

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: 02/03/2011
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 16:18

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 RICHLAND MEMORIAL HOSPITAL (14-0147) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2009 AND ENDING 09/30/2010, 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: 02/03/2011 16:18
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(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

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PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	121190	95001		2
3	SWING BED - SNF	3240			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	6172			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	130602	95001		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: 800 EAST LOCUST
 1.01 CITY: OLNEY

STATE: IL

P.O.BOX:
 ZIP CODE: 62450-2958 COUNTY: RICHLAND

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	14-0147	07/01/1966	N	P	P	2
3	SUBPROVIDER I	14-S147	07/01/1966	N	P	P	3
4	SWING BEDS - SNF	14-U147	11/13/2003	N	P	N	4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	14-5580	11/05/1987	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	14-7187	05/01/1980	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE	14-1542	04/23/1991				12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2009 TO: 09/30/2010				17
18	TYPE OF CONTROL		1 2				18
19	HOSPITAL		1				19
20	SUBPROVIDER I		4				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.		2		Y	99914	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		2				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		2				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.		YES				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? 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.		3	NO			21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	11/12/2003		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100		0.8358	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.	2	14	14	28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	66.70	YES		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.18	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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, 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.	NO			40
40.01	NAME:		FI/CONTRACTOR'S NAME:	PI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:			P.O.BOX:	40.02
40.03	CITY:			STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			7		53
53.01	MDH PERIOD:		BEGINNING: 10/01/2009	ENDING: 09/30/2010		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 348361	PAID LOSSES:	AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

	DATE	Y/N	LIMIT	Y/N	FEE\$	
	0	1	2	3	4	
56	/ /	NO	0.00	NO		56
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.						
57		NO				57
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?						
58		NO				58
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.						
58.01						58.01
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)						
59		NO				59
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)						
60		YES				60
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)						
60.01		NO				60.01
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.)						
MULTICAMPUS						
61		NO				61
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.						
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63		YES	11/19/2010			63
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)						

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE	TITLE	TITLE		
	V 12	XVIII 13	XIX 14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1089	530	2216	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		1089	530	2216	12
13 RPCH VISITS					13
14 SUBPROVIDER I		136	213	567	14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

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	
SALARIES		1	2	3	4	5	6	
1	TOTAL SALARIES	16708586		16708586	799948.00	20.89		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	705747		705747	7501.00	94.09		3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							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	920771		920771	55532.00	16.58		8
8.01	EXCLUDED AREA SALARIES	3285474		3285474	135777.00	24.20		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	270331		270331	4754.00	56.86		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							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)	4219140		4219140			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1402816		1402816			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	127004		127004			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	204481		204481	8320.00	24.58		21
22	ADMINISTRATIVE & GENERAL	1509363		1509363	86456.00	17.46		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	29171		29171	408.00	71.50		22.01
23	MAINTENANCE & REPAIRS	416963		416963	21572.00	19.33		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE	211275		211275	18165.00	11.63		25
26	HOUSEKEEPING	345466		345466	35297.00	9.79		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	518224	-341314	176910	18140.00	9.75		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		341314	341314	35213.00	9.69		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	990926		990926	36094.00	27.45		30
31	CENTRAL SERVICES AND SUPPLY	71387		71387	6145.00	11.62		31
32	PHARMACY	395403		395403	13505.00	29.28		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	443741		443741	27131.00	16.36		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	16032010		16032010	792855.00	20.22	1
2	EXCLUDED AREA SALARIES	4206245		4206245	191309.00	21.99	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	11825765		11825765	601546.00	19.66	3
4	SUBTOTAL OTHER WAGES & REL COSTS	270331		270331	4754.00	56.86	4
5	SUBTOTAL WAGE-RELATED COSTS	4219140		4219140		35.68%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	16315236		16315236	606300.00	26.91	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	5136400		5136400	306446.00	16.76	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7187

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		6588		275	6863	1
2 UNDUPLICATED CENSUS COUNT		299.00		72.00	359.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	1.25		1.25	5
6 DIRECT NURSING SERVICE	5.80		5.80	6
7 NURSING SUPERVISOR	1.00		1.00	7
8 PHYSICAL THERAPY SERVICE				8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	3.40		3.40	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)	9914	99914	20	

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7187

WORKSHEET S-4

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

(CONTINUED)

	FULL EPISODES				SCIC WITHIN A PEP	SCIC ONLY EPISODES	TOTAL	
	WITHOUT OUTLIERS	WITH OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES				
	1	2	3	4				
21	SKILLED NURSING VISITS	3886	303	146	60		4395	21
22	SKILLED NURSING VISIT CHARGES	736183	57710	27681	11348		832922	22
23	PHYSICAL THERAPY VISITS	1298	6	7	37		1348	23
24	PHYSICAL THERAPY VISIT CHARGES	246427	1123	1315	7081		255946	24
25	OCCUPATIONAL THERAPY VISITS	208	15	1	1		225	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	39535	2862	191	191		42779	26
27	SPEECH PATHOLOGY VISITS	36			2		38	27
28	SPEECH PATHOLOGY VISIT CHARGES	6794			382		7176	28
29	MEDICAL SOCIAL SERVICE VISITS	50	1		2		53	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	13149	265		530		13944	30
31	HOME HEALTH AIDE VISITS	1732	13	4	31		1780	31
32	HOME HEALTH AIDE VISIT CHARGES	190669	1444	444	3444		196001	32
33	TOTAL VISITS	7210	338	158	133		7839	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	1232757	63404	29631	22976		1348768	35
36	TOTAL NUMBER OF EPISODES	406		56	11		473	36
37	TOTAL NUMBER OF OUTLIER EPISODES		7				7	37
38	TOTAL MEDICAL SUPPLY CHARGES	49136	3932	3727	1205		58000	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF		TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS	DAYS	DAYS	
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5	
1	RUC									1
2	RUB									2
3	RUA									3
3.01	RUX									3.01
3.02	RUL		23							3.02
4	RVC		46							4
5	RVB		119							5
6	RVA		16							6
6.01	RVX		94							6.01
6.02	RVL		136							6.02
7	RHC		416					30		7
8	RHB		210					21		8
9	RHA		12					8		9
9.01	RHX									9.01
9.02	RHL									9.02
10	RMC		41					12		10
11	RMB		146					8		11
12	RMA		29					5		12
12.01	RMX		611					138		12.01
12.02	RML		449					128		12.02
13	RLB									13
14	RLA									14
15	SE3		41					33		15
16	SE2		50					33		16
17	SE1									17
18	SSC							2		18
19	SSB									19
20	SSA		6					8		20
21	CC2									21
22	CC1									22
23	CB2		6							23
24	CB1		1							24
25	CA2									25
26	CA1									26
27	IB2									27
28	IB1									28
29	IA2									29
30	IA1									30
31	BB2									31
32	BB1									32
33	BA2									33
34	BA1									34
35	PE2									35
36	PE1									36
37	PD2									37
38	PD1		1							38
39	PC2									39
40	PC1									40
41	PB2									41
42	PB1									42
43	PA2									43
44	PA1									44
45	AAA									45
45.01	ES3									45.01
45.02	ES2									45.02
45.03	ES1									45.03
45.04	HE2									45.04
45.05	HE1									45.05
45.06	HD2									45.06
45.07	HD1									45.07
45.08	HC2									45.08
45.09	HC1									45.09
45.10	HB2									45.10
45.11	HB1									45.11
45.12	LE2									45.12
45.13	LE1									45.13
45.14	LD2									45.14
45.15	LD1									45.15
45.16	LC2									45.16
45.17	LC1									45.17
45.18	LB2									45.18
45.19	LB1									45.19
45.20	CE2									45.20
45.21	CE1									45.21
45.22	CD2									45.22
45.23	CD1									45.23
46	TOTAL		2453					426		46

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 01/06/2011 10:17

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1542

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1 CONTINUOUS HOME CARE							1
2 ROUTINE HOME CARE	4347	106			222	4675	2
3 INPATIENT RESPITE CARE	12					12	3
4 GENERAL INPATIENT CARE							4
5 TOTAL HOSPICE DAYS	4359	106			222	4687	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	89	4			8	101	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	48.98	26.50			27.75	46.41	8
9 UNDUPLICATED CENSUS COUNT							9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	5258489 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	5258489 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.302841 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	16751552 28
29	TOTAL GROSS MEDICAID COST	5073057 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	3975477 30
31	UNCOMPENSATED CARE COST	1203937 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5073057 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								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		603387	603387	400758	1004145	-39583	964562	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1008641	1008641	85169	1093810	-6083	1087727	4
5	0500 EMPLOYEE BENEFITS	204481	5691789	5896270		5896270	-261219	5635051	5
6	0600 ADMINISTRATIVE & GENERAL	1509363	7167641	8677004	-68359	8608645	-5433732	3174913	6
7	0700 MAINTENANCE & REPAIRS	416963	301578	718541		718541		718541	7
8	0800 OPERATION OF PLANT		627337	627337		627337		627337	8
9	0900 LAUNDRY & LINEN SERVICE	211275	66742	278017		278017	-214221	63796	9
10	1000 HOUSEKEEPING	345466	117073	462539		462539		462539	10
11	1100 DIETARY	518224	793683	1311907	-864052	447855		447855	11
12	1200 CAFETERIA				864052	864052	-338181	525871	12
14	1400 NURSING ADMINISTRATION	990926	80939	1071865		1071865		1071865	14
15	1500 CENTRAL SERVICES & SUPPLY	71387	268000	339387		339387	-3105	336282	15
16	1600 PHARMACY	395403	1383508	1778911		1778911	-77	1778834	16
17	1700 MEDICAL RECORDS & LIBRARY	443741	195292	639033		639033	-1211	637822	17
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	1897810	155217	2053027		2053027	-420	2052607	25
26	2600 INTENSIVE CARE UNIT	680035	72886	752921		752921		752921	26
31	3100 SUBPROVIDER I	835386	150198	985584		985584	-26929	958655	31
33	3300 NURSERY	193611	18604	212215		212215		212215	33
34	3400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	920771	130294	1051065		1051065		1051065	34
	OPERATING ROOM								
37	3700 OPERATING ROOM	645475	290886	936361		936361		936361	37
40	4000 ANESTHESIOLOGY	705747	17327	723074		723074	-705747	17327	40
41	4100 RADIOLOGY-DIAGNOSTIC	599718	775722	1375440		1375440		1375440	41
43	4300 RADIOISOTOPE		190278	190278		190278		190278	43
44	4400 LABORATORY	704621	1069755	1774376		1774376		1774376	44
48	4800 INTRAVENOUS THERAPY		33725	33725		33725		33725	48
49	4900 RESPIRATORY THERAPY	330870	10979	341849		341849		341849	49
50	5000 PHYSICAL THERAPY	953395	39340	992735		992735		992735	50
52	5200 SPEECH PATHOLOGY	94424	4945	99369		99369		99369	52
53	5300 ELECTROCARDIOLOGY		204136	204136		204136		204136	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		1287665	1287665		1136665		1136665	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				-151000	151000		151000	55.30
56	5600 DRUGS CHARGED TO PATIENTS				151000				56
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	589406	1047458	1636864		1636864	-1003997	632867	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
65	6500 AMBULANCE SERVICES	430864	117044	547908		547908		547908	65
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	550185	104517	654702		654702		654702	71
88	8800 INTEREST EXPENSE		417568	417568	-417568				88
90	9000 OTHER CAPITAL RELATED COSTS								90
93	9300 HOSPICE	192596	147568	340164		340164		340164	93
95	SUBTOTALS	15432143	24591722	40023865		40023865	-8034505	31989360	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES	1254283	197676	1451959		1451959		1451959	98
100	7950 OTHER NONREIMBURSABLE								100
100.01	7952 MEMORY DISORDER	22160	2416	24576		24576		24576	100.01
100.02	7953 ASSISTED LIVING								100.02
101	TOTAL	16708586	24791814	41500400		41500400	-8034505	33465895	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
1	1	2	3	4	5	
1 RECLASS CAFETERIA	A	CAFETERIA	12	341314	522738	1
2 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		359209	2
3	B	NEW CAP REL COSTS-MVBLE EQUIP	4		58359	3
4 OTHER CAPITAL RELATED	C	OTHER CAPITAL RELATED COSTS	90		68359	4
5 RECLASS MEDICAL SUPPLIES	D	IMPL. DEV. CHARGED TO PATIENT	55.30		151000	5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				341314	1159665	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		SALARY	OTHER	WKST A-7 REF.
			LINE #				
1	1	6	7	8	9	10	
1 RECLASS CAFETERIA	A	DIETARY	11		341314	522738	1
2 INTEREST EXPENSE	B	INTEREST EXPENSE	88			417568	11 2
3	B						11 3
4 OTHER CAPITAL RELATED	C	ADMINISTRATIVE & GENERAL	6			68359	14 4
5 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO P	55			151000	5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36 TOTAL RECLASSIFICATIONS					341314	1159665	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	39483					39483		1
2 LAND IMPROVEMENTS	458723	3764		3764		462487		2
3 BUILDINGS AND FIXTURES	13606265	126192		126192	1283	13731174		3
4 BUILDING IMPROVEMENTS	9674328	92965		92965		9767293		4
5 FIXED EQUIPMENT	2618859				14004	2604855		5
6 MOVABLE EQUIPMENT	13212443	1309354		1309354	1665998	12855799		6
7 SUBTOTAL	39610101	1532275		1532275	1681285	39461091		7
8 RECONCILING ITEMS								8
9 TOTAL	39610101	1532275		1532275	1681285	39461091		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	23960954		23960954	.607813			41549	41549 3
4 NEW CAP REL COSTS-MVBLE EQUIP	15460654		15460654	.392187			26810	26810 4
5 TOTAL	39421608		39421608	1.000000			68359	68359 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	603387		319626			41549	964562 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1008641		52276			26810	1087727 4
5 TOTAL	1612028		371902			68359	2052289 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	603387						603387 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1008641						1008641 4
5 TOTAL	1612028						1612028 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-39583	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-6431	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1030926			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE	B	-214221	LAUNDRY & LINEN SERVICE	9	15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-192992	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-3105	CENTRAL SERVICES & SUPPLY	15	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-77	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1211	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-21940	CAFETERIA	12	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		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 SPECIAL FUNCTIONS	A	-123249	CAFETERIA	12	37
38 PURCHASE DISCOUNTS	A	-2900	ADMINISTRATIVE & GENERAL	6	38
39 GUEST ROOM	B	-420	ADULTS & PEDIATRICS	25	39
40 MISC INCOME	A	-22665	ADMINISTRATIVE & GENERAL	6	40
41 RETURNED CHECKS	A	-441	ADMINISTRATIVE & GENERAL	6	41
42 PROVIDER TAX ASSESSMENT	A	-1164621	ADMINISTRATIVE & GENERAL	6	42
43 PHYSICIAN RECRUITMENT	A	-260051	ADMINISTRATIVE & GENERAL	6	43
44 SWITCHBOARD SALARY	A	-10090	ADMINISTRATIVE & GENERAL	6	44
45 SWITCHBOARD OTHER	A	-8980	ADMINISTRATIVE & GENERAL	6	45
46 ADVERTISING	A	-7190	ADMINISTRATIVE & GENERAL	6	46
47 CRNA SALARIES	A	-705747	ANESTHESIOLOGY	40	47
48 CRNA BENEFITS	A	-239954	EMPLOYEE BENEFITS	5	48
49					49
49.02 ADVERTISING	A	-205453	ADMINISTRATIVE & GENERAL	6	49.02
49.03 LOBBYING DUES	A	-15924	ADMINISTRATIVE & GENERAL	6	49.03
49.04 BAD DEBTS	A	-3658040	ADMINISTRATIVE & GENERAL	6	49.04
49.05 CAP INT LAPSING	A	348	NEW CAP REL COSTS-MVBLE EQUIP	4	11 49.05
49.06 FUNDRAISING SALARIES	A	-62545	ADMINISTRATIVE & GENERAL	6	49.06
49.07 FUNDRAISING BENEFITS	A	-21265	EMPLOYEE BENEFITS	5	49.07
49.08 FUNDRAISING OTHER	A	-14832	ADMINISTRATIVE & GENERAL	5	49.08
50 TOTAL		-8034505			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						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 01/06/2011 10:17

