner
ROB WISNER SVP-REIMBURSEMENT

TITLE

MAY 20 2010

DATE

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		TITLE XIX	
	PART A	PART B		
1 HOSPITAL	2 127385	3	4 187	1
2 SUBPROVIDER 1				2
3 SWING BED - SNF				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 HEALTH CLINIC				9
100 TOTAL	127385		187	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.



MEDICARE COST REPORT INFORMATION PACKAGE

CERTIFICATION SHEET

This sheet must be completed and signed in order for the Medicare Information Package to be considered complete. A MEDICARE COST REPORT WILL NOT BE FILED IF THE CERTIFICATION SHEET IS NOT COMPLETED, AND SIGNED. Failure to file a cost report may result in a suspension of payments to the hospital, and could ultimately lead to a recoupment of all Medicare payments received, as well as termination of the hospital's provider agreement.

Hospital Name: HEALTHSOUTH/DEACONESS, LLC

Medicare Provider #: 15-3025

Medicare FYE: DECEMBER 31, 2009

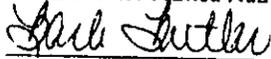
I hereby certify that I have examined the accompanying Medicare Information Package and to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the records of the reporting entity.

I further certify that there were no expenditures of a personal nature included in the facilities books, or if there were, they are disclosed below. Additionally, I certify that no expenditures were made to induce referrals.

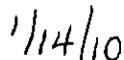
I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in the Medicare Information Package were provided in compliance with such laws and regulations.

Only for Florida facilities: I certify that I am familiar with the laws and regulations regarding the provision of health care services under the Florida Medicaid program, including the laws and regulations relating to claims for Medicaid reimbursements and payments, and that the services were provided in compliance with such laws and regulations.

BARB BUTLER
Administrator Printed Name



Administrator Signature



Date

Comments:

I have used data from the financial statements supplied by the Corporate Office in Birmingham, AL, in completion of the Medicare information package.

As reported by the Company, the United States Securities and Exchange Commission ("SEC"), Department of Justice ("DOJ"), Department of Health and Human Services Office of the Inspector General ("OIG"), and the Committee on Energy and Commerce of the United States House of Representatives ("House") are investigating the financial accounting and related activity of the Company. As a result of these investigations, the Company's financial statements cannot be relied upon. The Company has engaged forensic accountants to review its financial statements, and has retained a new registered public accountant to re-audit and report upon its financial statements. If, as a result of that forensic review and re-audit, any adjustments of hospital and/or home office cost reports are required, amended cost reports will be filed.

(4) HEALTHSOUTH.

MEDICARE COST REPORT INFORMATION PACKAGE

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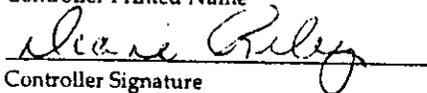
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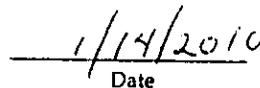
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Only for Florida facilities: I certify that I am familiar with the laws and regulations regarding the provision of health care services under the Florida Medicaid program, including the laws and regulations relating to claims for Medicaid reimbursements and payments, and that the services were provided in compliance with such laws and regulations.

DIANE RILEY
Controller Printed Name


Controller Signature


Date

Comments:

I have used data from the financial statements supplied by the Corporate Office in Birmingham, AL, in completion of the Medicare information package.

As reported by the Company, the United States Securities and Exchange Commission ("SEC"), Department of Justice ("DOJ"), Department of Health and Human Services Office of the Inspector General ("OIG"), and the Committee on Energy and Commerce of the United States House of Representatives ("House") are investigating the financial accounting and related activity of the Company. As a result of these investigations, the Company's financial statements cannot be relied upon. The Company has engaged forensic accountants to review its financial statements, and has retained a new registered public accountant to re-audit and report upon its financial statements. If, as a result of that forensic review and re-audit, any adjustments of hospital and/or home office cost reports are required, amended cost reports will be filed.

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 47	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.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>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)</p>				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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 485.6061f.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

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 1 (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	YES			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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	019005		40
40.01	NAME: HEALTHSOUTH CORPORATION		FI/CONTRACTOR'S NUMBER: 10101		40.01
40.02	STREET: 3660 GRANDVIEW PARKWAY, SUITE 200		P.O. BOX:		40.02
40.03	CITY: BIRMINGHAM		STATE: AL ZIP CODE: 35243		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	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)?						52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.						52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD: BEGINNING: ENDING:						53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 27928 PAID LOSSES: 4653 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.						54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.						55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE 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	4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)			YES	03/01/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE 15		
1 HOSPITAL ADULTS & PEDS. EXCL. SWING BED, OBSERV & HOSPICE DAYS		776	56	1160		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		776	56	1160		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
25 TOTAL						25
26 OBSERVATION BED DAYS						26
27 AMBULANCE TRIPS						27
28 EMPLOYEE DISCOUNT DAYS						28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES	7221603						1
2	TOTAL SALARIES				312811.20			2
3	NON-PHYSICIAN ANESTHETIST PART A							3
4	NON-PHYSICIAN ANESTHETIST PART B							4
4.01	PHYSICIAN - PART A							4.01
5	TEACHING PHYSICIAN SALARIES							5
5.01	PHYSICIAN - PART B							5.01
6	NON-PHYSICIAN - PART B							6
6.01	INTERNS & RESIDENTS (IN APPR PGM)							6.01
7	CONTRACT SERVICES, I&R							7
8	HOME OFFICE PERSONNEL							8
8.01	SNF							8.01
	EXCLUDED AREA SALARIES		25118		873.60			
9	OTHER WAGES & RELATED COSTS							
9.01	CONTRACT LABOR	29679			842.00		VENDOR INVOICES	9
9.02	PHARMACY SERVICES UNDER CONTRACT							9.01
9.03	LABORATORY SERVICES UNDER CONTRACT							9.02
10	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10.01	CONTRACT LABOR: PHYSICIAN PART A	67175			523.00		VENDOR INVOICES	10
11	TEACHING PHYSICIAN UNDER CONTRACT							10.01
12	HOME OFFICE SALARIES & WAGE REL COSTS	599320			8231.56		2009 HO REPORT	11
12.01	HOME OFFICE: PHYSICIAN PART A							12
	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	1195259					CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	4172					CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS		81467		2225.60			21
22	ADMINISTRATIVE & GENERAL	1347863	-106585		43451.20			22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	204217			10171.20			24
25	LAUNDRY & LINEN SERVICE		25127		2184.00			25
26	HOUSEKEEPING	159431	-25127		12084.80			26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	239348			18782.40			27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	170526			6801.60			30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	111864			6593.60			33
34	SOCIAL SERVICE	286802			10337.60			34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	7221603		7221603	312811.20	23.09	1
2	EXCLUDED AREA SALARIES		25118	25118	873.60	28.75	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	7221603	-25118	7196485	311937.60	23.07	3
4	SUBTOTAL OTHER WAGES & REL COSTS	696174		696174	9596.56	72.54	4
5	SUBTOTAL WAGE-RELATED COSTS	1195259		1195259		16.61	5
6	TOTAL (SUM OF LINES 3 THRU 5)	9113036	-25118	9087918	321534.16	28.26	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	2520051	-25118	2494933	112632.00	22.15	13

