

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 05/26/2011
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 21:41

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 TOUCHETTE REGIONAL HOSPITAL (14-0077) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, 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: 05/26/2011 21:41
 XLSF4MnzBTEHyiPB89iM5KmQFFsU60
 n0ZNI0G5INsyosB0R2.DHmlqm3fVdZ
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(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

PI Encryption: 05/26/2011 21:41
 qcM8P7tZKEoqTcGNFhXhXSUdlwOc:0
 FVXLa0GdizkZGoot1F3GIUfTBw8B95
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 DATE

PART II - SETTLEMENT SUMMARY

TITLE V	PART A	PART B	TITLE XIX
1 HOSPITAL	2 349039	3 241992	4 1
2 SUBPROVIDER I			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	349039	241992	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5900 BOND STREET
 1.01 CITY: CENTREVILLE

STATE: IL

P.O. BOX:
 ZIP CODE: 62207

COUNTY: ST. CLAIR

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P, T, O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	TOUCHETTE REGIONAL HOSPITAL	14-0077	07/01/1966	N	P	N	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	SOUTHERN ILLINOIS HOME CARE	14-7315	01/01/1996	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2010	TO: 12/31/2010					17
				1	2			
18	TYPE OF CONTROL			2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1				19
20	SUBPROVIDER I							20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES	NO			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 41180	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.							21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO	NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						NO	21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO	25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO	25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO	25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO	25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO	25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		25.06
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO	25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.	0.00	25.08
	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.		
		PROGRAM NAME(1) PROGRAM CODE(2)	RESIDENT FTEs(3)
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING	0.00	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 485.606ff.		NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?		V 1	XVIII 2	XIX 3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	YES	NO
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	NO	NO
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?		NO		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?		NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?		NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?		NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?		NO		38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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 40

40.01 NAME: SOUTHERN ILLINOIS HEALTHCAR PI/CONTRACTOR'S NAME: SOUTHERN ILLINOIS HEALTHCARFI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: 8080 STATE STREET P.O. BOX: 40.02
 40.03 CITY: STATE: IL ZIP CODE: 62203 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 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? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC			
	1	2	3	4	5			
47 HOSPITAL	N	N	N	N	N	47		
48 SUBPROVIDER I	N	N	N	N	N	48		
49 SKILLED NURSING FACILITY	N	N	N	N	N	49		
50 HOME HEALTH AGENCY	N	N	N	N	N	50		
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52		
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01		
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53		
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01		
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: AND/OR SELF INSURANCE: PREMIUMS: PAID LOSSES:						54		
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01		
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55		
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.				DATE 0 / / Y/N NO	LIMIT 2 0.00	Y/N 3 NO	FEES 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.				NO		58		
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01		
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO		59		

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	04/28/2011			63
MISCELLANEOUS DATA						
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.	NO				64

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON-	PHYS ANES		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		15497							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		15497							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		942							11
12 TOTAL HOSPITAL		16439						624.90	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		14763							18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								624.90	25
26 OBSERVATION BED DAYS		352							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS		125							29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE XX 15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		936	2167	4224		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		936	2167	4224		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
29 LABOR & DELIVERY DAYS						29

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

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	
		1	2	3	4	5	6	
1	SALARIES							1
2	TOTAL SALARIES	31000803		31000803	1299799.00	23.85		2
3	NON-PHYSICIAN ANESTHETIST PART A							3
4	NON-PHYSICIAN ANESTHETIST PART B							4
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	2491367		2491367	17970.00	138.64		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	1450939		1450939	53806.00	26.97		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1943728		1943728	34430.00	56.45		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	179613		179613	1088.00	165.09		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	4651477		4651477			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	203805		203805			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	68066		68066			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	406898		406898	15025.00	27.08		21
22	ADMINISTRATIVE & GENERAL	5308932		5308932	219511.00	24.19		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	263740		263740	2902.00	90.88		22.01
23	MAINTENANCE & REPAIRS	689012		689012	35399.00	19.46		23
24	OPERATION OF PLANT	1298779		1298779	86096.00	15.09		24
25	LAUNDRY & LINEN SERVICE	35940		35940	3305.00	10.87		25
26	HOUSEKEEPING	712472		712472	70707.00	10.08		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	721520	-480902	240618	19135.00	12.57		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		480902	480902	38268.00	12.57		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1664192		1664192	58646.00	28.38		30
31	CENTRAL SERVICES AND SUPPLY	128634		128634	9194.00	13.99		31
32	PHARMACY	779328		779328	23851.00	32.67		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	578632		578632	39936.00	14.49		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	28773176		28773176	1284731.00	22.40	1
2	EXCLUDED AREA SALARIES	1450939		1450939	53806.00	26.97	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	27322237		27322237	1230925.00	22.20	3
4	SUBTOTAL OTHER WAGES & REL COSTS	2123341		2123341	35518.00	59.78	4
5	SUBTOTAL WAGE-RELATED COSTS	4651477		4651477		17.02%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	34097055		34097055	1266443.00	26.92	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	12588079		12588079	621975.00	20.24	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7315

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS						1
2 UNDUPLICATED CENSUS COUNT		142.00		785.00	927.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.19		1.19	4
5 OTHER ADMINISTRATIVE PERSONNEL	7.73		7.73	5
6 DIRECT NURSING SERVICE	9.24		9.24	6
7 NURSING SUPERVISOR	2.62		2.62	7
8 PHYSICAL THERAPY SERVICE	1.64		1.64	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.47		.47	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.07		.07	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE				16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	1	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)			41180	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7315

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21	2047	36	32	9			2124	21
22	294768	5184	4608	1296			305856	22
23	1231		9	4			1244	23
24	177264		1296	576			179136	24
25	233		1	6			240	25
26	33552		144	864			34560	26
27	39			2			41	27
28	5616			288			5904	28
29	72		1				73	29
30	13824		192				14016	30
31								31
32								32
33	3622	36	43	21			3722	33
34								34
35	525024	5184	6240	3024			539472	35
36								36
37								37
38	3755	25	113				3893	38

