CRAWFORD MEMORIAL HOSPITAL

ROBINSON, ILLINOIS

MEDICARE COST ANALYSIS

YEAR ENDED APRIL 30, 2010

National Government Services, Inc.
Cost Report Processing Unit
P.O. Box 2952
Milwaukee, WI 53201-2952

RE: Crawford Memorial Hospital
Provider # 14-1343
FYE April 30, 2010
2003 Bond Issue Interest Expense

Dear Sir or Madam:

The Crawford Memorial Hospital cost report for the year ended April 30, 2010 contains the interest expense for the 2003 Bond issue as an allowable expense. Cost reports prior to 2010 removed the interest expense as an unnecessary borrowing. Effective May 1, 2009 the Hospital considers that it has cured the unnecessary borrowing through using the plant funds for capital expenditures since 2003.

Very Truly Yours,

National Government Services, Inc.
Cost Report Processing Unit
P.O. Box 2952
Milwaukee, WI 53201-2952

Dear Sir or Madam:

This cost report of Crawford Memorial Hospital for the fiscal year ended April 30, 2010, includes two Level 2000 Error.

The 2027 error, which reads that Wkst C. Part I, Line 59, Col 11 should not be more than 100% or less than .1, is the result of charges for the cardiac rehab cost center not being sufficient to cover the expense of running the department which include, the cost report allocated overhead expenses.

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

Board of Directors
Crawford Memorial Hospital

We have compiled the Hospital Health Care Complex Cost Report Form HCFA 2552-96 of Crawford Memorial Hospital for the year ended April 30, 2010, included in the accompanying prescribed form in accordance with Statements on Standard for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services information that is the representation of management. We have not audited or reviewed the cost report referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

The Hospital Health Care Complex Cost Report Form HCFA 2552-96 is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, the cost report is not designed for those who are not informed about such differences.

Carbondale, Illinois
September 21, 2010

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

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [ ] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____ INTERMEDIARY NO. _____

[ ] INITIAL [ ] FINAL

[ ] RE-OPENING [ ] MCR CODE

PART I - CERTIFICATION

CHECK APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT

DATE: _09/22/2010
TIME: _08:34____

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CRAWFORD MEMORIAL HOSPITAL (14-1343) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2009 AND ENDING 04/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 09/22/2010 08:34
DnWqdx37Izp:VjvqQ8U79Vy7dI94:0
fR3jF095ErVMcxY43rasD0BkCK.qFE
BzHT1JNLdo0T7:w9

PI Encryption: 09/22/2010 08:34
EM2Xc:b4CQcmURZD5WmfJMztjm0180
Bq7eK05aPOIas2P3.ShjZWS:UcLdUd
wssE9HNeTr00eRb3

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

_____
TITLE

_____
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		341881	647389		1
2	SUBPROVIDER I					2
3	SWING BED - SNF		33349			3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	RURAL HEALTH CLINIC I			133445		9
9.01	RURAL HEALTH CLINIC II			13485		9.01
9.02	RURAL HEALTH CLINIC III			3881		9.02
100	TOTAL		375230	798200		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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 05/01/2009 TO: 04/30/2010 17
1 2

18 TYPE OF CONTROL 11 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
20 SUBPROVIDER I 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 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. 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 00014 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 2 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 2 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 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 UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). 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. 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)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	09/19/1994	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY. 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)			28.02
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 (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO	35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND 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	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01	MDH PERIOD: BEGINNING: ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 351972 PAID LOSSES: AND/OR SELF INSURANCE:		54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

		DATE 0	Y/N 1	LIMIT 2	Y/N 3	FEES 4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				61
	IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.						
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	07/09/2010			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 TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	21	7665	113952.0		2006		487		1
2	HMO									2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					223				3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	21	7665	113952.0		2229		487		5
6	INTENSIVE CARE UNIT	4	1460			117		22		6
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT									8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY							215		11
12	TOTAL HOSPITAL	25	9125	113952.0		2346		724		12
13	RPCH VISITS									13
14	SUBPROVIDER I									14
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY	48	17520							16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY					4051				18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I					7196				24
24.01	RHC II					478				24.01
24.02	RHC III					312				24.02
25	TOTAL	73								25
26	OBSERVATION BED DAYS							102	26	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 1
(CONTINUED)