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	31	SUBPROVIDER I	AGGREGATE	122929	26929	96000	138700	1560	104025	5201
2	44	LABORATORY	AGGREGATE	105501		105501	208000	2808	280800	14040
3	61	EMERGENCY	AGGREGATE	1003997	1003997		159800			
4	25	ADULTS & PEDIATRICS	AGGREGATE							
101		TOTAL		1232427	1030926	201501		4368	384825	19241

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 01/06/2011 10:17

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.			12	13	14	15	16	17	18
10	11								
1	31	SUBPROVIDER I	AGGREGATE				104025		26929
2	44	LABORATORY	AGGREGATE				280800		
3	61	EMERGENCY	AGGREGATE						1003997
4	25	ADULTS & PEDIATRICS	AGGREGATE						
101		TOTAL					384825		1030926

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP RE	NEW CAP RE	EMPLOYEE B	SUBTOTAL	ADMINISTRA	MAINTENANC	OPERATION	
	FOR COST	L COSTS-BL	L COSTS-MV	ENEFITS		TIVE & GEN	E & REPAIR	OF PLANT	
	ALLOCATION	DG & FIXT	BLE EQUIP		5A	ERAL	S	8	
	0	3	4	5		6	7	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	964562	964562							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1087727		1087727						4
5 EMPLOYEE BENEFITS	5635051	3413	959	5639423					5
6 ADMINISTRATIVE & GENERAL	3174913	103515	118004	515226	3911658	3911658			6
7 MAINTENANCE & REPAIRS	1718541	14123	16862	149528	899054	118994	1018048		7
8 OPERATION OF PLANT	627337	49121			676458	89533	59285	825276	8
9 LAUNDRY & LINEN SERVICE	63796	20257	12328	75766	172147	22785	24448	21045	9
10 HOUSEKEEPING	462539	2303	7669	123888	596399	78936	2780	2393	10
11 DIETARY	447855	42496	2494	63442	556287	73627	51289	44148	11
12 CAFETERIA	525871	12056	4841	122399	665167	88038	14551	12525	12
14 NURSING ADMINISTRATION	1071865	42150	30409	355357	1499781	198504	50872	43789	14
15 CENTRAL SERVICES & SUPPLY	336282	29858	23909	25600	415649	55013	36036	31019	15
16 PHARMACY	1778834	16147	4368	141796	1941145	256920	19489	16775	16
17 MEDICAL RECORDS & LIBRARY	637822	12547	20702	159130	830201	109881	15143	13035	17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2052607	185250	94998	680581	3013436	398851	223582	192455	25
26 INTENSIVE CARE UNIT	752921	39289	30543	243868	1066621	141173	47419	40817	26
31 SUBPROVIDER I	958655	46248	4200	299579	1308682	173211	55817	48046	31
33 NURSERY	212215	5552	3013	69431	290211	38411	6701	5768	33
34 SKILLED NURSING FACILITY	1051065	56595	6078	330199	1443937	191112	68305	58795	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	936361	65474	74722	231474	1308031	173124	79022	68020	37
40 ANESTHESIOLOGY	17327	388	23011		40726	5390	468	403	40
41 RADIOLOGY-DIAGNOSTIC	1375440	48612	469540	215065	2108657	279091	58670	50502	41
43 RADIOISOTOPE	190278	4213	1204		195695	25901	5084	4376	43
44 LABORATORY	1774376	44236	26900	252685	2098197	277707	53389	45955	44
48 INTRAVENOUS THERAPY	33725				33725	4464			48
49 RESPIRATORY THERAPY	341849	5092	1005	118654	466600	61757	6145	5289	49
50 PHYSICAL THERAPY	992735	32325	21745	341898	1388703	183802	39014	33582	50
52 SPEECH PATHOLOGY	99369	1255	610	33861	135095	17880	1514	1303	52
53 ELECTROCARDIOLOGY	204136	2182	7493		213811	28299	2634	2267	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1136665				1136665	150443			55
55.30 IMPL. DEV. CHARGED TO PATIENT	151000				151000	19986			55.30
56 DRUGS CHARGED TO PATIENTS									56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	632867	20681	25779	211367	890694	117888	24961	21485	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
65 AMBULANCE SERVICES	547908	30004	35568	154513	767993	101648	36212	31170	65
71 HOME HEALTH AGENCY	654702	8080	3036	197302	863120	114238	9752	8394	71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	340164	8080	2477	69067	419788	55561	9752	8394	93
95 SUBTOTALS	31989360	951542	1074467	5181676	31505333	3652168	1002334	811750	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	1451959	12123	13260	449800	1927142	255067	14631	12594	98
100 OTHER NONREIMBURSABLE									100
100.01MEMORY DISORDER	24576	897		7947	33420	4423	1083	932	100.01
100.02ASSISTED LIVING									100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	33465895	964562	1087727	5639423	33465895	3911658	1018048	825276	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS									6
7 OPERATION OF PLANT									7
8 LAUNDRY & LINEN SERVICE	240425								8
9 HOUSEKEEPING	15465	695973							9
10 DIETARY	1974		727325						10
11 CAFETERIA	3832			784113					11
12 NURSING ADMINISTRATION		19392		103023	1915361				12
14 CENTRAL SERVICES & SUPPLY	2800	12293		29246		582056			14
15 PHARMACY		946		33725			2269000		15
16 MEDICAL RECORDS & LIBRARY		895		62971				1032126	16
17 INPATIENT ROUTINE SERV COST CENTERS									17
ANCILLARY SERVICE COST CENTERS									
25 ADULTS & PEDIATRICS	73478	191331	232895	94062	595131		2505	422044	25
26 INTENSIVE CARE UNIT	14157	46336	58222	13437	167273		4245	73353	26
31 SUBPROVIDER I	8275	69220	111342	77726	253331		20	43124	31
33 NURSERY	3817	13113			49820			30441	33
34 SKILLED NURSING FACILITY	68560	119024	324866	76409	336241		227	37099	34
OPERATING ROOM									
37 OPERATING ROOM	23273	65249		38204	152941		7924	41116	37
40 ANESTHESIOLOGY		3972		527	45418		47419		40
41 RADIOLOGY-DIAGNOSTIC	3604	31080		35570			202	47141	41
43 RADIOISOTOPE	288	4098		527			1501		43
44 LABORATORY	313	12861		40839			585	105274	44
48 INTRAVENOUS THERAPY							60354		48
49 RESPIRATORY THERAPY		1387		34252			116473		49
50 PHYSICAL THERAPY	3008	27171		54540			487	3488	50
52 SPEECH PATHOLOGY								2220	52
53 ELECTROCARDIOLOGY		3152					5	5285	53
55 MEDICAL SUPPLIES CHARGED TO PAT						512209			55
55.30 IMPL. DEV. CHARGED TO PATIENT						69847			55.30
56 DRUGS CHARGED TO PATIENTS							1987963		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	14803	37321		23713	152250		5854	171334	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)									62
65 AMBULANCE SERVICES	2347	946		29773	162956		2178	106	65
71 HOME HEALTH AGENCY		9204		14491			5	71	71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE		9204		2108			249	846	93
95 SUBTOTALS	239994	678195	727325	765143	1915361	582056	2238196	982871	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	431	17778		18970			30804	49255	98
100 OTHER NONREIMBURSABLE									100
100.01MEMORY DISORDER									100.01
100.02ASSISTED LIVING									100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	240425	695973	727325	784113	1915361	582056	2269000	1032126	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	5439770		5439770	25
26 INTENSIVE CARE UNIT	1673053		1673053	26
31 SUBPROVIDER I	2148794		2148794	31
33 NURSERY	438282		438282	33
34 SKILLED NURSING FACILITY	2724575		2724575	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1956904		1956904	37
40 ANESTHESIOLOGY	144323		144323	40
41 RADIOLOGY-DIAGNOSTIC	2614517		2614517	41
43 RADIOISOTOPE	237470		237470	43
44 LABORATORY	2635120		2635120	44
48 INTRAVENOUS THERAPY	98543		98543	48
49 RESPIRATORY THERAPY	691903		691903	49
50 PHYSICAL THERAPY	1733795		1733795	50
52 SPEECH PATHOLOGY	158012		158012	52
53 ELECTROCARDIOLOGY	255453		255453	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1799317		1799317	55
55.30 IMPL. DEV. CHARGED TO PATIENT	240833		240833	55.30
56 DRUGS CHARGED TO PATIENTS	1987963		1987963	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	1460303		1460303	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
65 AMBULANCE SERVICES	1135329		1135329	65
71 HOME HEALTH AGENCY	1019204		1019204	71
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE	505902		505902	93
95 SUBTOTALS	31099365		31099365	95
NONREIMBURSABLE COST CENTERS				
98 PHYSICIANS' PRIVATE OFFICES	2326672		2326672	98
100 OTHER NONREIMBURSABLE				100
100.01MEMORY DISORDER	39858		39858	100.01
100.02ASSISTED LIVING				100.02
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	33465895		33465895	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP RE L COSTS-BL DG & FIXT 3	NEW CAP RE L COSTS-MV BLE EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE B ENEFITS 5	ADMINISTRA TIVE & GEN ERAL 6	MAINTENANC E & REPAIR S 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		3413	959	4372	4372				5
6 ADMINISTRATIVE & GENERAL	4723	103515	118004	226242	399	226641			6
7 MAINTENANCE & REPAIRS		14123	16862	30985	116	6895	37996		7
8 OPERATION OF PLANT		49121		49121		5188	2213	56522	8
9 LAUNDRY & LINEN SERVICE		20257	12328	32585	59	1320	912	1441	9
10 HOUSEKEEPING		2303	7669	9972	96	4574	104	164	10
11 DIETARY		42496	2494	44990	49	4266	1914	3024	11
12 CAFETERIA		12056	4841	16897	95	5101	543	858	12
14 NURSING ADMINISTRATION	4462	42150	30409	77021	275	11502	1899	2999	14
15 CENTRAL SERVICES & SUPPLY		29858	23909	53767	20	3188	1345	2124	15
16 PHARMACY		16147	4368	20515	110	14887	727	1149	16
17 MEDICAL RECORDS & LIBRARY		12547	20702	33249	123	6367	565	893	17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10657	185250	94998	290905	528	23099	8345	13180	25
26 INTENSIVE CARE UNIT	3607	39289	30543	73439	189	8180	1770	2795	26
31 SUBPROVIDER I		46248	4200	50448	232	10036	2083	3291	31
33 NURSERY		5552	3013	8565	54	2226	250	395	33
34 SKILLED NURSING FACILITY	10319	56595	6078	72992	256	11074	2549	4027	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	11583	65474	74722	151779	179	10031	2949	4659	37
40 ANESTHESIOLOGY		388	23011	23399		312	17	28	40
41 RADIOLOGY-DIAGNOSTIC	15119	48612	469540	533271	167	16171	2190	3459	41
43 RADIOISOTOPE		4213	1204	5417		1501	190	300	43
44 LABORATORY	18292	44236	26900	89428	196	16091	1993	3147	44
48 INTRAVENOUS THERAPY						259			48
49 RESPIRATORY THERAPY	6000	5092	1005	12097	92	3578	229	362	49
50 PHYSICAL THERAPY		32325	21745	54070	265	10650	1456	2300	50
52 SPEECH PATHOLOGY		1255	610	1865	26	1036	57	89	52
53 ELECTROCARDIOLOGY		2182	7493	9675		1640	98	155	53
55 MEDICAL SUPPLIES CHARGED TO PAT						8717			55
55.30 IMPL. DEV. CHARGED TO PATIENT						1158			55.30
56 DRUGS CHARGED TO PATIENTS									56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		20681	25779	46460	164	6831	932	1471	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
65 AMBULANCE SERVICES		30004	35568	65572	120	5890	1352	2135	65
71 HOME HEALTH AGENCY		8080	3036	11116	153	6619	364	575	71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	51868	8080	2477	62425	54	3219	364	575	93
95 SUBTOTALS	136630	951542	1074467	2162639	4017	211606	37410	55595	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	21996	12123	13260	47379	349	14779	546	863	98
100 OTHER NONREIMBURSABLE									100
100.01MEMORY DISORDER		897		897	6	256	40	64	100.01
100.02ASSISTED LIVING									100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	158626	964562	1087727	2210915	4372	226641	37996	56522	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	36317							9
10 HOUSEKEEPING	2336	17246						10
11 DIETARY	298		54541					11
12 CAFETERIA	579			24073				12
14 NURSING ADMINISTRATION		481		3263	97340			14
15 CENTRAL SERVICES & SUPPLY	423	305		898		62070		15
16 PHARMACY		23		1035			38446	16
17 MEDICAL RECORDS & LIBRARY		22		1933				17
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	11101	4742	17464	2888	30248		42	17646 25
26 INTENSIVE CARE UNIT	2138	1148	4366	413	8501		72	3067 26
31 SUBPROVIDER I	1250	1715	8349	2386	12874			1803 31
33 NURSERY	577	325			2532			1273 33
34 SKILLED NURSING FACILITY	10356	2949	24362	2346	17087		4	1551 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3516	1617		1173	7772		134	1719 37
40 ANESTHESIOLOGY		98		16	2308		803	40
41 RADIOLOGY-DIAGNOSTIC	544	770		1092			3	1971 41
43 RADIOISOTOPE	43	102		16			25	43
44 LABORATORY	47	319		1254			10	4401 44
48 INTRAVENOUS THERAPY							1022	48
49 RESPIRATORY THERAPY		34		1052			1972	49
50 PHYSICAL THERAPY	454	673		1674			8	146 50
52 SPEECH PATHOLOGY								93 52
53 ELECTROCARDIOLOGY		78						221 53
55 MEDICAL SUPPLIES CHARGED TO PAT						54622		55
55.30 IMPL. DEV. CHARGED TO PATIENT						7448		55.30
56 DRUGS CHARGED TO PATIENTS							33689	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	2236	925		728	7737		99	7163 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
65 AMBULANCE SERVICES	354	23		914	8281		37	4 65
71 HOME HEALTH AGENCY		228		445				71
SPECIAL PURPOSE COST CENTERS								
93 HOSPICE		228		65			4	35 93
95 SUBTOTALS	36252	16805	54541	23491	97340	62070	37924	41093 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	65	441		582			522	2059 98
100 OTHER NONREIMBURSABLE								100
100.01 MEMORY DISORDER								100.01
100.02 ASSISTED LIVING								100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	36317	17246	54541	24073	97340	62070	38446	43152 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
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	420188		420188	25
26 INTENSIVE CARE UNIT	106078		106078	26
31 SUBPROVIDER I	94467		94467	31
33 NURSERY	16197		16197	33
34 SKILLED NURSING FACILITY	149553		149553	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	185528		185528	37
40 ANESTHESIOLOGY	26981		26981	40
41 RADIOLOGY-DIAGNOSTIC	559638		559638	41
43 RADIOISOTOPE	7594		7594	43
44 LABORATORY	116886		116886	44
48 INTRAVENOUS THERAPY	1281		1281	48
49 RESPIRATORY THERAPY	19416		19416	49
