

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY GIBSON AREA HOSPITAL AND HEALTH SVCS (14-1317) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2009 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.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	435590	-229357		2
3	SWING BED - SNF	-7570			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY		-207		5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	RURAL HEALTH CLINIC I		64573		9
9.01	RURAL HEALTH CLINIC II		1312		9.01
9.02	RURAL HEALTH CLINIC III		93861		9.02
100	TOTAL	428020	-69818		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: 1120 N. MELVIN P.O. BOX: 1
 1.01 CITY: GIBSON CITY STATE: IL ZIP CODE: 60936 COUNTY: FORD 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	GIBSON AREA HOSPITAL AND HEALTH SV 14-1317	01/03/2002	N	O	O	2	
3	SUBPROVIDER I						3	
4	SWING BEDS - SNF	GIBSON COMMUNITY SWING BEDS	14-Z317	04/01/1993	N	O	N	4
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF	GIBSON HOSPITAL ANNEX SNF	14-5979	05/19/1999	N	P	O	6
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA	GIBSON HOME HEALTH AGENCY	14-7507	01/01/1990	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC	MED CLINIC OF EAST CENTRAL ILLINOI	14-3408	01/01/1996	N	O	O	14
14.01	HOSP-BASED RHC II	THE ONARGA CLINIC	14-3440	10/01/1998	N	O	O	14.01
14.02	HOSP-BASED RHC III	PRAIRIE FAMILY MEDICINE & OBSTETRI	14-8505	06/30/2009	N	O	O	14.02
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2009 TO: 09/30/2010				17	
18	TYPE OF CONTROL		1 2				18	
19	HOSPITAL		1				19	
20	SUBPROVIDER I						20	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.					NO	21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1 N			Y 16580	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 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.		2			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	04/01/1993						27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO							28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	0.8301	0.9315					28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1	14	16580					28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)									
28.03	STAFFING	0.00	NO						28.03
28.04	RECRUITMENT	0.00	NO						28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO						28.05
28.06	TRAINING	0.00	NO						28.06
28.07	OTHER (SPECIFY)		NO						28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO							29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES							30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.	NO							30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO							30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)	NO							30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.	NO							30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO							31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 487344	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.				NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	02/11/2011		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----			OBS. BEDS ADMITTED 5.01	
				TITLE V 3	TITLE XVIII 4	TITLE NONCOVERED DAYS 4.01		TITLE XIX 5
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	23	8395	79848.00		1187		339	1
2 HMO								2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					1053			3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	23	8395	79848.00		2240		339	5
6 INTENSIVE CARE UNIT	2	730	984.00		40		6	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							87	11
12 TOTAL HOSPITAL	25	9125	80832.00		2280		432	12
13 RPCH VISITS								13
14 SUBPROVIDER I								14
15 SKILLED NURSING FACILITY	5	1825			550			15
16 NURSING FACILITY								16
17 OTHER LONG TERM CARE	37	13505						17
18 HOME HEALTH AGENCY								18
20 ASC (DISTINCT PART)								20
21 HOSPICE (DISTINCT PART)								21
23 O/P REHAB PROVIDER								23
24 RHC I					3847			24
24.01 RHC II					207			24.01
24.02 RHC III					1010			24.02
25 TOTAL	67							25
26 OBSERVATION BED DAYS								26
27 AMBULANCE TRIPS					1007			27
28 EMPLOYEE DISCOUNT DAYS								28
29 LABOR & DELIVERY DAYS								29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS----				---INTERNS & RES FTES----			--FULL TIME EQUIV--		
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS	
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET			
5.02	6	6.01	6.02	7	8	9	10	11		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2125							1
2	HMO XIX									2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF		1053							3
4	HOSPITAL ADULTS & PEDS - SWING BED NF		200							4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		3378							5
6	INTENSIVE CARE UNIT		56							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		269							11
12	TOTAL HOSPITAL		3703					312.60		12
13	RPCH VISITS									13
14	SUBPROVIDER I									14
15	SKILLED NURSING FACILITY		1009					2.44		15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE		11918					28.86		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		14197					21.50		24
24.01	RHC II		2239					5.07		24.01
24.02	RHC III		6457					11.89		24.02
25	TOTAL							382.36		25
26	OBSERVATION BED DAYS		396							26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28
29	LABOR & DELIVERY DAYS									29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE XX 15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		363	150	738	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		363	150	738	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE				61	17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
24.01 RHC II					24.01
24.02 RHC III					24.02
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	20833248	-1176913		795253.00			1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	960882			10400.00			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		103157		5075.00			8
8.01 EXCLUDED AREA SALARIES	4777288	-288232		212673.00			8.01
9 OTHER WAGES & RELATED COSTS							9
9.01 CONTRACT LABOR							9.01
9.02 PHARMACY SERVICES UNDER CONTRACT							9.02
9.03 LABORATORY SERVICES UNDER CONTRACT							9.03
10 MANAGEMENT AND ADMINISTRATIVE SERVICES'							10
10.01 CONTRACT LABOR: PHYSICIAN PART A							10.01
11 TEACHING PHYSICIAN UNDER CONTRACT							11
12 HOME OFFICE SALARIES & WAGE REL COSTS							12
12.01 HOME OFFICE: PHYSICIAN PART A							12.01
13 WAGE RELATED COSTS (CORE)	4386189					CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1304987					CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	180092					CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
21 OVERHEAD COSTS - DIRECT SALARIES							21
22 EMPLOYEE BENEFITS	177448			5866.00			22
22.01 ADMINISTRATIVE & GENERAL	2230576	-30956		106121.00			22.01
23 ADMINISTRATIVE & GENERAL UNDER CONTACT							23
24 MAINTENANCE & REPAIRS							24
25 OPERATION OF PLANT	410358			23550.00			25
26 LAUNDRY & LINEN SERVICE	95320			8372.00			26
26.01 HOUSEKEEPING	231495			23125.00			26.01
27 HOUSEKEEPING UNDER CONTRACT							27
27.01 DIETARY	357485	-181085		13922.00			27.01
28 DIETARY UNDER CONTRACT							28
29 CAFETERIA		181085		14292.00			29
30 MAINTENANCE OF PERSONNEL							30
31 NURSING ADMINISTRATION	358645			9028.00			31
32 CENTRAL SERVICES AND SUPPLY							32
33 PHARMACY							33
34 MEDICAL RECORDS & MEDICAL RECORDS LIBR	316175			17569.00			34
35 SOCIAL SERVICE							35
36 OTHER GENERAL SERVICE							36

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		A-6	3	4	5		
1 NET SALARIES	19872366	-1176913	18695453	784853.00	23.82		1
2 EXCLUDED AREA SALARIES	4777288	-185075	4592213	217748.00	21.09		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	15095078	-991838	14103240	567105.00	24.87		3
4 SUBTOTAL OTHER WAGES & REL COSTS							4
5 SUBTOTAL WAGE-RELATED COSTS	4386189		4386189		31.10%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	19481267	-991838	18489429	567105.00	32.60		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	4177502	-30956	4146546	221845.00	18.69		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7507

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: FORD

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

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

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

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7507

WORKSHEET S-4
(CONTINUED)

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

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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB								5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		57						7
8	RHB		75						8
9	RHA		2						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		39						10
11	RMB		116						11
12	RMA		41						12
12.01	RMX		67						12.01
12.02	RML		61						12.02
13	RLB		7						13
14	RLA		10						14
15	SE3								15
16	SE2		29						16
17	SE1								17
18	SSC		23						18
19	SSB		23						19
20	SSA								20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								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								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		550						46

RHC I
 COMPONENT NO: 14-3408

WORKSHEET S-8

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

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

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

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

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

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

RHC II
 COMPONENT NO: 14-3440

WORKSHEET S-8

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

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

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

SOURCE OF FEDERAL FUNDS:

GRANT AWARD

DATE

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

PHYSICIAN INFORMATION:

PHYSICIAN NAME

BILLING NO.

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

PHYSICIAN NAME

HOURS

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

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

RHC III
 COMPONENT NO: 14-8505

WORKSHEET S-8

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

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

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

SOURCE OF FEDERAL FUNDS:

GRANT AWARD

DATE

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

PHYSICIAN INFORMATION:

PHYSICIAN NAME

BILLING NO.