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		1124759	1124759	18671	1143430	68127	1211557	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		227425	227425	20586	248011	79888	327899	4
5	0500 EMPLOYEE BENEFITS		1302271	1302271	103057	1405328	-121530	1283798	5
6	0600 ADMINISTRATIVE & GENERAL	1347863	2160304	3508167	-438000	3070167	321493	3391660	6
8	0800 OPERATION OF PLANT	204217	218178	422395	269503	691898	-96865	595033	8
9	0900 LAUNDRY & LINEN SERVICE		4483	4483	36548	41031		41031	9
10	1000 HOUSEKEEPING	159431	61519	220950	-37371	183579	-85	183494	10
11	1100 DIETARY	239348	245532	484880	12000	496880	-36062	460818	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	170526	21377	191903	-202	191701	-55	191646	14
17	1700 MEDICAL RECORDS & LIBRARY	111864	76861	188725		188725	-14	188711	17
18	1800 SOCIAL SERVICE	286802	4816	291618		291618	-399	291219	18
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	2387313	133166	2520479	1527	2522006	-3351	2518655	25
ANCILLARY SERVICE COST CENTERS									
41	4100 RADIOLOGY-DIAGNOSTIC		244634	244634	-48329	196305	-924	195381	41
41.01	4101 RADIOLOGY SUA				48329	48329	-34371	13958	41.01
44	4400 LABORATORY		123201	123201	150	123351	-94288	29063	44
49	4900 RESPIRATORY THERAPY	140482	40128	180610	-52	180558	-15068	165490	49
50	5000 PHYSICAL THERAPY	870952	-464	870488	3715	874203	-456	873747	50
51	5100 OCCUPATIONAL THERAPY	676617	4701	681318	2129	683447	-89	683358	51
52	5200 SPEECH PATHOLOGY	339276	5013	344289	1778	346067	-190	345877	52
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	41743	118274	160017	3212	163229	-3140	160089	55
56	5600 DRUGS CHARGED TO PATIENTS	199408	503242	702650	-6123	696527	-8463	688064	56
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVI	45761	61431	107192	-60755	46437	-173	46264	59
59.01	3950 AMBULANCE		29355	29355	-2411	26944	-21347	5597	59.01
59.02	3020 DAY TREATMENT		8359	8359	-8228	131	-131		59.02
59.03	3951 AMBULANCE SUA				2411	2411	-1746	665	59.03
OUTPATIENT SERVICE COST CENTERS									
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
88	8800 INTEREST EXPENSE		7150	7150		7150	-7150		88
90	9000 OTHER CAPITAL RELATED COSTS		11261	11261	-11261				90
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	7221603	6736976	13958579	-89116	13869463	23611	13893074	95
98	9800 PHYSICIANS' PRIVATE OFFICES				1728	1728		1728	98
100	7950 GUEST MEALS								100
100.01	7951 MARKETING				26633	26633		26633	100.01
100.02	7952 UNUSED LEASE SPACE								100.02
100.03	7953 NRCC CLINICAL PSYCH				60755	60755		60755	100.03
101	TOTAL	7221603	6736976	13958579		13958579	23611	13982190	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
1		2	3	4	5	
1 TO RECLASS MARKETING EXPENSES	B	MARKETING	100.01	25118	1515	1
2 RECLASS MEDICAL DIR FEES	C	ADULTS & PEDIATRICS	25		3938	2
3 TO RECLASS MEDICAL DIRECTOR FEES	C					3
4 TO RECLASS UTILITY EXPENSES	D	OPERATION OF PLANT	8		269503	4
5 RECLASS DRUG EXPENSE	E	ADMINISTRATIVE & GENERAL	6		6123	5
6 FOOD SUPPLIES	G	DIETARY	11		12000	6
7 FOOD SUPPLIES	G					7
8 FOOD SUPPLIES	G					8
9 FOOD SUPPLIES	G					9
10 FOOD SUPPLIES	G					10
11 FOOD SUPPLIES	G					11
12 LINENS RECLASS	H	LAUNDRY & LINEN SERVICE	9		13832	12
13 HUMAN RESOURCES	I	EMPLOYEE BENEFITS	5	81467	21590	13
14 CAPITAL INSURANCE	J	NEW CAP REL COSTS-BLDG & FIXT	3		13315	14
15 CAPITAL INSURANCE	J	NEW CAP REL COSTS-MVBLE EQUIP	4		14681	15
16 DAY TREATMENT	K	PHYSICAL THERAPY	50		4202	16
17 DAY TREATMENT	K	OCCUPATIONAL THERAPY	51		2205	17
18 DAY TREATMENT	K	SPEECH PATHOLOGY	52		1821	18
19 PHYSICIAN SUPPLIES RECLASS	L	PHYSICIANS' PRIVATE OFFICES	98		1728	19
20 COMS RECLASS	M					20
21 LAUNDRY SALARIES	O	LAUNDRY & LINEN SERVICE	9	25127		21
22 PSYCH RECLASS	P	NRCC CLINICAL PSYCH	100.03		60755	22
23						23
24 HOUSEKEEPING	R	HOUSEKEEPING	10		2481	24
25 HOUSEKEEPING	R					25
26 LAB RECLASS	S	LABORATORY	44		150	26
27 MEDICAL SUPPLIES	T	MEDICAL SUPPLIES CHARGED TO P	55		3212	27
28 MEDICAL SUPPLIES	T					28
29 MEDICAL SUPPLIES	T					29
30 MEDICAL SUPPLIES	T					30
31 MEDICAL SUPPLIES	T					31
32 RADIOLOGY SUA	U	RADIOLOGY SUA	41.01		48329	32
33 AMBULANCE SUA	U	AMBULANCE SUA	59.03		2411	33
34						34
35						35
36 TOTAL RECLASSIFICATIONS					131712	483791

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 TO RECLASS MARKETING EXPENSES	B	ADMINISTRATIVE & GENERAL	6	25118	1515	1
2 RECLASS MEDICAL DIR FEES	C	ADMINISTRATIVE & GENERAL	6		3938	2
3 TO RECLASS MEDICAL DIRECTOR FEES	C					3
4 TO RECLASS UTILITY EXPENSES	D	ADMINISTRATIVE & GENERAL	6		269503	4
5 RECLASS DRUG EXPENSE	E	DRUGS CHARGED TO PATIENTS	56		6123	5
6 FOOD SUPPLIES	G	ADMINISTRATIVE & GENERAL	6		11106	6
7 FOOD SUPPLIES	G	ADULTS & PEDIATRICS	25		213	7
8 FOOD SUPPLIES	G	PHYSICAL THERAPY	50		417	8
9 FOOD SUPPLIES	G	OCCUPATIONAL THERAPY	51		76	9
10 FOOD SUPPLIES	G	SPEECH PATHOLOGY	52		43	10
11 FOOD SUPPLIES	G	NURSING ADMINISTRATION	14		145	11
12 LINENS RECLASS	H	HOUSEKEEPING	10		13832	12
13 HUMAN RESOURCES	I	ADMINISTRATIVE & GENERAL	6	81467	21590	13
14 CAPITAL INSURANCE	J	ADMINISTRATIVE & GENERAL	6		27996	12 14
15 CAPITAL INSURANCE	J					12 15
16 DAY TREATMENT	K	DAY TREATMENT	59.02		8228	16
17 DAY TREATMENT	K					17
18 DAY TREATMENT	K					18
19 PHYSICIAN SUPPLIES RECLASS	L	ADMINISTRATIVE & GENERAL	6		1728	19
20 COMS RECLASS	M					20
21 LAUNDRY SALARIES	O	HOUSEKEEPING	10	25127		21
22 PSYCH RECLASS	P	PSYCHIATRIC/PSYCHOLOGICAL SER	59		60755	22
23						23
24 HOUSEKEEPING	R	PHYSICAL THERAPY	50		70	24
25 HOUSEKEEPING	R	LAUNDRY & LINEN SERVICE	9		2411	25
26 LAB RECLASS	S	ADMINISTRATIVE & GENERAL	6		150	26
27 MEDICAL SUPPLIES	T	ADULTS & PEDIATRICS	25		2198	27
28 MEDICAL SUPPLIES	T	RESPIRATORY THERAPY	49		52	28
29 MEDICAL SUPPLIES	T	ADMINISTRATIVE & GENERAL	6		12	29
30 MEDICAL SUPPLIES	T	HOUSEKEEPING	10		893	30
31 MEDICAL SUPPLIES	T	NURSING ADMINISTRATION	14		57	31
32 RADIOLOGY SUA	U	RADIOLOGY-DIAGNOSTIC	41		48329	32
33 AMBULANCE SUA	U	AMBULANCE	59.01		2411	33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				131712	483791	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1435487	345300		345300		1780787		1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	2145532	-107974		-107974	74187	1963371		6
7 SUBTOTAL	3581019	237326		237326	74187	3744158		7
8 RECONCILING ITEMS								8
9 TOTAL	3581019	237326		237326	74187	3744158		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	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	1780787		1780787	.475617		5356		5356 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1963371		1963371	.524383		5905		5905 4
5 TOTAL	3744158		3744158	1.000000		11261		11261 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES		
	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	236436	820566	53587	13315	87653		1211557 3
4 NEW CAP REL COSTS-MVBLE EQUIP	140406	76172		14681	96640		327899 4
5 TOTAL	376842	896738	53587	27996	184293		1539456 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES		
	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	126573	998186					1124759 3
4 NEW CAP REL COSTS-MVBLE EQUIP	150240	77185					227425 4
5 TOTAL	276813	1075371					1352184 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8 WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1301			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	540137			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					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					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 LINE OF CREDIT INTEREST	A	-7150	INTEREST EXPENSE	88	11 37
38 PROPERTY TAX	A	82297	NEW CAP REL COSTS-BLDG & FIXT	3	13 38
38.01 PROPERTY TAX	A	90735	NEW CAP REL COSTS-MVBLE EQUIP	4	13 38.01
39 NON-ALLOWABLE EXPENSES	A	-148112	ADMINISTRATIVE & GENERAL	6	39
40 PATIENT PHONE	A	-26203	ADMINISTRATIVE & GENERAL	6	40
40.01 PATIENT PHONE	A	-4352	EMPLOYEE BENEFITS	5	40.01
40.02 PATIENT PHONE	A	-2785	NEW CAP REL COSTS-MVBLE EQUIP	4	9 40.02
40.04 PATIENT PHONE	A	-7502	ADMINISTRATIVE & GENERAL	6	40.04
41 TV DEPRECIATION	A	-240	NEW CAP REL COSTS-MVBLE EQUIP	4	9 41
41.02 PATIENT TV	A	-459	OPERATION OF PLANT	8	41.02
42 TO OFFSET MISCELLANEOUS INCOME	B	-3371	NEW CAP REL COSTS-BLDG & FIXT	3	11 42
42.01 MISC INCOME	B	-765	ADMINISTRATIVE & GENERAL	6	42.01
42.03 MISC INCOME	B	-35769	DIETARY	11	42.03
42.04 MISC INCOME	B	-14	MEDICAL RECORDS & LIBRARY	17	42.04
43 PATIENT TRANSPORTATION	A	-64416	OPERATION OF PLANT	8	43
43.01 PATIENT TRANSPORTATION	A	-8397	EMPLOYEE BENEFITS	5	43.01
43.02 PATIENT TRANSPORTATION	A	-21347	AMBULANCE	59.01	43.02
43.03 PATIENT TRANSPORTATION	A	-21694	OPERATION OF PLANT	8	43.03
43.04 PATIENT TRANSPORTATION	A	-6801	NEW CAP REL COSTS-MVBLE EQUIP	4	9 43.04
44 OFFSET PROPERTY TAX ACCRUED TO	A	-177620	NEW CAP REL COSTS-BLDG & FIXT	3	10 44
45					45
46					46
47 PROFESSIONAL FEES	A	-7535	ADMINISTRATIVE & GENERAL	6	47
48					48
49 TO OFFSET PRINT SHOP COSTS	A	-11631	ADMINISTRATIVE & GENERAL	6	49
49.01 TO OFFSET PRINT SHOP COSTS	A	-89	OPERATION OF PLANT	8	49.01
49.02 TO OFFSET PRINT SHOP COSTS	A	-85	HOUSEKEEPING	10	49.02
49.03 TO OFFSET PRINT SHOP COSTS	A	-39	DIETARY	11	49.03
49.04 TO OFFSET PRINT SHOP COSTS	A	-16	NURSING ADMINISTRATION	14	49.04
49.05 TO OFFSET PRINT SHOP COSTS	A	-399	SOCIAL SERVICE	18	49.05