50 PHYSICAL THERAPY	71696		71696	50
52 SPEECH PATHOLOGY	3166		3166	52
53 ELECTROCARDIOLOGY	11867		11867	53
55 MEDICAL SUPPLIES CHARGED TO PAT	63339		63339	55
55.30 IMPL. DEV. CHARGED TO PATIENT	8606		8606	55.30
56 DRUGS CHARGED TO PATIENTS	33689		33689	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	74746		74746	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
65 AMBULANCE SERVICES	84682		84682	65
71 HOME HEALTH AGENCY	19500		19500	71
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE	66969		66969	93
95 SUBTOTALS	2142067		2142067	95
NONREIMBURSABLE COST CENTERS				
98 PHYSICIANS' PRIVATE OFFICES	67585		67585	98
100 OTHER NONREIMBURSABLE				100
100.01MEMORY DISORDER	1263		1263	100.01
100.02ASSISTED LIVING				100.02
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	2210915		2210915	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP RE L COSTS-BL DG & FIXT SQUARE FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE -NEW	EMPLOYEE B ENEFITS GROSS SALARIES	RECON- CILIATION 6A	ADMINISTRA TIVE & GEN ERAL ACCUM COST 6	MAINTENANC E & REPAIR S SQUARE FEET 7
	3	4	5			
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	159134					3
4 NEW CAP REL COSTS-MVBLE EQUIP		1005283				4
5 EMPLOYEE BENEFITS	563	886	15725723			5
6 ADMINISTRATIVE & GENERAL	17078	109060	1436728	-3911658	29554237	6
7 MAINTENANCE & REPAIRS	2330	15584	416963		899054	139163
8 OPERATION OF PLANT	8104				676458	8104
9 LAUNDRY & LINEN SERVICE	3342	11394	211275		172147	3342
10 HOUSEKEEPING	380	7088	345466		596399	380
11 DIETARY	7011	2305	176910		556287	7011
12 CAFETERIA	1989	4474	341314		665167	1989
14 NURSING ADMINISTRATION	6954	28104	990926		1499781	6954
15 CENTRAL SERVICES & SUPPLY	4926	22097	71387		415649	4926
16 PHARMACY	2664	4037	395403		1941145	2664
17 MEDICAL RECORDS & LIBRARY	2070	19133	443741		830201	2070
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	30563	87798	1897810		3013436	30563
26 INTENSIVE CARE UNIT	6482	28228	680035		1066621	6482
31 SUBPROVIDER I	7630	3882	835386		1308682	7630
33 NURSERY	916	2785	193611		290211	916
34 SKILLED NURSING FACILITY	9337	5617	920771		1443937	9337
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10802	69058	645475		1308031	10802
40 ANESTHESIOLOGY	64	21267			40726	64
41 RADIOLOGY-DIAGNOSTIC	8020	433950	599718		2108657	8020
43 RADIOISOTOPE	695	1113			195695	695
44 LABORATORY	7298	24861	704621		2098197	7298
48 INTRAVENOUS THERAPY					33725	
49 RESPIRATORY THERAPY	840	929	330870		466600	840
50 PHYSICAL THERAPY	5333	20097	953395		1388703	5333
52 SPEECH PATHOLOGY	207	564	94424		135095	207
53 ELECTROCARDIOLOGY	360	6925			213811	360
55 MEDICAL SUPPLIES CHARGED TO P					1136665	
55.30 IMPL. DEV. CHARGED TO PATIENT					151000	
56 DRUGS CHARGED TO PATIENTS						
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	3412	23825	589406		890694	3412
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	4950	32872	430864		767993	4950
71 HOME HEALTH AGENCY	1333	2806	550185		863120	1333
SPECIAL PURPOSE COST CENTERS						
93 HOSPICE	1333	2289	192596		419788	1333
95 SUBTOTALS	156986	993028	14449280	-3911658	27593675	137015
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES	2000	12255	1254283		1927142	2000
100 OTHER NONREIMBURSABLE						
100.01 MEMORY DISORDER	148		22160		33420	148
100.02 ASSISTED LIVING						
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOC PER B PT I	964562	1087727	5639423		3911658	1018048
104 UNIT COST MULT-WS B PT I		1.082011				7.315508
104 UNIT COST MULT-WS B PT I	6.061319		.358611		.132355	
105 COST TO BE ALLOC PER B PT II						
106 UNIT COST MULT-WS B PT II						
106 UNIT COST MULT-WS B PT II						
107 COST TO BE ALLOC PER B PT III			4372		226641	37996
108 UNIT COST MULT-WS B PT III						.273032
108 UNIT COST MULT-WS B PT III			.000278		.007669	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY	CAFETERIA	NURSING AD	CENTRAL SE
	OF PLANT	LINEN SERV	NG			MINISTRATI	RVICES & S
	SQUARE	LAUNDRY	HOURS OF	DIETARY	CAFE	ON	UPPLY
	FEET	POUNDS	SERVICE	MEALS SERV	MEALS SERV	DIRECT	CS COSTED
	8	9	10	11	12	NURSING HO	REQUIS
						14	15
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	131059					8
9	LAUNDRY & LINEN SERVICE	3342	579241				9
10	HOUSEKEEPING	380	37259	551990			10
11	DIETARY	7011	4755		92106		11
12	CAFETERIA	1989	9231			2976	12
14	NURSING ADMINISTRATION	6954		15380		391	14
15	CENTRAL SERVICES & SUPPLY	4926	6747	9750		31633200	100
16	PHARMACY	2664		750		111	15
17	MEDICAL RECORDS & LIBRARY	2070		710		128	16
	INPATIENT ROUTINE SERV COST CENTERS					239	17
25	ADULTS & PEDIATRICS	30563	177029	151750	29493	357	25
26	INTENSIVE CARE UNIT	6482	34107	36750	7373	51	26
31	SUBPROVIDER I	7630	19936	54900	14100	295	31
33	NURSERY	916	9197	10400		822800	33
34	SKILLED NURSING FACILITY	9337	165177	94400	41140	290	34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	10802	56071	51750		145	37
40	ANESTHESIOLOGY	64		3150		2	40
41	RADIOLOGY-DIAGNOSTIC	8020	8682	24650		135	41
43	RADIOISOTOPE	695	693	3250		2	43
44	LABORATORY	7298	754	10200		155	44
48	INTRAVENOUS THERAPY						48
49	RESPIRATORY THERAPY	840		1100		130	49
50	PHYSICAL THERAPY	5333	7246	21550		207	50
52	SPEECH PATHOLOGY	207					52
53	ELECTROCARDIOLOGY	360		2500			53
55	MEDICAL SUPPLIES CHARGED TO P						88
55.30	IMPL. DEV. CHARGED TO PATIENT						12
56	DRUGS CHARGED TO PATIENTS						55.30
	OUTPATIENT SERVICE COST CENTERS						56
61	EMERGENCY	3412	35664	29600		90	61
62	OBSERVATION BEDS (NON-DISTINC					2514500	62
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES	4950	5654	750		113	65
71	HOME HEALTH AGENCY	1333		7300		55	71
	SPECIAL PURPOSE COST CENTERS						
93	HOSPICE	1333		7300		8	93
95	SUBTOTALS	128911	578202	537890	92106	2904	31633200
	NONREIMBURSABLE COST CENTERS						100
98	PHYSICIANS' PRIVATE OFFICES	2000	1039	14100		72	98
100	OTHER NONREIMBURSABLE						100
100.01	MEMORY DISORDER	148					100.01
100.02	ASSISTED LIVING						100.02
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	COST TO BE ALLOC PER B PT I	825276	240425	695973	727325	784113	1915361
104	UNIT COST MULT-WS B PT I	6.296981		1.260843		263.478831	5820.560000
104	UNIT COST MULT-WS B PT I		.415069		7.896608		
105	COST TO BE ALLOC PER B PT II					.060549	
106	UNIT COST MULT-WS B PT II						106
106	UNIT COST MULT-WS B PT II						106
107	COST TO BE ALLOC PER B PT III	56522	36317	17246	54541	24073	97340
108	UNIT COST MULT-WS B PT III	.431271		.031243		8.089046	620.700000
108	UNIT COST MULT-WS B PT III		.062698		.592155		
108	UNIT COST MULT-WS B PT III					.003077	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RE	
	PHARM	CORDS & LI	
	COSTED REQ	BRARY	
	16	TIME	
		SPENT	
		17	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 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
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY	126791400		16
17 MEDICAL RECORDS & LIBRARY		244125	17
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	140000	99825	25
26 INTENSIVE CARE UNIT	237200	17350	26
31 SUBPROVIDER I	1100	10200	31
33 NURSERY		7200	33
34 SKILLED NURSING FACILITY	12700	8775	34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	442800	9725	37
40 ANESTHESIOLOGY	2649700		40
41 RADIOLOGY-DIAGNOSTIC	11300	11150	41
43 RADIOISOTOPE	83900		43
44 LABORATORY	32700	24900	44
48 INTRAVENOUS THERAPY	3372500		48
49 RESPIRATORY THERAPY	6508300		49
50 PHYSICAL THERAPY	27200	825	50
52 SPEECH PATHOLOGY		525	52
53 ELECTROCARDIOLOGY	300	1250	53
55 MEDICAL SUPPLIES CHARGED TO P			55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	111087400		56
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	327100	40525	61
62 OBSERVATION BEDS (NON-DISTINC			62
OTHER REIMBURSABLE COST CENTERS			
65 AMBULANCE SERVICES	121700	25	65
71 HOME HEALTH AGENCY	300		71
SPECIAL PURPOSE COST CENTERS			
93 HOSPICE	13900	200	93
95 SUBTOTALS	125070100	232475	95
NONREIMBURSABLE COST CENTERS			
98 PHYSICIANS' PRIVATE OFFICES	1721300	11650	98
100 OTHER NONREIMBURSABLE			100
100.01 MEMORY DISORDER			100.01
100.02 ASSISTED LIVING			100.02
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	2269000	1032126	103
104 UNIT COST MULT-WS B PT I	.017896		104
104 UNIT COST MULT-WS B PT I		4.227859	104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	38446	43152	107
108 UNIT COST MULT-WS B PT III	.000303		108
108 UNIT COST MULT-WS B PT III		.176762	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	5439770		5439770		5439770	25
26 INTENSIVE CARE UNIT	1673053		1673053		1673053	26
31 SUBPROVIDER I	2148794		2148794		2148794	31
33 NURSERY	438282		438282		438282	33
34 SKILLED NURSING FACILITY	2724575		2724575		2724575	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1956904		1956904		1956904	37
40 ANESTHESIOLOGY	144323		144323		144323	40
41 RADIOLOGY-DIAGNOSTIC	2614517		2614517		2614517	41
43 RADIOISOTOPE	237470		237470		237470	43
44 LABORATORY	2635120		2635120		2635120	44
48 INTRAVENOUS THERAPY	98543		98543		98543	48
49 RESPIRATORY THERAPY	691903		691903		691903	49
50 PHYSICAL THERAPY	1733795		1733795		1733795	50
52 SPEECH PATHOLOGY	158012		158012		158012	52
53 ELECTROCARDIOLOGY	255453		255453		255453	53
55 MEDICAL SUPPLIES CHARGED TO	1799317		1799317		1799317	55
55.30 IMPL. DEV. CHARGED TO PATIE	240833		240833		240833	55.30
56 DRUGS CHARGED TO PATIENTS	1987963		1987963		1987963	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1460303		1460303		1460303	61
62 OBSERVATION BEDS (NON-DISTI	339476		339476		339476	62
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1135329		1135329		1135329	65
101 SUBTOTAL	29913735		29913735		29913735	101
102 LESS OBSERVATION BEDS	339476		339476		339476	102
103 TOTAL	29574259		29574259		29574259	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	5590944		5590944			25
26 INTENSIVE CARE UNIT	1797976		1797976			26
31 SUBPROVIDER 1	2623164		2623164			31
33 NURSERY	551045		551045			33
34 SKILLED NURSING FACILITY	1849772		1849772			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3439113	7234485	10673598	.183341	.183341	.183341 37
40 ANESTHESIOLOGY	1656309	2096704	3753013	.038455	.038455	.038455 40
41 RADIOLOGY-DIAGNOSTIC	3214492	11948260	15162752	.172430	.172430	.172430 41
43 RADIOISOTOPE	311246	2246696	2557942	.092836	.092836	.092836 43
44 LABORATORY	5421068	10081586	15502654	.169979	.169979	.169979 44
48 INTRAVENOUS THERAPY	792941	147136	940077	.104824	.104824	.104824 48
49 RESPIRATORY THERAPY	3085350	474325	3559675	.194373	.194373	.194373 49
50 PHYSICAL THERAPY	2237991	3487416	5725407	.302825	.302825	.302825 50
52 SPEECH PATHOLOGY	278318	197551	475869	.332049	.332049	.332049 52
53 ELECTROCARDIOLOGY	506075	1694591	2200666	.116080	.116080	.116080 53
55 MEDICAL SUPPLIES CHARGED TO	3099848	1920547	5020395	.358401	.358401	.358401 55
55.30 IMPL. DEV. CHARGED TO PATIE	105523	243186	348709	.690642	.690642	.690642 55.30
56 DRUGS CHARGED TO PATIENTS	7589021	2635496	10224517	.194431	.194431	.194431 56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1664624	4822627	6487251	.225104	.225104	.225104 61
62 OBSERVATION BEDS (NON-DISTI	32595	1075914	1108509	.306246	.306246	.306246 62
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	86480	1415698	1502178	.755789	.755789	.755789 65
101 SUBTOTAL	45933895	51722218	97656113			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	45933895	51722218	97656113			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				420188	6930	413258	25
26 INTENSIVE CARE UNIT				106078		106078	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				94467		94467	31
33 NURSERY				16197		16197	33
101 TOTAL				636930		630000	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	6430	3286			64.27	211191	25
26 INTENSIVE CARE UNIT	1482	1255			71.58	89833	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	2870	845			32.92	27817	31
33 NURSERY	685				23.65		33
101 TOTAL	11467	5386				328841	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0147) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	PROGRAM CHARGES 4	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		185528	10673598	770721			.017382	13397 37
40 ANESTHESIOLOGY		26981	3753013	187130			.007189	1345 40
41 RADIOLOGY-DIAGNOSTIC		559638	15162752	2408940			.036909	88912 41
43 RADIOISOTOPE		7594	2557942	188095			.002969	558 43
44 LABORATORY		116886	15502654	3782061			.007540	28517 44
48 INTRAVENOUS THERAPY		1281	940077	386664			.001363	527 48
49 RESPIRATORY THERAPY		19416	3559675	1738488			.005454	9482 49
50 PHYSICAL THERAPY		71696	5725407	570398			.012522	7143 50
52 SPEECH PATHOLOGY		3166	475869	97187			.006653	647 52
53 ELECTROCARDIOLOGY		11867	2200666	313696			.005392	1691 53
55 MEDICAL SUPPLIES CHARGED TO P		63339	5020395	1070228			.012616	13502 55
55.30 IMPL. DEV. CHARGED TO PATIENT		8606	348709	61366			.024680	1515 55.30
56 DRUGS CHARGED TO PATIENTS		33689	10224517	3431875			.003295	11308 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		74746	6487251	941779			.011522	10851 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		26662	1108509	27096			.024052	652 62
65 AMBULANCE SERVICES								65
101 TOTAL		1211095	83741034	15975724				190047 101