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

PHYSICIAN NAME

HOURS

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

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300								3
4	0400		2228676	2228676	-449655	1779021	-75455	1703566	4
5	0500	177448	5900711	6078159	855509	855509	-2396	853113	5
6.05	0650	731494	394851	1126345	310602	6388761	-233169	6155592	6
6.06	0660	1499082	5695228	7194310	-30956	1095389	-1893866	1095389	6.05
7	0700				-740832	6453478		4559612	6.06
8	0800	410358	984690	1395048	9495	1404543		1404543	7
9	0900	95320	29764	125084		125084	-524	124560	8
10	1000	231495	45840	277335		277335		277335	9
11	1100	357485	244445	601930	-304909	297021		297021	10
12	1200				304909	304909	-70767	234142	11
13	1300								12
14	1400	358645	64841	423486		423486	-65907	357579	13
15	1500		1409006	1409006	-1388573	20433		20433	14
16	1600		1281263	1281263	-871675	409588		409588	15
17	1700	316175	38266	354441		354441	-451	353990	16
18	1800								17
20	2000								18
21	2100								20
22	2200								21
23	2300								22
24	2400								23
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	2256439	251222	2507661	-600946	1906715		1906715	24
26	2600	159886	2775	162661		162661		162661	25
33	3300				202580	202580		202580	26
34	3400				116322	116322		116322	33
36	3600	1321619	191660	1513279	-139317	1373962		1373962	34
ANCILLARY SERVICE COST CENTERS									
37	3700	738274	513139	1251413		1251413	-9883	1241530	36
38	3800	228836	15919	244755		244755		244755	37
39	3900				407816	407816		407816	38
40	4000	960882	57016	1017898	-39576	978322	-963670	14652	39
41	4100	1373125	1765588	3138713	-88057	3050656	-423768	2626888	40
43	4300		110953	110953	89611	200564		200564	41
44	4400	591769	781417	1373186		1373186	-3025	1370161	43
46.30	4650								44
47	4700		129987	129987		129987		129987	46.30
49	4900	280058	44456	324514		324514		324514	47
50	5000	1085410	269564	1354974	12710	1367684	-104275	1263409	49
51	5100	107400	3338	110738		110738		110738	50
52	5200	105	54175	54280		54280		54280	51
53	5300		32842	32842		32842	-22150	10692	52
55	5500				738488	738488		738488	53
55.30	5530				689661	689661		689661	55
56	5600				871675	871675		871675	56
56.01	3950	82036	12105	94141		94141		94141	56.01
56.02	3951								56.02
56.03	3952	106534	99562	206096		206096		206096	56.03
OUTPATIENT SERVICE COST CENTERS									
60	6000	176590	18511	195101		195101		195101	60
61	6100	1000269	1572996	2573265		2573265	-982280	1590985	61
62	6200								62
63.50	6310	1509096	764966	2274062	38928	2312990	-437657	1875333	63.50
63.51	6311	221661	124757	346418	-265	346153	-83	346070	63.51
63.52	6312	1000088	444224	1444312	28286	1472598	-142836	1329762	63.52
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
65	6500	1653759	239806	1893565	51348	1944913	-3800	1941113	65
71	7100								71
SPECIAL PURPOSE COST CENTERS									
95		19031338	25818559	44849897	73179	44923076	-5435962	39487114	95
NONREIMBURSABLE COST CENTERS									
96	9600								96
98.01	9801	194259	158478	352737	-19424	333313		333313	98.01
98.02	9802	37018	54482	91500	-3700	87800		87800	98.02
100	7950								100
100.01	7951	1064843	443888	1508731	-54224	1454507		1454507	100.01
100.02	7952	505790	237419	743209	4169	747378		747378	100.02
101	TOTAL	20833248	26712826	47546074		47546074	-5435962	42110112	101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		351234	1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		24538	2
3	A	RHC	63.50		92806	3
4	A	RHC III	63.52		54972	4
5	A	PHYSICIAN CLINICS	100.02		31471	5
6						6
7 COST OF DRUGS	B	DRUGS CHARGED TO PATIENTS	56		871675	7
8						8
9 COST OF MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		738488	9
10	C	IMPL. DEV. CHARGED TO PATIENT	55.30		689661	10
11						11
12 CAFETERIA COSTS	D	CAFETERIA	12	181085	123824	12
13						13
14 DELIVERY AND NURSERY COSTS	E	DELIVERY ROOM & LABOR ROOM	39	357659	50157	14
15	E	NURSERY	33	177665	24915	15
16						16
17 CLINIC FRINGE BENEFITS	F	EMPLOYEE BENEFITS	5		287478	17
18	F					18
19	F					19
20	F					20
21						21
22 OTHER FRINGE BENEFITS	G	EMPLOYEE BENEFITS	5		23124	22
23	G					23
24						24
25 ADM LONG TERM CARE FEES	H	ADMIN & GENERAL - OTHER	6.06		22995	25
26						26
27 SNF DIRECT CARE COST	I	SKILLED NURSING FACILITY	34	103157	13165	27
28						28
29 OTHER CAPITAL COSTS	J	NEW CAP REL COSTS-MVBLE EQUIP	4		2599	29
30						30
31 MOVABLE EQUIP AND PAXTON DEPR	K	NEW CAP REL COSTS-MVBLE EQUIP	4		792580	31
32	K	RADIOLOGY-DIAGNOSTIC	41		1554	32
33	K	PHYSICAL THERAPY	50		12710	33
34	K	RHC	63.50		85461	34
35	K	RHC III	63.52		23493	35
36 SUBTOTAL				819566	4318900	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 INTEREST EXPENSE	A	ADMIN & GENERAL - OTHER	6.06		555021	11 1
2	A					11 2
3	A					11 3
4	A					11 4
5	A					11 5
6						6
7 COST OF DRUGS	B	PHARMACY	16		871675	7
8						8
9 COST OF MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		1388573	9
10	C	ANESTHESIOLOGY	40		39576	10
11						11
12 CAFETERIA COSTS	D	DIETARY	11	181085	123824	12
13						13
14 DELIVERY AND NURSERY COSTS	E	ADULTS & PEDIATRICS	25	535324	75072	14
15	E					15
16						16
17 CLINIC FRINGE BENEFITS	F	RHC	63.50		138082	17
18	F	RHC III	63.52		50179	18
19	F	PHYSICIAN OFFICE	100.01		54224	19
20	F	PHYSICIAN CLINICS	100.02		44993	20
21						21
22 OTHER FRINGE BENEFITS	G	GAH - MSO	98.01		19424	22
23	G	GAH FOUNDATION	98.02		3700	23
24						24
25 ADM LONG TERM CARE FEES	H	OTHER LONG TERM CARE	36		22995	25
26						26
27 SNF DIRECT CARE COST	I	OTHER LONG TERM CARE	36	103157	13165	27
28						28
29 OTHER CAPITAL COSTS	J	NEW CAP REL COSTS-BLDG & FIXT	3		2599	9 29
30						30
31 MOVABLE EQUIP AND PAXTON DEPR	K	NEW CAP REL COSTS-BLDG & FIXT	3		697602	9 31
32	K	RHC	63.50		1257	9 32
33	K	ADMIN & GENERAL - OTHER	6.06		93721	9 33
34	K					9 34
35	K					9 35
36 SUBTOTAL				819566	4195682	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1	K	AMBULANCE SERVICES	65		29622	1
2	K	PHYSICIAN CLINICS	100.02		17691	2
3						3
4	L	NEW CAP REL COSTS-BLDG & FIXT	3		69843	4
5	L	NEW CAP REL COSTS-MVBLE EQUIP	4		35792	5
6						6
7	M	RADIOISOTOPE	43	89611		7
8						8
9	N	AMBULANCE SERVICES	65	30956		9
10						10
11	O	OPERATION OF PLANT	8		9230	11
12						12
13	P	OPERATION OF PLANT	8		265	13
14						14
15	Q	ADULTS & PEDIATRICS	25		9450	15
16						16
17	R	ANESTHESIOLOGY	40		960882	17
18						18
19						19
20	S	PHYSICIAN OFFICE	100.01		216031	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		940133	5667706	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1	K						9 1
2	K	NEW CAP REL COSTS-BLDG & FIXT	3		170531		9 2
3							3
4	L	ADMIN & GENERAL - OTHER	6.06		105635		12 4
5	L						12 5
6							6
7	M	RADIOLOGY-DIAGNOSTIC	41	89611			7
8							8
9	N	PATIENT ACCOUNTING & REGIST	6.05	30956			9
10							10
11	O	AMBULANCE SERVICES	65		9230		11
12							12
13	P	RHC II	63.51		265		13
14							14
15	Q	ADMIN & GENERAL - OTHER	6.06		9450		15
16							16
17	R	ANESTHESIOLOGY	40	960882			17
18							18
19							19
20	S	PHYSICIAN OFFICE	100.01	216031			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		2117046	4490793		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	324037	19999		19999		344036		1
2 LAND IMPROVEMENTS	1003201					1003201		2
3 BUILDINGS AND FIXTURES	23394023	238042		238042		23632065		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	16647402	525167		525167		17172569		6
7 SUBTOTAL	41368663	783208		783208		42151871		7
8 RECONCILING ITEMS								8
9 TOTAL	41368663	783208		783208		42151871		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	24635266		24635266	.589250				3
4 NEW CAP REL COSTS-MVBLE EQUIP	17172569		17172569	.410750				4
5 TOTAL	41807835		41807835	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1316782		316941	69843			1703566 3
4 NEW CAP REL COSTS-MVBLE EQUIP	795179		22142	35792			853113 4
5 TOTAL	2111961		339083	105635			2556679 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	2228676						2228676 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	2228676						2228676 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	-34293	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-2396	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER	B	-1535	ADMIN & GENERAL - OTHER	6.06	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-77	ADMIN & GENERAL - OTHER	6.06	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1545381			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-70767	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-451	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 RENTAL INCOME	B	-41162	NEW CAP REL COSTS-BLDG & FIXT	3	9 37
37.01 OTHER INTEREST INCOME - ONARGA	B	-83	RHC II	63.51	37.01
37.02 PAXTON PAVING REVENUE	B	-10000	RHC	63.50	37.02
37.03 PAXTON INTEREST INCOME	B	-356	RHC	63.50	37.03
37.04 ADMIN INTEREST INCOME	B	-642	ADMIN & GENERAL - OTHER	6.06	37.04
37.05 FORREST CLINIC INTEREST INCOME	B	-72	RHC III	63.52	37.05
38 MISC REVENUE	B	-8510	ADMIN & GENERAL - OTHER	6.06	38
38.01 SCHOOL NURSING INCOME	B	-65907	NURSING ADMINISTRATION	14	38.01
39 MISC LIFELINE REVENUE	B	-6988	ADMIN & GENERAL - OTHER	6.06	39
40 LAUNDRY INCOME	B	-524	LAUNDRY & LINEN SERVICE	9	40
41 CRNA SALARY EXPENSE	A	-960882	ANESTHESIOLOGY	40	41
42 CRNA NONSALARY EXPENSE	A	-2788	ANESTHESIOLOGY	40	42
42.01 CRNA FRINGE BENEFITS	A	-180092	EMPLOYEE BENEFITS	5	42.01
43 NON-REIMB PHYS RECRUITMENT COST	A	-598004	ADMIN & GENERAL - OTHER	6.06	43
44 NONREIMB LOBBYING COST	A	-7420	ADMIN & GENERAL - OTHER	6.06	44
45 NONREIMB PUBLIC RELATIONS EXP	A	-482794	ADMIN & GENERAL - OTHER	6.06	45
46 GIBSON AREA PHO EXPENSE	A	-452370	ADMIN & GENERAL - OTHER	6.06	46
47 PAXTON RENT EXPENSE	A	-87844	RHC	63.50	47
47.01 FORREST RENT EXPENSE	A	-38164	RHC III	63.52	47.01
47.02 AMBULANCE RENT EXPENSE	A	-3800	AMBULANCE SERVICES	65	47.02
48 MISC COMMUNITY DONATIONS	A	-77401	ADMIN & GENERAL - OTHER	6.06	48
49 EXCESS PHYSICIAN COMP ADJUSTMENT	A	-262403	RHC	63.50	49
49.01 PAXTON LAB SRVC COST	A	-77054	RHC	63.50	49.01
49.02 FORREST LAB SRVC COST	A	-34593	RHC III	63.52	49.02
49.03 FORREST DRS HOSP VISIT EXP	A	-70007	RHC III	63.52	49.03
49.04 RADIOLOGY DRS PART B FRINGE BEN E	A	-53077	EMPLOYEE BENEFITS	5	49.04
49.05 STATE TAX EXPENSE	A	-258125	ADMIN & GENERAL - OTHER	6.06	49.05
50 TOTAL		-5435962			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	53	ELECTROCARDIOLOGY	EKG	22150	22150				
2	61	EMERGENCY	ER	1491694	982280	509414			
3	44	LABORATORY	LAB	3025	3025				
4	34	SKILLED NURSING FACILITY	SNF	15600		15600			
5	56.01	CARDIAC REHAB	CARDIAC	6750		6750			
6	50	PHYSICAL THERAPY	PT	104275	104275				
7	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGIST	423768	423768				
8	37	OPERATING ROOM	SURGERY	9883	9883				
9	56.03	SLEEP LAB	SLEEP LAB	10200		10200			
10	25	ADULTS & PEDIATRICS	OB	9450		9450			
101		TOTAL		2096795	1545381	551414			

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	53 ELECTROCARDIOLOGY			EKG				22150
2	61 EMERGENCY			ER				982280
3	44 LABORATORY			LAB				3025
4	34 SKILLED NURSING FACILITY			SNF				
5	56.01 CARDIAC REHAB			CARDIAC				
6	50 PHYSICAL THERAPY			PT				104275
7	41 RADIOLOGY-DIAGNOSTIC			RADIOLOGIST				423768
8	37 OPERATING ROOM			SURGERY				9883
9	56.03 SLEEP LAB			SLEEP LAB				
10	25 ADULTS & PEDIATRICS			OB				
101	TOTAL							1545381