	COMPONENT	I/P DAYS / O/P VISITS / TRIPS: OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	INTERNS & RES FTES: TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	FULL TIME EQUIV: EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4111								1
2	HMO XIX										2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF		223								3
4	HOSPITAL ADULTS & PEDS - SWING BED NF										4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		4334								5
6	INTENSIVE CARE UNIT		169								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		319								11
12	TOTAL HOSPITAL		4822						227.06		12
13	RPCH VISITS										13
14	SUBPROVIDER I										14
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY		6471						19.68		16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY		6677						9.20		18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I		27607						38.84		24
24.01	RHC II		4338						3.90		24.01
24.02	RHC III		4100						3.98		24.02
25	TOTAL								302.66		25
26	OBSERVATION BED DAYS	76	393	98	295						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 TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		549	272	1215	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		549	272	1215	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
24.01	RHC II					24.01
24.02	RHC III					24.02
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION — WORKSHEET S-3 PART II

	PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	DATA SOURCE 6	
	SALARIES							
1	TOTAL SALARIES	14698862			603201.00			1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1753700			16397.00			5
5.01	NON-PHYSICIAN - PART B	754543			58326.00			5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	1233949	-9656					8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	482868			6322.00			9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	2200307					CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	302163					CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	377398					CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)	162379						19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	154836	9725					21
22	ADMINISTRATIVE & GENERAL	1140307	-69					22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	298647						24
25	LAUNDRY & LINEN SERVICE	81218						25
26	HOUSEKEEPING	277944						26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	381131	-189158					27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		189158					28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	505025						30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	422017						32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	366462						33
34	SOCIAL SERVICE	39353						34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION — WORKSHEET S 3 PART III

	PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1	NET SALARIES	12190619		12190619	528478.00	23.07	1
2	EXCLUDED AREA SALARIES	1233949	-9656	1224293			2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	10956670	9656	10966326	528478.00	20.75	3
4	SUBTOTAL OTHER WAGES & REL COSTS	482868		482868	6322.00	76.38	4
5	SUBTOTAL WAGE-RELATED COSTS	2200307		2200307		20.06%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	13639845	9656	13649501	534800.00	25.52	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	3666940	9656	3676596			13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA HHA NO.: 14-7175 WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA COUNTY:

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		3389		718	4107	1
2	UNDUPLICATED CENSUS COUNT		171.00		132.00	303.00	2

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

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTORS AND ASSISTANT DIRECTOR(S)	1.30		1.30	4
5	OTHER ADMINISTRATIVE PERSONNEL	1.00		1.00	5
6	DIRECT NURSING SERVICE	6.80		6.80	6
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE	.53		.53	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	.10		.10	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE				12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE				14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	1.97		1.97	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

		1	1.01	
19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	19
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	9914	99914	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7175

WORKSHEET S-4
(CONTINUED)

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
21	SKILLED NURSING VISITS	2089	310	47	6			2452	21
22	SKILLED NURSING VISIT CHARGES	299514	44549	6768	864			351696	22
23	PHYSICAL THERAPY VISITS	573	15	2	10			600	23
24	PHYSICAL THERAPY VISIT CHARGES	84398	2220	296	1480			88394	24
25	OCCUPATIONAL THERAPY VISITS	92		2				94	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	13546		296				13842	26
27	SPEECH PATHOLOGY VISITS	26						26	27
28	SPEECH PATHOLOGY VISIT CHARGES	3799						3799	28
29	MEDICAL SOCIAL SERVICE VISITS	1						1	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	203						203	30
31	HOME HEALTH AIDE VISITS	859	9	1	9			878	31
32	HOME HEALTH AIDE VISIT CHARGES	58112	612	65	612			59401	32
33	TOTAL VISITS	3640	334	52	25			4051	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	459572	47381	7425	2956			517334	35
36	TOTAL NUMBER OF EPISODES	189		19	1			209	36
37	TOTAL NUMBER OF OUTLIER EPISODES		6					6	37
38	TOTAL MEDICAL SUPPLY CHARGES	11129	1390	911				13430	38