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 01/06/2011 10:17

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	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT		PATIENT		PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					6430		3286	25
26	INTENSIVE CARE UNIT					1482		1255	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					2870		845	31
33	NURSERY					685			33
34	SKILLED NURSING FACILITY					8374		2453	34
35	NURSING FACILITY								35
101	TOTAL					19841		7839	101

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 01/06/2011 10:17

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0147) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0147) [] 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	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10673598			770721		440666 37
40 ANESTHESIOLOGY		3753013			187130		98502 40
41 RADIOLOGY-DIAGNOSTIC		15162752			2408940		1189649 41
43 RADIOISOTOPE		2557942			188095		282245 43
44 LABORATORY		15502654			3782061		164483 44
48 INTRAVENOUS THERAPY		940077			386664		17543 48
49 RESPIRATORY THERAPY		3559675			1738488		61337 49
50 PHYSICAL THERAPY		5725407			570398		50
52 SPEECH PATHOLOGY		475869			97187		52
53 ELECTROCARDIOLOGY		2200666			313696		207258 53
55 MEDICAL SUPPLIES CHARGED TO P		5020395			1070228		204560 55
55.30 IMPL. DEV. CHARGED TO PATIENT		348709			61366		32821 55.30
56 DRUGS CHARGED TO PATIENTS		10224517			3431875		309585 56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		6487251			941779		272906 61
62 OBSERVATION BEDS (NON-DISTINC		1108509			27096		40714 62
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		83741034			15975724		3322269 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0147) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEPPA
 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	1321997				37
40 ANESTHESIOLOGY	295507				40
41 RADIOLOGY-DIAGNOSTIC	3568947				41
43 RADIOISOTOPE	846734				43
44 LABORATORY	493448				44
48 INTRAVENOUS THERAPY	52630				48
49 RESPIRATORY THERAPY	184010				49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY	621773				53
55 MEDICAL SUPPLIES CHARGED TO P	613679				55
55.30 IMPL. DEV. CHARGED TO PATIENT	98463				55.30
56 DRUGS CHARGED TO PATIENTS	928754				56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	818718				61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	122143				62
65 AMBULANCE SERVICES					65
101 TOTAL	9966803				101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0147) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	OUTPATIENT	OUTPATIENT
	1	1.01	1.02	SURGICAL	RADIOLOGY	DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.183341	.183341	.183341			37
40 ANESTHESIOLOGY	.038455	.038455	.038455			40
41 RADIOLOGY-DIAGNOSTIC	.172430	.172430	.172430			41
43 RADIOISOTOPE	.092836	.092836	.092836			43
44 LABORATORY	.169979	.169979	.169979			44
48 INTRAVENOUS THERAPY	.104824	.104824	.104824			48
49 RESPIRATORY THERAPY	.194373	.194373	.194373			49
50 PHYSICAL THERAPY	.302825	.302825	.302825			50
52 SPEECH PATHOLOGY	.332049	.332049	.332049			52
53 ELECTROCARDIOLOGY	.116080	.116080	.116080			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.358401	.358401	.358401			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.690642	.690642	.690642			55.30
56 DRUGS CHARGED TO PATIENTS	.194431	.194431	.194431			56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.225104	.225104	.225104			61
62 OBSERVATION BEDS (NON-DISTINCT	.306246	.306246	.306246			62
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.755789	.755789	.755789			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.755789	.755789	.755789			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.755789	.755789	.755789			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.755789	.755789	.755789			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	.194431	1
2 PROGRAM VACCINE CHARGES	2124	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	413	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 (14-0147) [] 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
	(SER INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		440666		1321997				37
40 ANESTHESIOLOGY		98502		295507				40
41 RADIOLOGY-DIAGNOSTIC		1189649		3568947				41
43 RADIOISOTOPE		282245		846734				43
44 LABORATORY		164483		493448				44
48 INTRAVENOUS THERAPY		17543		52630				48
49 RESPIRATORY THERAPY		61337		184010				49
50 PHYSICAL THERAPY								50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		207258		621773				53
55 MEDICAL SUPPLIES CHARGED TO PA		204560		613679				55
55.30 IMPL. DEV. CHARGED TO PATIENT		32821		98463				55.30
56 DRUGS CHARGED TO PATIENTS		309585		928754				56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		272906		818718				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		40714		122143				62
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		3322269		9966803				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		3322269		9966803				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL {14-0147} [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	PPS	PPS	PPS	PPS	PPS	I/P PART B	I/P PART B
	ALL OTHER SERVICES (COLS 1x5)	ALL OTHER SERVICES (COLUMNS 1.01x5.01)	ALL OTHER SERVICES (COLUMNS 1.01x5.02)	ALL OTHER SERVICES (COLUMNS 1.01x5.03)	ALL OTHER SERVICES (COLUMNS 1.01x5.04)	CHARGES (SBE INSTRU.)	COST (COLUMNS 1.02x10)
9	9.01	9.02	9.03	9.04	10	11	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		80792		242376			37
40 ANESTHESIOLOGY		3788		11364			40
41 RADIOLOGY-DIAGNOSTIC		205131		615394			41
43 RADIOISOTOPE		26202		78607			43
44 LABORATORY		27959		83876			44
48 INTRAVENOUS THERAPY		1839		5517			48
49 RESPIRATORY THERAPY		11922		35767			49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		24059		72175			53
55 MEDICAL SUPPLIES CHARGED TO PAT		73315		219943			55
55.30 IMPL. DEV. CHARGED TO PATIENT		22668		68003			55.30
56 DRUGS CHARGED TO PATIENTS		60193		180579			56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		61432		184297			61
62 OBSERVATION BEDS (NON-DISTINCT		12468		37406			62
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		611768		1835304			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		611768		1835304			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S147) [] SUB IV [] TEPRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		185528	10673598				.017382	37
40 ANESTHESIOLOGY		26981	3753013				.007189	40
41 RADIOLOGY-DIAGNOSTIC		559638	15162752	20358			.036909	751 41
43 RADIOISOTOPE		7594	2557942				.002969	43
44 LABORATORY		116886	15502654	81575			.007540	615 44
48 INTRAVENOUS THERAPY		1281	940077	33			.001363	48
49 RESPIRATORY THERAPY		19416	3559675	5783			.005454	32 49
50 PHYSICAL THERAPY		71696	5725407	3177			.012522	40 50
52 SPEECH PATHOLOGY		3166	475869				.006653	52
53 ELECTROCARDIOLOGY		11867	2200666	4746			.005392	26 53
55 MEDICAL SUPPLIES CHARGED TO P		63339	5020395	6342			.012616	80 55
55.30 IMPL. DEV. CHARGED TO PATIENT		8606	348709				.024680	55.30
56 DRUGS CHARGED TO PATIENTS		33689	10224517	224081			.003295	738 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		74746	6487251	51241			.011522	590 61
62 OBSERVATION BEDS (NON-DISTINC		26662	1108509				.024052	62
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		1211095	83741034	397336				2872 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S147) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE {XX} TITLE XVIII-PT A [XX] SUB I (14-S147) [] 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 COSTS	CHARGES	COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10673598					37
40 ANESTHESIOLOGY		3753013					40
41 RADIOLOGY-DIAGNOSTIC		15162752			20358		41
43 RADIOISOTOPE		2557942					43
44 LABORATORY		15502654			81575		44
48 INTRAVENOUS THERAPY		940077			33		48
49 RESPIRATORY THERAPY		3559675			5783		49
50 PHYSICAL THERAPY		5725407			3177		50
52 SPEECH PATHOLOGY		475869					52
53 ELECTROCARDIOLOGY		2200666			4746		53
55 MEDICAL SUPPLIES CHARGED TO P		5020395			6342		55
55.30 IMPL. DEV. CHARGED TO PATIENT		348709					55.30
56 DRUGS CHARGED TO PATIENTS		10224517			224081		56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		6487251			51241		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		1108509					62
65 AMBULANCE SERVICES							65
101 TOTAL		83741034			397336		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S147) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICP/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					62
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5580) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5580) [] 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	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10673598					37
40 ANESTHESIOLOGY		3753013					40
41 RADIOLOGY-DIAGNOSTIC		15162752			132128		41
43 RADIOISOTOPE		2557942			7168		43
44 LABORATORY		15502654			208419		44
48 INTRAVENOUS THERAPY		940077			38346		48
49 RESPIRATORY THERAPY		3559675			453570		49
50 PHYSICAL THERAPY		5725407			1012200		50
52 SPEECH PATHOLOGY		475869			105165		52
53 ELECTROCARDIOLOGY		2200666			12296		53
55 MEDICAL SUPPLIES CHARGED TO P		5020395			128313		55
55.30 IMPL. DEV. CHARGED TO PATIENT		348709					55.30
56 DRUGS CHARGED TO PATIENTS		10224517			793138		56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		6487251					61
62 OBSERVATION BEDS (NON-DISTINC		1108509			1504		62
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		83741034			2892247		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-9580) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					62
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				420188	6930	413258	25
26 INTENSIVE CARE UNIT				106078		106078	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				94467		94467	31
33 NURSERY				16197		16197	33
101 TOTAL				636930		630000	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	6430	1235			64.27	79373	25
26 INTENSIVE CARE UNIT	1482	58			71.58	4152	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	2870	1095			32.92	36047	31
33 NURSERY	685	420			23.65	9933	33
101 TOTAL	11467	2808				129505	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0147) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		185528	10673598	1901841			.017382	33058 37
40 ANESTHESIOLOGY		26981	3753013	331885			.007189	2386 40
41 RADIOLOGY-DIAGNOSTIC		559638	15162752	357226			.036909	13185 41
43 RADIOISOTOPE		7594	2557942	27904			.002969	83 43
44 LABORATORY		116886	15502654	869693			.007540	6557 44
48 INTRAVENOUS THERAPY		1281	940077	182615			.001363	249 48
49 RESPIRATORY THERAPY		19416	3559675	301143			.005454	1642 49
50 PHYSICAL THERAPY		71696	5725407	86285			.012522	1080 50
52 SPEECH PATHOLOGY		3166	475869	1954			.006653	13 52
53 ELECTROCARDIOLOGY		11867	2200666	163021			.005392	879 53
55 MEDICAL SUPPLIES CHARGED TO P		63339	5020395	739690			.012616	9332 55
55.30 IMPL. DEV. CHARGED TO PATIENT		8606	348709	18553			.024680	458 55.30
56 DRUGS CHARGED TO PATIENTS		33689	10224517	883748			.003295	2912 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		74746	6487251	7488			.011522	86 61
62 OBSERVATION BEDS (NON-DISTINC		26662	1108509	3304			.024052	79 62
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		1211095	83741034	5876350				71999 101

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 01/06/2011 10:17

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT					COSTS
		COST	COST	AMOUNT		PATIENT	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					6430		1235	25
26	INTENSIVE CARE UNIT					1482		58	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					2870		1095	31
33	NURSERY					685		420	33
34	SKILLED NURSING FACILITY					8374			34
35	NURSING FACILITY								35
101	TOTAL					19841		2808	101