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADM + GEN	SUBTOTAL	ADM + GEN
	FOR COST	BLDGS &	MOVABLE	BENEFITS		PATIENT		OTHER
	ALLOCATION	FIXTURES	EQUIPMENT			ACTG + REG		
	0	3	4	5	5A	6.05		6.06
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1703566	1703566						3
4 NEW CAP REL COSTS-MVBLE EQUIP	853113		853113					4
5 EMPLOYEE BENEFITS	6155592	8674		6164266				5
6.05 PATIENT ACCOUNTING & REGIST	1095389	7022	3892	221692	1327995	1327995		6.05
6.06 ADMIN & GENERAL - OTHER	4559612	192648	416137	474398	5642795	262087	5904882	5904882 6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	1404543	448306	13566	129861	1996276	92721	2088997	340705 8
9 LAUNDRY & LINEN SERVICE	124560	23081	631	30165	178437	8288	186725	30454 9
10 HOUSEKEEPING	277335	7358	184	73259	358136	16634	374770	61123 10
11 DIETARY	297021	33715	3702	55823	390261	18126	408387	66606 11
12 CAFETERIA	234142	10701	3801	57306	305950	14210	320160	52216 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	357579	4001		113496	475076	22066	497142	81081 14
15 CENTRAL SERVICES & SUPPLY	20433	9452			29885	1388	31273	5100 15
16 PHARMACY	409588	17791	9583		436962	20296	457258	74576 16
17 MEDICAL RECORDS & LIBRARY	353990	13843	81	100056	467970	21736	489706	79869 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1906715	177825	54560	544660	2683760	124653	2808413	458038 25
26 INTENSIVE CARE UNIT	1626661	13024	1069	50597	227351	10560	237911	38802 26
33 NURSERY	202580	4283	2799	56224	265886	12350	278236	45379 33
34 SKILLED NURSING FACILITY	116322	15374	816	32645	165157		165157	26936 34
36 OTHER LONG TERM CARE	1373962	164250	9637	385593	1933442		1933442	315335 36
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1241530	82320	66072	233633	1623555	75409	1698964	277093 37
38 RECOVERY ROOM	244755	16958	644	72417	334774	15549	350323	57136 38
39 DELIVERY ROOM & LABOR ROOM	407816	14501	5634	113184	541135	25134	566269	92356 39
40 ANESTHESIOLOGY	14652	1316	12461		28429	1320	29749	4852 40
41 RADIOLOGY-DIAGNOSTIC	2626888	97036	29544	406180	3159648	146756	3306404	539249 41
43 RADIOISOTOPE	200564	8848		28358	237770	11044	248814	40580 43
44 LABORATORY	1370161	25202	9886	187271	1592520	73968	1666488	271796 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	129987	2068			132055	6134	138189	22538 47
49 RESPIRATORY THERAPY	324514	6055	548	88627	419744	19496	439240	71638 49
50 PHYSICAL THERAPY	1263409	142982	37705	343488	1787584	83028	1870612	305087 50
51 OCCUPATIONAL THERAPY	110738	3021	51	33988	147798	6865	154663	25225 51
52 SPEECH PATHOLOGY	54280	3021		33	57334	2663	59997	9785 52
53 ELECTROCARDIOLOGY	10692		2816		13508	627	14135	2305 53
55 MEDICAL SUPPLIES CHARGED TO PAT	738488				738488	34301	772789	126038 55
55.30 IMPL. DEV. CHARGED TO PATIENT	689661				689661	32033	721694	117705 55.30
56 DRUGS CHARGED TO PATIENTS	871675				871675	40487	912162	148769 56
56.01 CARDIAC REHAB	94141	13574	3621	25961	137297	6377	143674	23433 56.01
56.02 WOUND CARE CENTER		8983	3810		12793	594	13387	2183 56.02
56.03 SLEEP LAB	206096		11931	33714	251741	11693	263434	42965 56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	195101	31835	3044	55883	285863	13277	299140	48788 60
61 EMERGENCY	1590985	89946	66894	316544	2064369	95884	2160253	352326 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC	1875333		8063	477567	2360963		2360963	385061 63.50
63.51 RHC II	346070			70147	416217		416217	67883 63.51
63.52 RHC III	1329762			316487	1646249		1646249	268495 63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	1941113		53113	533143	2527369		2527369	412201 65
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	39487114	1699014	836295	5662400	38963878	1327754	38963637	5391707 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		4552			4552	211	4763	777 96
98.01 GAH - MSO	333313			61475	394788		394788	64388 98.01
98.02 GAH FOUNDATION	87800			11715	99515		99515	16230 98.02
100 HOSPITAL ASSOC SRVCS			637		637		667	109 100
100.01PHYSICIAN OFFICE	1454507		1454	268614	1724575		1724575	281270 100.01
100.02PHYSICIAN CLINICS	747378		14727	160062	922167		922167	150401 100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	42110112	1703566	853113	6164266	42110112	1327995	42110112	5904882 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	SUPPLY	16
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.05 PATIENT ACCOUNTING & REGIST								6.05
6.06 ADMIN & GENERAL - OTHER								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	2429702							8
9 LAUNDRY & LINEN SERVICE	41380	258559						9
10 HOUSEKEEPING	13191	19863	468947					10
11 DIETARY	60445	782	15554	551774				11
12 CAFETERIA	19185	763	4937		397261			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	7173		1846		9802	597044		14
15 CENTRAL SERVICES & SUPPLY	16947		4361				57681	15
16 PHARMACY	31895		8208				82	572019
17 MEDICAL RECORDS & LIBRARY	24818		6386		19084			17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	318810	57264	82036	124270	68836	218194	2091	185
26 INTENSIVE CARE UNIT	23350	751	6009	1844	3614	11452	5	26
33 NURSERY	7679	1215	1976		6775	21430	152	3
34 SKILLED NURSING FACILITY	27562	9168	7093	33224	5511		94	2
36 OTHER LONG TERM CARE	294472	108289	75776	392436	65179		865	24
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	147585	23326	37978		32296	102377	7209	13503
38 RECOVERY ROOM	30403		7824		9056	28707	285	38
39 DELIVERY ROOM & LABOR ROOM	25998		6690		12083	38279	247	5
40 ANESTHESIOLOGY	2359		607					40
41 RADIOLOGY-DIAGNOSTIC	173968	9593	44767		38778		345	703
43 RADIOISOTOPE	15863		4082		2258		26	47
44 LABORATORY	45183		11627		27282		721	5
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	3707		954					47
49 RESPIRATORY THERAPY	10856		2794		12557	39839	29	43
50 PHYSICAL THERAPY	256342	11508	65964		37219		100	42
51 OCCUPATIONAL THERAPY	5416		1394		3772		1	51
52 SPEECH PATHOLOGY	5416		1394					52
53 ELECTROCARDIOLOGY							17	53
55 MEDICAL SUPPLIES CHARGED TO PAT							22193	55
55.30 IMPL. DEV. CHARGED TO PATIENT							21253	55.30
56 DRUGS CHARGED TO PATIENTS								514337
56.01 CARDIAC REHAB	24337		6263		3297	10440	20	56.01
56.02 WOUND CARE CENTER	16104		4144		90	275	25	47
56.03 SLEEP LAB					4088	12935	19	43
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	57075		14687		8718	27643	170	183
61 EMERGENCY	161258	16037	41496		26966	85473	1132	160
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC	268691						96	2441
63.51 RHC II	28622						40	1497
63.52 RHC III	72601						18	74
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	182851						235	1384
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	2421542	258559	466847	551774	397261	597044	57470	534728
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	8160		2100					96
98.01 GAH - MSO								89
98.02 GAH FOUNDATION								98.02
100 HOSPITAL ASSOC SRVCS								57
100.01PHYSICIAN OFFICE							171	36352
100.02PHYSICIAN CLINICS							40	793
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2429702	258559	468947	551774	397261	597044	57681	572019