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	10521050 17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	10521050 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	49311510 23
24	COST TO CHARGE RATIO	0.494212 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	24370340 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	24370340 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		42028	42028	81836	123864	-13702	110162	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		149	149	19078	19227	-3194	16033	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		883571	883571	70474	954045	-117985	836060	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1322809	1322809	80891	1403700	-13542	1390158	4
5	0500 EMPLOYEE BENEFITS	406898	5339260	5746158	-68199	5677959		5677959	5
6	0600 ADMINISTRATIVE & GENERAL	5308932	6160149	11469081	-151674	11317407	389233	11706640	6
7	0700 MAINTENANCE & REPAIRS	689012	357303	1046315		1046315	-85	1046230	7
8	0800 OPERATION OF PLANT	1298779	1430056	2728835		2728835		2728835	8
9	0900 LAUNDRY & LINEN SERVICE	35940	190440	226380		226380		226380	9
10	1000 HOUSEKEEPING	712472	310391	1022863		1022863		1022863	10
11	1100 DIETARY	721520	540282	1261802	-841007	420795		420795	11
12	1200 CAFETERIA				841007	841007	-267704	573303	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1664192	225873	1890065		1890065	-30151	1859914	14
15	1500 CENTRAL SERVICES & SUPPLY	128634	163586	292220	-46017	246203		246203	15
16	1600 PHARMACY	779328	2730885	3510213	-2564646	945567		945567	16
17	1700 MEDICAL RECORDS & LIBRARY	578632	193249	771881		771881	-5479	766402	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	5140029	2423297	7563326	-180	7563146	-1113060	6450086	25
33	3300 NURSERY	764742	97546	862288		862288		862288	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	806941	687168	1494109	-124467	1369642		1369642	37
39	3900 DELIVERY ROOM & LABOR ROOM	838545	137394	975939	-189	975750		975750	39
40	4000 ANESTHESIOLOGY		1001922	1001922	-146	1001776	-978333	23443	40
41	4100 RADIOLOGY-DIAGNOSTIC	1352789	760538	2113327	-380	2112947		2112947	41
44	4400 LABORATORY	985188	1940993	2926181	-319	2925862		2925862	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	810556	486236	1296792	-407	1296385	-174246	1122139	49
50	5000 PHYSICAL THERAPY		364020	364020		364020		364020	50
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				174398	174398		174398	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS				2564646	2564646		2564646	56
59.97	3997 CARDIAC REHABILITATION								59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY								59.99
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	2271103	2628005	4899108	41258	4940366	-3232837	1707529	60
61	6100 EMERGENCY	4255632	3117999	7373631	24648	7398279	-2675334	4722945	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	1381950	245724	1627674		1627674		1627674	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		100605	100605	-100605				88
95	SUBTOTALS	30931814	33881478	64813292		64813292	-8236419	56576873	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	68989	135200	204189		204189		204189	96
98	9800 PHYSICIANS' PRIVATE OFFICES		1252	1252		1252		1252	98
101	TOTAL	31000803	34017930	65018733		65018733	-8236419	56782314	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER	LINE #	SALARY	OTHER		
	1	2	3	4	5		
1 CLINIC PHYS FRINGE BENEFITS	F	CLINIC	60		42069	1	
2 EMERGENCY PHYS FRINGE BENEFITS	D	EMERGENCY	61		25999	2	
3 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		131	3	
4	A	MEDICAL SUPPLIES CHARGED TO P	55		46017	4	
5	A	MEDICAL SUPPLIES CHARGED TO P	55		180	5	
6	A	MEDICAL SUPPLIES CHARGED TO P	55		124467	6	
7	A	MEDICAL SUPPLIES CHARGED TO P	55		189	7	
8	A	MEDICAL SUPPLIES CHARGED TO P	55		146	8	
9	A	MEDICAL SUPPLIES CHARGED TO P	55		380	9	
10	A	MEDICAL SUPPLIES CHARGED TO P	55		319	10	
11	A	MEDICAL SUPPLIES CHARGED TO P	55		407	11	
12	A	MEDICAL SUPPLIES CHARGED TO P	55		811	12	
13	A	MEDICAL SUPPLIES CHARGED TO P	55		1351	13	
14 DRUGS	B	DRUGS CHARGED TO PATIENTS.	56		2564646	14	
15 CAFETERIA COSTS - SALARY	C	CAFETERIA	12	480902		15	
16 CAFETERIA COSTS - OTHER	H	CAFETERIA	12		360105	16	
17 INSURANCE	E	OLD CAP REL COSTS-BLDG & FIXT	1		49201	17	
18	E	OLD CAP REL COSTS-MVBLE EQUIP	2		11470	18	
19	E	NEW CAP REL COSTS-BLDG & FIXT	3		42370	19	
20	E	NEW CAP REL COSTS-MVBLE EQUIP	4		48633	20	
21 INTEREST	G	OLD CAP REL COSTS-BLDG & FIXT	1		32635	21	
22	G	OLD CAP REL COSTS-MVBLE EQUIP	2		7608	22	
23	G	NEW CAP REL COSTS-BLDG & FIXT	3		28104	23	
24	G	NEW CAP REL COSTS-MVBLE EQUIP	4		32258	24	
25						25	
26						26	
27						27	
28						28	
29						29	
30						30	
31						31	
32						32	
33						33	
34						34	
35						35	
36 TOTAL RECLASSIFICATIONS				480902		3419496	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 CLINIC PHYS FRINGE BENEFITS	F	EMPLOYEE BENEFITS	5		42069	1
2 EMERGENCY PHYS FRINGE BENEFITS	D	EMPLOYEE BENEFITS	5		25999	2
3 MEDICAL SUPPLIES	A	EMPLOYEE BENEFITS	5		131	3
4	A	CENTRAL SERVICES & SUPPLY	15		46017	4
5	A	ADULTS & PEDIATRICS	25		180	5
6	A	OPERATING ROOM	37		124467	6
7	A	DELIVERY ROOM & LABOR ROOM	39		189	7
8	A	ANESTHESIOLOGY	40		146	8
9	A	RADIOLOGY-DIAGNOSTIC	41		390	9
10	A	LABORATORY	44		319	10
11	A	RESPIRATORY THERAPY	49		407	11
12	A	CLINIC	60		811	12
13	A	EMERGENCY	61		1351	13
14 DRUGS	B	PHARMACY	16		2564646	14
15 CAFETERIA COSTS - SALARY	C	DIETARY	11	480902		15
16 CAFETERIA COSTS - OTHER	H	DIETARY	11		360105	16
17 INSURANCE	E	ADMINISTRATIVE & GENERAL	6		49201	12 17
18	E	ADMINISTRATIVE & GENERAL	6		11470	12 18
19	E	ADMINISTRATIVE & GENERAL	6		42370	12 19
20	E	ADMINISTRATIVE & GENERAL	6		48633	12 20
21 INTEREST	G	INTEREST EXPENSE	88		32635	11 21
22	G	INTEREST EXPENSE	88		7608	11 22
23	G	INTEREST EXPENSE	88		28104	11 23
24	G	INTEREST EXPENSE	88		32258	11 24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				480902	3419496	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	554270					554270	1
2 LAND IMPROVEMENTS	482864					482864	2
3 BUILDINGS AND FIXTURES	20799575					20799575	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	5090546					5090546	6
7 SUBTOTAL	26927255					26927255	7
8 RECONCILING ITEMS							8
9 TOTAL	26927255					26927255	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	1638378					1638378	1
2 LAND IMPROVEMENTS	639942	571434		571434		1211376	2
3 BUILDINGS AND FIXTURES	15954634					15954634	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT		31000		31000		31000	5
6 MOVABLE EQUIPMENT	20813851	739119		739119		21552970	6
7 SUBTOTAL	39046805	1341553		1341553		40388358	7
8 RECONCILING ITEMS							8
9 TOTAL	39046805	1341553		1341553		40388358	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	21836709		21836709	.324393				1
2 OLD CAP REL COSTS-MVBLE EQUIP	5090546		5090546	.075622				2
3 NEW CAP REL COSTS-BLDG & FIXT	18804388		18804388	.279347				3
4 NEW CAP REL COSTS-MVBLE EQUIP	21583970		21583970	.320638				4
5 TOTAL	67315613		67315613	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	42028		32635	49201		-13702	110162
2 OLD CAP REL COSTS-MVBLE EQUIP	149		7608	11470		-3194	16033
3 NEW CAP REL COSTS-BLDG & FIXT	883571		28104	42370		-117985	836060
4 NEW CAP REL COSTS-MVBLE EQUIP	1322809		32258	48633		-13542	1390158
5 TOTAL	2248557		100605	151674		-148423	2352413

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	42028						42028
2 OLD CAP REL COSTS-MVBLE EQUIP	149						149
3 NEW CAP REL COSTS-BLDG & FIXT	883571						883571
4 NEW CAP REL COSTS-MVBLE EQUIP	1322809						1322809
5 TOTAL	2248557						2248557

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
				COST CENTER 3	LINE NO. 4	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES	B	-13702	OLD CAP REL COSTS-BLDG & FIXT	1	14 1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT	B	-3194	OLD CAP REL COSTS-MVBLE EQUIP	2	14 2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-11798	NEW CAP REL COSTS-BLDG & FIXT	3	14 3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-13542	NEW CAP REL COSTS-MVBLE EQUIP	4	14 4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS	A	-1782	ADMINISTRATIVE & GENERAL	6	6
7	REFUNDS AND REBATES OF EXPENSES	B	-60969	ADMINISTRATIVE & GENERAL	6	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	-8129310			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-12400			14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-267704	CAFETERIA	12	16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS					19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-5479	MEDICAL RECORDS & LIBRARY	17	20
21	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22	VENDING MACHINES					22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES	B	-106187	NEW CAP REL COSTS-BLDG & FIXT	3	14 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	MISC INCOME	B	-2496	NURSING ADMINISTRATION	14	37
38	DISPOSAL OF ASSETS	B	-350	ADMINISTRATIVE & GENERAL	6	38
39	OTHER OPERATING REVENUE	B	-164602	ADMINISTRATIVE & GENERAL	6	39
40	IHA ASSOCIATION DUES	A	-21818	ADMINISTRATIVE & GENERAL	6	40
41	ARCHVIEW RENT	B	-42000	CLINIC	60	41
42	TOUCHETTE ELDERLY APTS	B	-27655	NURSING ADMINISTRATION	14	42
43	TRANSPORTATION	B	-98931	ADMINISTRATIVE & GENERAL	6	43
44	MALPRACTICE ADJUSTMENT	A	750000	ADMINISTRATIVE & GENERAL	6	44
45	SERVICES TO ARCHVIEW	B	-2500	CLINIC	60	45
46						46
47						47
48						48
49						49
50	TOTAL		-8236419			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	7	MAINTENANCE & REPAIRS		85	-85	1
2	6	ADMINISTRATIVE & GENERAL		12315	-12315	2
3						3
4						4
5	TOTALS			12400	-12400	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	SIHF			100.00	NOT FOR PROFIT