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
49.06 TO OFFSET PRINT SHOP COSTS	A	-2034	ADULTS & PEDIATRICS	25		49.06
49.07 TO OFFSET PRINT SHOP COSTS	A	-11	RESPIRATORY THERAPY	49		49.07
49.08 TO OFFSET PRINT SHOP COSTS	A	-343	PHYSICAL THERAPY	50		49.08
49.09 TO OFFSET PRINT SHOP COSTS	A	-66	OCCUPATIONAL THERAPY	51		49.09
49.10 TO OFFSET PRINT SHOP COSTS	A	-190	SPEECH PATHOLOGY	52		49.10
49.11 TO OFFSET PRINT SHOP COSTS	A	-68	DRUGS CHARGED TO PATIENTS	56		49.11
49.12 TO OFFSET PRINT SHOP COSTS	A	-40	PSYCHIATRIC/PSYCHOLOGICAL SERVI	59		49.12
49.13 TO OFFSET PRINT SHOP COSTS	A	-123	DAY TREATMENT	59.02		49.13
49.19 MEDICAL & DENTAL INSURANCE	A	-74915	EMPLOYEE BENEFITS	5		49.19
49.20 WORKERS COMP INSURANCE	A	-27925	EMPLOYEE BENEFITS	5		49.20
49.21 GENERAL LIABILITY INSURANCE	A	-27442	ADMINISTRATIVE & GENERAL	6		49.21
49.22 PHYSICIAN SUPPLIES ADJUSTMENT	A	739	ADMINISTRATIVE & GENERAL	6		49.22
49.23 LOBBYING	A	-479	ADMINISTRATIVE & GENERAL	6		49.23
49.24 LOBBYING	A	-120	EMPLOYEE BENEFITS	5		49.24
49.25 LOBBYING	A	-1299	ADMINISTRATIVE & GENERAL	6		49.25
49.26 LOBBYING	A	-2054	ADMINISTRATIVE & GENERAL	6		49.26
49.27 PRINT SHOP DELIVERY CHARGES	A	-665	ADMINISTRATIVE & GENERAL	6		49.27
49.28 MISC EXPENSE	A	5569	ADMINISTRATIVE & GENERAL	6		49.28
50 TOTAL		23611				50

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

WORKSHEET A-R-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6	ADMINISTRATIVE & GENERAL		1130948	-1130948	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	109863		109863	9 2
3	3	NEW CAP REL COSTS-BLDG & FIXT	56958		56958	11 3
4	6	ADMINISTRATIVE & GENERAL	1126856		1126856	4
4.01	6	ADMINISTRATIVE & GENERAL	560468		560468	4.01
4.05	4	NEW CAP REL COSTS-MVBLE EQUIP	1066	1066		9 4.05
4.06	5	EMPLOYEE BENEFITS	857955	857955		4.06
4.07	6	ADMINISTRATIVE & GENERAL	1316847	1316847		4.07
4.08	8	OPERATION OF PLANT	-8565	-8565		4.08
4.09	10	HOUSEKEEPING	18	18		4.09
4.10	11	DIETARY	-3776	-3776		4.10
4.11	14	NURSING ADMINISTRATION	1656	1656		4.11
4.14	25	ADULTS & PEDIATRICS	-3654	-3654		4.14
4.15	41	RADIOLOGY-DIAGNOSTIC	8966	8966		4.15
4.16	44	LABORATORY	-5468	-5468		4.16
4.17	49	RESPIRATORY THERAPY	-685	-685		4.17
4.18	50	PHYSICAL THERAPY	-12474	-12474		4.18
4.19	51	OCCUPATIONAL THERAPY	497	497		4.19
4.20	52	SPEECH PATHOLOGY	645	645		4.20
4.21	55	MEDICAL SUPPLIES CHARGED TO PAT	-61	-61		4.21
4.22	56	DRUGS CHARGED TO PATIENTS	453660	453660		4.22
4.23	59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	-4800	-4800		4.23
4.24	59.01	AMBULANCE	-2908	-2908		4.24
4.25	59.02	DAY TREATMENT	-20	-20		4.25
4.26	4	NEW CAP REL COSTS-MVBLE EQUIP	425	1438	-1013	10 4.26
4.27	5	EMPLOYEE BENEFITS	2441	8262	-5821	4.27
4.28	6	ADMINISTRATIVE & GENERAL	2861	9682	-6821	4.28
4.29	6	ADMINISTRATIVE & GENERAL		683	-683	4.29
4.30	8	OPERATION OF PLANT	4281	14488	-10207	4.30
4.31	11	DIETARY	106	360	-254	4.31
4.32	14	NURSING ADMINISTRATION	16	55	-39	4.32
4.33	25	ADULTS & PEDIATRICS	39	55	-16	4.33
4.34	41.01	RADIOLOGY SUA	13958	48329	-34371	4.34
4.35	44	LABORATORY	29323	123611	-94288	4.35
4.36	49	RESPIRATORY THERAPY	6620	21677	-15057	4.36
4.37	50	PHYSICAL THERAPY	43	156	-113	4.37
4.38	51	OCCUPATIONAL THERAPY	10	33	-23	4.38
4.39	55	MEDICAL SUPPLIES CHARGED TO PAT	2548	5688	-3140	4.39
4.40	56	DRUGS CHARGED TO PATIENTS	2704	11099	-8395	4.40
4.41	59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	347	480	-133	4.41
4.42	59.02	DAY TREATMENT	4	12	-8	4.42
4.43	59.03	AMBULANCE SUA	665	2411	-1746	4.43
4.44	6	ADMINISTRATIVE & GENERAL	431	431		4.44
4.45	41	RADIOLOGY-DIAGNOSTIC	630	1554	-924	4.45
4.46	4	NEW CAP REL COSTS-MVBLE EQUIP	164	172	-8	9 4.46
5		TOTALS	4520660	3980523	540137	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME 2	PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
1	B	78.00	HEALTHSOUTH COR		HEALTHCARE	1
2	B	22.00	DEACONESS		HEALTHCARE	2
3	G		HEALTHSOUTH COR		HEALTHCARE	3
4	G		MEDCENTERDIRECT		MEDICAL SUPPLIES	4
5	G		MIDWEST RADIOLOGICAL		RADIOLOGY SERVICES	5
5.01	G		MOTORIKA		EQUIPMENT	5.01

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY: MEDICAL SUPPLIES VENDOR

PROVIDER NO. 15-3025 HEALTHSOUTH DEACONESS REHAB
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02
 05/13/2010 09:10

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	3938		3938	171400	32	2637	132
101	TOTAL	3938		3938		32	2637	132

PROVIDER NO. 15-3025 HEALTHSOUTH DEACONESS REHAB
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.02
 05/13/2010 09:10

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCB LIMIT	RCB DIS- ALLOWANCE	ADJUST- MENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS					2637	1301	1301
101	TOTAL					2637	1301	1301