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.05 PATIENT ACCOUNTING & REGIST					6.05
6.06 ADMIN & GENERAL - OTHER					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY	619863				17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	278573	4416710		4416710	25
26 INTENSIVE CARE UNIT	22692	346430		346430	26
33 NURSERY		362845		362845	33
34 SKILLED NURSING FACILITY		274747		274747	34
36 OTHER LONG TERM CARE		3185818		3185818	36
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	108328	2448659		2448659	37
38 RECOVERY ROOM		483734		483734	38
39 DELIVERY ROOM & LABOR ROOM		741927		741927	39
40 ANESTHESIOLOGY		37567		37567	40
41 RADIOLOGY-DIAGNOSTIC	181763	4295570		4295570	41
43 RADIOISOTOPE		311670		311670	43
44 LABORATORY		2023102		2023102	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA		165388		165388	47
49 RESPIRATORY THERAPY	5701	582697		582697	49
50 PHYSICAL THERAPY		2546874		2546874	50
51 OCCUPATIONAL THERAPY		190471		190471	51
52 SPEECH PATHOLOGY		76592		76592	52
53 ELECTROCARDIOLOGY		16457		16457	53
55 MEDICAL SUPPLIES CHARGED TO PAT		921020		921020	55
55.30 IMPL. DEV. CHARGED TO PATIENT		860652		860652	55.30
56 DRUGS CHARGED TO PATIENTS		1575268		1575268	56
56.01 CARDIAC REHAB		211464		211464	56.01
56.02 WOUND CARE CENTER		36255		36255	56.02
56.03 SLEEP LAB		323484		323484	56.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		456404	-38114	418290	60
61 EMERGENCY	22806	2867907		2867907	61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC		3017252		3017252	63.50
63.51 RHC II		514259		514259	63.51
63.52 RHC III		1987437		1987437	63.52
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES		3124040		3124040	65
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS	619863	38402700	-38114	38364586	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		15800		15800	96
98.01 GAH - MSO		459265		459265	98.01
98.02 GAH FOUNDATION		115745		115745	98.02
100 HOSPITAL ASSOC SRVCS		833		833	100
100.01PHYSICIAN OFFICE		2042368		2042368	100.01
100.02PHYSICIAN CLINICS		1073401		1073401	100.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	619863	42110112	-38114	42071998	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADM + GEN PATIENT ACTG + REG 6.05	ADM & GEN OTHER 6.06	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		8674		8674	8674				5
6.05 PATIENT ACCOUNTING & REGIST	31102	7022	3892	42016	312	42328			6.05
6.06 ADMIN & GENERAL - OTHER	9883	192648	416137	618668	667	8363	627698		6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	672	448306	13566	462544	183	2954	36217	501898	8
9 LAUNDRY & LINEN SERVICE		23081	631	23712	42	264	3237	8548	9
10 HOUSEKEEPING		7358	184	7542	103	530	6497	2725	10
11 DIETARY		33715	3702	37417	78	578	7080	12486	11
12 CAFETERIA		10701	3801	14502	81	453	5551	3963	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		4001		4001	160	703	8619	1482	14
15 CENTRAL SERVICES & SUPPLY	14440	9452		23892		44	542	3501	15
16 PHARMACY	90	17791	9583	27464		647	7927	6589	16
17 MEDICAL RECORDS & LIBRARY	5309	13843	81	19233	141	693	8490	5127	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	37094	177825	54560	269479	770	3972	48689	65855	25
26 INTENSIVE CARE UNIT	1199	13024	1069	15292	71	336	4125	4823	26
33 NURSERY		4283	2799	7082	79	394	4824	1586	33
34 SKILLED NURSING FACILITY		15374	816	16190	46		2863	5693	34
36 OTHER LONG TERM CARE	1669	164250	9637	175556	542		33520	60828	36
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	43480	82320	66072	191872	329	2403	29455	30486	37
38 RECOVERY ROOM		16958	644	17602	102	495	6074	6280	38
39 DELIVERY ROOM & LABOR ROOM		14501	5634	20135	159	801	9817	5370	39
40 ANESTHESIOLOGY		1316	12461	13777		42	516	487	40
41 RADIOLOGY-DIAGNOSTIC	1131552	97036	29544	1258132	571	4676	57332	35936	41
43 RADIOISOTOPE		8848		8848	40	352	4314	3277	43
44 LABORATORY	201426	25202	9886	236514	263	2357	28892	9333	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		2068		2068		195	2396	766	47
49 RESPIRATORY THERAPY		6055	548	6603	125	621	7615	2243	49
50 PHYSICAL THERAPY	3162	142982	37705	183849	483	2646	32431	52952	50
51 OCCUPATIONAL THERAPY		3021	51	3072	48	219	2681	1119	51
52 SPEECH PATHOLOGY		3021		3021		85	1040	1119	52
53 ELECTROCARDIOLOGY			2816	2816		20	245		53
55 MEDICAL SUPPLIES CHARGED TO PAT						1093	13398		55
55.30 IMPL. DEV. CHARGED TO PATIENT						1021	12512		55.30
56 DRUGS CHARGED TO PATIENTS						1290	15814		56
56.01 CARDIAC REHAB		13574	3621	17195	37	203	2491	5027	56.01
56.02 WOUND CARE CENTER		8983	3810	12793		19	232	3327	56.02
56.03 SLEEP LAB	2275		11931	14206	47	373	4567		56.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1227	31835	3044	36106	79	423	5186	11790	60
61 EMERGENCY	2397	89946	66894	159237	445	3055	37452	33311	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC	34972		8063	43035	672		40932	55503	63.50
63.51 RHC II	1206			1206	99		7216	5912	63.51
63.52 RHC III	217			217	445		28541	14997	63.52
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	3855		53113	56968	750		43817	37771	65
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	1527227	1699014	836295	4062536	7969	42320	573147	500212	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4552		4552		7	83	1686	96
98.01 GAH - MSO					86		6844		98.01
98.02 GAH FOUNDATION					16		1725		98.02
100 HOSPITAL ASSOC SRVCS			637	637		1	12		100
100.01PHYSICIAN OFFICE	49205		1454	50659	378		29899		100.01
100.02PHYSICIAN CLINICS	2320		14727	17047	225		15988		100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1578752	1703566	853113	4135431	8674	42328	627698	501898	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	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
6.05 PATIENT ACCOUNTING & REGIST									6.05
6.06 ADMIN & GENERAL - OTHER									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	35803								9
10 HOUSEKEEPING	2751	20148							10
11 DIETARY	108	668	58415						11
12 CAFETERIA	106	212		24868					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		79		614	15658				14
15 CENTRAL SERVICES & SUPPLY		187				28166			15
16 PHARMACY		353				40	43020		16
17 MEDICAL RECORDS & LIBRARY		274		1195				35153	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	7929	3526	13156	4309	5722	1021	14	15799	25
26 INTENSIVE CARE UNIT	104	258	195	226	300	2		1287	26
33 NURSERY	168	85		424	562	74			33
34 SKILLED NURSING FACILITY	1270	305	3517	345		46			34
36 OTHER LONG TERM CARE	14995	3256	41547	4080		422	2		36
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3230	1632		2022	2685	3520	1015	6143	37
38 RECOVERY ROOM		336		567	753	139			38
39 DELIVERY ROOM & LABOR ROOM		287		756	1004	121			39
40 ANESTHESIOLOGY		26							40
41 RADIOLOGY-DIAGNOSTIC	1328	1923		2427		169	53	10308	41
43 RADIOISOTOPE		175		141		13	4		43
44 LABORATORY		500		1708		352			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		41							47
49 RESPIRATORY THERAPY		120		786	1045	14	3	323	49
50 PHYSICAL THERAPY	1593	2834		2330		49	3		50
51 OCCUPATIONAL THERAPY		60		236					51
52 SPEECH PATHOLOGY		60							52
53 ELECTROCARDIOLOGY						8			53
55 MEDICAL SUPPLIES CHARGED TO PAT						10837			55
55.30 IMPL. DEV. CHARGED TO PATIENT						10378			55.30
56 DRUGS CHARGED TO PATIENTS							38681		56
56.01 CARDIAC REHAB		269		206	274	10			56.01
56.02 WOUND CARE CENTER		178		6	7	12	4		56.02
56.03 SLEEP LAB				256	339	9	3		56.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		631		546	725	83	14		60
61 EMERGENCY	2221	1783		1688	2242	553	12	1293	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC						47	184		63.50
63.51 RHC II						19	113		63.51
63.52 RHC III						9	6		63.52
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES						115	104		65
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	35803	20058	58415	24868	15658	28062	40215	35153	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		90							96
98.01 GAH - MSO							7		98.01
98.02 GAH FOUNDATION									98.02
100 HOSPITAL ASSOC SRVCS							4		100
100.01PHYSICIAN OFFICE						84	2734		100.01
100.02PHYSICIAN CLINICS						20	60		100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	35803	20148	58415	24868	15658	28166	43020	35153	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.05 PATIENT ACCOUNTING & REGIST				6.05
6.06 ADMIN & GENERAL - OTHER				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	440241		440241	25
26 INTENSIVE CARE UNIT	27019		27019	26
33 NURSERY	15278		15278	33
34 SKILLED NURSING FACILITY	30275		30275	34
36 OTHER LONG TERM CARE	334748		334748	36
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	274792		274792	37
38 RECOVERY ROOM	32348		32348	38
39 DELIVERY ROOM & LABOR ROOM	38450		38450	39
40 ANESTHESIOLOGY	14848		14848	40
41 RADIOLOGY-DIAGNOSTIC	1372855		1372855	41
43 RADIOISOTOPE	17164		17164	43
44 LABORATORY	279919		279919	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	5466		5466	47
49 RESPIRATORY THERAPY	19498		19498	49
50 PHYSICAL THERAPY	279170		279170	50
51 OCCUPATIONAL THERAPY	7435		7435	51
52 SPEECH PATHOLOGY	5325		5325	52
53 ELECTROCARDIOLOGY	3089		3089	53
55 MEDICAL SUPPLIES CHARGED TO PAT	25328		25328	55
55.30 IMPL. DEV. CHARGED TO PATIENT	23911		23911	55.30
56 DRUGS CHARGED TO PATIENTS	55785		55785	56
56.01 CARDIAC REHAB	25712		25712	56.01
56.02 WOUND CARE CENTER	16578		16578	56.02
56.03 SLEEP LAB	19800		19800	56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	55583		55583	60
61 EMERGENCY	243292		243292	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC	140373		140373	63.50
63.51 RHC II	14565		14565	63.51
63.52 RHC III	44215		44215	63.52
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	139525		139525	65
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
95 SUBTOTALS	4002587		4002587	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	6418		6418	96
98.01 GAH - MSO	6937		6937	98.01
98.02 GAH FOUNDATION	1741		1741	98.02
100 HOSPITAL ASSOC SRVCS	654		654	100
100.01PHYSICIAN OFFICE	83754		83754	100.01
100.02PHYSICIAN CLINICS	33340		33340	100.02
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	4135431		4135431	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADM + GEN PATIENT ACTG + REG ACCUM COST	RECON- CILIATION	
	3	4	5	6A.05	6.05		
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	126878						3
4 NEW CAP REL COSTS-MVBLE EQUIP		792581					4
5 EMPLOYEE BENEFITS	646		19478887				5
6.05 PATIENT ACCOUNTING & REGIST	523	3616	700538	-1327995	28591675		6.05
6.06 ADMIN & GENERAL - OTHER	14348	386612	1499082		5642795	-5904882	6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	33389	12603	410358		1996276		8
9 LAUNDRY & LINEN SERVICE	1719	586	95320		178437		9
10 HOUSEKEEPING	548	171	231495		358136		10
11 DIETARY	2511	3439	176400		390261		11
12 CAFETERIA	797	3531	181085		305950		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	298		358645		475076		14
15 CENTRAL SERVICES & SUPPLY	704				29885		15
16 PHARMACY	1325	8903			436962		16
17 MEDICAL RECORDS & LIBRARY	1031	75	316175		467970		17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	13244	50689	1721115		2683760		25
26 INTENSIVE CARE UNIT	970	993	159886		227351		26
33 NURSERY	319	2600	177665		265886		33
34 SKILLED NURSING FACILITY	1145	758	103157	-165157			34
36 OTHER LONG TERM CARE	12233	8953	1218462	-1933442			36
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	6131	61384	738274		1623555		37
38 RECOVERY ROOM	1263	598	228836		334774		38
39 DELIVERY ROOM & LABOR ROOM	1080	5234	357659		541135		39
40 ANESTHESIOLOGY	98	11577			28429		40
41 RADIOLOGY-DIAGNOSTIC	7227	27448	1283514		3159648		41
43 RADIOISOTOPE	659		89611		237770		43
44 LABORATORY	1877	9185	591769		1592520		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	154				132055		47
49 RESPIRATORY THERAPY	451	509	280058		419744		49
50 PHYSICAL THERAPY	10649	35030	1085410		1787584		50
51 OCCUPATIONAL THERAPY	225	47	107400		147798		51
52 SPEECH PATHOLOGY	225		105		57334		52
53 ELECTROCARDIOLOGY		2616			13508		53
55 MEDICAL SUPPLIES CHARGED TO P					738488		55
55.30 IMPL. DEV. CHARGED TO PATIENT					689661		55.30
56 DRUGS CHARGED TO PATIENTS					871675		56
56.01 CARDIAC REHAB	1011	3364	82036		137297		56.01
56.02 WOUND CARE CENTER	669	3540			12793		56.02
56.03 SLEEP LAB		11084	106534		251741		56.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2371	2828	176590		285863		60
61 EMERGENCY	6699	62148	1000269		2064369		61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC		7491	1509096	-2360963			63.50
63.51 RHC II			221661	-416217			63.51
63.52 RHC III			1000088	-1646249			63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES		49344	1684715	-2527369			65
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	126539	776956	17893008	-10377392	28586486	-5904882	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	339				4552		96
98.01 GAH - MSO			194259	-394788			98.01
98.02 GAH FOUNDATION			37018	-99515			98.02
100 HOSPITAL ASSOC SRVCS		592			637		100
100.01 PHYSICIAN OFFICE		1351	848812	-1724575			100.01
100.02 PHYSICIAN CLINICS		13682	505790	-922167			100.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A.05	ADM + GEN PATIENT ACTG + REG ACCUM COST 6.05	RECON- CILIATION
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	1703566	853113	6164266		1327995	103
104 UNIT COST MULT-WS B PT I		1.076373				104
104 UNIT COST MULT-WS B PT I	13.426804		.316459		.046447	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			8674		42328	107
108 UNIT COST MULT-WS B PT III						108
108 UNIT COST MULT-WS B PT III			.000445		.001480	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADM & GEN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
	OTHER	OF PLANT	& LINEN	KEEPING			ADMINIS-	
	ACCUM	SQUARE	SERVICE	SQUARE	MEALS	MEALS	TRATION	
	COST	FEET	POUNDS OF	FEET	SERVED	SERVED	DIRECT	
	6.06	8	LAUNDRY	10	11	12	NRSNG HRS	14
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.05								6.05
6.06	ADMIN & GENERAL - OTHER	36205230						6.06
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	2088997	100935					8
9	LAUNDRY & LINEN SERVICE	186725	1719	280695				9
10	HOUSEKEEPING	374770	548	21564	75705			10
11	DIETARY	408387	2511	849	2511	50271		11
12	CAFETERIA	320160	797	828	797		17590	12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	497142	298		298		434	173455
15	CENTRAL SERVICES & SUPPLY	31273	704		704			15
16	PHARMACY	457258	1325		1325			16
17	MEDICAL RECORDS & LIBRARY	489706	1031		1031		845	17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES							22
23	I&R SERVICES-OTHER PRGM COSTS							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	2808413	13244	62166	13244	11322	3048	63390
26	INTENSIVE CARE UNIT	237911	970	815	970	168	160	3327
33	NURSERY	278236	319	1319	319		300	6226
34	SKILLED NURSING FACILITY	165157	1145	9953	1145	3027	244	34
36	OTHER LONG TERM CARE	1933442	12233	117561	12233	35754	2886	36
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	1698964	6131	25323	6131		1430	29743
38	RECOVERY ROOM	350323	1263		1263		401	8340
39	DELIVERY ROOM & LABOR ROOM	566269	1080		1080		535	11121
40	ANESTHESIOLOGY	29749	98		98			40
41	RADIOLOGY-DIAGNOSTIC	3306404	7227	10414	7227		1717	41
43	RADIOISOTOPE	248814	659		659		100	43
44	LABORATORY	1666488	1877		1877		1208	44
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
47	BLOOD STORING, PROCESSING & T	138189	154		154			47
49	RESPIRATORY THERAPY	439240	451		451		556	11574
50	PHYSICAL THERAPY	1870612	10649	12493	10649		1648	50
51	OCCUPATIONAL THERAPY	154663	225		225		167	51
52	SPEECH PATHOLOGY	59997	225		225			52
53	ELECTROCARDIOLOGY	14135						53
55	MEDICAL SUPPLIES CHARGED TO P	772789						55
55.30	IMPL. DEV. CHARGED TO PATIENT	721694						55.30
56	DRUGS CHARGED TO PATIENTS	912162						56
56.01	CARDIAC REHAB	143674	1011		1011		146	3033
56.02	WOUND CARE CENTER	13387	669		669		4	80
56.03	SLEEP LAB	263434					181	3758
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	299140	2371		2371		386	8031
61	EMERGENCY	2160253	6699	17410	6699		1194	24832
62	OBSERVATION BEDS (NON-DISTINC							62
63.50	RHC	2360963	11162					63.50
63.51	RHC II	416217	1189					63.51
63.52	RHC III	1646249	3016					63.52
63.60	FQHC							63.60
OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	2527369	7596					65
71	HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	33058755	100596	280695	75366	50271	17590	173455
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	4763	339		339			96
98.01	GAH - MSO	394788						98.01
98.02	GAH FOUNDATION	99515						98.02
100	HOSPITAL ASSOC SRVCS	667						100
100.01	PHYSICIAN OFFICE	1724575						100.01
100.02	PHYSICIAN CLINICS	922167						100.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADM & GEN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
	OTHER	OF PLANT	& LINEN	KEEPING			ADMINIS-	
	ACCUM	SQUARE	SERVICE	SQUARE	MEALS	MEALS	TRATION	
	COST	FEET	POUNDS OF	FEET	SERVED	SERVED	DIRECT	
	6.06	8	LAUNDRY	10	11	12	NRSING	HRS
			9				14	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5904882	2429702	258559	468947	551774	397261	597044	103
104 UNIT COST MULT-WS B PT I	.163095		.921139		10.975990		3.442069	
104 UNIT COST MULT-WS B PT I		24.071947		6.194399		22.584480		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	627698	501898	35803	20148	58415	24868	15658	106
108 UNIT COST MULT-WS B PT III	.017337		.127551		1.162002		.090271	107
108 UNIT COST MULT-WS B PT III		4.972487		.266138		1.413758		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY TIME SPENT 17	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.05 PATIENT ACCOUNTING & REGIST				6.05
6.06 ADMIN & GENERAL - OTHER				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY	2036326			15
16 PHARMACY	2898	977323		16
17 MEDICAL RECORDS & LIBRARY			27180	17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES				22
23 I&R SERVICES-OTHER PRGM COSTS				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	73803	316	12215	25
26 INTENSIVE CARE UNIT	179		995	26
33 NURSERY	5367	5		33
34 SKILLED NURSING FACILITY	3334	4		34
36 OTHER LONG TERM CARE	30544	41		36
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	254512	23070	4750	37
38 RECOVERY ROOM	10052			38
39 DELIVERY ROOM & LABOR ROOM	8737	8		39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	12192	1201	7970	41
43 RADIOISOTOPE	929	80		43
44 LABORATORY	25443	8		44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
47 BLOOD STORING, PROCESSING & T				47
49 RESPIRATORY THERAPY	1011	74	250	49
50 PHYSICAL THERAPY	3530	72		50
51 OCCUPATIONAL THERAPY	33			51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	608			53
55 MEDICAL SUPPLIES CHARGED TO P	783453			55
55.30 IMPL. DEV. CHARGED TO PATIENT	750315			55.30
56 DRUGS CHARGED TO PATIENTS		878770		56
56.01 CARDIAC REHAB	706			56.01
56.02 WOUND CARE CENTER	874	80		56.02
56.03 SLEEP LAB	672	74		56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	5986	313		60
61 EMERGENCY	39965	273	1000	61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC	3378	4171		63.50
63.51 RHC II	1405	2557		63.51
63.52 RHC III	628	126		63.52
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	8309	2365		65
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
95 SUBTOTALS	2028863	913608	27180	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
98.01 GAH - MSO		152		98.01
98.02 GAH FOUNDATION				98.02
100 HOSPITAL ASSOC SRVCS		98		100
100.01 PHYSICIAN OFFICE	6041	62110		100.01
100.02 PHYSICIAN CLINICS	1422	1355		100.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY TIME SPENT 17	
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	57681	572019	619863	103
104 UNIT COST MULT-WS B PT I	.028326		22.805850	
104 UNIT COST MULT-WS B PT I		.585292		104
105 COST TO BE ALLOC PER B PT II				104
106 UNIT COST MULT-WS B PT II				105
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	28166	43020	35153	106
108 UNIT COST MULT-WS B PT III	.013832		1.293341	107
108 UNIT COST MULT-WS B PT III		.044018		108