NHCMQ DEMONSTRATION STATISTICAL DATA WORKSHEET S-7
STATISTICAL DATA

	GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1 RATE	SERVICES PRIOR TO JANUARY 1 DAYS	SERVICES ON OR AFTER JANUARY 1 RATE	SERVICES ON OR AFTER JANUARY 1 DAYS	TOTAL	
	1	2	3	3.01	4	4.01	5	
1	RVC/RUC							1
2	RVB/RUB							2
3	RVA/RUA							3
3.01	RUX							3.01
3.02	RUL							3.02
4	RHD/RVC							4
5	RHC/RVB							5
6	RHB/RVA							6
6.01	RVX							6.01
6.02	RVL							6.02
7	RHA/RHC							7
8	RMC/RHB							8
9	RMB/RHA							9
9.01	RHX							9.01
9.02	RHL							9.02
10	RMA/RMC							10
11	RLB/RMB							11
12	RLA/RMA							12
12.01	RMX							12.01
12.02	RML							12.02
13	SE3/RLB							13
14	SE2/RLA							14
14.01	RLX							14.01
15	SE1/SE3							15
16	SSC/SE2							16
17	SSB/SE1							17
18	SSA/SSC							18
19	CD2/SSB							19
20	CD1/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	DEFAULT RATE							45
46	TOTAL							46

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

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

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

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

SOURCE OF FEDERAL FUNDS:	GRANT AWARD 1	DATE 2	
3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)		/ /	3
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /	4
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)		/ /	5
6 APPALACHIAN REGIONAL COMMISSION		/ /	6
7 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 0	SUNDAY FROM 1	SUNDAY TO 2	MONDAY FROM 3	MONDAY TO 4	TUESDAY FROM 5	TUESDAY TO 6	WEDNESDAY FROM 7	WEDNESDAY TO 8	THURSDAY FROM 9	THURSDAY TO 10	FRIDAY FROM 11	FRIDAY TO 12	SATURDAY FROM 13	SATURDAY TO 14	
12	CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700			12

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

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

RHC II WORKSHEET S-8
COMPONENT NO: 14-3486

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

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

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

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

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

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

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

RHC III WORKSHEET S-8
COMPONENT NO: 14-3488

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

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

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

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

PHYSICIAN INFORMATION:

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

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

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1444407	1444407	-54006	1390401	-38874	1351527	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		990348	990348	14766	1005114		1005114	4
5	0500	EMPLOYEE BENEFITS	154836	2615620	2770456	11650	2782106	-139637	2642469	5
6.01	0610	NONPATIENT TELEPHONES		150	150	19734	19884		19884	6.01
6.02	0620	DATA PROCESSING	122383	507890	630273		630273		630273	6.02
6.03	0630	PURCHASING RECEIVING AND STORES	91291	60540	151831	-30426	121405		121405	6.03
6.04	0640	ADMITTING	253813	38740	292553	-80	292473		292473	6.04
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	239716	226587	466303	-19800	446503		446503	6.05
6.06	0660	OTHER ADMINISTRATIVE AND GENERA	433104	4076164	4509268	30426	4539694	-2380353	2159341	6.06
8	0800	OPERATION OF PLANT	298647	866319	1164966	102109	1267075	-2811	1264264	8
9	0900	LAUNDRY & LINEN SERVICE	81218	60836	142054		142054		142054	9
10	1000	HOUSEKEEPING	277944	156379	434323		434323		434323	10
11	1100	DIETARY	381131	389254	770385	-382348	388037		388037	11
12	1200	CAFETERIA				382348	382348	-139196	243152	12
14	1400	NURSING ADMINISTRATION	505025	48056	553081		553081		553081	14
15	1500	CENTRAL SERVICES & SUPPLY		158446	158446	-157266	1180		1180	15
16	1600	PHARMACY	422017	1180689	1602706	-1054298	548408	-25499	522909	16
17	1700	MEDICAL RECORDS & LIBRARY	366462	88777	455239	2301	457540	-1507	456033	17
18	1800	SOCIAL SERVICE	39353	3206	42559		42559		42559	18
20	2000	NONPHYSICIAN ANESTHETISTS								20
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	1438835	293103	1731938	-134967	1596971	-19046	1577925	25
26	2600	INTENSIVE CARE UNIT	224390	29195	253585		253585		253585	26
33	3300	NURSERY		3	3	47466	47469		47469	33
35	3500	NURSING FACILITY	632270	97770	730040	12160	742200		742200	35
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	682432	781524	1463956	-360253	1103703	-80105	1023598	37
39	3900	DELIVERY ROOM & LABOR ROOM		31	31	85873	85904		85904	39
40	4000	ANESTHESIOLOGY		105409	105409	-105409				40
41	4100	RADIOLOGY-DIAGNOSTIC	569164	759058	1328222		1328222	-43493	1284729	41
41.01	4101	RADIOLOGY-ULTRASOUND		183749	183749		183749		183749	41.01
44	4400	LABORATORY	466254	731026	1197280	-95392	1101888		1101888	44
46	4600	WHOLE BLOOD & PACKED RED BLOOD				95392	95392		95392	46
49	4900	RESPIRATORY THERAPY	280904	194571	475475	-373	475102	-45130	429972	49
50	5000	PHYSICAL THERAPY	551439	177768	729207	-54119	675088	-1329	673759	50
53	5300	ELECTROCARDIOLOGY	16055	45148	61203		61203	-45148	16055	53
55	5500	MEDICAL SUPPLIES CHARGED TO PAT				660638	660638		660638	55
56	5600	DRUGS CHARGED TO PATIENTS				1054298	1054298		1054298	56
59	3950	CARDIAC REHAB	30092	28240	58332		58332	-15733	42599	59
59.01	3951	OCCUPATIONAL MEDICINE & WELLNES								59.01
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	1577180	380895	1958075	-5088	1952987	-1262640	690347	60
61	6100	EMERGENCY	608435	1324171	1932606	-15026	1917580	-890275	1027305	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310	RURAL HEALTH CLINIC	2864855	717594	3582449	127294	3709743	-243740	3466003	63.50
63.51	6311	RHC II	262969	119683	382652	5222	387874		387874	63.51
63.52	6312	RHC III	224969	166094	391063	2731	393794		393794	63.52
		OTHER REIMBURSABLE COST CENTERS								
71	7100	HOME HEALTH AGENCY	415122	134382	549504	-14887	534617	-23958	510659	71
		SPECIAL PURPOSE COST CENTERS								
88	8800	INTEREST EXPENSE		173811	173811	-173811				88
90	9000	OTHER CAPITAL RELATED COSTS		17011	17011	-17011				90
95		SUBTOTALS	14512305	19372644	33884949	-20152	33864797	-5398474	28466323	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800	PHYSICIANS' PRIVATE OFFICES	61927	2656	64583	14141	78724		78724	98