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT	1211557	1211557							3
4 NEW CAP REL COSTS-MVBLE EQUIP	327899		327899						4
5 EMPLOYEE BENEFITS	1283798	3979	1182	1288959					5
6 ADMINISTRATIVE & GENERAL	3391660	118986	35357	224079	3770082	3770082			6
8 OPERATION OF PLANT	595033	24074	7154	36866	663127	245163	908290		8
9 LAUNDRY & LINEN SERVICE	41031	13485	4007	4536	63059	23313	11506	97878	9
10 HOUSEKEEPING	183494	9806	2914	24245	220459	81505	8367	2176	10
11 DIETARY	460818	86072	25577	43208	615675	227619	73441	824	11
12 CAFETERIA									12
14 NURSING ADMINISTRATION	191646	10189	3028	30784	235647	87120	8694		14
17 MEDICAL RECORDS & LIBRARY	188711	9157	2721	20194	220783	81625	7813		17
18 SOCIAL SERVICE	291219	7275	2162	51774	352430	130296	6208		18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2518655	503234	149534	430965	3602388	1331830	429378	79095	25
ANCILLARY SERVICE COST CENTERS									
41 RADIOLOGY-DIAGNOSTIC	195381	10722	3186		209289	77376	9148	6	41
41.01 RADIOLOGY SUA	13958				13958				41.01
44 LABORATORY	29063	899	267		30229	11176	767		44
49 RESPIRATORY THERAPY	165490	2564	762	25360	194176	71788	2188		49
50 PHYSICAL THERAPY	873747	156695	46562	157227	1234231	456304	133699	9847	50
51 OCCUPATIONAL THERAPY	683358	79113	23509	122145	908125	335740	67503	1053	51
52 SPEECH PATHOLOGY	345877	34695	10310	61247	452129	167155	29603		52
55 MEDICAL SUPPLIES CHARGED TO PAT	160089	20811	6184	7536	194620	71952	17756	15	55
56 DRUGS CHARGED TO PATIENTS	688064	6659	1979	35998	732700	270884	5682		56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	46264	4528	1346	8261	60399	22330	3864		59
59.01 AMBULANCE	5597				5597	2069			59.01
59.02 DAY TREATMENT									59.02
59.03 AMBULANCE SUA	665				665				59.03
OUTPATIENT SERVICE COST CENTERS									
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	13893074	1102943	327741	1284425	13779768	3695245	815617	93016	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	1728	72904			74632	27592	62204	4862	98
100 GUEST MEALS									100
100.01 MARKETING	26633	266	79	4534	31512	11650	227		100.01
100.02 UNUSED LEASE SPACE		35178			35178	13006	30015		100.02
100.03 NRCC CLINICAL PSYCH	60755	266	79		61100	22589	227		100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	13982190	1211557	327899	1288959	13982190	3770082	908290	97878	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	10	11	12	14	17	18	25	26
GENERAL SERVICE COST CENTERS								3
3 NEW CAP REL COSTS-BLDG & FIXT								4
4 NEW CAP REL COSTS-MVBLE EQUIP								5
5 EMPLOYEE BENEFITS								6
6 ADMINISTRATIVE & GENERAL								8
8 OPERATION OF PLANT								9
9 LAUNDRY & LINEN SERVICE								10
10 HOUSEKEEPING	312507							11
11 DIETARY	25833	943392						12
12 CAFETERIA		198313	198313					14
14 NURSING ADMINISTRATION	3058		6025	340544				17
17 MEDICAL RECORDS & LIBRARY	2748		5840		318809			18
18 SOCIAL SERVICE	2184		9157			500275		25
25 INPATIENT ROUTINE SERV COST CENTERS								25
ADULTS & PEDIATRICS	151036	715768	103800	340544	105168	500275	7359282	
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC	3218				2836		301873	41
41.01 RADIOLOGY SUA							13958	41.01
44 LABORATORY	270				5245		47687	44
49 RESPIRATORY THERAPY	770		5453		11545		285920	49
50 PHYSICAL THERAPY	47029		29367		66960		1977437	50
51 OCCUPATIONAL THERAPY	23745		19548		63322		1419036	51
52 SPEECH PATHOLOGY	10413		10151		26202		695653	52
55 MEDICAL SUPPLIES CHARGED TO PAT	6246		2192		5105		297886	55
56 DRUGS CHARGED TO PATIENTS	1999		4164		27709		1043138	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	1359		1842		4146		93940	59
59.01 AMBULANCE					336		8002	59.01
59.02 DAY TREATMENT								59.02
59.03 AMBULANCE SUA							665	59.03
62 OUTPATIENT SERVICE COST CENTERS								62
OBSERVATION BEDS (NON-DISTINCT								
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	279908	914081	197539	340544	318574	500275	13544477	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	21881						191171	98
100 GUEST MEALS		29311					29311	100
100.01MARKETING	80		774				44243	100.01
100.02UNUSED LEASE SPACE	10558						88757	100.02
100.03NRCC CLINICAL PSYCH	80				235		84231	100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	312507	943392	198313	340544	318809	500275	13982190	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		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	ADMINISTRATIVE & GENERAL		6
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	7359282	25
ANCILLARY SERVICE COST CENTERS			
41	RADIOLOGY-DIAGNOSTIC	301873	41
41.01	RADIOLOGY SUA	13958	41.01
44	LABORATORY	47687	44
49	RESPIRATORY THERAPY	285920	49
50	PHYSICAL THERAPY	1977437	50
51	OCCUPATIONAL THERAPY	1419036	51
52	SPEECH PATHOLOGY	695653	52
55	MEDICAL SUPPLIES CHARGED TO PAT	297886	55
56	DRUGS CHARGED TO PATIENTS	1043138	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	93940	59
59.01	AMBULANCE	8002	59.01
59.02	DAY TREATMENT		59.02
59.03	AMBULANCE SUA	665	59.03
OUTPATIENT SERVICE COST CENTERS			
62	OBSERVATION BEDS (NON-DISTINCT		62
OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	13544477	95
NONREIMBURSABLE COST CENTERS			
98	PHYSICIANS' PRIVATE OFFICES	191171	98
100	GUEST MEALS	29311	100
100.01	MARKETING	44243	100.01
100.02	UNUSED LEASE SPACE	88757	100.02
100.03	NRCC CLINICAL PSYCH	84231	100.03
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	13982190	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	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
3									3
4									4
5					5161				5
6		3979	1182	5161	897	155240			6
8		24074	7154	31228	148	10095	41471		8
9		13485	4007	17492	18	960	525	18995	9
10		9806	2914	12720	97	3356	382	422	10
11		86072	25577	111649	173	9372	3353	160	11
12									12
14		10189	3028	13217	123	3587	397		14
17		9157	2721	11878	81	3361	357		17
18		7275	2162	9437	207	5365	283		18
INPATIENT ROUTINE SERV COST CENTERS									
25		503234	149534	652768	1726	54843	19607	15350	25
ANCILLARY SERVICE COST CENTERS									
41		10722	3186	13908		3186	418	1	41
41.01									41.01
44		899	267	1166		460	35		44
49		2564	762	3326	102	2956	100		49
50		156695	46562	203257	630	18789	6104	1911	50
51		79113	23509	102622	489	13824	3082	204	51
52		34695	10310	45005	245	6883	1352		52
55		20811	6184	26995	30	2963	811	3	55
56		6659	1979	8638	144	11154	259		56
59		4528	1346	5874	33	919	176		59
59.01						85			59.01
59.02									59.02
59.03									59.03
OUTPATIENT SERVICE COST CENTERS									
62									62
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
95		1102943	327741	1430684	5143	152158	37241	18051	95
NONREIMBURSABLE COST CENTERS									
98		72904		72904		1136	2840	944	98
100									100
100.01		266	79	345	18	480	10		100.01
100.02		35178		35178		536	1370		100.02
100.03		266	79	345		930	10		100.03
101									101
102									102
103		1211557	327899	1539456	5161	155240	41471	18995	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	10	11	12	14	17	18	25	26
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 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	16977							10
11 DIETARY	1403	126110						11
12 CAFETERIA		26510	26510					12
14 NURSING ADMINISTRATION	166		805	18295				14
17 MEDICAL RECORDS & LIBRARY	149		781		16607			17
18 SOCIAL SERVICE	119		1224			16635		18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	8204	95682	13876	18295	5488	16635	902474	25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC	175				148		17836	41
41.01 RADIOLOGY SUA								41.01
44 LABORATORY	15				273		1949	44
49 RESPIRATORY THERAPY	42		729		601		7856	49
50 PHYSICAL THERAPY	2555		3926		3485		240657	50
51 OCCUPATIONAL THERAPY	1290		2613		3295		127419	51
52 SPEECH PATHOLOGY	566		1357		1364		56772	52
55 MEDICAL SUPPLIES CHARGED TO PAT	339		293		266		31700	55
56 DRUGS CHARGED TO PATIENTS	109		557		1442		22303	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	74		246		216		7538	59
59.01 AMBULANCE					17		102	59.01
59.02 DAY TREATMENT								59.02
59.03 AMBULANCE SUA								59.03
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	15206	122192	26407	18295	16595	16635	1416606	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	1189						79013	98
100 GUEST MEALS		3918					3918	100
100.01MARKETING	4		103				960	100.01