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

----- WORKSHEET B -----
PART LINE NO.
2 3 4

DESCRIPTION 1	PART 2	LINE NO. 3	AMOUNT 4	
1				1
2				2
3				3
4				4
5 CLINIC RENTAL INCOME	1	60	-38114	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	4416710		4416710		4416710	25
26 INTENSIVE CARE UNIT	346430		346430		346430	26
33 NURSERY	362845		362845		362845	33
34 SKILLED NURSING FACILITY	274747		274747		274747	34
36 OTHER LONG TERM CARE	3185818		3185818		3185818	36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2448659		2448659		2448659	37
38 RECOVERY ROOM	483734		483734		483734	38
39 DELIVERY ROOM & LABOR ROOM	741927		741927		741927	39
40 ANESTHESIOLOGY	37567		37567		37567	40
41 RADIOLOGY-DIAGNOSTIC	4295570		4295570		4295570	41
43 RADIOISOTOPE	311670		311670		311670	43
44 LABORATORY	2023102		2023102		2023102	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	165388		165388		165388	47
49 RESPIRATORY THERAPY	582697		582697		582697	49
50 PHYSICAL THERAPY	2546874		2546874		2546874	50
51 OCCUPATIONAL THERAPY	190471		190471		190471	51
52 SPEECH PATHOLOGY	76592		76592		76592	52
53 ELECTROCARDIOLOGY	16457		16457		16457	53
55 MEDICAL SUPPLIES CHARGED TO	921020		921020		921020	55
55.30 IMPL. DEV. CHARGED TO PATIE	860652		860652		860652	55.30
56 DRUGS CHARGED TO PATIENTS	1575268		1575268		1575268	56
56.01 CARDIAC REHAB	211464		211464		211464	56.01
56.02 WOUND CARE CENTER	36255		36255		36255	56.02
56.03 SLEEP LAB	323484		323484		323484	56.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	418290		418290		418290	60
61 EMERGENCY	2867907		2867907		2867907	61
62 OBSERVATION BEDS (NON-DISTI	486676		486676		486676	62
63.50 RHC	3017252		3017252		3017252	63.50
63.51 RHC II	514259		514259		514259	63.51
63.52 RHC III	1987437		1987437		1987437	63.52
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	3124040		3124040		3124040	65
101 SUBTOTAL	38851262		38851262		38851262	101
102 LESS OBSERVATION BEDS	486676		486676		486676	102
103 TOTAL	38364586		38364586		38364586	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	3534275		3534275			25
26 INTENSIVE CARE UNIT	90680		90680			26
33 NURSERY	532166		532166			33
34 SKILLED NURSING FACILITY	156920		156920			34
36 OTHER LONG TERM CARE	1888305		1888305			36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2403072	6728901	9131973	.268141	.268141	.268141 37
38 RECOVERY ROOM	265316	1357130	1622446	.298151	.298151	.298151 38
39 DELIVERY ROOM & LABOR ROOM	778645	292662	1071307	.692544	.692544	.692544 39
40 ANESTHESIOLOGY	103285	99403	202688	.185344	.185344	.185344 40
41 RADIOLOGY-DIAGNOSTIC	981312	12444351	13425663	.319952	.319952	.319952 41
43 RADIOISOTOPE	29800	977797	1007597	.309320	.309320	.309320 43
44 LABORATORY	1028795	7540278	8569073	.236093	.236093	.236093 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	65684	58066	123750	1.336469	1.336469	1.336469 47
49 RESPIRATORY THERAPY	1998459	663856	2662315	.218869	.218869	.218869 49
50 PHYSICAL THERAPY	674873	3856855	4531728	.562009	.562009	.562009 50
51 OCCUPATIONAL THERAPY	187763	199123	386886	.492318	.492318	.492318 51
52 SPEECH PATHOLOGY	15618	52156	67774	1.130109	1.130109	1.130109 52
53 ELECTROCARDIOLOGY	81355	593908	675263	.024371	.024371	.024371 53
55 MEDICAL SUPPLIES CHARGED TO	1762314	1518214	3280528	.280754	.280754	.280754 55
55.30 IMPL. DEV. CHARGED TO PATIE	1596166	1417833	3013999	.285552	.285552	.285552 55.30
56 DRUGS CHARGED TO PATIENTS	3013475	4950831	7964306	.197791	.197791	.197791 56
56.01 CARDIAC REHAB		165245	165245	1.279700	1.279700	1.279700 56.01
56.02 WOUND CARE CENTER	663	7126	7789	4.654641	4.654641	4.654641 56.02
56.03 SLEEP LAB		558262	558262	.579448	.579448	.579448 56.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	180	304961	305141	1.370809	1.370809	1.370809 60
61 EMERGENCY	797	3342008	3342805	.857934	.857934	.857934 61
62 OBSERVATION BEDS (NON-DISTI	9580	819123	828703	.587274	.587274	.587274 62
63.50 RHC		2653172	2653172	1.137224	1.137224	1.137224 63.50
63.51 RHC II		381418	381418	1.348282	1.348282	1.348282 63.51
63.52 RHC III		1442384	1442384	1.377883	1.377883	1.377883 63.52
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		3085662	3085662	1.012438	1.012438	1.012438 65
101 SUBTOTAL	21199498	55510725	76710223			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	21199498	55510725	76710223			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.268141	.268141	.268141			37
38 RECOVERY ROOM	.298151	.298151	.298151			38
39 DELIVERY ROOM & LABOR ROOM	.692544	.692544	.692544			39
40 ANESTHESIOLOGY	.185344	.185344	.185344			40
41 RADIOLOGY-DIAGNOSTIC	.319952	.319952	.319952			41
43 RADIOISOTOPE	.309320	.309320	.309320			43
44 LABORATORY	.236093	.236093	.236093			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	1.336469	1.336469	1.336469			47
49 RESPIRATORY THERAPY	.218869	.218869	.218869			49
50 PHYSICAL THERAPY	.562009	.562009	.562009			50
51 OCCUPATIONAL THERAPY	.492318	.492318	.492318			51
52 SPEECH PATHOLOGY	1.130109	1.130109	1.130109			52
53 ELECTROCARDIOLOGY	.024371	.024371	.024371			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.280754	.280754	.280754			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.285552	.285552	.285552			55.30
56 DRUGS CHARGED TO PATIENTS	.197791	.197791	.197791			56
56.01 CARDIAC REHAB	1.279700	1.279700	1.279700			56.01
56.02 WOUND CARE CENTER	4.654641	4.654641	4.654641			56.02
56.03 SLEEP LAB	.579448	.579448	.579448			56.03
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.370809	1.370809	1.370809			60
61 EMERGENCY	.857934	.857934	.857934			61
62 OBSERVATION BEDS (NON-DISTINCT	.587274	.587274	.587274			62
63.50 RHC	1.137224	1.137224	1.137224			63.50
63.51 RHC II	1.348282	1.348282	1.348282			63.51
63.52 RHC III	1.377883	1.377883	1.377883			63.52
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1.012438	1.012438	1.012438			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	1.012438	1.012438	1.012438			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	1.012438	1.012438	1.012438			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	1.012438	1.012438	1.012438			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	.197791	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	5752	2
2.01 VACCINE CHARGES - HEPATITIS B		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	1138	3
3.01 VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2054060							37
38 RECOVERY ROOM	443143							38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY	27269							40
41 RADIOLOGY-DIAGNOSTIC	4198308							41
43 RADIOISOTOPE	409508							43
44 LABORATORY	2929800							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR	40083							47
49 RESPIRATORY THERAPY	290520							49
50 PHYSICAL THERAPY	1115173							50
51 OCCUPATIONAL THERAPY	58112							51
52 SPEECH PATHOLOGY	10247							52
53 ELECTROCARDIOLOGY	293551							53
55 MEDICAL SUPPLIES CHARGED TO PA	332177							55
55.30 IMPL. DEV. CHARGED TO PATIENT	227355							55.30
56 DRUGS CHARGED TO PATIENTS	2481667							56
56.01 CARDIAC REHAB	95697							56.01
56.02 WOUND CARE CENTER								56.02
56.03 SLEEP LAB	204504							56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	202853							60
61 EMERGENCY	920833							61
62 OBSERVATION BEDS (NON-DISTINCT	301551							62
63.50 RHC								63.50
63.51 RHC II								63.51
63.52 RHC III								63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL	16636411							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	16636411							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER SERVICES (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.)	I/P PART B I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	550778						37
38 RECOVERY ROOM	132124						38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY	5054						40
41 RADIOLOGY-DIAGNOSTIC	1343257						41
43 RADIOISOTOPE	126669						43
44 LABORATORY	691705						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	53570						47
49 RESPIRATORY THERAPY	63586						49
50 PHYSICAL THERAPY	626737						50
51 OCCUPATIONAL THERAPY	28610						51
52 SPEECH PATHOLOGY	11580						52
53 ELECTROCARDIOLOGY	7154						53
55 MEDICAL SUPPLIES CHARGED TO PAT	93260						55
55.30 IMPL. DEV. CHARGED TO PATIENT	64922						55.30
56 DRUGS CHARGED TO PATIENTS	490851						56
56.01 CARDIAC REHAB	122463						56.01
56.02 WOUND CARE CENTER							56.02
56.03 SLEEP LAB	118499						56.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	278073						60
61 EMERGENCY	790014						61
62 OBSERVATION BEDS (NON-DISTINCT	177093						62
63.50 RHC							63.50
63.51 RHC II							63.51
63.52 RHC III							63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	5775999						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	5775999						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION COST	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
43 RADIOISOTOPE								43
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
56.01 CARDIAC REHAB								56.01
56.02 WOUND CARE CENTER								56.02
56.03 SLEEP LAB								56.03
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.51 RHC II								63.51
63.52 RHC III								63.52
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	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		9131973					37
38 RECOVERY ROOM		1622446					38
39 DELIVERY ROOM & LABOR ROOM		1071307					39
40 ANESTHESIOLOGY		202688					40
41 RADIOLOGY-DIAGNOSTIC		13425663			2896		41
43 RADIOISOTOPE		1007597					43
44 LABORATORY		8569073			22239		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		123750					47
49 RESPIRATORY THERAPY		2662315					49
50 PHYSICAL THERAPY		4531728			65641		50
51 OCCUPATIONAL THERAPY		386886			33045		51
52 SPEECH PATHOLOGY		67774			6145		52
53 ELECTROCARDIOLOGY		675263					53
55 MEDICAL SUPPLIES CHARGED TO P		3280528			12320		55
55.30 IMPL. DEV. CHARGED TO PATIENT		3013999					55.30
56 DRUGS CHARGED TO PATIENTS		7964306			27680		56
56.01 CARDIAC REHAB		165245					56.01
56.02 WOUND CARE CENTER		7789					56.02
56.03 SLEEP LAB		558262					56.03
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		305141					60
61 EMERGENCY		3342805					61
62 OBSERVATION BEDS (NON-DISTINC		828703					62
63.50 RHC		2653172					63.50
63.51 RHC II		381418					63.51
63.52 RHC III		1442384					63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		62945241			169966		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 CARDIAC REHAB					56.01
56.02 WOUND CARE CENTER					56.02
56.03 SLEEP LAB					56.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.51 RHC II					63.51
63.52 RHC III					63.52
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [XX] SNF (14-5979)
 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	PROGRAM CHARGES				PROGRAM COSTS			
		OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B
	1	2	3	4	5	6	7	8	9
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM									37
38 RECOVERY ROOM									38
39 DELIVERY ROOM & LABOR RO									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC									41
43 RADIOISOTOPE									43
44 LABORATORY									44
46.30 BLOOD CLOTTING FACTORS A									46.30
47 BLOOD STORING, PROCESSIN									47
49 RESPIRATORY THERAPY									49
50 PHYSICAL THERAPY									50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY									53
55 MEDICAL SUPPLIES CHARGED									55
55.30 IMPL. DEV. CHARGED TO PA									55.30
56 DRUGS CHARGED TO PATIENT									56
56.01 CARDIAC REHAB									56.01
56.02 WOUND CARE CENTER									56.02
56.03 SLEEP LAB									56.03
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY									61
62 OBSERVATION BEDS (NON-DI									62
63.50 RHC									63.50
63.51 RHC II									63.51
63.52 RHC III									63.52
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
65.01 AMBULANCE SERVICES (2ND									65.01
65.02 AMBULANCE SERVICES (3RD									65.02
65.03 AMBULANCE SERVICES (4TH									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	.197791	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	514	2
2.01 VACCINE CHARGES - HEPATITIS B		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	102	3
3.01 VACCINE COSTS - HEPATITIS B		3.01