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

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/26/2011 21:09

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	25 ADULTS & PEDIATRICS	AGGREGATE	1127810	1102810	25000	153400	200	14750	738
2	40 ANESTHESIOLOGY	ANESTHESIOLOGY	978333	978333		200300			
3	49 RESPIRATORY THERAPY	RESPIRATORY THERAPY	176291	173291	3000	177200	24	2045	102
4	60 CLINIC	CLINIC	3191063	3187063	4000	177200	32	2726	136
5	61 EMERGENCY	EMERGENCY	2746214	2598601	147613	177200	832	70880	3544
101	TOTAL		8219711	8040098	179613		1088	90401	4520

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/26/2011 21:09

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	25 ADULTS & PEDIATRICS		AGGREGATE			14750	10250	1113060
2	40 ANESTHESIOLOGY		ANESTHESIOLOGY					978333
3	49 RESPIRATORY THERAPY		RESPIRATORY THERAPY			2045	955	174246
4	60 CLINIC		CLINIC			2726	1274	3188337
5	61 EMERGENCY		EMERGENCY			70880	76733	2675334
101	TOTAL					90401	89212	8129310

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		5A	GENERAL	
	0	1	2	3	4	5		6	
GENERAL SERVICE COST CENTERS									
1	110162	110162							1
2	16033		16033						2
3	836060			836060					3
4	1390158				1390158				4
5	5677959	740	108	5618	9342	5693767			5
6	11706640	20335	2959	154305	256569	1069846	13210654	13210654	6
7	1046230	8876	1292	67365	112011	138850	1374624	416778	7
8	2728835	12542	1825	95188	158274	261730	3258394	987926	8
9	226380	2642	385	20052	33342	7243	290044	87940	9
10	1022863	1491	217	11317	18818	143577	1198283	363312	10
11	420795	5991	872	45467	75600	48489	597214	181072	11
12	573303	935	136	7100	11805	96911	690190	209261	12
13									13
14	1859914	737	107	5594	9301	335368	2211021	670368	14
15	246203	3639	530	27619	45923	349836	349836	106068	15
16	945567	1891	275	14351	23861	157050	1142995	346549	16
17	766402	4767	694	36181	60160	116606	984810	298588	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	6450086	11498	1673	87266	145102	1035819	7731444	2344116	25
33	862288	587	85	4456	7409	154111	1028936	311967	33
ANCILLARY SERVICE COST CENTERS									
37	1369642	4898	713	37174	61810	162615	1636852	496284	37
39	975750	3217	468	24412	40592	168984	1213423	367903	39
40	23443	46	7	349	581		24426	7406	40
41	2112947	5255	765	39885	66319	272614	2497785	757313	41
44	2925862	4042	588	30677	51008	198535	3210712	973469	44
46.30									46.30
49	1122139	2005	292	15219	25306	163343	1328304	402734	49
50	364020	852	124	6463	10746		382205	115882	50
55	174398						174398	52876	55
55.30									55.30
56	2564646						2564646	777585	56
59.97									59.97
59.98									59.98
59.99									59.99
OUTPATIENT SERVICE COST CENTERS									
60	1707529	5419	789	41125	68381	178665	2001908	606966	60
61	4722945	4931	718	37424	62227	665096	5493341	1665548	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71	1627674	2330	339	17687	29409	278491	1955930	593026	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	56576873	109666	15961	832294	1383896	5679865	56552375	13140937	95
NONREIMBURSABLE COST CENTERS									
96	204189	496	72	3766	6262	13902	228687	69337	96
98	1252						1252	380	98
101									101
102									102
103	56782314	110162	16033	836060	1390158	5693767	56782314	13210654	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	1791402								7
8 OPERATION OF PLANT	280103	4526423							8
9 LAUNDRY & LINEN SERVICE	59007	176730	613721						9
10 HOUSEKEEPING	33303	99743		1694641					10
11 DIETARY	133792	400716		5345	1318139				11
12 CAFETERIA	20891	62571		10665		993578			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	16460	49299		78444		67853	3093445		14
15 CENTRAL SERVICES & SUPPLY	81273	243416		16010		38575		835178	15
16 PHARMACY	42229	126477		16010		38575		2096	16
17 MEDICAL RECORDS & LIBRARY	106468	318878		16010		54280		101	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	256793	769113	207143	144090	1318139	188587	1485621	163413	25
33 NURSERY	13112	39270	13999			36431	203003	22115	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	109389	327626	83995	160100		75006	207660	244781	37
39 DELIVERY ROOM & LABOR ROOM	71837	215156	46663	80050		62138	189569	28954	39
40 ANESTHESIOLOGY	1028	3079		64040		23577		10264	40
41 RADIOLOGY-DIAGNOSTIC	117369	351526	55996	64040		53574		21532	41
44 LABORATORY	90272	270369	27999	64040		86435		26720	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	44786	134135	23332	192120		28572		67034	49
50 PHYSICAL THERAPY	19017	56957	32664	64040		38575		2815	50
55 MEDICAL SUPPLIES CHARGED TO PAT								109170	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	121017	362454		264165		157857	324898	10342	60
61 EMERGENCY	110126	329833	121930	320202		30716	682694	118408	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	52047	155882		64040				7427	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1780319	4493230	613721	1623411	1318139	980751	3093445	835172	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	11083	33193		7190		12827		6	96
98 PHYSICIANS' PRIVATE OFFICES				64040					98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1791402	4526423	613721	1694641	1318139	993578	3093445	835178	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	16	17	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY	1714931					16
17 MEDICAL RECORDS & LIBRARY		1779135				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	11734	1601249	16221442		16221442	25
33 NURSERY	60	17775	1686668		1686668	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3638		3345331		3345331	37
39 DELIVERY ROOM & LABOR ROOM	557		2276250		2276250	39
40 ANESTHESIOLOGY			133820		133820	40
41 RADIOLOGY-DIAGNOSTIC	45592		3964727		3964727	41
44 LABORATORY	12287		4762303		4762303	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	105		2221122		2221122	49
50 PHYSICAL THERAPY	69		712224		712224	50
55 MEDICAL SUPPLIES CHARGED TO PAT			336444		336444	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	1619874		4962105		4962105	56
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2909		3852516		3852516	60
61 EMERGENCY	17877	160111	9050786		9050786	61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 PQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	229		2828581		2828581	71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	1714931	1779135	56354319		56354319	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			362323		362323	96
98 PHYSICIANS' PRIVATE OFFICES			65672		65672	98
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	1714931	1779135	56782314		56782314	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		740	108	848	848				5
6 ADMINISTRATIVE & GENERAL		20335	2959	23294	161	23455			6
7 MAINTENANCE & REPAIRS		8876	1292	10168	21	740	10929		7
8 OPERATION OF PLANT		12542	1825	14367	39	1753	1709	17868	8
9 LAUNDRY & LINEN SERVICE		2642	385	3027	1	156	360	698	9
10 HOUSEKEEPING		1491	217	1708	21	645	203	394	10
11 DIETARY		5991	872	6863	7	321	816	1582	11
12 CAFETERIA		935	136	1071	14	371	127	247	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		737	107	844	50	1190	100	195	14
15 CENTRAL SERVICES & SUPPLY		3639	530	4169	4	188	496	961	15
16 PHARMACY		1891	275	2166	23	615	258	499	16
17 MEDICAL RECORDS & LIBRARY		4767	694	5461	17	530	650	1259	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11498	1673	13171	154	4171	1567	3036	25	
33 NURSERY	587	85	672	23	554	80	155	33	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4898	713	5611	24	881	667	1293	37	
39 DELIVERY ROOM & LABOR ROOM	3217	468	3685	25	653	438	849	39	
40 ANESTHESIOLOGY	46	7	53		13	6	12	40	
41 RADIOLOGY-DIAGNOSTIC	5255	765	6020	41	1344	716	1388	41	
44 LABORATORY	4042	588	4630	30	1727	551	1067	44	
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30	
49 RESPIRATORY THERAPY	2005	292	2297	24	715	273	529	49	
50 PHYSICAL THERAPY	852	124	976		206	116	225	50	
55 MEDICAL SUPPLIES CHARGED TO PAT					94			55	
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30	
56 DRUGS CHARGED TO PATIENTS						1380		56	
59.97 CARDIAC REHABILITATION								59.97	
59.98 HYPERBARIC OXYGEN THERAPY								59.98	
59.99 LITHOTRIPSY								59.99	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	5419	789	6208	27	1077	738	1431	60	
61 EMERGENCY	4931	718	5649	99	2955	672	1302	61	
62 OBSERVATION BEDS (NON-DISTINCT								62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC								69.10	
69.20 OUTPATIENT PHYSICAL THERAPY								69.20	
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30	
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40	
71 HOME HEALTH AGENCY	2330	339	2669	41	1052	318	615	71	
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION								85.01	
85.02 INTESTINAL ACQUISITION								85.02	
85.03 ISLET CELL ACQUISITION								85.03	
95 SUBTOTALS	109666	15961	125627	846	23331	10861	17737	95	
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	496	72	568	2	123	68	131	96	
98 PHYSICIANS' PRIVATE OFFICES					1			98	
101 CROSS FOOT ADJUSTMENTS								101	
102 NEGATIVE COST CENTER								102	
103 TOTAL	110162	16033	126195	848	23455	10929	17868	103	