100.02UNUSED LEASE SPACE	574						37658	100.02
100.03NRCC CLINICAL PSYCH	4				12		1301	100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	16977	126110	26510	18295	16607	16635	1539456	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	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 ADMINISTRATIVE & GENERAL		6
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
14 NURSING ADMINISTRATION		14
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	902474	25
ANCILLARY SERVICE COST CENTERS		
41 RADIOLOGY-DIAGNOSTIC	17836	41
41.01 RADIOLOGY SUA		41.01
44 LABORATORY	1949	44
49 RESPIRATORY THERAPY	7856	49
50 PHYSICAL THERAPY	240657	50
51 OCCUPATIONAL THERAPY	127419	51
52 SPEECH PATHOLOGY	56772	52
55 MEDICAL SUPPLIES CHARGED TO PAT	31700	55
56 DRUGS CHARGED TO PATIENTS	22303	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	7538	59
59.01 AMBULANCE	102	59.01
59.02 DAY TREATMENT		59.02
59.03 AMBULANCE SUA		59.03
OUTPATIENT SERVICE COST CENTERS		
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		62
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
95 SUBTOTALS	1416606	95
NONREIMBURSABLE COST CENTERS		
98 PHYSICIANS' PRIVATE OFFICES	79013	98
100 GUEST MEALS	3918	100
100.01MARKETING	960	100.01
100.02UNUSED LEASE SPACE	37658	100.02
100.03NRCC CLINICAL PSYCH	1301	100.03
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	1539456	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		3	4	5	6A	6	8	9	
GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT	72773							3
4	NEW CAP REL COSTS-MVBLE EQUIP		66281						4
5	EMPLOYEE BENEFITS	239	239	7140136					5
6	ADMINISTRATIVE & GENERAL	7147	7147	1241278	-3770082	10197485			6
8	OPERATION OF PLANT	1446	1446	204217		663127	63941		8
9	LAUNDRY & LINEN SERVICE	810	810	25127		63059	810	163065	9
10	HOUSEKEEPING	589	589	134304		220459	589	3626	10
11	DIETARY	5170	5170	239348		615675	5170	1372	11
12	CAFETERIA								12
14	NURSING ADMINISTRATION	612	612	170526		235647	612		14
17	MEDICAL RECORDS & LIBRARY	550	550	111864		220783	550		17
18	SOCIAL SERVICE	437	437	286802		352430	437		18
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	30227	30227	2387313		3602388	30227	131772	25
ANCILLARY SERVICE COST CENTERS									
41	RADIOLOGY-DIAGNOSTIC	644	644			209289	644	10	41
41.01	RADIOLOGY SUA				-13958				41.01
44	LABORATORY	54	54			30229	54		44
49	RESPIRATORY THERAPY	154	154	140482		194176	154		49
50	PHYSICAL THERAPY	9412	9412	870952		1234231	9412	16405	50
51	OCCUPATIONAL THERAPY	4752	4752	676617		908125	4752	1755	51
52	SPEECH PATHOLOGY	2084	2084	339276		452129	2084		52
55	MEDICAL SUPPLIES CHARGED TO P	1250	1250	41743		194620	1250	25	55
56	DRUGS CHARGED TO PATIENTS	400	400	199408		732700	400		56
59	PSYCHIATRIC/PSYCHOLOGICAL SER	272	272	45761		60399	272		59
59.01	AMBULANCE					5597			59.01
59.02	DAY TREATMENT								59.02
59.03	AMBULANCE SUA				-665				59.03
OUTPATIENT SERVICE COST CENTERS									
62	OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	66249	66249	7115018	-3784705	9995063	57417	154965	95
NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES	4379				74632	4379	8100	98
100	GUEST MEALS								100
100.01	MARKETING	16	16	25118		31512	16		100.01
100.02	UNUSED LEASE SPACE	2113				35178	2113		100.02
100.03	NRCC CLINICAL PSYCH	16	16			61100	16		100.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1211557	327899	1288959		3770082	908290	97878	103
104	UNIT COST MULT-WS B PT I		4.947104				14.205127		104
104	UNIT COST MULT-WS B PT I	16.648441		.180523		.369707		.600239	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			5161		155240	41471	18995	107
108	UNIT COST MULT-WS B PT III						.648582		108
108	UNIT COST MULT-WS B PT III			.000723		.015223		.116487	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS-TRATION PATIENT DAYS 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE PATIENT DAYS 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 ADMINISTRATIVE & GENERAL							6
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING	62542						10
11 DIETARY	5170	67365					11
12 CAFETERIA		14161	10764				12
14 NURSING ADMINISTRATION	612		327	17037			14
17 MEDICAL RECORDS & LIBRARY	550		317		37284618		17
18 SOCIAL SERVICE	437		497			17037	18
25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	30227	51111	5634	17037	12300325	17037	25
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC	644				331620		41
41.01 RADIOLOGY SUA							41.01
44 LABORATORY	54				613432		44
49 RESPIRATORY THERAPY	154		296		1350093		49
50 PHYSICAL THERAPY	9412		1594		7830686		50
51 OCCUPATIONAL THERAPY	4752		1061		7405242		51
52 SPEECH PATHOLOGY	2084		551		3064207		52
55 MEDICAL SUPPLIES CHARGED TO P	1250		119		596975		55
56 DRUGS CHARGED TO PATIENTS	400		226		3240453		56
59 PSYCHIATRIC/PSYCHOLOGICAL SER	272		100		484876		59
59.01 AMBULANCE					39275		59.01
59.02 DAY TREATMENT							59.02
59.03 AMBULANCE SUA							59.03
62 OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY							71
95 SPECIAL PURPOSE COST CENTERS SUBTOTALS	56018	65272	10722	17037	37257184	17037	95
98 NONREIMBURSABLE COST CENTERS PHYSICIANS' PRIVATE OFFICES	4379						98
100 GUEST MEALS		2093					100
100.01 MARKETING	16		42				100.01
100.02 UNUSED LEASE SPACE	2113						100.02
100.03 NRCC CLINICAL PSYCH	16				27434		100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	312507	943392	198313	340544	318809	500275	103
104 UNIT COST MULT-WS B PT I	4.996754		18.423727		.008551		104
104 UNIT COST MULT-WS B PT I		14.004186		19.988496		29.364031	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	16977	126110	26510	18295	16607	16635	107
108 UNIT COST MULT-WS B PT III	.271450		2.462839		.000445		108
108 UNIT COST MULT-WS B PT III		1.872040		1.073839		.976404	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	
25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	7359282		7359282	1301	7360583	25
41 ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC	301873		301873		301873	41
41.01 RADIOLOGY SUA	13958		13958		13958	41.01
44 LABORATORY	47687		47687		47687	44
49 RESPIRATORY THERAPY	285920		285920		285920	49
50 PHYSICAL THERAPY	1977437		1977437		1977437	50
51 OCCUPATIONAL THERAPY	1419036		1419036		1419036	51
52 SPEECH PATHOLOGY	695653		695653		695653	52
55 MEDICAL SUPPLIES CHARGED TO	297886		297886		297886	55
56 DRUGS CHARGED TO PATIENTS	1043138		1043138		1043138	56
59 PSYCHIATRIC/PSYCHOLOGICAL S	93940		93940		93940	59
59.01 AMBULANCE	8002		8002		8002	59.01
59.02 DAY TREATMENT					8002	59.02
59.03 AMBULANCE SUA	665		665		665	59.03
62 OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS						62
101 SUBTOTAL	13544477		13544477	1301	13545778	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	13544477		13544477	1301	13545778	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
25 INPATIENT ROUTINE SERV COST CENTERS			12300325			25
ADULTS & PEDIATRICS	12300325					
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	327927	3693	331620	.910298	.910298	.910298 41
41.01 RADIOLOGY SUA	142902		142902	.097675	.097675	.097675 41.01
44 LABORATORY	611517	1915	613432	.077738	.077738	.077738 44
49 RESPIRATORY THERAPY	1344468	5625	1350093	.211778	.211778	.211778 49
50 PHYSICAL THERAPY	6313845	1516841	7830686	.252524	.252524	.252524 50
51 OCCUPATIONAL THERAPY	6609411	795831	7405242	.191626	.191626	.191626 51
52 SPEECH PATHOLOGY	2406840	657367	3064207	.227025	.227025	.227025 52
55 MEDICAL SUPPLIES CHARGED TO	589110	7865	596975	.498992	.498992	.498992 55
56 DRUGS CHARGED TO PATIENTS	3222438	18015	3240453	.321911	.321911	.321911 56
59 PSYCHIATRIC/PSYCHOLOGICAL S	483642	1234	484876	.193740	.193740	.193740 59
59.01 AMBULANCE	39275		39275	.203743	.203743	.203743 59.01
59.02 DAY TREATMENT						59.02
59.03 AMBULANCE SUA	8323		8323	.079899	.079899	.079899 59.03
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTI						62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	34400023	3008386	37408409			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	34400023	3008386	37408409			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL			
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				902474		902474
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				902474		902474