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5979)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3774					1009	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	2521					1009	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2521					1009	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	263						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	790						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	50						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	150						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1187					550	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	263						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	790						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5979)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	117.51						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	122.91						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4416710					274747	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5876						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	18437						25
26 TOTAL SWING-BED COST	1318439						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3098271					274747	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3347729					200700	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3347729					200700	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.925484					1.368944	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1327.94					198.91	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3098271					274747	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1228.99						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1458811						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1458811						41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
43	INTENSIVE CARE UNIT	346430	56	6186.25	40	247450		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1886402						48
49	TOTAL PROGRAM INPATIENT COSTS	3592663						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES							50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST							52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1317)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						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	323224					60
61	970902					61
62	1294126					62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5979)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	274747	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	272.30	67
68 PROGRAM ROUTINE SERVICE COST	149765	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	149765	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	30275	71
72 PER DIEM CAPITAL RELATED COSTS	30.00	72
73 PROGRAM CAPITAL RELATED COSTS	16500	73
74 INPATIENT ROUTINE SERVICE COST	133265	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	133265	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	149765	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	75216	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	224981	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	396	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1228.98	84
85 OBSERVATION BED COST	486676	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		1640493		25
26 INTENSIVE CARE UNIT		66040		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.268141	1260089	337882	37
38 RECOVERY ROOM	.298151	141425	42166	38
39 DELIVERY ROOM & LABOR ROOM	.692544			39
40 ANESTHESIOLOGY	.185344	85123	15777	40
41 RADIOLOGY-DIAGNOSTIC	.319952	639875	204729	41
43 RADIOISOTOPE	.309320	17079	5283	43
44 LABORATORY	.236093	560016	132216	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.336469	44570	59566	47
49 RESPIRATORY THERAPY	.218869	1372461	300389	49
50 PHYSICAL THERAPY	.562009	93513	52555	50
51 OCCUPATIONAL THERAPY	.492318	18279	8999	51
52 SPEECH PATHOLOGY	1.130109	6374	7203	52
53 ELECTROCARDIOLOGY	.024371	47566	1159	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.280754	284666	79921	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.285552	1229008	350946	55.30
56 DRUGS CHARGED TO PATIENTS	.197791	1432248	283286	56
56.01 CARDIAC REHAB	1.279700			56.01
56.02 WOUND CARE CENTER	4.654641	660	3072	56.02
56.03 SLEEP LAB	.579448			56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.370809			60
61 EMERGENCY	.857934			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.587274	2133	1253	62
63.50 RHC	1.137224			63.50
63.51 RHC II	1.348282			63.51
63.52 RHC III	1.377883			63.52
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		7235085	1886402	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		7235085		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [XX] SNF (14-5979) [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] 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
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.268141			37
38 RECOVERY ROOM	.298151			38
39 DELIVERY ROOM & LABOR ROOM	.692544			39
40 ANESTHESIOLOGY	.185344			40
41 RADIOLOGY-DIAGNOSTIC	.319952	2896	927	41
43 RADIOISOTOPE	.309320			43
44 LABORATORY	.236093	22239	5250	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.336469			47
49 RESPIRATORY THERAPY	.218869			49
50 PHYSICAL THERAPY	.562009	65641	36891	50
51 OCCUPATIONAL THERAPY	.492318	33045	16269	51
52 SPEECH PATHOLOGY	1.130109	6145	6945	52
53 ELECTROCARDIOLOGY	.024371			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.280754	12320	3459	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.285552			55.30
56 DRUGS CHARGED TO PATIENTS	.197791	27680	5475	56
56.01 CARDIAC REHAB	1.279700			56.01
56.02 WOUND CARE CENTER	4.654641			56.02
56.03 SLEEP LAB	.579448			56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.370809			60
61 EMERGENCY	.857934			61
62 OBSERVATION BEDS (NON-DISTINCT	.587274			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC	1.137224			63.50
63.51 RHC II	1.348282			63.51
63.52 RHC III	1.377883			63.52
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		169966	75216	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		169966		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.268141	1261	338	37
38 RECOVERY ROOM	.298151			38
39 DELIVERY ROOM & LABOR ROOM	.692544			39
40 ANESTHESIOLOGY	.185344			40
41 RADIOLOGY-DIAGNOSTIC	.319952	38534	12329	41
43 RADIOISOTOPE	.309320	5789	1791	43
44 LABORATORY	.236093	109376	25823	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.336469	6634	8866	47
49 RESPIRATORY THERAPY	.218869	123536	27038	49
50 PHYSICAL THERAPY	.562009	181082	101770	50
51 OCCUPATIONAL THERAPY	.492318	77711	38259	51
52 SPEECH PATHOLOGY	1.130109	3025	3419	52
53 ELECTROCARDIOLOGY	.024371	10500	256	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.280754	270893	76054	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.285552			55.30
56 DRUGS CHARGED TO PATIENTS	.197791	493382	97587	56
56.01 CARDIAC REHAB	1.279700			56.01
56.02 WOUND CARE CENTER	4.654641			56.02
56.03 SLEEP LAB	.579448			56.03
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.370809			60
61 EMERGENCY	.857934			61
62 OBSERVATION BEDS (NON-DISTINCT	.587274			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC	1.137224			63.50
63.51 RHC II	1.348282			63.51
63.52 RHC III	1.377883			63.52
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		1321723	393530	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1321723		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1317)	HOSPITAL (14-1317)	HOSPITAL (14-1317)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	5777137			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	5777137			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	5834908			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1317)	HOSPITAL (14-1317)	HOSPITAL (14-1317)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	43115		18
18.01 COINSURANCE	2671856		18.01
19 SUBTOTAL	3119937		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	3119937		23
24 PRIMARY PAYER PAYMENTS	329		24
25 SUBTOTAL	3119608		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	333924		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	333924		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	333924		27.02
28 SUBTOTAL	3453532		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
OTHER ADJUSTMENTS			
30 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			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	3453532		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3682889		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-229357		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	35153		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5979) 1	SNF (14-5979) 1.01	SNF (14-5979) 1.02	
1 MEDICAL AND OTHER SERVICES	102			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	102			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	514			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	514			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	514			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	412			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	102			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5979) 1	SNF (14-5979) 1.01	SNF (14-5979) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
19	102			19
20				20
21				21
22				22
23	102			23
24				24
25	102			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26				26
27				27
27.01				27.01
27.02				27.02
28	102			28
29				29
OTHER ADJUSTMENTS				
30				30
30.99				30.99
31				31
32	102			32
33				33
34	309			34
34.01				34.01
35	-207			35
36				36
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