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	4242								9
10 HOUSEKEEPING		2971							10
11 DIETARY		9	9598						11
12 CAFETERIA		19		1849					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		138		126	2643				14
15 CENTRAL SERVICES & SUPPLY		28		72		5918			15
16 PHARMACY		28		72		15	3676		16
17 MEDICAL RECORDS & LIBRARY		28		101		1		8047	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1430	253	9598	349	1270	1158	25	7243	25
33 NURSERY	97			68	173	157		80	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	581	281		140	177	1733	8		37
39 DELIVERY ROOM & LABOR ROOM	323	140		116	162	205	1		39
40 ANESTHESIOLOGY		112		44		73			40
41 RADIOLOGY-DIAGNOSTIC	387	112		100		153	98		41
44 LABORATORY	194	112		161		189	26		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	161	337		53		475			49
50 PHYSICAL THERAPY	226	112		72		20			50
55 MEDICAL SUPPLIES CHARGED TO PAT						774			55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS							3474		56
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		463		294	278	73	6		60
61 EMERGENCY	843	562		57	583	839	38	724	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		112				53			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4242	2846	9598	1825	2643	5918	3676	8047	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		13		24					96
98 PHYSICIANS' PRIVATE OFFICES		112							98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4242	2971	9598	1849	2643	5918	3676	8047	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	43425		43425	25
33 NURSERY	2059		2059	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	11396		11396	37
39 DELIVERY ROOM & LABOR ROOM	6597		6597	39
40 ANESTHESIOLOGY	313		313	40
41 RADIOLOGY-DIAGNOSTIC	10359		10359	41
44 LABORATORY	8687		8687	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	4864		4864	49
50 PHYSICAL THERAPY	1953		1953	50
55 MEDICAL SUPPLIES CHARGED TO PAT	868		868	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	4854		4854	56
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	10595		10595	60
61 EMERGENCY	14323		14323	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	4860		4860	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	125153		125153	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	929		929	96
98 PHYSICIANS' PRIVATE OFFICES	113		113	98
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	126195		126195	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	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		5618	9342	14960	14960				5
6		154305	256569	410874	2823	413697			6
7		67365	112011	179376	364	13052	192792		7
8		95188	158274	253462	687	30938	30146	315233	8
9		20052	33342	53394	19	2754	6350	12308	9
10		11317	18818	30135	377	11378	3584	6946	10
11		45467	75600	121067	127	5671	14399	27907	11
12		7100	11805	18905	254	6553	2248	4358	12
13									13
14		5594	9301	14895	880	20994	1771	3433	14
15		27619	45923	73542	68	3322	8747	16952	15
16		14351	23861	38212	412	10853	4545	8808	16
17		36181	60160	96341	306	9351	11458	22208	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		87266	145102	232368	2719	73394	27636	53563	25
33		4456	7409	11865	405	9770	1411	2735	33
ANCILLARY SERVICE COST CENTERS									
37		37174	61810	98984	427	15542	11772	22817	37
39		24412	40592	65004	444	11521	7731	14984	39
40		349	581	930		232	111	214	40
41		39885	66319	106204	716	23716	12631	24481	41
44		30677	51008	81685	521	30486	9715	18829	44
46.30									46.30
49		15219	25306	40525	429	12612	4820	9342	49
50		6463	10746	17209		3629	2047	3967	50
55						1656			55
55.30									55.30
56						24351			56
59.97									59.97
59.98									59.98
59.99									59.99
OUTPATIENT SERVICE COST CENTERS									
60		41125	68381	109506	469	19008	13024	25242	60
61		37424	62227	99651	1746	52159	11852	22971	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		17687	29409	47096	731	18572	5601	10856	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95		832294	1383896	2216190	14924	411514	191599	312921	95
NONREIMBURSABLE COST CENTERS									
96		3766	6262	10028	36	2171	1193	2312	96
98						12			98
101									101
102									102
103		836060	1390158	2226218	14960	413697	192792	315233	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	74825								9
10		52420							10
11		165	169336						11
12		330		32648					12
13									13
14		2427			46630				14
15		495			1268	104394			15
16		495			1268	262	64855		16
17		495			1784	13		141956	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	25254	4457	169336	6195	22394	20426	444	127763	25
33	1707			1197	3060	2764	2	1418	33
ANCILLARY SERVICE COST CENTERS									
37	10241	4952		2465	3130	30596	138		37
39	5689	2476		2042	2858	3619	21		39
40		1981		775		1283			40
41	6827	1981		1760		2691	1724		41
44	3414	1981		2840		3340	465		44
46.30									46.30
49	2845	5943		939		8379	4		49
50	3982	1981		1268		352	3		50
55						13646			55
55.30									55.30
56							61259		56
59.97									59.97
59.98									59.98
59.99									59.99
OUTPATIENT SERVICE COST CENTERS									
60		8171		5187	4897	1293	110		60
61	14866	9906		1009	10291	14801	676	12775	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		1981				928	9		71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	74825	50217	169336	32227	46630	104393	64855	141956	95
NONREIMBURSABLE COST CENTERS									
96		222		421		1			96
98		1981							98
101									101
102									102
103	74825	52420	169336	32648	46630	104394	64855	141956	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	765949		765949	25
33 NURSERY	36334		36334	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	201064		201064	37
39 DELIVERY ROOM & LABOR ROOM	116389		116389	39
40 ANESTHESIOLOGY	5526		5526	40
41 RADIOLOGY-DIAGNOSTIC	182731		182731	41
44 LABORATORY	153276		153276	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	85838		85838	49
50 PHYSICAL THERAPY	34438		34438	50
55 MEDICAL SUPPLIES CHARGED TO PAT	15302		15302	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	85610		85610	56
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	186907		186907	60
61 EMERGENCY	252703		252703	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	85774		85774	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	2207841		2207841	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	16384		16384	96
98 PHYSICIANS' PRIVATE OFFICES	1993		1993	98
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	2226218		2226218	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	
	1	2	3	4	5	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT	270383					1
2 OLD CAP REL COSTS-MVBLE EQUIP		270383				2
3 NEW CAP REL COSTS-BLDG & FIXT			270383			3
4 NEW CAP REL COSTS-MVBLE EQUIP				270383		4
5 EMPLOYEE BENEFITS	1817	1817	1817	1817	28254149	5
6 ADMINISTRATIVE & GENERAL	49902	49902	49902	49902	5308932	6
7 MAINTENANCE & REPAIRS	21786	21786	21786	21786	689012	7
8 OPERATION OF PLANT	30784	30784	30784	30784	1298779	8
9 LAUNDRY & LINEN SERVICE	6485	6485	6485	6485	35940	9
10 HOUSEKEEPING	3660	3660	3660	3660	712472	10
11 DIETARY	14704	14704	14704	14704	240618	11
12 CAFETERIA	2296	2296	2296	2296	480902	12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	1809	1809	1809	1809	1664192	14
15 CENTRAL SERVICES & SUPPLY	8932	8932	8932	8932	128634	15
16 PHARMACY	4641	4641	4641	4641	779328	16
17 MEDICAL RECORDS & LIBRARY	11701	11701	11701	11701	578632	17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	28222	28222	28222	28222	5140029	25
33 NURSERY	1441	1441	1441	1441	764742	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	12022	12022	12022	12022	806941	37
39 DELIVERY ROOM & LABOR ROOM	7895	7895	7895	7895	838545	39
40 ANESTHESIOLOGY	113	113	113	113		40
41 RADIOLOGY-DIAGNOSTIC	12899	12899	12899	12899	1352789	41
44 LABORATORY	9921	9921	9921	9921	985188	44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY	4922	4922	4922	4922	810556	49
50 PHYSICAL THERAPY	2090	2090	2090	2090		50
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	13300	13300	13300	13300	886586	60