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 01/06/2011 10:17

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0147) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0147) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10673598			1901841		37
40 ANESTHESIOLOGY		3753013			331885		40
41 RADIOLOGY-DIAGNOSTIC		15162752			357226		41
43 RADIOISOTOPE		2557942			27904		43
44 LABORATORY		15502654			869693		44
48 INTRAVENOUS THERAPY		940077			182615		48
49 RESPIRATORY THERAPY		3559675			301143		49
50 PHYSICAL THERAPY		5725407			86285		50
52 SPEECH PATHOLOGY		475869			1954		52
53 ELECTROCARDIOLOGY		2200666			163021		53
55 MEDICAL SUPPLIES CHARGED TO P		5020395			739690		55
55.30 IMPL. DEV. CHARGED TO PATIENT		348709			18553		55.30
56 DRUGS CHARGED TO PATIENTS		10224517			883748		56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		6487251			7488		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		1108509			3304		62
65 AMBULANCE SERVICES							65
101 TOTAL		83741034			5876350		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0147) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					62
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0147) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	OUTPATIENT	OUTPATIENT
	1	1.01	1.02	SURGICAL	RADIOLOGY	DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.183341	.183341	.183341			37
40 ANESTHESIOLOGY	.038455	.038455	.038455			40
41 RADIOLOGY-DIAGNOSTIC	.172430	.172430	.172430			41
43 RADIOISOTOPE	.092836	.092836	.092836			43
44 LABORATORY	.169979	.169979	.169979			44
48 INTRAVENOUS THERAPY	.104824	.104824	.104824			48
49 RESPIRATORY THERAPY	.194373	.194373	.194373			49
50 PHYSICAL THERAPY	.302825	.302825	.302825			50
52 SPEECH PATHOLOGY	.332049	.332049	.332049			52
53 ELECTROCARDIOLOGY	.116080	.116080	.116080			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.358401	.358401	.358401			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.690642	.690642	.690642			55.30
56 DRUGS CHARGED TO PATIENTS	.194431	.194431	.194431			56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.225104	.225104	.225104			61
62 OBSERVATION BEDS (NON-DISTINCT	.306246	.306246	.306246			62
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.755789	.755789	.755789			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.755789	.755789	.755789			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.755789	.755789	.755789			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.755789	.755789	.755789			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	.194431	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 (14-0147) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-	ALL OTHER	PPS SER-	PPS SER-	OUTPATIENT	OTHER	
	OTHER (1) (SEE INSTRU.)	VICES (SEE INSTRU.)	(SEE INSTRU.)	VICES (SEE INSTRU.)	VICES (SEE INSTRU.)	AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1654409							37
40 ANESTHESIOLOGY	351801							40
41 RADIOLOGY-DIAGNOSTIC	1579845							41
43 RADIOISOTOPE	171162							43
44 LABORATORY	791983							44
48 INTRAVENOUS THERAPY	40121							48
49 RESPIRATORY THERAPY	79346							49
50 PHYSICAL THERAPY	304724							50
52 SPEECH PATHOLOGY	3927							52
53 ELECTROCARDIOLOGY	318318							53
55 MEDICAL SUPPLIES CHARGED TO PA	526864							55
55.30 IMPL. DEV. CHARGED TO PATIENT	16611							55.30
56 DRUGS CHARGED TO PATIENTS	385342							56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1838577							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	226658							62
65 AMBULANCE SERVICES	777							65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL	8290465							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	8290465							104

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09
 01/06/2011 10:17

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0147) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	PPS	PPS	PPS	PPS	I/P PART B	I/P PART B
	SERVICES (COLUMNS (COLS 1x5)	ALL OTHER (COLUMNS (1.01x5.01)	SERVICES (COLUMNS (1.01x5.02)	SERVICES (COLUMNS (1.01x5.03)	CHARGES (SEE (INSTRU.)	COST (COLUMNS (1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	303321					37
40 ANESTHESIOLOGY	13529					40
41 RADIOLOGY-DIAGNOSTIC	272413					41
43 RADIOISOTOPE	15890					43
44 LABORATORY	134620					44
48 INTRAVENOUS THERAPY	4206					48
49 RESPIRATORY THERAPY	15423					49
50 PHYSICAL THERAPY	92278					50
52 SPEECH PATHOLOGY	1304					52
53 ELECTROCARDIOLOGY	36950					53
55 MEDICAL SUPPLIES CHARGED TO PAT	188829					55
55.30 IMPL. DEV. CHARGED TO PATIENT	11472					55.30
56 DRUGS CHARGED TO PATIENTS	74922					56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	413871					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	69413					62
65 AMBULANCE SERVICES	587					65
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL	1649028					101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES	1649028					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S147) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		185528	10673598	3296			.017382	57 37
40 ANESTHESIOLOGY		26981	3753013				.007189	40
41 RADIOLOGY-DIAGNOSTIC		559638	15162752	17290			.036909	638 41
43 RADIOISOTOPE		7594	2557942				.002969	43
44 LABORATORY		116886	15502654	117819			.007540	888 44
48 INTRAVENOUS THERAPY		1281	940077	169			.001363	48
49 RESPIRATORY THERAPY		19416	3559675				.005454	49
50 PHYSICAL THERAPY		71696	5725407	618			.012522	8 50
52 SPEECH PATHOLOGY		3166	475869				.006653	52
53 ELECTROCARDIOLOGY		11867	2200666	3963			.005392	21 53
55 MEDICAL SUPPLIES CHARGED TO P		63339	5020395	8134			.012616	103 55
55.30 IMPL. DEV. CHARGED TO PATIENT		8606	348709				.024680	55.30
56 DRUGS CHARGED TO PATIENTS		33689	10224517	319749			.003295	1054 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		74746	6487251				.011522	61
62 OBSERVATION BEDS (NON-DISTINC		26662	1108509				.024052	62
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		1211095	83741034	471038				2769 101

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 01/06/2011 10:17

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	SUB I (14-S147)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S147) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10673598			3296		37
40 ANESTHESIOLOGY		3753013					40
41 RADIOLOGY-DIAGNOSTIC		15162752			17290		41
43 RADIOISOTOPE		2557942					43
44 LABORATORY		15502654			117819		44
48 INTRAVENOUS THERAPY		940077			169		48
49 RESPIRATORY THERAPY		3559675					49
50 PHYSICAL THERAPY		5725407			618		50
52 SPEECH PATHOLOGY		475869					52
53 ELECTROCARDIOLOGY		2200666			3963		53
55 MEDICAL SUPPLIES CHARGED TO P		5020395			8134		55
55.30 IMPL. DEV. CHARGED TO PATIENT		348709					55.30
56 DRUGS CHARGED TO PATIENTS		10224517			319749		56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		6487251					61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		1108509					62
65 AMBULANCE SERVICES							65
101 TOTAL		83741034			471038		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-SI47) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0147)	(PPS) (14-S147)				(PPS) (14-5580)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	6954	2870				8374	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	6430	2870				8374	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	195	758					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6235	2112				8374	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		106					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	320						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	24						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	74						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3286	845				2453	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	106						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	320						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) (14-0147)	SUB I (PPS) (14-S147)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5580)	
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	180.51						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	184.15						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	116.26						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	119.75						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5439770	2148794				2724575	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	19134						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	58928						23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	2790						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	8862						25
26 TOTAL SWING-BED COST	89714						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5350056	2148794				2724575	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3901504	2558339				1849772	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	148200	667040					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3753304	1891299				1849772	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.371280	.839918				1.472925	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	760.00	880.00					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	601.97	895.50				220.89	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	158.03						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	216.70						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	42257						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5307799	2148794				2724575	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) (14-0147)	SUB I (PPS) (14-S147)	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	832.05	748.71				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2734116	632660				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2734116	632660				41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	1673053	1482	1128.92	1255	1416795	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0147)	SUB I (PPS) (14-S147)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3157583	77392				48
49 TOTAL PROGRAM INPATIENT COSTS	7308494	710052				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	301024	27817				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	190047	2872				51
52 TOTAL PROGRAM EXCLUDABLE COST	491071	30689				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6817423	679363				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) (14-0147)	SUB I (PPS) (14-S147)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
01/06/2011 10:17

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF	
	{PPS}	
	{14-5580}	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	2724575	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	325.36	67
68 PROGRAM ROUTINE SERVICE COST	798108	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	798108	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	149553	71
72 PER DIEM CAPITAL RELATED COSTS	17.86	72
73 PROGRAM CAPITAL RELATED COSTS	43811	73
74 INPATIENT ROUTINE SERVICE COST	754297	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	754297	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	798108	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	694583	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	1492691	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0147) (14-S147)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	408	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	832.05	84
85 OBSERVATION BED COST	339476	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	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		5350056		339476		86
87 NEW CAPITAL-RELATED COST	420188	5350056	.078539	339476	26662	87
88 NON PHYSICIAN ANESTHETIST		5350056		339476		88
89 MEDICAL EDUCATION		5350056		339476		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0147)	SUB I (PPS) (14-S147)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	6954	2870					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	6430	2870					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	195	758					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6235	2112					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		106					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	320						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		24					7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		74					8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1235	1095					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		685					15
16 TITLE V OR XIX NURSERY DAYS		420					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0147)	SUB I (PPS) (14-S147)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	180.51						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	184.15						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	116.26						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	119.75						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5439770	2148794					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	19134						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	58928						23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	2790						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	8862						25
26 TOTAL SWING-BED COST	89714						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5350056	2148794					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3901504	2558339					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	148200	667040					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3753304	1891299					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.371280	.839918					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	760.00	880.00					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	601.97	895.50					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	158.03						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	216.70						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	42257						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5307799	2148794					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0147)	SUB I (PPS) (14-S147)	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	832.05	748.71				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1027582	819837				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1027582	819837				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	438282		685	639.83	420	268729 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	1673053		1482	1128.92	58	65477 43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0147)	SUB I (PPS) (14-S147)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1149286	89361				48
49 TOTAL PROGRAM INPATIENT COSTS	2511074	909198				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	93458	36047				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	71999	2769				51
52 TOTAL PROGRAM EXCLUDABLE COST	165457	38816				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	2345617	870382				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0147)	SUB I (PPS) (14-S147)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		213				54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60	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. 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
01/06/2011 10:17

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0147) (14-S147)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS	408	83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	832.05	84
85	OBSERVATION BED COST	339476	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	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	5350056		339476		86	
87	NEW CAPITAL-RELATED COST	420188	5350056	.078539	339476	26662	87
88	NON PHYSICIAN ANESTHETIST		5350056		339476		88
89	MEDICAL EDUCATION		5350056		339476		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0147)	<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/R-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/R-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		2366921		25
26 INTENSIVE CARE UNIT		1372275		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.183341	770721	141305	37
40 ANESTHESIOLOGY	.038455	187130	7196	40
41 RADIOLOGY-DIAGNOSTIC	.172430	2408940	415374	41
43 RADIOISOTOPE	.092836	188095	17462	43
44 LABORATORY	.169979	3782061	642871	44
48 INTRAVENOUS THERAPY	.104824	386664	40532	48
49 RESPIRATORY THERAPY	.194373	1738488	337915	49
50 PHYSICAL THERAPY	.302825	570398	172731	50
52 SPEECH PATHOLOGY	.332049	97187	32271	52
53 ELECTROCARDIOLOGY	.116080	313696	36414	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.358401	1070228	383571	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.690642	61366	42382	55.30
56 DRUGS CHARGED TO PATIENTS	.194431	3431875	667263	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.225104	941779	211998	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.306246	27096	8298	62
65 AMBULANCE SERVICES				65
101 TOTAL		15975724	3157583	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		15975724		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [XX] SUB I (14-S147) [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		743602		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.183341			37
40 ANESTHESIOLOGY	.038455			40
41 RADIOLOGY-DIAGNOSTIC	.172430	20358	3510	41
43 RADIOISOTOPE	.092836			43
44 LABORATORY	.169979	81575	13866	44
48 INTRAVENOUS THERAPY	.104824	33	3	48
49 RESPIRATORY THERAPY	.194373	5783	1124	49
50 PHYSICAL THERAPY	.302825	3177	962	50
52 SPEECH PATHOLOGY	.332049			52
53 ELECTROCARDIOLOGY	.116080	4746	551	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.358401	6342	2273	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.690642			55.30
56 DRUGS CHARGED TO PATIENTS	.194431	224081	43568	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.225104	51241	11535	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.306246			62
65 AMBULANCE SERVICES				65
101 TOTAL		397336	77392	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		397336		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5580)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.183341			37
40 ANESTHESIOLOGY	.038455			40
41 RADIOLOGY-DIAGNOSTIC	.172430	132128	22783	41
43 RADIOISOTOPE	.092836	7168	665	43
44 LABORATORY	.169979	208419	35427	44
48 INTRAVENOUS THERAPY	.104824	38346	4020	48
49 RESPIRATORY THERAPY	.194373	453570	88162	49
50 PHYSICAL THERAPY	.302825	1012200	306519	50
52 SPEECH PATHOLOGY	.332049	105165	34920	52
53 ELECTROCARDIOLOGY	.116080	12296	1427	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.358401	128313	45988	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.690642			55.30
56 DRUGS CHARGED TO PATIENTS	.194431	793138	154211	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.225104			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.306246	1504	461	62
65 AMBULANCE SERVICES				65
101 TOTAL		2892247	694583	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2892247		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<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 checked="" type="checkbox"/> S/B-SNF (14-U147)	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.183341			37
40 ANESTHESIOLOGY	.038455			40
41 RADIOLOGY-DIAGNOSTIC	.172430	24481	4221	41
43 RADIOISOTOPE	.092836	3182	295	43
44 LABORATORY	.169979	75705	12868	44
48 INTRAVENOUS THERAPY	.104824	22422	2350	48
49 RESPIRATORY THERAPY	.194373	106510	20703	49
50 PHYSICAL THERAPY	.302825	126141	38199	50
52 SPEECH PATHOLOGY	.332049	15962	5300	52
53 ELECTROCARDIOLOGY	.116080	1661	193	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.358401	32116	11510	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.690642			55.30
56 DRUGS CHARGED TO PATIENTS	.194431	188548	36660	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.225104			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.306246			62
65 AMBULANCE SERVICES				65
101 TOTAL		596728	132299	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		596728		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0147) [] SNF [XX] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		816550		25
26 INTENSIVE CARE UNIT		67285		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.183341	1901841	348685	37
40 ANESTHESIOLOGY	.038455	331885	12763	40
41 RADIOLOGY-DIAGNOSTIC	.172430	357226	61596	41
43 RADIOISOTOPE	.092836	27904	2590	43
44 LABORATORY	.169979	869693	147830	44
48 INTRAVENOUS THERAPY	.104824	182615	19142	48
49 RESPIRATORY THERAPY	.194373	301143	58534	49
50 PHYSICAL THERAPY	.302825	86285	26129	50
52 SPEECH PATHOLOGY	.332049	1954	649	52
53 ELECTROCARDIOLOGY	.116080	163021	18923	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.358401	739690	265106	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.690642	18553	12813	55.30
56 DRUGS CHARGED TO PATIENTS	.194431	883748	171828	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.225104	7488	1686	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.306246	3304	1012	62
65 AMBULANCE SERVICES	.755789			65
101 TOTAL		5876350	1149286	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5876350		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [] TITLE XVIII-PT A [XX] SUB I (14-S147) [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER 1		964175		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.183341	3296	604	37
40 ANESTHESIOLOGY	.038455			40
41 RADIOLOGY-DIAGNOSTIC	.172430	17290	2981	41
43 RADIOISOTOPE	.092836			43
44 LABORATORY	.169979	117819	20027	44
48 INTRAVENOUS THERAPY	.104824	169	18	48
49 RESPIRATORY THERAPY	.194373			49
50 PHYSICAL THERAPY	.302825	618	187	50
52 SPEECH PATHOLOGY	.332049			52
53 ELECTROCARDIOLOGY	.116080	3963	460	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.358401	8134	2915	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.690642			55.30
56 DRUGS CHARGED TO PATIENTS	.194431	319749	62169	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.225104			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.306246			62
65 AMBULANCE SERVICES	.755789			65
101 TOTAL		471038	89361	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		471038		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0147)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1330248					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	3990743					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	30857					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	44.45					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0147)	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	0.0385					4
4.01	0.2308					4.01
4.02	0.2693					4.02
4.03	0.1143					4.03
4.04	608189					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	5960037					6
7	6287922					7
7.01						7.01
8	6205951					8
9	433272					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	6639223					16
17						17
18	6639223					18
19	768876					19
20	3850					20
21	281429					21
21.01	197000					21.01
21.02	245575					21.02
22	6063497					22