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

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		2927341		4145223	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	03/26/2010	44634	03/26/2010	63822	3.02
PROVIDER .03					3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50					3.50
PROVIDER .51	09/17/2010	59121	09/17/2010	526156	3.51
TO .52					3.52
PROGRAM .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		-14487		-462334	3.99
4 TOTAL INTERIM PAYMENTS		2912854		3682889	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		435590			6.01
PROVIDER TO .02				-229357	6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		3348444		3453532	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1782589		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
TO .04				3.04
PROVIDER .05				3.05
TO .50				3.50
PROVIDER .51	03/26/2010	29344		3.51
TO .52	09/17/2010	70669	NONE	3.52
PROVIDER .53				3.53
PROGRAM .54				3.54
SUBTOTAL .99		-100013		3.99
4 TOTAL INTERIM PAYMENTS		1682576		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
TO .50				5.50
PROVIDER .51		NONE	NONE	5.51
TO .52				5.52
PROGRAM .52				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01				6.01
PROVIDER TO .02		-7570		6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1675006		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---		
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF	
		PART A	PART B	(14-Z317)		
	1	1	2	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		1307067			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES		397465			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS		1053			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL		1704532			8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL		1704532			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL		1704532			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		29526			13
14	80% OF PART B COSTS					14
15	SUBTOTAL		1675006			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		1675006			18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS		1682576			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM		-7570			21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		10252			22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF I
1 INPATIENT SERVICES	3592663					1
1.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)						1.01
2 ORGAN ACQUISITION						2
3 COST OF TEACHING PHYSICIANS						3
4 SUBTOTAL	3592663					4
5 PRIMARY PAYER PAYMENTS						5
6 TOTAL COST	3628590					6
COMPUTATION OF LESSER OF COST OR CHARGES						
REASONABLE CHARGES						
7 ROUTINE SERVICE CHARGES						7
8 ANCILLARY SERVICE CHARGES						8
9 ORGAN ACQUISITION CHARGES, NET OF REVENUE						9
10 TEACHING PHYSICIANS						10
11 TOTAL REASONABLE CHARGES						11
12 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS						12
13 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						13
14 RATIO OF LINE 12 TO LINE 13						14
15 TOTAL CUSTOMARY CHARGES						15
16 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						16
17 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1317)	SUB I	SUB II	SUB III	SUB IV	SNF I
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					18
19	COST OF COVERED SERVICES	3628590				19
20	DEDUCTIBLES	303784				20
21	EXCESS REASONABLE COST					21
22	SUBTOTAL	3324806				22
23	COINSURANCE	825				23
24	SUBTOTAL	3323981				24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	24463				25
25.01	REDUCED REIMBURSABLE BAD DEBTS	24463				25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	24463				25.02
26	SUBTOTAL	3348444				26
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					27
28	OTHER ADJUSTMENTS					28
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					29
30	SUBTOTAL	3348444				30
31	SEQUESTRATION ADJUSTMENT					31
32	INTERIM PAYMENTS	2912854				32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					32.01
33	BALANCE DUE PROVIDER/PROGRAM	435590				33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	21792				34

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5979) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	194031	35
36 COINSURANCE	39226	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS		38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	154805	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	154805	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	154805	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	154805	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM		58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3865216			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6248831			4
5	OTHER RECEIVABLES	2987221			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	520794			7
8	PREPAID EXPENSES	447468			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	14069530			11
FIXED ASSETS					
12	LAND	344036			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1003201			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	23632065			14
14.01	ACCUMULATED DEPRECIATION	-21936587			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	17172569			18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	21719			20
21	TOTAL FIXED ASSETS	20237003			21
OTHER ASSETS					
22	INVESTMENTS	6230507			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	588909			25
26	TOTAL OTHER ASSETS	6819416			26
27	TOTAL ASSETS	41125949			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3794305			28
29	SALARIES, WAGES & FEES PAYABLE	2106327			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1902866			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	506653			35
36	TOTAL CURRENT LIABILITIES	8310151			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	12117831			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	12117831			42
43	TOTAL LIABILITIES	20427982			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	20697967			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	20697967			51
52	TOTAL LIABILITIES AND FUND BALANCES	41125949			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	20230245			1
2 NET INCOME (LOSS)	467722			2
3 TOTAL	20697967			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CURRENT YEAR CHANGES				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	20697967			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	20697967			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	3390806		3390806	2
4 SUBPROVIDER I				4
5 SWING BED - SNF	675635		675635	5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	156920		156920	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE	1888305		1888305	9
10 TOTAL GENERAL INPATIENT CARE SERVICES	6111666		6111666	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	90680		90680	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	90680		90680	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	6202346		6202346	18
19 ANCILLARY SERVICES	14864222	51393024	66257246	19
20 OUTPATIENT SERVICES		6859415	6859415	20
18.50 RHC		2653172	2653172	18.50
18.51 RHC II		381418	381418	18.51
18.52 RHC III		1442384	1442384	18.52
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE		3085662	3085662	20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	21066568	65815075	86881643	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		47546074	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE	1460264		28
29 WORK COMP CREDIT			29
30 ROUNDING			30
31 LATE CHRGS DEBIT BAL			31
32			32
33 TOTAL ADDITIONS		1460264	33
34 DEDUCT (SPECIFY)			34
35			35
36 ROUNDING		-1	36
37			37
38			38
39 TOTAL DEDUCTIONS		-1	39
40 TOTAL OPERATING EXPENSES		49006337	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	86881643	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	42316719	2
3	NET PATIENT REVENUES	44564924	3
4	LESS - TOTAL OPERATING EXPENSES	49006337	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4441413	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2634664	6
7	INCOME FROM INVESTMENTS	377127	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC OTHER REVENUE	1846436	24
24.01	GRANT INCOME	50908	24.01
25	TOTAL OTHER INCOME	4909135	25
26	TOTAL	467722	26
27	EXTRAORDINARY LOSS ON EXT OF LTD		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	467722	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7507

WORKSHEET H

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7507

WORKSHEET H
 (CONTINUED)

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

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7507

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	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								5
6 SKILLED NURSING CARE								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH PATHOLOGY								9
10 MEDICAL SOCIAL SERVICES								10
11 HOME HEALTH AIDE								11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL								24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-4
 PART II

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7507

WORKSHEET H-5
 PART I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7507

WORKSHEET H-5
 PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7507

WORKSHEET H-6
 PARTS I & II

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

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7507

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7507

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.562009			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.492318			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	1.130109			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.280754			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30	.285552			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.197791			COL 2, LINE 16	5
5.01	CARDIAC REHAB 56.01	1.279700			COL 2, LINE 16	5.01
5.02	WOUND CARE CENTER 56.02	4.654641			COL 2, LINE 16	5.02
5.03	SLEEP LAB 56.03	.579448			COL 2, LINE 16	5.03

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

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

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7507

WORKSHEET H-7
 PARTS I & II

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

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

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

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

HHA NO.: 14-7507

WORKSHEET H-8

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

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.05 PATIENT ACCOUNTING & REGIST					6.05
6.06 ADMIN & GENERAL - OTHER					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
36 OTHER LONG TERM CARE					36
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 CARDIAC REHAB					56.01
56.02 WOUND CARE CENTER					56.02
56.03 SLEEP LAB					56.03
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.51 RHC II					63.51
63.52 RHC III					63.52
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98.01 GAH - MSO					98.01
98.02 GAH FOUNDATION					98.02
100 HOSPITAL ASSOC SRVCS					100
100.01 PHYSICIAN OFFICE					100.01
100.02 PHYSICIAN CLINICS					100.02

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

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

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-1

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

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	887362		887362		887362	-262403	624959	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	147253		147253		147253		147253	3
4 VISITING NURSE								4
5 OTHER NURSE	138387		138387		138387		138387	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS								9
10 SUBTOTAL (SUM OF LINES 1-9)	1173002		1173002		1173002	-262403	910599	10
COSTS UNDER AGREEMENT								
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13)								14
OTHER HEALTH CARE COSTS								
15 MEDICAL SUPPLIES		149459	149459		149459		149459	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS								19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		149459	149459		149459		149459	21
22 TOTAL COSTS OF HEALTH CARE SERVICES	1173002	149459	1322461		1322461	-262403	1060058	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23 PHARMACY								23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS								26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS								28
FACILITY OVERHEAD								
29 FACILITY COSTS		615507	615507	38928	654435	-175254	479181	29
30 ADMINISTRATIVE COSTS	336094		336094		336094		336094	30
31 TOTAL FACILITY OVERHEAD	336094	615507	951601	38928	990529	-175254	815275	31
32 TOTAL FACILITY COSTS	1509096	764966	2274062	38928	2312990	-437657	1875333	32

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	3.00	10434	4200	12600		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	1.57	3763	2100	3297		3
4 SUBTOTAL	4.57	14197		15897	15897	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	4.57	14197			15897	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					1060058	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					1060058	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					815275	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					1141919	15
16 TOTAL OVERHEAD					1957194	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1957194	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1957194	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					3017252	20

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	3017252	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	28459	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	2988793	3
4	TOTAL VISITS	15897	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	15897	6
7	ADJUSTED COST PER VISIT	188.01	7

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

8	PER VISIT PAYMENT LIMIT			8
9	RATE FOR PROGRAM COVERED VISITS	188.01	188.01	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	3847	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	723274	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	723274	16
16.01	PRIMARY PAYOR PAYMENTS	112	16.01
17	LESS: BENEFICIARY DEDUCTIBLE	41494	17
18	NET PROGRAM COST EXCLUDING VACCINES	681668	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	545334	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION	9692	20
21	TOTAL REIMBURSABLE PROGRAM COST	555026	21
22	REIMBURSABLE BAD DEBTS	7384	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	562410	24
25	INTERIM PAYMENTS	497837	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	64573	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	3756	27

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

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	H1N1 VACCINE (SERVICES ON/AFTER 10/1/2009) 2.01	COMBINATION INFLUENZA & H1N1 IN SAME VISIT 2.02	
1 HEALTH CARE STAFF COSTS	910599	910599	910599	910599	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.004848	0.000183			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	4415	167			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	4580	837			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	8995	1004			5
6 TOTAL DIRECT COST OF THE FACILITY	1060058	1060058	1060058	1060058	6
7 TOTAL OVERHEAD	1957194	1957194	1957194	1957194	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.008485	0.000947			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	16607	1853			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	25602	2857			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	451	17			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	56.77	168.06			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	150	7			13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	8516	1176			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		28459			15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		9692			16

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

RHC I
 COMPONENT NO: 14-3408

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B		AMOUNT	
	1 MM/DD/YYYY	2		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			464331	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 PROVIDER .51 TO .52 PROGRAM .53 .54	03/26/2010	33506	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99		33506	3.99
4 TOTAL INTERIM PAYMENTS			497837	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		64573	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			562410	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-1

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

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1								1
2		26100	26100		26100		26100	2
3	105313		105313		105313		105313	3
4								4
5	31131		31131		31131		31131	5
6								6
7								7
8								8
9								9
10	136444	26100	162544		162544		162544	10
OTHER FACILITY HEALTH CARE STAFF COSTS								
11								11
12								12
13								13
14								14
OTHER HEALTH CARE COSTS								
15		31253	31253		31253		31253	15
16								16
17								17
18								18
19								19
20								20
21		31253	31253		31253		31253	21
22	136444	57353	193797		193797		193797	22
TOTAL COSTS OF HEALTH CARE SERVICES								
23								23
24								24
25								25
26								26
27								27
28								28
FACILITY OVERHEAD								
29		67404	67404	-265	67139	-83	67056	29
30	85217		85217		85217		85217	30
31	85217	67404	152621	-265	152356	-83	152273	31
32	221661	124757	346418	-265	346153	-83	346070	32