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	17037	11244			52.97	595595
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	17037	11244				595595

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-3025) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC		17836	331620	249074			.053784	13396
41.01 RADIOLOGY SUA			142902	113147				41.01
44 LABORATORY		1949	613432	403833			.003177	1283
49 RESPIRATORY THERAPY		7856	1350093	957416			.005819	5571
50 PHYSICAL THERAPY		240657	7830686	4079619			.030733	125379
51 OCCUPATIONAL THERAPY		127419	7405242	4298094			.017207	71957
52 SPEECH PATHOLOGY		56772	3064207	1470945			.018527	27252
55 MEDICAL SUPPLIES CHARGED TO P		31700	596975	320783			.053101	17034
56 DRUGS CHARGED TO PATIENTS		22303	3240453	2221758			.006883	15292
59 PSYCHIATRIC/PSYCHOLOGICAL SER		7538	484876	294399			.015546	4577
59.01 AMBULANCE		102	39275	20560			.002597	53
59.02 DAY TREATMENT								59.02
59.03 AMBULANCE SUA			8323	6636				59.03
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS								62
101 TOTAL		514132	25108084	14436264				283794

PROVIDER NO. 15-3025 HEALTHSOUTH DEACONESS REHAB
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02
 05/13/2010 09:10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (15-3025)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY SUA							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 PSYCHIATRIC/PSYCHOLOGICAL SER							59
59.01 AMBULANCE							59.01
59.02 DAY TREATMENT							59.02
59.03 AMBULANCE SUA							59.03
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK () TITLE V [XX] HOSPITAL (15-3025) () SUB IV () PPS
 APPLICABLE [XX] TITLE XVIII-PT A () SUB I () SNF () TEFRA
 BOXES () TITLE XIX () SUB II () NF
 () SUB III () ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC		331620			249074		3693 41
41.01 RADIOLOGY SUA		142902			113147		41.01
44 LABORATORY		613432			403833		513 44
49 RESPIRATORY THERAPY		1350093			957416		5625 49
50 PHYSICAL THERAPY		7830686			4079619		50
51 OCCUPATIONAL THERAPY		7405242			4298094		51
52 SPEECH PATHOLOGY		3064207			1470945		52
55 MEDICAL SUPPLIES CHARGED TO P		596975			320783		96 55
56 DRUGS CHARGED TO PATIENTS		3240453			2221758		210 56
59 PSYCHIATRIC/PSYCHOLOGICAL SER		484876			294399		116 59
59.01 AMBULANCE		39275			20560		59.01
59.02 DAY TREATMENT							59.02
59.03 AMBULANCE SUA		8323			6636		59.03
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		25108084			14436264		10253 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK () TITLE V [XX] HOSPITAL (15-3025) () SUB IV () PPS
 APPLICABLE {XX} TITLE XVIII-PT A () SUB I () SNF () TEFRA
 BOXES () TITLE XIX () SUB II () NF
 () SUB III () ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC						41
41.01 RADIOLOGY SUA						41.01
44 LABORATORY						44
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
59 PSYCHIATRIC/PSYCHOLOGICAL SER						59
59.01 AMBULANCE						59.01
59.02 DAY TREATMENT						59.02
59.03 AMBULANCE SUA						59.03
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTINC						62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-3025) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C.			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	.910298	.910298	.910298			41
41.01 RADIOLOGY SUA	.097675	.097675	.097675			41.01
44 LABORATORY	.077738	.077738	.077738			44
49 RESPIRATORY THERAPY	.211778	.211778	.211778			49
50 PHYSICAL THERAPY	.252524	.252524	.252524			50
51 OCCUPATIONAL THERAPY	.191626	.191626	.191626			51
52 SPEECH PATHOLOGY	.227025	.227025	.227025			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.498992	.498992	.498992			55
56 DRUGS CHARGED TO PATIENTS	.321911	.321911	.321911			56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	.193740	.193740	.193740			59
59.01 AMBULANCE	.203743	.203743	.203743			59.01
59.02 DAY TREATMENT						59.02
59.03 AMBULANCE SUA	.079899	.079899	.079899			59.03
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104
PART VI - VACCINE COST APPORTIONMENT						
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES					1	1
2 PROGRAM VACCINE CHARGES					.321911	2
2.01 PROGRAM VACCINE CHARGES						2.01
3 PROGRAM COSTS						3
3.01 PROGRAM COSTS						3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK () TITLE V - O/P [XX] HOSPITAL (15-3025) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC		3693						41
41.01 RADIOLOGY SUA								41.01
44 LABORATORY		513						44
49 RESPIRATORY THERAPY		5625						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
55 MEDICAL SUPPLIES CHARGED TO PA		96						55
56 DRUGS CHARGED TO PATIENTS		210						56
59 PSYCHIATRIC/PSYCHOLOGICAL SERV		116						59
59.01 AMBULANCE								59.01
59.02 DAY TREATMENT								59.02
59.03 AMBULANCE SUA								59.03
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		10253						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		10253						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-3025) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)		
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC		3362				10	41
41.01 RADIOLOGY SUA							41.01
44 LABORATORY		40					44
49 RESPIRATORY THERAPY		1191					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO PAT		48					55
56 DRUGS CHARGED TO PATIENTS		68					56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI		22					59
59.01 AMBULANCE							59.01
59.02 DAY TREATMENT							59.02
59.03 AMBULANCE SUA							59.03
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)							62
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		4731					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4731					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK () TITLE V
 APPLICABLE () TITLE XVIII-PT A
 BOXES (XX) TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL				
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6	
25 INPAT ROUTINE SERV COST CTRS				902474		902474	25
26 ADULTS & PEDIATRICS							26
27 INTENSIVE CARE UNIT							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
33 SUBPROVIDER I							33
101 NURSERY				902474		902474	101
101 TOTAL							

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS	17037	508			52.97	26909	26
27 INTENSIVE CARE UNIT							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
33 SUBPROVIDER I							33
101 NURSERY						26909	101
101 TOTAL	17037	508					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK () TITLE V [XX] HOSPITAL (15-3025) () SUB III () PPS
 APPLICABLE () TITLE XVIII-PT A () SUB I () SUB IV () TEFRA
 BOXES [XX] TITLE XIX () SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC		17836	331620	3921			.053784	211 41
41.01 RADIOLOGY SUA			142902	1709				41.01
44 LABORATORY		1949	613432	20457			.003177	65 44
49 RESPIRATORY THERAPY		7856	1350093	55833			.005819	325 49
50 PHYSICAL THERAPY		240657	7830686	226986			.030733	6976 50
51 OCCUPATIONAL THERAPY		127419	7405242	236505			.017207	4070 51
52 SPEECH PATHOLOGY		56772	3064207	85819			.018527	1590 52
55 MEDICAL SUPPLIES CHARGED TO P		31700	596975	28271			.053101	1501 55
56 DRUGS CHARGED TO PATIENTS		22303	3240453	101305			.006883	697 56
59 PSYCHIATRIC/PSYCHOLOGICAL SER		7538	484876	43388			.015546	675 59
59.01 AMBULANCE		102	39275	1568			.002597	4 59.01
59.02 DAY TREATMENT								59.02
59.03 AMBULANCE SUA			8323	332				59.03
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINC								62
62 OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		514132	25108084	806094				16114 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	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT					
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					17037		508	25
26	INTENSIVE CARE UNIT								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								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					17037		508	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-3025) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 2	MEDICAL EDUCATION COST 3				
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC				2.01	2.02	2.03	41
41.01 RADIOLOGY SUA							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 PSYCHIATRIC/PSYCHOLOGICAL SER							59
59.01 AMBULANCE							59.01
59.02 DAY TREATMENT							59.02
59.03 AMBULANCE SUA							59.03
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK { } TITLE V [XX] HOSPITAL (15-3025) { } SUB IV { } PPS
 APPLICABLE { } TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT 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							
41 RADIOLOGY-DIAGNOSTIC		331620			3921		41
41.01 RADIOLOGY SUA		142902			1709		41.01
44 LABORATORY		613432			20457		44
49 RESPIRATORY THERAPY		1350093			55833		49
50 PHYSICAL THERAPY		7830686			226986		50
51 OCCUPATIONAL THERAPY		7405242			236505		51
52 SPEECH PATHOLOGY		3064207			85819		52
55 MEDICAL SUPPLIES CHARGED TO P		596975			28271		55
56 DRUGS CHARGED TO PATIENTS		3240453			101305		56
59 PSYCHIATRIC/PSYCHOLOGICAL SER		484876			43388		59
59.01 AMBULANCE		39275			1568		59.01
59.02 DAY TREATMENT							59.02
59.03 AMBULANCE SUA		8323			332		59.03
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
101 TOTAL		25108084			806094		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V {XX} HOSPITAL (15-3025) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A { } SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 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					
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY SUA					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 PSYCHIATRIC/PSYCHOLOGICAL SER					59
59.01 AMBULANCE					59.01
59.02 DAY TREATMENT					59.02
59.03 AMBULANCE SUA					59.03
OUTPATIENT SERVICE COST CENTERS					
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (15-3025)	[]	SNF
APPLICABLE	[]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[XX]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

----- PROGRAM CHARGES -----

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			OUTPATIENT	OUTPATIENT	OTHER
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	AMBULATORY SURGICAL CENTER 2	RADIOLOGY 3	OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	.910298	.910298	.910298			41
41.01 RADIOLOGY SUA	.097675	.097675	.097675			41.01
44 LABORATORY	.077738	.077738	.077738			44
49 RESPIRATORY THERAPY	.211778	.211778	.211778			49
50 PHYSICAL THERAPY	.252524	.252524	.252524			50
51 OCCUPATIONAL THERAPY	.191626	.191626	.191626			51
52 SPEECH PATHOLOGY	.227025	.227025	.227025			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.498992	.498992	.498992			55
56 DRUGS CHARGED TO PATIENTS	.321911	.321911	.321911			56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	.193740	.193740	.193740			59
59.01 AMBULANCE	.203743	.203743	.203743			59.01
59.02 DAY TREATMENT						59.02
59.03 AMBULANCE SUA	.079899	.079899	.079899			59.03
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.321911	1
2 PROGRAM VACCINE CHARGES		2		2
2.01 PROGRAM VACCINE CHARGES		2.01		2.01
3 PROGRAM COSTS		3		3
3.01 PROGRAM COSTS		3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-3025) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC								41
41.01 RADIOLOGY SUA								41.01
44 LABORATORY								44
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY	117180							50
51 OCCUPATIONAL THERAPY	97824							51
52 SPEECH PATHOLOGY	60459							52
55 MEDICAL SUPPLIES CHARGED TO PA	518							55
56 DRUGS CHARGED TO PATIENTS								56
59 PSYCHIATRIC/PSYCHOLOGICAL SERV								59
59.01 AMBULANCE								59.01
59.02 DAY TREATMENT								59.02
59.03 AMBULANCE SUA								59.03
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL	275981							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	275981							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-3025) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC						41
41.01 RADIOLOGY SUA						41.01
44 LABORATORY						44
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY	29591					50
51 OCCUPATIONAL THERAPY	18746					51
52 SPEECH PATHOLOGY	13726					52
55 MEDICAL SUPPLIES CHARGED TO PAT	258					55
56 DRUGS CHARGED TO PATIENTS						56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI						59
59.01 AMBULANCE						59.01
59.02 DAY TREATMENT						59.02
59.03 AMBULANCE SUA						59.03
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL	62321					101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES	62321					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