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09
01/06/2011 10:17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0147)	SUB I	SUB II	SUB III	SUB IV	
23						23
						TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
24						24
						OTHER ADJUSTMENTS
25						25
						AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
26						26
						AMOUNT DUE PROVIDER
27	6063497					27
						SEQUESTRATION ADJUSTMENT
28	5942307					28
						INTERIM PAYMENTS
28.01						28.01
						TENTATIVE SETTLEMENT (FOR PI USE ONLY)
29	121190					29
						BALANCE DUE PROVIDER (PROGRAM)
30						30
						PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-11, SECTION 115.2
						TO BE COMPLETED BY INTERMEDIARY
50						50
						OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01
51						51
						CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01
52						52
						OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)
53						53
						CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54						54
						THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55						55
						TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56						56
						CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0147) 1	HOSPITAL (14-0147) 1.01	HOSPITAL (14-0147) 1.02	
1 MEDICAL AND OTHER SERVICES	413			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	611768	1835304		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	619528	1858584		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.810	0.810		1.03
1.04 LINE 1.01 TIMES LINE 1.03	495532	1486596		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	413			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2124			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	2124			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	2124			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1711			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	413			17
17.01 TOTAL PPS PAYMENTS	2478112			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0147) 1	HOSPITAL (14-0147) 1.01	HOSPITAL (14-0147) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	656076		18.01
19 SUBTOTAL	1822449		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	1822449		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1822449		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	146210		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	102347		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	131597		27.02
28 SUBTOTAL	1924796		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	1924796		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1829795		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	95001		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S147)	SUB I (14-S147)	SUB I (14-S147)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUB I	SUB I	SUB I
(14-S147)	(14-S147)	(14-S147)
1	1.01	1.02

COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE	18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	18.01
19	SUBTOTAL	19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E	20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	21
22	ESRD DIRECT MEDICAL EDUCATION COSTS	22
23	SUBTOTAL	23
24	PRIMARY PAYER PAYMENTS	24
25	SUBTOTAL	25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	26
27	BAD DEBTS	27
27.01	REDUCED REIMBURSABLE BAD DEBTS	27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	27.02
28	SUBTOTAL	28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	29
30	OTHER ADJUSTMENTS	30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	31
32	SUBTOTAL	32
33	SEQUESTRATION ADJUSTMENT	33
34	INTERIM PAYMENTS	34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	34.01
35	BALANCE DUE PROVIDER/PROGRAM	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	36
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT	51
52	THE RATE USED TO CALCULATE THE TIME VALUE	52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	53
54	TOTAL (SUM OF LINES 51 AND 53)	54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5580)	SNF (14-5580)	SNF (14-5580)
	1	1.01	1.02
1 MEDICAL AND OTHER SERVICES			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO			1.03
1.04 LINE 1.01 TIMES LINE 1.03			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES			6
7 INTERNS AND RESIDENTS SERVICE CHARGES			7
8 ORGAN ACQUISITION CHARGES			8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS			9
10 TOTAL REASONABLE CHARGES			10
CUSTOMARY CHARGES			
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			12
13 RATIO OF LINE 11 TO LINE 12			13
14 TOTAL CUSTOMARY CHARGES			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES			17
17.01 TOTAL PPS PAYMENTS			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF	SNF	SNF
(14-5580)	(14-5580)	(14-5580)
1	1.01	1.02

COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE	18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	18.01
19	SUBTOTAL	19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E	20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	21
22	ESRD DIRECT MEDICAL EDUCATION COSTS	22
23	SUBTOTAL	23
24	PRIMARY PAYER PAYMENTS	24
25	SUBTOTAL	25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	26
27	BAD DEBTS	27
27.01	REDUCED REIMBURSABLE BAD DEBTS	27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	27.02
28	SUBTOTAL	28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	29
30	OTHER ADJUSTMENTS	30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	31
32	SUBTOTAL	32
33	SEQUESTRATION ADJUSTMENT	33
34	INTERIM PAYMENTS	34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	34.01
35	BALANCE DUE PROVIDER/PROGRAM	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	36
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT	51
52	THE RATE USED TO CALCULATE THE TIME VALUE	52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	53
54	TOTAL (SUM OF LINES 51 AND 53)	54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0147)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5814689		1822503	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROGRAM .05 PROVIDER .50 TO .51 PROGRAM .52 TO .53 PROGRAM .54	04/01/2010 127618	04/01/2010 7292	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54	
SUBTOTAL	.99	127618	7292	3.99	
4 TOTAL INTERIM PAYMENTS		5942307		1829795	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE 5.02 5.03 5.50 5.51 5.52	
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	121190		95001 6.01 6.02	
7 TOTAL MEDICARE PROGRAM LIABILITY		6063497		1924796	7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S147)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		527645		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROGRAM .05 PROVIDER .50 TO .51 PROGRAM .52 TO .53 PROGRAM .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		527645		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	3240		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		530885		7
NAME OF INTERMEDIARY:	INTERMEDIARY NUMBER:			
SIGNATURE OF AUTHORIZED PERSON:	DATE (MO/DAY/YR):			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5580)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		766834		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		766834		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	6172		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		773006		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SWING BED SKILLED NURSING FACILITY (14-U147)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		139350		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	PROVIDER .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		139350		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		139350		7
NAME OF INTERMEDIARY:	INTERMEDIARY NUMBER:			
SIGNATURE OF AUTHORIZED PERSON:	DATE (MO/DAY/YR):			

CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	---	TITLE XVIII	---	---	TITLE XIX	---
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B SNF	S/B NF	S/B NF
		PART A	PART B		(14-U147)	(14-U147)	
	1	1	2		1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF	149764					1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF						2
3	ANCILLARY SERVICES						3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						4
5	PROGRAM DAYS	426					5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY						7
8	SUBTOTAL	149764					8
9	PRIMARY PAYER PAYMENTS						9
10	SUBTOTAL	149764					10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)						11
12	SUBTOTAL	149764					12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	10414					13
14	80% OF PART B COSTS						14
15	SUBTOTAL	139350					15
16	OTHER ADJUSTMENTS						16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)						17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						17.01
18	TOTAL	139350					18
19	SEQUESTRATION ADJUSTMENT						19
20	INTERIM PAYMENTS	139350					20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						20.01
21	BALANCE DUE PROVIDER/PROGRAM						21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S147)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	640786				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.863014				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	640786				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	640786				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	640786				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	640786				6
7	DEDUCTIBLES	112340				7
8	SUBTOTAL	528446				8
9	COINSURANCE	801				9
10	SUBTOTAL	527645				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	4628				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	3240				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	530885				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2010.09
01/06/2011 10:17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S147)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	530885				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	527645				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	3240				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5580) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL/SNF/NP SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	INTERNS AND RESIDENTS		3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
5	COST OF TEACHING PHYSICIANS		5
6	SUBTOTAL		6
7	INPATIENT PRIMARY PAYER PAYMENTS		7
8	OUTPATIENT PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL		9
COMPUTATION OF LESSER OF COST OR CHARGES			
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS	883255	24
25	OUTLIER PAYMENTS		25
26	PROGRAM CAPITAL PAYMENTS		26
27	CAPITAL EXCEPTION PAYMENTS		27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		29
30	SUBTOTAL	883255	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	883255	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5580) (PPS) 2	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
35	EXCESS OF REASONABLE COST		34
36	SUBTOTAL	883255	35
37	COINSURANCE	116421	36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	8817	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	6172	38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	773006	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	OTHER ADJUSTMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	773006	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	773006	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	766834	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	6172	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	NF I (PPS)
	HOSPITAL (14-0147) (PPS)	SUB I (14-S147) (PPS)	SUB II SUB III SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1 1 1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES	1649028		2
3	INTERNS AND RESIDENTS			3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			4
5	COST OF TEACHING PHYSICIANS			5
6	SUBTOTAL	1649028		6
7	INPATIENT PRIMARY PAYER PAYMENTS			7
8	OUTPATIENT PRIMARY PAYER PAYMENTS			8
9	SUBTOTAL	1649028		9
	COMPUTATION OF LESSER OF COST OR CHARGES			
10	ROUTINE SERVICE CHARGES			10
11	ANCILLARY SERVICE CHARGES	14166815	471038	11
12	INTERNS AND RESIDENTS SERVICE CHARGES			12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			13
14	TEACHING PHYSICIANS			14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			15
16	TOTAL REASONABLE CHARGES	14166815	471038	16
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			18
19	RATIO OF LINE 17 TO LINE 18			19
20	TOTAL CUSTOMARY CHARGES	14166815	471038	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12517787	471038	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			22
23	COST OF COVERED SERVICES	1649028		23
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			24
25	OUTLIER PAYMENTS			25
26	PROGRAM CAPITAL PAYMENTS			26
27	CAPITAL EXCEPTION PAYMENTS			27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			29
30	SUBTOTAL	1649028		30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)			31
32	LESSER OF LINES 30 OR 31			32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0147) (PPS)	SUB I (14-S147) (PPS)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST					34
35	SUBTOTAL					35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)					59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	618280			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6213129			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	355345			7
8	PREPAID EXPENSES	771883			8
9	OTHER CURRENT ASSETS	434586			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	8393223			11
FIXED ASSETS					
12	LAND	39483			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	462487			13
13.01	ACCUMULATED DEPRECIATION	-457128			13.01
14	BUILDINGS	23498466			14
14.01	ACCUMULATED DEPRECIATION	-15231884			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	2604855			16
16.01	ACCUMULATED DEPRECIATION	-2134572			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	12859420			18
18.01	ACCUMULATED DEPRECIATION	-8940105			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	12701022			21
OTHER ASSETS					
22	INVESTMENTS	8025005			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	289295			25
26	TOTAL OTHER ASSETS	8314300			26
27	TOTAL ASSETS	29408545			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	914806			28
29	SALARIES, WAGES & FEES PAYABLE	1654059			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	515551			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	1710009			35
36	TOTAL CURRENT LIABILITIES	4794425			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	8214588			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES	8214588			42
43	TOTAL LIABILITIES	13009013			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	16399532			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	16399532			51
52	TOTAL LIABILITIES AND FUND BALANCES	29408545			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	15611626			1
2 NET INCOME (LOSS)	787906			2
3 TOTAL	16399532			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	16399532			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	16399532			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	5853368		5853368	1
3 SUBPROVIDER I	2558399		2558399	2
4 SWING BED - SNF	166080		166080	4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY	1849772		1849772	6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	10427619		10427619	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	1706993		1706993	10
12 CORONARY CARE UNIT				11
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	1706993		1706993	15
17 TOTAL INPATIENT ROUTINE CARE SERVICES	12134612		12134612	16
18 ANCILLARY SERVICES	33243108	56994860	90237968	17
19 OUTPATIENT SERVICES		2858852	2858852	18
20 HOME HEALTH AGENCY		1917976	1917976	19
21 AMBULANCE	86480	1151179	1237659	20
22 CORF				21
23 ASC				22
24 HOSPICE				23
25 OTHER	1617253	541110	2158363	24
26 TOTAL PATIENT REVENUES	47081453	63463977	110545430	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		41500400	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		41500400	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	110545430	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	69496119	2
3	NET PATIENT REVENUES	41049311	3
4	LESS - TOTAL OPERATING EXPENSES	41500400	4
5	NET INCOME FROM SERVICE TO PATIENTS	-451089	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	140165	6
7	INCOME FROM INVESTMENTS	90959	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	2890	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	214221	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	315617	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	3105	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	77	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1211	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	420	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	PROPERTY TAX REVENUE	349240	24
24.01	OTHER OPERATING REVENUE	121090	24.01
25	TOTAL OTHER INCOME	1238995	25
26	TOTAL	787906	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	787906	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7187

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	106258		1823		31760	139841 5
6 SKILLED NURSING CARE	377908		40674			418582 6
7 PHYSICAL THERAPY			12629			12629 7
8 OCCUPATIONAL THERAPY			2425			2425 8
9 SPEECH PATHOLOGY			515			515 9
10 MEDICAL SOCIAL SERVICES	6971					6971 10
11 HOME HEALTH AIDE	59047		10842			69889 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	3850					3850 23
23.50 TELEMEDICINE						23.50
24 TOTAL	554034		68908		31760	654702 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7187

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		139841		139841	5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24					24
		654702		654702	