61 EMERGENCY	12103	12103	12103	12103	3300395	61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	5720	5720	5720	5720	1381950	71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	269165	269165	269165	269165	28185162	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	1218	1218	1218	1218	68987	96
98 PHYSICIANS' PRIVATE OFFICES						98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT SQUARE FEET	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A
		1	2	3	4	5	
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	COST TO BE ALLOC PER B PT I	110162	16033	836060	1390158	5693767	103
104	UNIT COST MULT-WS B PT I		.059297		5.141440		
104	UNIT COST MULT-WS B PT I	.407429		3.092132		.201520	104
105	COST TO BE ALLOC PER B PT II					848	104
106	UNIT COST MULT-WS B PT II						105
106	UNIT COST MULT-WS B PT II					.000030	106
107	COST TO BE ALLOC PER B PT III					14960	106
108	UNIT COST MULT-WS B PT III						107
108	UNIT COST MULT-WS B PT III					.000529	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS-	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE	MEALS SERVED	MEALS SERVED
	6	7	8	9	10	11	12
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 ADMINISTRATIVE & GENERAL	43571660						6
7 MAINTENANCE & REPAIRS	1374624	196878					7
8 OPERATION OF PLANT	3258394	30784	166094				8
9 LAUNDRY & LINEN SERVICE	290044	6485	6485	353516			9
10 HOUSEKEEPING	1198283	3660	3660		70707		10
11 DIETARY	597214	14704	14704		223	60534	11
12 CAFETERIA	690190	2296	2296		445		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2211021	1809	1809		3273		14
15 CENTRAL SERVICES & SUPPLY	349836	8932	8932		668		15
16 PHARMACY	1142995	4641	4641		668		16
17 MEDICAL RECORDS & LIBRARY	984810	11701	11701		668		17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	7731444	28222	28222	119318	6012	60534	25
33 NURSERY	1028936	1441	1441	8064			33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	1636852	12022	12022	48383	6680		37
39 DELIVERY ROOM & LABOR ROOM	1213423	7895	7895	26879	3340		39
40 ANESTHESIOLOGY	24426	113	113		2672		40
41 RADIOLOGY-DIAGNOSTIC	2497785	12899	12899	32255	2672		41
44 LABORATORY	3210712	9921	9921	16128	2672		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	1328304	4922	4922	13440	8016		49
50 PHYSICAL THERAPY	382205	2090	2090	18815	2672		50
55 MEDICAL SUPPLIES CHARGED TO P	174398						55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	2564646						56
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2001908	13300	13300		11022		60
61 EMERGENCY	5493341	12103	12103	70234	13360		61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	1955930	5720	5720		2672		71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	43341721	195660	164876	353516	67735	60534	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	228687	1218	1218		300		96
98 PHYSICIANS' PRIVATE OFFICES	1252				2672		98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	13210654	1791402	4526423	613721	1694641	1318139	993578	103
104 UNIT COST MULT-WS B PT I	.303194		27.252176		23.967090		13.573285	104
104 UNIT COST MULT-WS B PT I		9.099046		1.736049		21.775184		104
105 COST TO BE ALLOC PER B PT II	23455	10929	17868	4242	2971	9598	1849	105
106 UNIT COST MULT-WS B PT II	.000538		.107578		.042018		.025259	106
106 UNIT COST MULT-WS B PT II		.055512		.011999		.158556		106
107 COST TO BE ALLOC PER B PT III	413697	192792	315233	74825	52420	169336	32648	107
108 UNIT COST MULT-WS B PT III	.009495		1.897919		.741369		.446005	108
108 UNIT COST MULT-WS B PT III		.979246		.211659		2.797370		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	
	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	
	14	15	16	17	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION	470913				14
15 CENTRAL SERVICES & SUPPLY		1334183			15
16 PHARMACY		3349	2715145		16
17 MEDICAL RECORDS & LIBRARY		162		39936	17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	226155	261049	18577	35943	25
33 NURSERY	30903	35328	95	399	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	31612	391037	5760		37
39 DELIVERY ROOM & LABOR ROOM	28858	46253	882		39
40 ANESTHESIOLOGY		16396			40
41 RADIOLOGY-DIAGNOSTIC		34397	72183		41
44 LABORATORY		42684	19454		44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY		107085	166		49
50 PHYSICAL THERAPY		4497	110		50
55 MEDICAL SUPPLIES CHARGED TO P		174397			55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS			2564646		56
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	49459	16521	4605		60
61 EMERGENCY	103926	189154	28304	3594	61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERA					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY		11864	363		71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS	470913	1334173	2715145	39936	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C		10			96
98 PHYSICIANS' PRIVATE OFFICES					98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	3093445	835178	1714931	1779135	103
104 UNIT COST MULT-WS B PT I	6.569037		.631617		104
104 UNIT COST MULT-WS B PT I		.625985		44.549654	104
105 COST TO BE ALLOC PER B PT II	2643	5918	3676	8047	105
106 UNIT COST MULT-WS B PT II	.005613		.001354		106
106 UNIT COST MULT-WS B PT II		.004436		.201497	106
107 COST TO BE ALLOC PER B PT III	46630	104394	64855	141956	107
108 UNIT COST MULT-WS B PT III	.099020		.023886		108
108 UNIT COST MULT-WS B PT III		.078246		3.554587	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	16221442		16221442	10250	16231692	25
33 NURSERY	1686668		1686668		1686668	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3345331		3345331		3345331	37
39 DELIVERY ROOM & LABOR ROOM	2276250		2276250		2276250	39
40 ANESTHESIOLOGY	133820		133820		133820	40
41 RADIOLOGY-DIAGNOSTIC	3964727		3964727		3964727	41
44 LABORATORY	4762303		4762303		4762303	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2221122		2221122	955	2222077	49
50 PHYSICAL THERAPY	712224		712224		712224	50
55 MEDICAL SUPPLIES CHARGED TO	336444		336444		336444	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	4962105		4962105		4962105	56
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3852516		3852516	1274	3853790	60
61 EMERGENCY	9050786		9050786	76733	9127519	61
62 OBSERVATION BEDS (NON-DISTI	360501		360501		360501	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	53886239		53886239	89212	53975451	101
102 LESS OBSERVATION BEDS	360501		360501		360501	102
103 TOTAL	53525738		53525738	89212	53614950	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	13278576		13278576			25
33 NURSERY	775840		775840			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1810769	2282359	4093128	.817304	.817304	.817304 37
39 DELIVERY ROOM & LABOR ROOM	1339649	247627	1587276	1.434061	1.434061	1.434061 39
40 ANESTHESIOLOGY	389596	415232	804828	.166272	.166272	.166272 40
41 RADIOLOGY-DIAGNOSTIC	2612546	9708921	12321467	.321774	.321774	.321774 41
44 LABORATORY	5904874	10143629	16048503	.296744	.296744	.296744 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4422370	1842324	6264694	.354546	.354546	.354698 49
50 PHYSICAL THERAPY	134154	1515516	1649670	.431737	.431737	.431737 50
55 MEDICAL SUPPLIES CHARGED TO	327865	182418	510283	.659328	.659328	.659328 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	6198374	19747940	25946314	.191245	.191245	.191245 56
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		5626154	5626154	.684751	.684751	.684978 60
61 EMERGENCY	3289981	15926297	19216278	.470996	.470996	.474989 61
62 OBSERVATION BEDS (NON-DISTI	4615	177655	182270	1.977841	1.977841	1.977841 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	40489209	67816072	108305281			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	40489209	67816072	108305281			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	43425		43425	765949		765949
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	2059		2059	36334		36334
101 TOTAL	45484		45484	802283		802283