	HOSPITAL (PPS) (15-3025)	SUB I	SUB II	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	17037					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	17037					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1367					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15670					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11244					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)	851					14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-3025)	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							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7360583						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7360583						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12300325						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1017155						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11283170						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.598406						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	744.08						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	720.05						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	24.03						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	14.38						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	19657						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7340926						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-3025)	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	432.04					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4857858					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4857858					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (15-3025)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3596739					48
49 TOTAL PROGRAM INPATIENT COSTS	8454597					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	595595					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	283794					51
52 TOTAL PROGRAM EXCLUDABLE COST	879389					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	7575208					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-3025)	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 [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

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

SNF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL (PPS) (15-3025)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	432.04	84
85 OBSERVATION BED COST		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL ROUTINE COST

	COST 1	HOSPITAL 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		7360583				86
87 NEW CAPITAL-RELATED COST	902474	7360583	.122609			87
88 NON PHYSICIAN ANESTHETIST		7360583				88
89 MEDICAL EDUCATION		7360583				89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (15-3025)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	17037						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	17037						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1367						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15670						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	508						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (15-3025)	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							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7359282						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7359282						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12300325						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1017155						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11283170						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.598300						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	744.08						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	720.05						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	24.03						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	14.38						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	19657						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7339625						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART 11

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (15-3025)	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	430.81					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	218851					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	218851					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (15-3025)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	194743					48
49 TOTAL PROGRAM INPATIENT COSTS	413594					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	26909					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	16114					51
52 TOTAL PROGRAM EXCLUDABLE COST	43023					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (15-3025)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES	56					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

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

PROVIDER NO. 15-1025 HEALTHSOUTH DEACONESS REHAB
PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02
05/13/2010 09:10

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

HOSPITAL (OTHER) (15-3025)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

432.04

83
84
85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (15-3025)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		8106535		25
ANCILLARY SERVICE COST CENTERS				
41 RADIOLOGY-DIAGNOSTIC	.910298	249074	226732	41
41.01 RADIOLOGY SUA	.097675	113147	11052	41.01
44 LABORATORY	.077738	403833	31393	44
49 RESPIRATORY THERAPY	.211778	957416	202760	49
50 PHYSICAL THERAPY	.252524	4079619	1030202	50
51 OCCUPATIONAL THERAPY	.191626	4298094	823627	51
52 SPEECH PATHOLOGY	.227025	1470945	333941	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.498992	320783	160068	55
56 DRUGS CHARGED TO PATIENTS	.321911	2221758	715208	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	.193740	294399	57037	59
59.01 AMBULANCE	.203743	20560	4189	59.01
59.02 DAY TREATMENT				59.02
59.03 AMBULANCE SUA	.079899	6636	530	59.03
OUTPATIENT SERVICE COST CENTERS				
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		14436264	3596739	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		14436264		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (15-3025)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		381975		25
ANCILLARY SERVICE COST CENTERS				
41 RADIOLOGY-DIAGNOSTIC	.910298	3921	3569	41
41.01 RADIOLOGY SUA	.097675	1709	167	41.01
44 LABORATORY	.077738	20457	1590	44
49 RESPIRATORY THERAPY	.211778	55833	11824	49
50 PHYSICAL THERAPY	.252524	226986	57319	50
51 OCCUPATIONAL THERAPY	.191626	236505	45321	51
52 SPEECH PATHOLOGY	.227025	85819	19483	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.498992	28271	14107	55
56 DRUGS CHARGED TO PATIENTS	.321911	101305	32611	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	.193740	43388	8406	59
59.01 AMBULANCE	.203743	1568	319	59.01
59.02 DAY TREATMENT				59.02
59.03 AMBULANCE SUA	.079899	332	27	59.03
OUTPATIENT SERVICE COST CENTERS				
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		806094	194743	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		806094		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-3025) 1	HOSPITAL (15-3025) 1.01	HOSPITAL (15-3025) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4731			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5202			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	5202			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-3025) 1	HOSPITAL (15-3025) 1.01	HOSPITAL (15-3025) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1413		18.01
19 SUBTOTAL	3789		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	3789		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	3789		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	3789		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	3789		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3789		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (15-3025)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		11544989		3789	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		11544989		3789	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	127385			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		11672374		3789	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA		HOSPITAL (15-3025)	HOSPITAL (15-3025)	SUB I	SUB II	SUB III	SUB IV	
			1.01					1
1	INPATIENT HOSPITAL SERVICES							1.01
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)							1.02
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	8408445	3001557					1.03
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0316						1.04
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	452400	118781					1.05
1.05	OUTLIER PAYMENTS	607						1.06
1.06	TOTAL PPS PAYMENTS	11981790						1.07
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT							
	INPATIENT PSYCHIATRIC FACILITY (IPF)							1.08
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)							1.09
1.09	NET IPF PPS OUTLIER PAYMENTS							1.10
1.10	NET IPF PPS ECT PAYMENTS							1.11
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)							1.12
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)							1.13
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)							1.14
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)							1.15
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)							1.16
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)							1.17
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR							1.18
1.18	MEDICAL EDUCATION ADJUSTMENT							1.19
1.19	ADJUSTED NET IPF PPS PAYMENTS							1.20
1.20	STOP LESS PAYMENT FLOOR							1.21
1.21	ADJUSTED NET PAYMENT FLOOR							1.22
1.22	STOP LOSS ADJUSTMENT							1.23
1.23	TOTAL IPF PPS PAYMENTS							
	INPATIENT REHABILITATION FACILITY (IRF)							1.35
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)							1.36
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)							1.37
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTRUCTIONS)							1.38
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTRUCTIONS)							1.39
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)							1.40
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	46.676712						1.41
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.000000					1.42
1.42	MEDICAL EDUCATION ADJUSTMENT							
2	ORGAN ACQUISITION							2
3	COST OF TEACHING PHYSICIANS							3
4	SUBTOTAL	11981790						4
5	PRIMARY PAYER PAYMENTS	29642						5
6	SUBTOTAL	11952148						6
7	DEDUCTIBLES	175827						7
8	SUBTOTAL	11776321						8
9	COINSURANCE	104664						9
10	SUBTOTAL	11671657						10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	1024						11
11.01	REDUCED REIMBURSABLE BAD DEBTS	717						11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							11.02
12	SUBTOTAL	11672374						12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (15-3025)	HOSPITAL (15-3025)	SUB I	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		1.01					13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION							14
15 OTHER ADJUSTMENTS							15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS							16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER	11672374						17
18 SEQUESTRATION ADJUSTMENT							18
19 INTERIM PAYMENTS	11544989						19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)							19.01
20 BALANCE DUE PROVIDER/PROGRAM	127385						20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-11, SECTION 115.2							21
TO BE COMPLETED BY INTERMEDIARY							
50 ORIGINAL OUTLIER AMOUNT							50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)							51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY							52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)							53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I	
		HOSPITAL (15-3025) (OTHER)	SUB I	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	413594					2
3	MEDICAL AND OTHER SERVICES	62321					3
4	INTERNS AND RESIDENTS						4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						5
6	COST OF TEACHING PHYSICIANS						6
7	SUBTOTAL	475915					7
8	INPATIENT PRIMARY PAYER PAYMENTS						8
9	OUTPATIENT PRIMARY PAYER PAYMENTS	475915					9
10	COMPUTATION OF LESSER OF COST OR CHARGES						10
11	ROUTINE SERVICE CHARGES	381975					11
12	ANCILLARY SERVICE CHARGES	1082075					12
13	INTERNS AND RESIDENTS SERVICE CHARGES						13
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE						14
15	TEACHING PHYSICIANS						15
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION						16
17	TOTAL REASONABLE CHARGES	1464050					17
18	CUSTOMARY CHARGES						18
19	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						19
20	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						20
21	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						21
22	ACCORDANCE WITH 42 CFR 413.13(E)						22
23	RATIO OF LINE 17 TO LINE 18						23
24	TOTAL CUSTOMARY CHARGES	1464050					24
25	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	988135					25
26	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						26
27	COST OF COVERED SERVICES	475915					27
28	PROSPECTIVE PAYMENT AMOUNT						28
29	OTHER THAN OUTLIER PAYMENTS						29
30	OUTLIER PAYMENTS						30
31	PROGRAM CAPITAL PAYMENTS						31
32	CAPITAL EXCEPTION PAYMENTS						32
33	ROUTINE SERVICE OTHER PASS THROUGH COSTS						33
34	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						34
35	SUBTOTAL	475915					35
36	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						36
37	LESSER OF LINES 30 OR 31	475915					37
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						38