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7187

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	4A	5	6
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	139841					139841	139841	5
6 SKILLED NURSING CARE	418582					418582	113691	532273
7 PHYSICAL THERAPY	12629					12629	3430	16059
8 OCCUPATIONAL THERAPY	2425					2425	659	3084
9 SPEECH PATHOLOGY	515					515	140	655
10 MEDICAL SOCIAL SERVICES	6971					6971	1893	8864
11 HOME HEALTH AIDE	69889					69889	18982	88871
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	3850					3850	1046	4896
23.50 TELEMEDICINE								23.50
24 TOTAL	654702					654702		654702

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7187

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILBAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-139841	514861	5
6 SKILLED NURSING CARE						418582	6
7 PHYSICAL THERAPY						12629	7
8 OCCUPATIONAL THERAPY						2425	8
9 SPEECH PATHOLOGY						515	9
10 MEDICAL SOCIAL SERVICES						6971	10
11 HOME HEALTH AIDE						69889	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME HHA NONREIMBURSABLE SERVICES							14
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						3850	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-139841	514861	24
25 COST TO BE ALLOC (PER W/S H)						139841	25
26 UNIT COST MULTIPLIER						.271609	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7187

WORKSHEET H-5
 PART I

HHA COST CENTER	PHARMACY	MEDICAL RE CORDS & LI BRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	16	17	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL	5		97582		97582			1
2 SKILLED NURSING CARE			756181		756181	80065	836246	2
3 PHYSICAL THERAPY			18184		18184	1925	20109	3
4 OCCUPATIONAL THERAPY			3492		3492	370	3862	4
5 SPEECH PATHOLOGY			742		742	79	821	5
6 MEDICAL SOCIAL SERVICES			12868		12868	1362	14230	6
7 HOME HEALTH AIDE			124611		124611	13194	137805	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			5544		5544	587	6131	19
19.50 TELEMEDICINE								19.50
20 TOTALS	5		1019204		1019204	97582	1019204	20
21 UNIT COST MULTIPLIER						.105881		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7187

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP RE	OLD CAP RE	NEW CAP RE	NEW CAP RE	EMPLOYEE B	RECON-	ADMINISTRA	MAINTENANC	
	L COSTS-BL	L COSTS-MV	L COSTS-BL	L COSTS-MV	ENEFITS		ERAL	E & REPAIR	
	DG & FIXT	BLE EQUIP	DG & FIXT	BLE EQUIP	GROSS	CILIATION	TIVE & GEN	S	
	SQUARE	DOLLAR	SQUARE	DOLLAR	SALARIES		ACCUM	SQUARE	
	FEET	VALUE -OLD	FEET	VALUE -NEW		6A	COST	FEET	
	1	2	3	4	5		6	7	
1 ADMINISTRATIVE AND GENERAL			1333	2806	106258		49221	1333	1
2 SKILLED NURSING CARE					377909		667795		2
3 PHYSICAL THERAPY							16059		3
4 OCCUPATIONAL THERAPY							3084		4
5 SPEECH PATHOLOGY							655		5
6 MEDICAL SOCIAL SERVICES					6971		11364		6
7 HOME HEALTH AIDE					59047		110046		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							4896		19
19.50 TELEMEDICINE									19.50
20 TOTALS			1333	2806	550185		863120	1333	20
21 TOTAL COST TO BE ALLOCATED			8080	3036	197302		114238	9752	21
22 UNIT COST MULTIPLIER			6.061515		.358610		.132355		22
22 UNIT COST MULTIPLIER				1.081967				7.315829	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7187

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION	LAUNDRY & HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	OF PLANT	LINEN SERVICE	DIETARY MEALS	CAFETERIA MEALS	DIRECT NURSING	COSTED REQUIS	PHARM COSTED REQ	
	SQUARE FEET	LAUNDRY POUNDS	HOURS OF SERVICE	DIETARY MEALS	CAFETERIA MEALS	NURSING HOURS	PHARM COSTED REQ	
	8	9	10	11	12	14	15	16
1 ADMINISTRATIVE AND GENERAL	1333		7300		55		300	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 ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS	1333		7300		55		300	20
21 TOTAL COST TO BE ALLOCATED	8394		9204		14491		5	21
22 UNIT COST MULTIPLIER	6.297074		1.260822		263.472727			22
22 UNIT COST MULTIPLIER							.016667	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7187

WORKSHEET H-5
PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7187

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [] TITLE XVIIII [] 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	836246		836246	6099	137.11	1
2	PHYSICAL THERAPY	3	20109	87805	107914	1747	61.77	2
3	OCCUPATIONAL THERAPY	4	3862		3862	347	11.13	3
4	SPEECH PATHOLOGY	5	821	6807	7628	51	149.57	4
5	MEDICAL SOCIAL SERV	6	14230		14230	60	237.17	5
6	HOME HEALTH AIDE SERV	7	137805		137805	2086	66.06	6
7	TOTAL		1013073	94612	1107685	10390		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE		9914					8
9	PHYSICAL THERAPY		9914					9
10	OCCUPATIONAL THERAPY		9914					10
11	SPEECH PATHOLOGY		9914					11
12	MEDICAL SOCIAL SERV		9914					12
13	HOME HEALTH AIDE SERV		9914					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS								
OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL		
		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		21672	21672	76865	.281949	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES 9.20							16.20
PER BENEFICIARY COST LIMITATION:						MSA		
						NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17
18	PER BENEFICIARY COST LIMITATION					9914		18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7187

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I		
	1	2	3	4	5	6	
1	PHYSICAL THERAPY	50	.302825	289952	87805	COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	.332049	20500	6807	COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.358401	60469	21672	COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.690642			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS	56	.194431			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	PROGRAM COST PRIOR TO 1/1/98	PROGRAM FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY	2	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY	3						2
3	SPEECH PATHOLOGY	4						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7187

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	SUBJECT TO DEDUCTIBLES & COINSURANCE	
	PART A 1	2 3	
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
3 TOTAL CHARGES			
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	SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	397176	487394	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7754	6140	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	6445	10340	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	3118	3586	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	5693	1581	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	420186	509041	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	420186	509041	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	420186	509041	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	420186	509041	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	420186	509041	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	420186	509041	24
25 TOTAL INTERIM PAYMENTS	420186	509041	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.: 14-7187

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		420186		509041
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54			3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		420186		509041
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 NONE 5.03 5.50 NONE 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		420186		509041

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1542

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	23986		1524		118656	144166
7 INPATIENT CARE SERVICE						
8 INPATIENT - GENERAL CARE						7
9 INPATIENT - RESPITE CARE						8
10 VISITING SERVICES						
11 PHYSICIAN SERVICES						9
12 NURSING CARE	105883		18827			124710
13 NURSING CARE-CONTINUOUS HOME CARE						10
14 PHYSICAL THERAPY						10.20
15 OCCUPATIONAL THERAPY						11
16 SPEECH/LANGUAGE PATHOLOGY						12
17 MEDICAL SOCIAL SERVICES	37685					13
18 SPIRITUAL COUNSELING						14
19 DIETARY COUNSELING						15
20 COUNSELING - OTHER						16
21 HOME HEALTH AIDE AND HOMEMAKER	25041		8562			33603
22 HH AIDE & HOMEMAKER-CONT. HOME CARE						18
23 OTHER						18.20
24 OTHER HOSPICE SERVICE COSTS						19
25 DRUGS, BIOLOGICAL & INFUSION THERAPY						20
26 ANALGESICS						20.30
27 SEDATIVES / HYPNOTICS						20.31
28 OTHER - SPECIFY						20.32
29 DURABLE MEDICAL EQUIPMENT/OXYGEN						21
30 PATIENT TRANSPORTATION						22
31 IMAGING SERVICES						23
32 LABS AND DIAGNOSTICS						24
33 MEDICAL SUPPLIES						25
34 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
35 RADIATION THERAPY						27
36 CHEMOTHERAPY						28
37 OTHER						29
38 HOSPICE NONREIMBURSABLE SERVICE						
39 BEREAVEMENT PROGRAM COSTS						30
40 VOLUNTEER PROGRAM COSTS						31
41 FUNDRAISING						32
42 OTHER PROGRAM COSTS						33
43 TOTAL	192595		28913		118656	340164
44						34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1542

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
1	GENERAL SERVICE COST CENTER				
2	CAPITAL RELATED COSTS-BLDG AND FIXT.				1
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.				2
4	PLANT OPERATION AND MAINTENANCE				3
5	TRANSPORTATION - STAFF				4
6	VOLUNTEER SERVICE COORDINATION				5
7	ADMINISTRATIVE AND GENERAL	144166		144166	6
8	INPATIENT CARE SERVICE				
9	INPATIENT - GENERAL CARE				7
10	INPATIENT - RESPITE CARE				8
11	VISITING SERVICES				
12	PHYSICIAN SERVICES				9
13	NURSING CARE	124710		124710	10
14	NURSING CARE-CONTINUOUS HOME CARE				10.20
15	PHYSICAL THERAPY				11
16	OCCUPATIONAL THERAPY				12
17	SPEECH/LANGUAGE PATHOLOGY				13
18	MEDICAL SOCIAL SERVICES	37685		37685	14
19	SPIRITUAL COUNSELING				15
20	DIETARY COUNSELING				16
21	COUNSELING - OTHER				17
22	HOME HEALTH AIDE AND HOMEMAKER	33603		33603	18
23	HH AIDE & HOMEMAKER-CONT. HOME CARE				18.20
24	OTHER				19
25	OTHER HOSPICE SERVICE COSTS				
26	DRUGS, BIOLOGICAL & INFUSION THERAPY				20
27	ANALGESICS				20.30
28	SEDATIVES / HYPNOTICS				20.31
29	OTHER - SPECIFY				20.32
30	DURABLE MEDICAL EQUIPMENT/OXYGEN				21
31	PATIENT TRANSPORTATION				22
32	IMAGING SERVICES				23
33	LABS AND DIAGNOSTICS				24
34	MEDICAL SUPPLIES				25
35	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				26
36	RADIATION THERAPY				27
37	CHEMOTHERAPY				28
38	OTHER				29
39	HOSPICE NONREIMBURSABLE SERVICE				30
40	BEREAVEMENT PROGRAM COSTS				31
41	VOLUNTEER PROGRAM COSTS				32
42	FUNDRAISING				33
43	OTHER PROGRAM COSTS				33
44	TOTAL	340164		340164	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1542

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL			23986					23986
8	INPATIENT CARE SERVICE								6
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES								10
13	NURSING CARE				105883				105883
14	NURSING CARE-CONT.HOME CARE								10.20
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES		37685						37685
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOME MAKER						25041		25041
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								20
26	DRUGS, BIOL. & INFUS. THER.								20.30
27	ANALGESICS								20.31
28	SEDATIVES / HYPNOTICS								20.32
29	OTHER - SPECIFY								21
30	DURABLE MED. EQUIP./OXYGEN								22
31	PATIENT TRANSPORTATION								23
32	IMAGING SERVICES								24
33	LABS AND DIAGNOSTICS								25
34	MEDICAL SUPPLIES								26
35	OUTPAT.SERV.(INCL.E/R DEPT.)								27
36	RADIATION THERAPY								28
37	CHEMOTHERAPY								29
38	OTHER								30
39	HOSPICE NONREIMBURSABLE SERVICE								31
40	BEREAVEMENT PROGRAM COSTS								32
41	VOLUNTEER PROGRAM COSTS								33
42	FUNDRAISING								33
43	OTHER PROGRAM COSTS								33
44	TOTAL		37685	23986	105883		25041		192595

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1542

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPO- RTATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
	0	1	2	3	4	5			
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.								1	
2 CAP REL COSTS-MOVABLE EQUIP.								2	
3 PLANT OPERATION & MAINT.								3	
4 TRANSPORTATION - STAFF								4	
5 VOLUNTEER SERVICE COORD.								5	
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	144166						144166	144166	
7 INPATIENT - GENERAL CARE								7	
8 INPATIENT - RESPITE CARE VISITING SERVICES								8	
9 PHYSICIAN SERVICES								9	
10 NURSING CARE	124710						124710	91730	
10.20 NURSING CARE-CONTINUOUS HOME								216440	
11 PHYSICAL THERAPY								10.20	
12 OCCUPATIONAL THERAPY								11	
13 SPEECH/LANGUAGE PATHOLOGY								12	
14 MEDICAL SOCIAL SERVICES	37685						37685	27719	
15 SPIRITUAL COUNSELING								65404	
16 DIETARY COUNSELING								14	
17 COUNSELING - OTHER								15	
18 HH AIDE AND HOMEMAKER	33603						33603	24717	
18.20 HH AIDE & HMKR-CONT. HOME CA								58320	
19 OTHER								18	
OTHER HOSPICE SERVICE COSTS								18.20	
20 DRUGS, BIOL. & INFUS. THER.								19	
20.30 ANALGESICS								20	
20.31 SEDATIVES / HYPNOTICS								20.30	
20.32 OTHER - SPECIFY								20.31	
21 DURABLE MED. EQUIP./OXYGEN								20.32	
22 PATIENT TRANSPORTATION								21	
23 IMAGING SERVICES								22	
24 LABS AND DIAGNOSTICS								23	
25 MEDICAL SUPPLIES								24	
26 OUTPAT.SERV.(INCL.E/R DEPT.)								25	
27 RADIATION THERAPY								26	
28 CHEMOTHERAPY								27	
29 OTHER								28	
HOSPICE NONREIMBURSABLE SERV.								29	
30 BEREAVEMENT PROGRAM COSTS								30	
31 VOLUNTEER PROGRAM COSTS								31	
32 FUNDRAISING								32	
33 OTHER PROGRAM COSTS								33	
34 COST TO BE ALLOCATED	340164						340164	340164	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PHARMACY 16	MEDICAL RE CORDS & LI BRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29	
1 ADMINISTRATIVE AND GENERAL	249	846	52248		52248			1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE			288084		288084	33179	321263	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE			89363		89363	10292	99655	9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS			76207		76207	8777	84984	13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTALS	249	846	505902		505902		505902	29
30 UNIT COST MULTIPLIER						.115171		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP RE	OLD CAP RE	NEW CAP RE	NEW CAP RE	EMPLOYEE B	RECON- CILIATION	ADMINISTRA	MAINTENANC
	L COSTS-BL DG & FIXT SQUARE FEET	L COSTS-MV BLE EQUIP DOLLAR VALUE -OLD	L COSTS-BL DG & FIXT SQUARE FEET	L COSTS-MV BLE EQUIP DOLLAR VALUE -NEW	ENEFITS GROSS SALARIES		TIVE & GEN ERAL ACCUM COST	E & REPAIR S SQUARE FEET
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL			1333	2289	23986		19159	1333
2 INPATIENT - GENERAL CARE								
3 INPATIENT - RESPITE CARE								
4 PHYSICIAN SERVICES								
5 NURSING CARE					105884		254411	
5.20 NURSING CARE-CONTINUOUS HOM								
6 PHYSICAL THERAPY								
7 OCCUPATIONAL THERAPY								
8 SPEECH/LANGUAGE PATHOLOGY								
9 MEDICAL SOCIAL SERV. - DIRE					37685		78918	
10 SPIRITUAL COUNSELING								
11 DIETARY COUNSELING								
12 COUNSELING - OTHER								
13 HOME HLTH AIDE & HOMEMAKERS					25041		67300	
13.20 HH AIDE & HMKR-CONT. HOME C								
14 OTHER								
15 DRUGS,BIOLOGICALS & INFUSIO								
15.30 ANALGESICS								
15.31 SEDATIVES / HYPNOTICS								
15.32 OTHER - SPECIFY								
16 DURABLE MED. EQUIP./OXYGEN								
17 PATIENT TRANSPORTATION								
18 IMAGING SERVICES								
19 LABS AND DIAGNOSTICS								
20 MEDICAL SUPPLIES								
21 OUTPAT. SERV.(INCL.E/R DEPT								
22 RADIATION THERAPY								
23 CHEMOTHERAPY								
24 OTHER								
25 BEREAVEMENT PROGRAM COSTS								
26 VOLUNTEER PROGRAM COSTS								
27 FUNDRAISING								
28 OTHER PROGRAM COSTS								
29 TOTAL			1333	2289	192596		419788	1333
30 TOTAL COST TO BE ALLOCATED			8080	2477	69067		55561	9752
31 UNIT COST MULTIPLIER			6.061515		.358611		.132355	
31 UNIT COST MULTIPLIER				1.082132				7.315829