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	15849	4556	2.74	12483	48.33	220191
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	942		2.19		38.57	
101 TOTAL	16791	4556		12483		220191

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0077) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES	CAPITAL COSTS	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	11396	201064	4093128	219352	.002784	611	.049122	10775	37
39 DELIVERY ROOM & LABOR ROOM	6597	116389	1587276	2544	.004156	11	.073326	187	39
40 ANESTHESIOLOGY	313	5526	804828	56454	.000389	22	.006866	388	40
41 RADIOLOGY-DIAGNOSTIC	10359	182731	12321467	736555	.000841	619	.014830	10923	41
44 LABORATORY	8687	153276	16048503	1843696	.000541	997	.009551	17609	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	4864	85838	6264694	1433410	.000776	1112	.013702	19641	49
50 PHYSICAL THERAPY	1953	34438	1649670	56253	.001184	67	.020876	1174	50
55 MEDICAL SUPPLIES CHARGED TO P	868	15302	510283	327865	.001701	558	.029987	9832	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	4854	85610	25946314	2099802	.000187	393	.003300	6929	56
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	10595	186907	5626154		.001883		.033221		60
61 EMERGENCY	14323	252703	19216278	864140	.000745	495	.013150	8733	61
62 OBSERVATION BEDS (NON-DISTINC	964	17011	182270	4614	.005289	24	.093329	431	62
63.50 RHC									63.50
63.60 FQHC									63.60
101 OTHER REIMBURSABLE COST CENTERS TOTAL	75773	1336795	94250865	7444685		4909		86622	101

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/26/2011 21:09

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					15849		4556	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					942			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					16791		4556	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0077) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0077) [] 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	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	CHARGES
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4093128			219352		272539 37
39 DELIVERY ROOM & LABOR ROOM		1587276			2544		39
40 ANESTHESIOLOGY		804828			56454		61516 40
41 RADIOLOGY-DIAGNOSTIC		12321467			736555		1371697 41
44 LABORATORY		16048503			1843696		84149 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		6264694			1433410		515802 49
50 PHYSICAL THERAPY		1649670			56253		50
55 MEDICAL SUPPLIES CHARGED TO P		510283			327865		182418 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		25946314			2099802		3020484 56
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5626154					497378 60
61 EMERGENCY		19216278			664140		1032609 61
62 OBSERVATION BEDS (NON-DISTINC		182270			4614		44358 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		94250865			7444685		7082950 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL (14-0077) SUB IV PPS
 APPLICABLE TITLE XVIII-PT A SUB I SNF TEFRA
 BOXES TITLE XIX SUB II NF
 SUB III ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
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 (14-0077)	[]	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/HR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	3	DIAGNOSTIC
				CENTER		4
				2		
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.817304	.817304	.817304			37
39 DELIVERY ROOM & LABOR ROOM	1.434061	1.434061	1.434061			39
40 ANESTHESIOLOGY	.166272	.166272	.166272			40
41 RADIOLOGY-DIAGNOSTIC	.321774	.321774	.321774			41
44 LABORATORY	.296744	.296744	.296744			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.354546	.354546	.354546			49
50 PHYSICAL THERAPY	.431737	.431737	.431737			50
55 MEDICAL SUPPLIES CHARGED TO PAT	.659328	.659328	.659328			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.191245	.191245	.191245			56
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.684751	.684751	.684751			60
61 EMERGENCY	.470996	.470996	.470996			61
62 OBSERVATION BEDS (NON-DISTINCT	1.977841	1.977841	1.977841			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.191245	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0077) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		272539						37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		61516						40
41 RADIOLOGY-DIAGNOSTIC		1371697						41
44 LABORATORY		84149						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		515802						49
50 PHYSICAL THERAPY								50
55 MEDICAL SUPPLIES CHARGED TO PA		182418						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		3020484						56
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		497378						60
61 EMERGENCY		1032609						61
62 OBSERVATION BEDS (NON-DISTINCT		44358						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		7082950						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		7082950						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0077) [] 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)		
	9	9.01	9.02	9.03	9.04	10
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		222747				37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY		10228				40
41 RADIOLOGY-DIAGNOSTIC		441376				41
44 LABORATORY		24971				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		182876				49
50 PHYSICAL THERAPY						50
55 MEDICAL SUPPLIES CHARGED TO PAT		120273				55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS		577652				56
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		340580				60
61 EMERGENCY		486355				61
62 OBSERVATION BEDS (NON-DISTINCT)		87733				62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		2494791				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		2494791				104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0077)	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)	15849						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	15849						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15849						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)	4556						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0077)	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	16231692						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	16231692						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13278576						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13278576						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.222397						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	837.82						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16231692						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) (14-0077)	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	1024.15					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4666027					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4666027					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
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						47
47 OTHER SPECIAL CARE (SPECIFY)						
	HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	2451470					48
49 TOTAL PROGRAM INPATIENT COSTS	7117497					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	232674					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	91531					51
52 TOTAL PROGRAM EXCLUDABLE COST	324205					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6793292					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) (14-0077)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

TARGET AMOUNT AND LIMITATION COMPUTATION					
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

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/26/2011 21:09

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	352	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1024.15	84
85 OBSERVATION BED COST	360501	85

COMPUTATION OF OBSERVATION BED PASS THROUGH 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	43425	16231692	.002675	360501	964	86
87 NEW CAPITAL-RELATED COST	765949	16231692	.047188	360501	17011	87
88 NON PHYSICIAN ANESTHETIST		16231692		360501		88
89 MEDICAL EDUCATION		16231692		360501		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0077)	<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		4153470		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.817304	219352	179277	37
39 DELIVERY ROOM & LABOR ROOM	1.434061	2544	3648	39
40 ANESTHESIOLOGY	.166272	56454	9387	40
41 RADIOLOGY-DIAGNOSTIC	.321774	736555	237004	41
44 LABORATORY	.296744	1843696	547106	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.354698	1433410	508428	49
50 PHYSICAL THERAPY	.431737	56253	24287	50
55 MEDICAL SUPPLIES CHARGED TO PAT	.659328	327865	216171	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.191245	2099802	401577	56
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.684978			60
61 EMERGENCY	.474989	664140	315459	61
62 OBSERVATION BEDS (NON-DISTINCT	1.977841	4614	9126	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		7444685	2451470	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		7444685		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		HOSPITAL (14-0077)	SUB I	SUB II	SUB III	SUB IV
DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	3554367				1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1184789				1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1					1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	58219				2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	153.04				3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.06
		[FOR CR PERIODS ENDING]				
		[ON OR AFTER 7/1/2005]				
		[E-3,PT.VI,LN.15][PLUS LN.3.06]				
3.07	SUM OF LINES 3.04-3.06	0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS					3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14	CURRENT YEAR ALLOWABLE FTE					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.16
		RES. IN				
		INIT YRS				
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0077)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.2284					4
4.01	0.5065					4.01
4.02	0.7349					4.02
4.03	0.4984					4.03
4.04	2361995					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	7159370					6
7						7
7.01						7.01
8	7159370					8
9	449046					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	7608416					16
17	1760					17
18	7606656					18
19	619044					19
20	51150					20
21	790216					21
21.01	553151					21.01
21.02						21.02
22	7489613					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0077)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	7489613					26
27						27
28	7140574					28
28.01						28.01
29	349039					29
30	274397					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0077) 1	HOSPITAL (14-0077) 1.01	HOSPITAL (14-0077) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	438266		18.01
19 SUBTOTAL	1348226		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	1348226		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1348226		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	405592		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	283914		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	1632140		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	1632140		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1390148		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	241992		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 RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0077)