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

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
		HOSPITAL (15-3025) (OTHER)	SUB I	SUB II	SUB III	SUB IV
		1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					34
	EXCESS OF REASONABLE COST					35
35	SUBTOTAL	475915				36
36	COINSURANCE					37
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E.					38
38	REIMBURSABLE BAD DEBTS					38.01
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.02
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					39
39	UTILIZATION REVIEW					40
40	SUBTOTAL	475915				41
41	INPATIENT ROUTINE SERVICE COST					42
42	MEDICARE INPATIENT ROUTINE CHARGES					43
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					44
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					45
45	RATIO OF LINE 43 TO LINE 44					46
46	TOTAL CUSTOMARY CHARGES					47
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					48
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					49
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					50
50	OTHER ADJUSTMENTS	-52776				51
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					52
52	SUBTOTAL	423139				53
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					54
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					55
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	423139				56
56	SEQUESTRATION ADJUSTMENT					57
57	INTERIM PAYMENTS	422952				57.01
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					58
58	BALANCE DUE PROVIDER/PROGRAM	187				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1878507			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	3717270			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE				
NOTES & ACCOUNTS RECEIVABLE	-1201661			6
7 INVENTORY	84127			7
8 PREPAID EXPENSES	86912			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	4565155			11
FIXED ASSETS				
12 LAND				12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS				13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS				14
14.01 ACCUMULATED DEPRECIATION				14.01
15 LEASEHOLD IMPROVEMENTS	1780787			15
15.01 ACCUMULATED AMORTIZATION	-1465937			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	1963371			18
18.01 ACCUMULATED DEPRECIATION	-1394718			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	883503			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	12307841			25
26 TOTAL OTHER ASSETS	12307841			26
27 TOTAL ASSETS	17756499			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	258625			28
29 SALARIES, WAGES & FEES PAYABLE	420078			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	3669258			34
35 OTHER CURRENT LIABILITIES	1200123			35
36 TOTAL CURRENT LIABILITIES	5548084			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66				40
.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				41
42 TOTAL LONG TERM LIABILITIES				42
43 TOTAL LIABILITIES	5548084			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	12208415			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				50
IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	12208415			51
52 TOTAL LIABILITIES AND FUND BALANCES	17756499			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	11935174			1
2 NET INCOME (LOSS)	5035179			2
3 TOTAL	16970353			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 MINORITY INTEREST				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	16970353			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 MINORITY INTEREST	1107740			13
14 DISTRIBUTIONS	3654198			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	4761938			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	12208415			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	12300325		12300325	2
3 SUBPROVIDER I				3
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	12300325		12300325	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT				11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	12300325		12300325	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES	22099698		22099698	17
18 ANCILLARY SERVICES				18
19 OUTPATIENT SERVICES		3008386	3008386	19
20 HOME HEALTH AGENCY				20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
25 PSYCH	12704	14730	27434	25
26.04 NON-REIMBURSABLE PSYCH				26.04
27 TOTAL PATIENT REVENUES	34412727	3023116	37435843	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		13958579	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		13958579	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	37435843	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	18586715	2
3	NET PATIENT REVENUES	18849128	3
4	LESS - TOTAL OPERATING EXPENSES	13958579	4
5	NET INCOME FROM SERVICE TO PATIENTS	4890549	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	25211	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	72185	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	OTHER OPERATING INCOME	46485	24.01
24.02	GAIN ON SALE OF FIXED ASSETS	749	24.02
25	TOTAL OTHER INCOME	144630	25
26	TOTAL	5035179	26
27	OTHER EXP		27
27.02	CONTRACTED THERAPIST INCOME		27.02
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	5035179	31

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	66.00		2.98				68.98 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	75.11	1.11	1.18				77.40 41
41.01 RADIOLOGY SUA	79.18		1.20				80.38 41.01
44 LABORATORY	65.83	0.08	3.33				69.24 44
49 RESPIRATORY THERAPY	70.91	0.42	4.14				75.47 49
50 PHYSICAL THERAPY	52.10		2.90	1.50			56.50 50
51 OCCUPATIONAL THERAPY	58.04		3.19	1.32			62.55 51
52 SPEECH PATHOLOGY	48.00		2.80	1.97			52.77 52
55 MEDICAL SUPPLIES CHARGED TO PAT	53.73	0.02	4.74	0.09			58.58 55
56 DRUGS CHARGED TO PATIENTS	68.56	0.01	3.13				71.70 56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	60.72	0.02	8.95				69.69 59
59.01 AMBULANCE	52.35		3.99				56.34 59.01
59.03 AMBULANCE SUA	79.73		3.99				83.72 59.03
101 TOTAL CHARGES	38.59	0.03	2.15	0.74			41.51 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	1211557	8.67	-1211557	-14.84			3
4 NEW CAP REL COSTS-MVBLE EQUIP	327899	2.35	-327899	-4.01			4
5 EMPLOYEE BENEFITS	1283798	9.18	-1283798	-15.72			5
6 ADMINISTRATIVE & GENERAL	3391660	24.26	-3391660	-41.53			6
8 OPERATION OF PLANT	595033	4.26	-595033	-7.29			8
9 LAUNDRY & LINEN SERVICE	41031	.29	-41031	-.50			9
10 HOUSEKEEPING	183494	1.31	-183494	-2.25			10
11 DIETARY	460818	3.30	-460818	-5.64			11
12 CAFETERIA							12
14 NURSING ADMINISTRATION	191646	1.37	-191646	-2.35			14
17 MEDICAL RECORDS & LIBRARY	188711	1.35	-188711	-2.31			17
18 SOCIAL SERVICE	291219	2.08	-291219	-3.57			18
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	2518655	18.01	4840627	59.27	7359282	52.63	25
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC	195381	1.40	106492	1.30	301873	2.16	41
41.01 RADIOLOGY SUA	13958	.10			13958	.10	41.01
44 LABORATORY	29063	.21	18624	.23	47687	.34	44
49 RESPIRATORY THERAPY	165490	1.18	120430	1.47	285920	2.04	49
50 PHYSICAL THERAPY	873747	6.25	1103690	13.51	1977437	14.14	50
51 OCCUPATIONAL THERAPY	683358	4.89	735678	9.01	1419036	10.15	51
52 SPEECH PATHOLOGY	345877	2.47	349776	4.28	695653	4.98	52
55 MEDICAL SUPPLIES CHARGED TO PAT	160089	1.14	137797	1.69	297886	2.13	55
56 DRUGS CHARGED TO PATIENTS	688064	4.92	355074	4.35	1043138	7.46	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	46264	.33	47676	.58	93940	.67	59
59.01 AMBULANCE	5597	.04	2405	.03	8002	.06	59.01
59.02 DAY TREATMENT							59.02
59.03 AMBULANCE SUA	665				665		59.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							71
98 PHYSICIANS' PRIVATE OFFICES	1728	.01	189443	2.32	191171	1.37	98
100 GUEST MEALS			29311	.36	29311	.21	100
100.01 MARKETING	26633	.19	17610	.22	44243	.32	100.01
100.02 UNUSED LEASE SPACE			88757	1.09	88757	.63	100.02
100.03 NRCC CLINICAL PSYCH	60755	.43	23476	.29	84231	.60	100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	13982190	100.00	0	.00	13982190	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	17836	331620	.053784	249074	13396	41
41.01 RADIOLOGY SUA		142902		113147		41.01
44 LABORATORY	1949	613432	.003177	403833	1283	44
49 RESPIRATORY THERAPY	7856	1350093	.005819	957416	5571	49
50 PHYSICAL THERAPY	240657	7830686	.030733	4079619	125379	50
51 OCCUPATIONAL THERAPY	127419	7405242	.017207	4298094	73957	51
52 SPEECH PATHOLOGY	56772	3064207	.018527	1470945	27252	52
55 MEDICAL SUPPLIES CHARGED TO PAT	31700	596975	.053101	320783	17034	55
56 DRUGS CHARGED TO PATIENTS	22303	3240453	.006883	2221758	15292	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	7538	484876	.015546	294399	4577	59
59.01 AMBULANCE	102	39275	.002597	20560	53	59.01
59.02 DAY TREATMENT						59.02
59.03 AMBULANCE SUA		8323		6636		59.03
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	514132	25108084		14436264	283794	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
25 INPATIENT ROUTINE SERVICE COST CENTERS							
ADULTS & PEDIATRICS	902474		902474	17037	52.97	11244	595595 25
101 TOTAL	902474		902474			11244	595595 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							595595
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							283794
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							879389
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							776
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							11244
PER DISCHARGE CAPITAL COSTS							..33.23
PER DIEM CAPITAL COSTS							78.21

I. COST TO CHARGE RATIO FOR FREESTANDING IRF

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINES 25-30 + WKST D PART IV COL 7 LINE 101))	8454597
2. TOTAL MEDICARE CHARGES (WKST D-4 COLUMN 2 LINES 25-30 + LINE 103)	22542799
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.375

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	879389
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.039

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4731
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	10253
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.461