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	MEDICAL RE CORDS & LI BRARY TIME SPENT	
	17	
1 ADMINISTRATIVE AND GENERAL	200	1
2 INPATIENT - GENERAL CARE		2
3 INPATIENT - RESPITE CARE		3
4 PHYSICIAN SERVICES		4
5 NURSING CARE		5
5.20 NURSING CARE-CONTINUOUS HOM		5.20
6 PHYSICAL THERAPY		6
7 OCCUPATIONAL THERAPY		7
8 SPEECH/LANGUAGE PATHOLOGY		8
9 MEDICAL SOCIAL SERV. - DIRE		9
10 SPIRITUAL COUNSELING		10
11 DIETARY COUNSELING		11
12 COUNSELING - OTHER		12
13 HOME HLTH AIDE & HOMEMAKERS		13
13.20 HH AIDE & HMKR-CONT. HOME C		13.20
14 OTHER		14
15 DRUGS,BIOLOGICALS & INFUSIO		15
15.30 ANALGESICS		15.30
15.31 SEDATIVES / HYPNOTICS		15.31
15.32 OTHER - SPECIFY		15.32
16 DURABLE MED. EQUIP./OXYGEN		16
17 PATIENT TRANSPORTATION		17
18 IMAGING SERVICES		18
19 LABS AND DIAGNOSTICS		19
20 MEDICAL SUPPLIES		20
21 OUTPAT. SERV.(INCL.E/R DEPT		21
22 RADIATION THERAPY		22
23 CHEMOTHERAPY		23
24 OTHER		24
25 BEREAVEMENT PROGRAM COSTS		25
26 VOLUNTEER PROGRAM COSTS		26
27 FUNDRAISING		27
28 OTHER PROGRAM COSTS		28
29 TOTAL	200	29
30 TOTAL COST TO BE ALLOCATED	846	30
31 UNIT COST MULTIPLIER	4.230000	31
31 UNIT COST MULTIPLIER		31

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 01/06/2011 10:17

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.302825		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.332049		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.194431		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.169979		6
7	MEDICAL SUPPLIES	55	0.358401		7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	0.690642		7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.225104		8
9	RADIATION THERAPY	41	0.172430		9
10	OTHER ANCILLARY (SPECIFY)	59			10
11	TOTALS				11

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM VERSION: 2010.09
IN LIEU OF FORM CMS-2552-96 (9/2000) 01/06/2011 10:17

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1542

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				505902	1
2 TOTAL UNDUPLICATED DAYS				4687	2
3 AGGREGATE COST PER DIEM				107.94	3
4 UNDUPLICATED MEDICARE DAYS	4359				4
5 AGGREGATE MEDICARE COST	470510				5
6 UNDUPLICATED MEDICAID DAYS		106			6
7 AGGREGATE MEDICAID COST		11442			7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			222		12
13 AGGREGATE COST FOR OTHER DAYS			23963		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0147) (14-0147)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT				1
2	CAPITAL DRG OTHER THAN OUTLIER	430782			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	2490			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18] [E,PT A, LN.3.17] [x E-3,PT VI, LN.1]				4
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 DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	433272			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 ANCILLARY 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

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0147)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT				1
2	CAPITAL DRG OTHER THAN OUTLIER				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				3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				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 ANCILLARY 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
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
43 RADIOISOTOPE						43
44 LABORATORY						44
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO PA						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
93 HOSPICE						93
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES						98
100 OTHER NONREIMBURSABLE						100
100.01 MEMORY DISORDER						100.01
100.02 ASSISTED LIVING						100.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASJS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIIII ----		----- 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	51.10		19.21				70.31 25
26 INTENSIVE CARE UNIT	84.68		3.91				88.59 26
33 NURSERY			61.31				61.31 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	7.22	4.13	17.82	15.50			44.67 37
40 ANESTHESIOLOGY	4.99	2.62	8.84	9.37			25.82 40
41 RADIOLOGY-DIAGNOSTIC	15.89	7.85	2.36	10.42			36.52 41
43 RADIOISOTOPE	7.35	11.03	1.09	6.69			26.16 43
44 LABORATORY	24.40	1.06	5.61	5.11			36.18 44
48 INTRAVENOUS THERAPY	41.13	1.87	19.43	4.27			66.70 48
49 RESPIRATORY THERAPY	48.84	1.72	8.46	2.23			61.25 49
50 PHYSICAL THERAPY	9.96		1.51	5.32			16.79 50
52 SPEECH PATHOLOGY	20.42		0.41	0.83			21.66 52
53 ELECTROCARDIOLOGY	14.25	9.42	7.41	14.46			45.54 53
55 MEDICAL SUPPLIES CHARGED TO PAT	21.32	4.07	14.73	10.49			50.61 55
55.30 IMPL. DEV. CHARGED TO PATIENT	17.60	9.41	5.32	4.76			37.09 55.30
56 DRUGS CHARGED TO PATIENTS	33.57	3.03	8.64	3.77			49.01 56
61 EMERGENCY	14.52	4.21	0.12	28.34			47.19 61
62 OBSERVATION BEDS (NON-DISTINCT	2.44	3.67	0.30	20.45			26.86 62
65 AMBULANCE SERVICES				0.05			0.05 65
101 TOTAL CHARGES	16.36	3.40	6.02	8.49			34.27 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	29.44		38.15				67.59 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM			0.03				0.03 37
41 RADIOLOGY-DIAGNOSTIC	0.13		0.11				0.24 41
44 LABORATORY	0.53		0.76				1.29 44
48 INTRAVENOUS THERAPY			0.02				0.02 48
49 RESPIRATORY THERAPY	0.16						0.16 49
50 PHYSICAL THERAPY	0.06		0.01				0.07 50
53 ELECTROCARDIOLOGY	0.22		0.18				0.40 53
55 MEDICAL SUPPLIES CHARGED TO PAT	0.13		0.16				0.29 55
56 DRUGS CHARGED TO PATIENTS	2.19		3.13				5.32 56
61 EMERGENCY	0.79						0.79 61
101 TOTAL CHARGES	0.41		0.48				0.89 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----		
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	
	1	2	3	4	5	6	7
UTILIZATION PERCENTAGES BASED ON DAYS							
34 SKILLED NURSING FACILITY	29.29						29.29 34
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.87						0.87 41
43 RADIOISOTOPE	0.28						0.28 43
44 LABORATORY	1.34						1.34 44
48 INTRAVENOUS THERAPY	4.08						4.08 48
49 RESPIRATORY THERAPY	12.74						12.74 49
50 PHYSICAL THERAPY	17.68						17.68 50
52 SPEECH PATHOLOGY	22.10						22.10 52
53 ELECTROCARDIOLOGY	0.56						0.56 53
55 MEDICAL SUPPLIES CHARGED TO PAT	2.56						2.56 55
56 DRUGS CHARGED TO PATIENTS	7.76						7.76 56
62 OBSERVATION BEDS (NON-DISTINCT	0.14						0.14 62
101 TOTAL CHARGES	2.96						2.96 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	964562	2.88	-964562	-5.50		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1087727	3.25	-1087727	-6.20		4
5	EMPLOYEE BENEFITS	5635051	16.84	-5635051	-32.14		5
6	ADMINISTRATIVE & GENERAL	3174913	9.49	-3174913	-18.11		6
7	MAINTENANCE & REPAIRS	718541	2.15	-718541	-4.10		7
8	OPERATION OF PLANT	627337	1.87	-627337	-3.58		8
9	LAUNDRY & LINEN SERVICE	63796	.19	-63796	-.36		9
10	HOUSEKEEPING	462539	1.38	-462539	-2.64		10
11	DIETARY	447855	1.34	-447855	-2.55		11
12	CAFETERIA	525871	1.57	-525871	-3.00		12
14	NURSING ADMINISTRATION	1071865	3.20	-1071865	-6.11		14
15	CENTRAL SERVICES & SUPPLY	336282	1.00	-336282	-1.92		15
16	PHARMACY	1778834	5.32	-1778834	-10.15		16
17	MEDICAL RECORDS & LIBRARY	637822	1.91	-637822	-3.64		17
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	2052607	6.13	3387163	19.32	5439770	16.25
26	INTENSIVE CARE UNIT	752921	2.25	920132	5.25	1673053	5.00
31	SUBPROVIDER I	958655	2.86	1190139	6.79	2148794	6.42
33	NURSERY	212215	.63	226067	1.29	438282	1.31
34	SKILLED NURSING FACILITY	1051065	3.14	1673510	9.54	2724575	8.14
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	936361	2.80	1020543	5.82	1956904	5.85
40	ANESTHESIOLOGY	17327	.05	126996	.72	144323	.43
41	RADIOLOGY-DIAGNOSTIC	1375440	4.11	1239077	7.07	2614517	7.81
43	RADIOISOTOPE	190278	.57	47192	.27	237470	.71
44	LABORATORY	1774376	5.30	860744	4.91	2635120	7.87
48	INTRAVENOUS THERAPY	33725	.10	64818	.37	98543	.29
49	RESPIRATORY THERAPY	341849	1.02	350054	2.00	691903	2.07
50	PHYSICAL THERAPY	992735	2.97	741060	4.23	1733795	5.18
52	SPEECH PATHOLOGY	99369	.30	58643	.33	158012	.47
53	ELECTROCARDIOLOGY	204136	.61	51317	.29	255453	.76
55	MEDICAL SUPPLIES CHARGED TO PAT	1136665	3.40	662652	3.78	1799317	5.38
55.30	IMPL. DEV. CHARGED TO PATIENT	151000	.45	89833	.51	240833	.72
56	DRUGS CHARGED TO PATIENTS			1987963	11.34	1987963	5.94
61	EMERGENCY	632867	1.89	827436	4.72	1460303	4.36
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES	547908	1.64	587421	3.35	1135329	3.39
OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY	654702	1.96	364502	2.08	1019204	3.05
SPECIAL PURPOSE COST CENTERS							
93	HOSPICE	340164	1.02	165738	.95	505902	1.51
NONREIMBURSABLE COST CENTERS							
98	PHYSICIANS' PRIVATE OFFICES	1451959	4.34	874713	4.99	2326672	6.95

PROVIDER NO. 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
CMS-2552-96 - SUMMARY REPORT 98

VERSION: 2010.09
01/06/2011 10:17

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
100	OTHER NONREIMBURSABLE							100
100.01	MEMORY DISORDER	24576	.07	15282	.09	39858	.12	100.01
100.02	ASSISTED LIVING							100.02
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	33465895	100.00	0	.00	33465895	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		COST TO		PROGRAM	
	COSTS	CHARGES	CHARGES	CHARGES	PPS CAPITAL	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	185528	10673598	.017382	770721	13397	37
40 ANESTHESIOLOGY	26981	3753013	.007189	187130	1345	40
41 RADIOLOGY-DIAGNOSTIC	559638	15162752	.036909	2408940	88912	41
43 RADIOISOTOPE	7594	2557942	.002969	188095	558	43
44 LABORATORY	116886	15502654	.007540	3782061	28517	44
48 INTRAVENOUS THERAPY	1281	940077	.001363	386664	527	48
49 RESPIRATORY THERAPY	19416	3559675	.005454	1738488	9482	49
50 PHYSICAL THERAPY	71696	5725407	.012522	570398	7143	50
52 SPEECH PATHOLOGY	3166	475869	.006653	97187	647	52
53 ELECTROCARDIOLOGY	11867	2200666	.005392	313696	1691	53
55 MEDICAL SUPPLIES CHARGED TO PAT	63339	5020395	.012616	1070228	13502	55
55.30 IMPL. DEV. CHARGED TO PATIENT	8606	348709	.024680	61366	1515	55.30
56 DRUGS CHARGED TO PATIENTS	33689	10224517	.003295	3431875	11308	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	74746	6487251	.011522	941779	10851	61
62 OBSERVATION BEDS (NON-DISTINCT	26662	1108509	.024052	27096	652	62
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL	1211095	83741034		15975724	190047	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	413258	6930	420188	6430	64.27	3286	211191 25
26 INTENSIVE CARE UNIT	106078		106078	1482	71.58	1255	89833 26
101 TOTAL	519336	6930	526266			4541	301024 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	301024
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	190047
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	491071
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	1089
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	4541
PER DISCHARGE CAPITAL COSTS	450.94
PER DIEM CAPITAL COSTS	108.14

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)	6817423
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	19714920
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.346

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	710052
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1140938
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.622

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)	491071
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.025

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	2447072
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	13289072
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.184