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		7093934		1348226	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	07/30/2010	07/30/2010	41922	3.01
PROGRAM	.02				3.02
TO	.03				3.03
PROVIDER	.04				3.04
	.05				3.05
	.50				3.50
PROVIDER	.51				3.51
TO	.52	NONE		NONE	3.52
PROGRAM	.53				3.53
	.54				3.54
SUBTOTAL	.99	46640		41922	3.99
4 TOTAL INTERIM PAYMENTS		7140574		1390148	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02			5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			8.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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	14017472			1
2	TEMPORARY INVESTMENTS	2002023			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6909178			4
5	OTHER RECEIVABLES	819375			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2269900			6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	2301285			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	23779433			11
FIXED ASSETS					
12	LAND	2192647			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1122806			13
13.01	ACCUMULATED DEPRECIATION	-1032181			13.01
14	BUILDINGS	37879569			14
14.01	ACCUMULATED DEPRECIATION	-33244788			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	26674516			16
16.01	ACCUMULATED DEPRECIATION	-19945004			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	13647565			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2466055			25
26	TOTAL OTHER ASSETS	2466055			26
27	TOTAL ASSETS	39893053			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1174835			28
29	SALARIES, WAGES & FEES PAYABLE	2154946			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	532636			31
32	DEFERRED INCOME	14345083			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	997850			35
36	TOTAL CURRENT LIABILITIES	19205350			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	785259			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	3902036			41
42	TOTAL LONG TERM LIABILITIES	4687295			42
43	TOTAL LIABILITIES	23892645			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	16000408			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	16000408			51
52	TOTAL LIABILITIES AND FUND BALANCES	39893053			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	17621833			1
2 NET INCOME (LOSS)	-1795151			2
3 TOTAL	15826682			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN VALUE OF BENEFICIAL INT	224814			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	224814			10
11 SUBTOTAL	16051496			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED FROM RESTRICT.	51088			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	51088			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	16000408			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	14059031		14059031	1
3 SUBPROVIDER I				2
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	14059031		14059031	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT				11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				12
14 SURGICAL INTENSIVE CARE UNIT				13
15 OTHER SPECIAL CARE (SPECIFY)				14
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	14059031		14059031	15
17 TOTAL INPATIENT ROUTINE CARE SERVICES	26430178		26430178	16
18 ANCILLARY SERVICES				17
19 OUTPATIENT SERVICES		69935423	69935423	18
20 18.50 RHC				18.50
21 18.60 FQHC				18.60
22 HOME HEALTH AGENCY				19
23 AMBULANCE				20
24 CORF				21
25 ASC				22
26 HOSPICE				23
27 TOTAL PATIENT REVENUES	40489209	69935423	110424632	24
				25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		65018733	26
27 PROVISION FOR BAD DEBTS	3616928		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3616928	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		68635661	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	110424632	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	46138265	2
3	NET PATIENT REVENUES	64286367	3
4	LESS - TOTAL OPERATING EXPENSES	68635661	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4349294	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	64880	6
7	INCOME FROM INVESTMENTS	65644	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1782	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	267704	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	57161	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	5479	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	116997	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS	391779	23
24	MISC	1570317	24
24.01	RELATED PARTY	12400	24.01
25	TOTAL OTHER INCOME	2554143	25
26	TOTAL	-1795151	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1795151	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7315

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDG & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION						5
ADMINISTRATIVE AND GENERAL	423574		28726		178019	630319
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	573704		23384			597088
7 PHYSICAL THERAPY	144512		4842			149354
8 OCCUPATIONAL THERAPY	37765		1390			39155
9 SPEECH PATHOLOGY	7850		215			8065
10 MEDICAL SOCIAL SERVICES	194545		9148			203693
11 HOME HEALTH AIDE						11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1381950		67705		178019	1627674

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7315

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5		630319		630319	5
6		597088		597088	6
7		149354		149354	7
8		39155		39155	8
9		8065		8065	9
10		203693		203693	10
11					11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24		1627674		1627674	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7315

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
1	GENERAL SERVICE COST CENTER							1
2	CAPITAL RELATED-BLDG & FIXT							2
3	CAPITAL RELATED-MOVABLE EQUIP							3
4	PLANT OPERATION & MAINTENANCE							4
5	TRANSPORTATION							5
6	ADMINISTRATIVE AND GENERAL	630319				630319	630319	6
7	HHA REIMBURSABLE SERVICES							7
8	SKILLED NURSING CARE	597088				597088	377354	8
9	PHYSICAL THERAPY	149354				149354	94390	9
10	OCCUPATIONAL THERAPY	39155				39155	24746	10
11	SPEECH PATHOLOGY	8065				8065	5097	11
12	MEDICAL SOCIAL SERVICES	203693				203693	128732	12
13	HOME HEALTH AIDE							13
14	SUPPLIES							14
15	DRUGS							15
16	COST OF ADMINISTERING VACCINES							16
17	DME							17
18	HHA NONREIMBURSABLE SERVICES							18
19	HOME DIALYSIS AIDE SERVICES							19
20	RESPIRATORY THERAPY							20
21	PRIVATE DUTY NURSING							21
22	CLINIC							22
23	HEALTH PROMOTION ACTIVITIES							23
24	DAY CARE PROGRAM							24
25	HOME DELIVERED MEALS PROGRAM							25
26	HOMEMAKER SERVICE							26
27	ALL OTHERS							27
28	TELEMEDICINE							28
29	TOTAL	1627674				1627674		29

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							1
1 CAPITAL RELATED-BLDG & FIXT							2
2 CAPITAL RELATED-MOVABLE EQUIP							3
3 PLANT OPERATION & MAINTENANCE							4
4 TRANSPORTATION							5
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-630319	997355	6
6 SKILLED NURSING CARE						597088	7
7 PHYSICAL THERAPY						149354	8
8 OCCUPATIONAL THERAPY						39155	9
9 SPEECH PATHOLOGY						8065	10
10 MEDICAL SOCIAL SERVICES						203693	11
11 HOME HEALTH AIDE							12
12 SUPPLIES							13
13 DRUGS							13.20
13.20 COST OF ADMINISTERING VACCINES							14
14 DME							15
HHA NONREIMBURSABLE SERVICES							16
15 HOME DIALYSIS AIDE SERVICES							17
16 RESPIRATORY THERAPY							18
17 PRIVATE DUTY NURSING							19
18 CLINIC							20
19 HEALTH PROMOTION ACTIVITIES							21
20 DAY CARE PROGRAM							22
21 HOME DELIVERED MEALS PROGRAM							23
22 HOMEMAKER SERVICE							23.50
23 ALL OTHERS							24
23.50 TELEMEDICINE					-630319	997355	25
24 TOTAL						630319	26
25 COST TO BE ALLOC (PER W/S H)						.631991	
26 UNIT COST MULTIPLIER							

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7315

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		455718		455718			1
2 SKILLED NURSING CARE		1420553		1420553	272823	1693376	2
3 PHYSICAL THERAPY		355597		355597	68294	423891	3
4 OCCUPATIONAL THERAPY		93193		93193	17898	111091	4
5 SPEECH PATHOLOGY		19214		19214	3690	22904	5
6 MEDICAL SOCIAL SERVICES		484306		484306	93013	577319	6
7 HOME HEALTH AIDE							7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		2828581		2828581	455718	2828581	20
21 UNIT COST MULTIPLIER					.192054		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT SQUARE FEET	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL	5720	5720	5720	5720	423574		135124	5720	1
2 SKILLED NURSING CARE					573704		1090055		2
3 PHYSICAL THERAPY					144512		272866		3
4 OCCUPATIONAL THERAPY					37765		71511		4
5 SPEECH PATHOLOGY					7850		14744		5
6 MEDICAL SOCIAL SERVICES					194545		371630		6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	5720	5720	5720	5720	1381950		1955930	5720	20
21 TOTAL COST TO BE ALLOCATED	2330	339	17687	29409	278491		593026	52047	21
22 UNIT COST MULTIPLIER	.407343		3.092133		.201520		.303194		22
22 UNIT COST MULTIPLIER		.059266		5.141434				9.099126	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL	5720		2672					11864	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	5720		2672					11864	20
21 TOTAL COST TO BE ALLOCATED	155882		64040					7427	21
22 UNIT COST MULTIPLIER	27.252098		23.967066						22
22 UNIT COST MULTIPLIER								.626011	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7315