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD 3	MINIMUM VISITS 4	GREATER OF COL. 2 OR COL. 4 5	
1 PHYSICIANS	0.06	126	4200	252		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	1.08	2113	2100	2268		3
4 SUBTOTAL	1.14	2239		2520	2520	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	1.14	2239			2520	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					193797	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					193797	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					152273	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					168189	15
16 TOTAL OVERHEAD					320462	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					320462	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					320462	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					514259	20

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	514259	1
2	COST OF VACCINES AND THEIR ADMINISTRATION		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	514259	3
4	TOTAL VISITS	2520	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	2520	6
7	ADJUSTED COST PER VISIT	204.07	7

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

8	PER VISIT PAYMENT LIMIT		8	
9	RATE FOR PROGRAM COVERED VISITS	204.07	204.07	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	207	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	42242	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	42242	16
16.01	PRIMARY PAYOR PAYMENTS		16.01
17	LESS: BENEFICIARY DEDUCTIBLE	1554	17
18	NET PROGRAM COST EXCLUDING VACCINES	40688	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	32550	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		20
21	TOTAL REIMBURSABLE PROGRAM COST	32550	21
22	REIMBURSABLE BAD DEBTS		22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	32550	24
25	INTERIM PAYMENTS	31238	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	1312	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	216	27

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

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	H1N1 VACCINE (SERVICES ON/AFTER 10/1/2009) 2.01	COMBINATION INFLUENZA & H1N1 IN SAME VISIT 2.02	
1 HEALTH CARE STAFF COSTS	162544	162544	162544	162544	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME					2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST					3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE					4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE					5
6 TOTAL DIRECT COST OF THE FACILITY	193797	193797	193797	193797	6
7 TOTAL OVERHEAD	320462	320462	320462	320462	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST					8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE					9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION					10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS					11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION					12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES					13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION					14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION					15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION					16

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

RHC II
 COMPONENT NO: 14-3440

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B		AMOUNT
	1 MM/DD/YYYY	2	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		31238	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 PROVIDER .51 TO .52 PROGRAM .53 .54	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		31238	4
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99		5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	1312	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		32550	7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____	

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-1

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

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1	666380		666380		666380		666380	1
2								2
3	65088		65088		65088		65088	3
4								4
5	66367		66367		66367		66367	5
6								6
7								7
8								8
9								9
10	797835		797835		797835		797835	10
OTHER FACILITY HEALTH CARE STAFF COSTS								
11								11
12								12
13								13
14								14
OTHER HEALTH CARE COSTS								
15		86816	86816		86816		86816	15
16								16
17								17
18								18
19								19
20								20
21		86816	86816		86816		86816	21
22	797835	86816	884651		884651		884651	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23								23
24								24
25								25
26								26
27								27
28								28
FACILITY OVERHEAD								
29		357408	357408	28286	385694	-142836	242858	29
30	202253		202253		202253		202253	30
31	202253	357408	559661	28286	587947	-142836	445111	31
32	1000088	444224	1444312	28286	1472598	-142836	1329762	32

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD 3	MINIMUM VISITS 4	GREATER OF COL. 2 OR COL. 4 5	
1 PHYSICIANS	1.91	6217	4200	8022		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.58	240	2100	1218		3
4 SUBTOTAL	2.49	6457		9240	9240	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	2.49	6457			9240	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					884651	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					884651	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					445111	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					657675	15
16 TOTAL OVERHEAD					1102786	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1102786	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1102786	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					1987437	20

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	1987437	1
2	COST OF VACCINES AND THEIR ADMINISTRATION		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	1987437	3
4	TOTAL VISITS	9240	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	9240	6
7	ADJUSTED COST PER VISIT	215.09	7

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

8	PER VISIT PAYMENT LIMIT			8
9	RATE FOR PROGRAM COVERED VISITS	215.09	215.09	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	1224	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	263270	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	263270	16
16.01	PRIMARY PAYOR PAYMENTS	38	16.01
17	LESS: BENEFICIARY DEDUCTIBLE	11629	17
18	NET PROGRAM COST EXCLUDING VACCINES	251603	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	201282	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		20
21	TOTAL REIMBURSABLE PROGRAM COST	201282	21
22	REIMBURSABLE BAD DEBTS		22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	201282	24
25	INTERIM PAYMENTS	107421	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	93861	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	1342	27

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

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	H1N1 VACCINE (SERVICES ON/AFTER 10/1/2009) 2.01	COMBINATION INFLUENZA & H1N1 IN SAME VISIT 2.02	
1 HEALTH CARE STAFF COSTS	797835	797835	797835	797835	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME					2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST					3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE					4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE					5
6 TOTAL DIRECT COST OF THE FACILITY	884651	884651	884651	884651	6
7 TOTAL OVERHEAD	1102786	1102786	1102786	1102786	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST					8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE					9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION					10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS					11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION					12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES					13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION					14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION					15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION					16

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

RHC III
 COMPONENT NO: 14-8505

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B		AMOUNT	
	1 MM/DD/YYYY	2		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			74161	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	03/26/2010	33260	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99		33260	3.99
4 TOTAL INTERIM PAYMENTS			107421	4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM		93861	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			201282	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	47.08		13.45				60.53 25
26 INTENSIVE CARE UNIT	71.43		10.71				82.14 26
33 NURSERY			32.34				32.34 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	13.80	22.49					36.29 37
38 RECOVERY ROOM	8.72	27.31					36.03 38
40 ANESTHESIOLOGY	42.00	13.45					55.45 40
41 RADIOLOGY-DIAGNOSTIC	4.77	31.27					36.04 41
43 RADIOISOTOPE	1.70	40.64					42.34 43
44 LABORATORY	6.54	34.19					40.73 44
47 BLOOD STORING, PROCESSING & TRA	36.02	32.39					68.41 47
49 RESPIRATORY THERAPY	51.55	10.91					62.46 49
50 PHYSICAL THERAPY	2.06	24.61					26.67 50
51 OCCUPATIONAL THERAPY	4.72	15.02					19.74 51
52 SPEECH PATHOLOGY	9.40	15.12					24.52 52
53 ELECTROCARDIOLOGY	7.04	43.47					50.51 53
55 MEDICAL SUPPLIES CHARGED TO PAT	8.68	10.13					18.81 55
55.30 IMPL. DEV. CHARGED TO PATIENT	40.78	7.54					48.32 55.30
56 DRUGS CHARGED TO PATIENTS	17.98	31.16					49.14 56
56.01 CARDIAC REHAB		57.91					57.91 56.01
56.02 WOUND CARE CENTER	8.47						8.47 56.02
56.03 SLEEP LAB		36.63					36.63 56.03
60 CLINIC		66.48					66.48 60
61 EMERGENCY		27.55					27.55 61
62 OBSERVATION BEDS (NON-DISTINCT	0.26	36.39					36.65 62
101 TOTAL CHARGES	9.43	21.69					31.12 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----		
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
34 SKILLED NURSING FACILITY	54.51						54.51 34
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.02						0.02 41
44 LABORATORY	0.26						0.26 44
50 PHYSICAL THERAPY	1.45						1.45 50
51 OCCUPATIONAL THERAPY	8.54						8.54 51
52 SPEECH PATHOLOGY	9.07						9.07 52
55 MEDICAL SUPPLIES CHARGED TO PAT	0.38						0.38 55
56 DRUGS CHARGED TO PATIENTS	0.35						0.35 56
101 TOTAL CHARGES	0.22						0.22 101

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	1703566	4.05	-1703566	-9.55		3
4	NEW CAP REL COSTS-MVBLE EQUIP	853113	2.03	-853113	-4.78		4
5	EMPLOYEE BENEFITS	6155592	14.62	-6155592	-34.49		5
6.05	PATIENT ACCOUNTING & REGIST	1095389	2.60	-1095389	-6.14		6.05
6.06	ADMIN & GENERAL - OTHER	4559612	10.83	-4559612	-25.55		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	1404543	3.34	-1404543	-7.87		8
9	LAUNDRY & LINEN SERVICE	124560	.30	-124560	-.70		9
10	HOUSEKEEPING	277335	.66	-277335	-1.55		10
11	DIETARY	297021	.71	-297021	-1.66		11
12	CAFETERIA	234142	.56	-234142	-1.31		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	357579	.85	-357579	-2.00		14
15	CENTRAL SERVICES & SUPPLY	20433	.05	-20433	-.11		15
16	PHARMACY	409588	.97	-409588	-2.30		16
17	MEDICAL RECORDS & LIBRARY	353990	.84	-353990	-1.98		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	1906715	4.53	2509995	14.06	4416710	10.49
26	INTENSIVE CARE UNIT	162661	.39	183769	1.03	346430	.82
33	NURSERY	202580	.48	160265	.90	362845	.86
34	SKILLED NURSING FACILITY	116322	.28	158425	.89	274747	.65
36	OTHER LONG TERM CARE	1373962	3.26	1811856	10.15	3185818	7.57
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1241530	2.95	1207129	6.76	2448659	5.81
38	RECOVERY ROOM	244755	.58	238979	1.34	483734	1.15
39	DELIVERY ROOM & LABOR ROOM	407816	.97	334111	1.87	741927	1.76
40	ANESTHESIOLOGY	14652	.03	22915	.13	37567	.09
41	RADIOLOGY-DIAGNOSTIC	2626888	6.24	1668682	9.35	4295570	10.20
43	RADIOISOTOPE	200564	.48	111106	.62	311670	.74
44	LABORATORY	1370161	3.25	652941	3.66	2023102	4.80
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	129987	.31	35401	.20	165388	.39
49	RESPIRATORY THERAPY	324514	.77	258183	1.45	582697	1.38
50	PHYSICAL THERAPY	1263409	3.00	1283465	7.19	2546874	6.05
51	OCCUPATIONAL THERAPY	110738	.26	79733	.45	190471	.45
52	SPEECH PATHOLOGY	54280	.13	22312	.13	76592	.18
53	ELECTROCARDIOLOGY	10692	.03	5765	.03	16457	.04
55	MEDICAL SUPPLIES CHARGED TO PAT	738488	1.75	182532	1.02	921020	2.19

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55.30 IMPL. DEV. CHARGED TO PATIENT	689661	1.64	170991	.96	860652	2.04	55.30
56 DRUGS CHARGED TO PATIENTS	871675	2.07	703593	3.94	1575268	3.74	56
56.01 CARDIAC REHAB	94141	.22	117323	.66	211464	.50	56.01
56.02 WOUND CARE CENTER			36255	.20	36255	.09	56.02
56.03 SLEEP LAB	206096	.49	117388	.66	323484	.77	56.03
60 CLINIC	195101	.46	261303	1.46	456404	1.08	60
61 EMERGENCY	1590985	3.78	1276922	7.16	2867907	6.81	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC	1875333	4.45	1141919	6.40	3017252	7.17	63.50
63.51 RHC II	346070	.82	168189	.94	514259	1.22	63.51
63.52 RHC III	1329762	3.16	657675	3.69	1987437	4.72	63.52
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	1941113	4.61	1182927	6.63	3124040	7.42	65
OUTPATIENT SERVICE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			15800	.09	15800	.04	96
98.01 GAH - MSO	333313	.79	125952	.71	459265	1.09	98.01
98.02 GAH FOUNDATION	87800	.21	27945	.16	115745	.27	98.02
100 HOSPITAL ASSOC SRVCS			833		833		100
100.01 PHYSICIAN OFFICE	1454507	3.45	587861	3.29	2042368	4.85	100.01
100.02 PHYSICIAN CLINICS	747378	1.77	326023	1.83	1073401	2.55	100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	42110112	100.00	0	.00	42110112	100.00	103

**** THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO 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)	5109072
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)	15452879
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.331