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1693376		1693376	10447	162.09	1
2	PHYSICAL THERAPY	3	423891		423891	3270	129.63	2
3	OCCUPATIONAL THERAPY	4	111091		111091	774	143.53	3
4	SPEECH PATHOLOGY	5	22904		22904	161	142.26	4
5	MEDICAL SOCIAL SERV	6	577319		577319	111	5201.07	5
6	HOME HEALTH AIDE SERV	7						6
7	TOTAL		2828581		2828581	14763		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8				3893		15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7315

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	1	2	3	4	
1	PHYSICAL THERAPY	50	.431737		COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51			COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.659328		COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS	56	.191245		COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2	129.63					1
2	OCCUPATIONAL THERAPY	3	143.53					2
3	SPEECH PATHOLOGY	4	142.26					3
4	TOTAL							4

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7315

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART B -----	
	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE PART A 1	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES		1
2 REASONABLE COST OF SERVICES		2
3 TOTAL CHARGES		2
CUSTOMARY CHARGES		
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)		5
7 TOTAL CUSTOMARY CHARGES		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES		8
PRIMARY PAYOR PAYMENTS		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	330564	273892	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		2082	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	3837	1377	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES		1462	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		210	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	334401	279023	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	334401	279023	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	334401	279023	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	334401	279023	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	334401	279023	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	334401	279023	24
25 TOTAL INTERIM PAYMENTS	334401	279023	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7315

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER					1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		334401		279023	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
	PROGRAM	.01			3.01
	TO	.02			3.02
	PROVIDER	.03	NONE	NONE	3.03
	TO	.04			3.04
	PROVIDER	.05			3.05
	TO	.50			3.50
	PROVIDER	.51			3.51
	TO	.52	NONE	NONE	3.52
	PROVIDER	.53			3.53
	PROGRAM	.54			3.54
SUBTOTAL		.99			3.99
4 TOTAL INTERIM PAYMENTS		334401		279023	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
	PROGRAM	.01			5.01
	TO	.02			5.02
	PROVIDER	.03			5.03
	TO	.50			5.50
	PROVIDER	.51			5.51
	TO	.52			5.52
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
	PROGRAM TO	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0077) (14-0077)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	385946			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	1156			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18]				4
	[E, PT A, LN.3.17] [x E-3,PT VI, LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				4.03
	DISPROPORTIONATE SHARE ADJUSTMENT				
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.2284			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.5065			5.01
5.02	SUM OF LINES 5 AND 5.01	0.7349			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1605			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	61944			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	449046			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILIARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FOHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	----- TITLE XVIII -----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	28.75						28.75 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	5.36	6.66					12.02 37
39 DELIVERY ROOM & LABOR ROOM	0.16						0.16 39
40 ANESTHESIOLOGY	7.01	7.64					14.65 40
41 RADIOLOGY-DIAGNOSTIC	5.98	11.13					17.11 41
44 LABORATORY	11.49	0.52					12.01 44
49 RESPIRATORY THERAPY	22.88	8.23					31.11 49
50 PHYSICAL THERAPY	3.41						3.41 50
55 MEDICAL SUPPLIES CHARGED TO PAT	64.25	35.75					100.00 55
56 DRUGS CHARGED TO PATIENTS	8.09	11.64					19.73 56
60 CLINIC		8.84					8.84 60
61 EMERGENCY	3.46	5.37					8.83 61
62 OBSERVATION BEDS (NON-DISTINCT	2.53	24.34					26.87 62
101 TOTAL CHARGES	6.87	6.54					13.41 101

COST CENTER		--- DIRECT COSTS ---	---	-- ALLOCATED OVERHEAD --	---	--- TOTAL COSTS ---	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	110162	.19	-110162	-.37		1
2	OLD CAP REL COSTS-MVBLE EQUIP	16033	.03	-16033	-.05		2
3	NEW CAP REL COSTS-BLDG & FIXT	836060	1.47	-836060	-2.83		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1390158	2.45	-1390158	-4.70		4
5	EMPLOYEE BENEFITS	5677959	10.00	-5677959	-19.20		5
6	ADMINISTRATIVE & GENERAL	11706640	20.62	-11706640	-39.58		6
7	MAINTENANCE & REPAIRS	1046230	1.84	-1046230	-3.54		7
8	OPERATION OF PLANT	2728835	4.81	-2728835	-9.23		8
9	LAUNDRY & LINEN SERVICE	226380	.40	-226380	-.77		9
10	HOUSEKEEPING	1022863	1.80	-1022863	-3.46		10
11	DIETARY	420795	.74	-420795	-1.42		11
12	CAFETERIA	573303	1.01	-573303	-1.94		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1859914	3.28	-1859914	-6.29		14
15	CENTRAL SERVICES & SUPPLY	246203	.43	-246203	-.83		15
16	PHARMACY	945567	1.67	-945567	-3.20		16
17	MEDICAL RECORDS & LIBRARY	766402	1.35	-766402	-2.59		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	6450086	11.36	9771356	33.04	16221442	28.57
33	NURSERY	862288	1.52	824380	2.79	1686668	2.97
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1369642	2.41	1975689	6.68	3345331	5.89
39	DELIVERY ROOM & LABOR ROOM	975750	1.72	1300500	4.40	2276250	4.01
40	ANESTHESIOLOGY	23443	.04	110377	.37	133820	.24
41	RADIOLOGY-DIAGNOSTIC	2112947	3.72	1851780	6.26	3964727	6.98
44	LABORATORY	2925862	5.15	1836441	6.21	4762303	8.39
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1122139	1.98	1098983	3.72	2221122	3.91
50	PHYSICAL THERAPY	364020	.64	348204	1.18	712224	1.25
55	MEDICAL SUPPLIES CHARGED TO PAT	174398	.31	162046	.55	336444	.59
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS	2564646	4.52	2397459	8.11	4962105	8.74
59.97	CARDIAC REHABILITATION						59.97
59.98	HYPERBARIC OXYGEN THERAPY						59.98
59.99	LITHOTRIPSY						59.99
60	CLINIC	1707529	3.01	2144987	7.25	3852516	6.78
61	EMERGENCY	4722945	8.32	4327841	14.63	9050786	15.94
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10							69.10
							69.20
69.20							69.20
69.30							69.30
69.40							69.40
71	1627674	2.87	1200907	4.06	2828581	4.98	71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
NONREIMBURSABLE COST CENTERS							
96	204189	.36	158134	.53	362323	.64	96
98	1252		64420	.22	65672	.12	98
101							101
102							102
103	56782314	100.00	0	.00	56782314	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	212460	4093128	.051906	219352	11386	37
39 DELIVERY ROOM & LABOR ROOM	122986	1587276	.077482	2544	198	39
40 ANESTHESIOLOGY	5839	804828	.007255	56454	410	40
41 RADIOLOGY-DIAGNOSTIC	193090	12321467	.015671	736555	11542	41
44 LABORATORY	161963	16048503	.010092	1843696	18606	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	90702	6264694	.014478	1433410	20753	49
50 PHYSICAL THERAPY	36391	1649670	.022060	56253	1241	50
55 MEDICAL SUPPLIES CHARGED TO PAT	16170	510283	.031688	327865	10390	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	90464	25946314	.003487	2099802	7322	56
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	197502	5626154	.035104			60
61 EMERGENCY	267026	19216278	.013895	664140	9228	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	17975	182270	.098618	4614	455	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	1412568	94250865		7444685	91531	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
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	809374		809374	15849	51.07	4556	232674 25
101	TOTAL	809374		809374			4556	232674 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							232674	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							91531	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							324205	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							936	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							4556	
PER DISCHARGE CAPITAL COSTS							346.37	
PER DIEM CAPITAL COSTS							71.16	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	6793292
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	11598155
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.586

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)	324205
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.028

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPFS. (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)	2494791
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPFS. (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)	7082950
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.352