100	7950	NONREIMBURSEABLE								100
100.01	7951	PROFESSIONAL BUILDINGS		146618	146618	13680	160298		160298	100.01
100.02	7952	FOUNDATION SERVICES	25809	13528	39337		39337		39337	100.02
100.03	7953	WELLNESS	98821	7022	105843	-7669	98174		98174	100.03
100.04	7954	RENTED SPACE								100.04
101		TOTAL	14698862	19542468	34241330		34241330	-5398474	28842856	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	R/C HHA MED SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		14422	1
2	R/C COST OF DRUGS	B	DRUGS CHARGED TO PATIENTS	56		1054298	2
3	R/C OF EMPLOYEE BENEFITS	C					3
4		C					4
5	R/C OF LTC ADMITTING COSTS	D	NURSING FACILITY	35	69	11	5
6	R/C POSTAGE	E	OTHER ADMINISTRATIVE AND GENE	6.06		30426	6
7	R/C CAFETERIA COSTS	F	CAFETERIA	12	189158	193190	7
8	R/C COST OF BLOOD	G	WHOLE BLOOD & PACKED RED BLOO	46		95392	8
9		H					9
10	R/C DEPR OBLONG CLINIC	I	RHC III	63.52		1580	10
11		I					11
12	R/C DEPR PROF BLDGS	J	PROFESSIONAL BUILDINGS	100.01		36306	12
13		J	RURAL HEALTH CLINIC	63.50		163443	13
14		J	RHC II	63.51		9582	14
15		J	CLINIC	60		2960	15
16		J	WELLNESS	100.03		4111	16
17	R/C SNF DEPR	K	NURSING FACILITY	35		12080	17
18		K					18
19	R/C LABOR/DEL & NB COSTS	L	NURSERY	33	37167	10299	19
20		L	DELIVERY ROOM & LABOR ROOM	39	67240	18633	20
21	R/C SUPPLIES CHGD TO PTS	M	MEDICAL SUPPLIES CHARGED TO P	55		646216	21
22		M					22
23		M					23
24		M					24
25		M					25
26		M					26
27		M					27
28	R/C TRANSCRIPTION TXFR	N	MEDICAL RECORDS & LIBRARY	17		2301	28
29		N					29
30		N					30
31		O					31
32	R/C INTEREST EXPENSE	P	NEW CAP REL COSTS-BLDG & FIXT	3		173811	32
33		P					33
34	R/C OR COST	Q	OPERATING ROOM	37		102918	34
35	R/C PALESTINE/OBLONG DRS	R	RHC II	63.51		5325	35
36	SUBTOTAL				293634	2577304	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	R/C HHA MED SUPPLIES	A	HOME HEALTH AGENCY	71		14422	1
2	R/C COST OF DRUGS	B	PHARMACY	16		1054298	2
3	R/C OF EMPLOYEE BENEFITS	C					3
4		C					4
5	R/C OF LTC ADMITTING COSTS	D	ADMITTING	6.04	69	11	5
6	R/C POSTAGE	E	PURCHASING RECEIVING AND STOR	6.03		30426	6
7	R/C CAFETERIA COSTS	F	DIETARY	11	189158	193190	7
8	R/C COST OF BLOOD	G	LABORATORY	44		95392	8
9		H					9
10	R/C DEPR OBLONG CLINIC	I	NEW CAP REL COSTS-BLDG & FIXT	3		1580	9 10
11		I					9 11
12	R/C DEPR PROF BLDGS	J	NEW CAP REL COSTS-BLDG & FIXT	3		216402	9 12
13		J					9 13
14		J					9 14
15		J					9 15
16		J					9 16
17	R/C SNF DEPR	K	NEW CAP REL COSTS-BLDG & FIXT	3		12080	9 17
18		K					9 18
19	R/C LABOR/DEL & NB COSTS	L	ADULTS & PEDIATRICS	25	104407	28932	19
20		L					20
21	R/C SUPPLIES CHGD TO PTS	M	OPERATING ROOM	37		463171	21
22		M	CENTRAL SERVICES & SUPPLY	15		157266	22
23		M	EMERGENCY	61		15026	23
24		M	ANESTHESIOLOGY	40		2491	24
25		M	PHYSICAL THERAPY	50		6261	25
26		M	RESPIRATORY THERAPY	49		373	26
27		M	ADULTS & PEDIATRICS	25		1628	27
28	R/C TRANSCRIPTION TXFR	N	RURAL HEALTH CLINIC	63.50		2143	28
29		N	CLINIC	60		158	29
30		N					30
31		O					31
32	R/C INTEREST EXPENSE	P	INTEREST EXPENSE	88		173811	10 32
33		P					10 33
34	R/C OR COST	Q	ANESTHESIOLOGY	40		102918	34
35	R/C PALESTINE/OBLONG DRS	R	RURAL HEALTH CLINIC	63.50		5325	35
36	SUBTOTAL				293634	2577304	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		R	RHC III	63.52		7536	1
2		R	PHYSICIANS' PRIVATE OFFICES	98		14141	2
3		S					3
4		T					4
5	HEALTHWORKS COST	U	EMPLOYEE BENEFITS	5	9725	1925	5
6	UTILITIES	V	OPERATION OF PLANT	8		102109	6
7		V					7
8		V					8
9		V					9
10		V					10
11		V					11
12		V					12
13		V					13
14		V					14
15	RECLASS NON PT PHONE COST	W	NONPATIENT TELEPHONES	6.01	19057	743	15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				322416	2703758	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		R	RURAL HEALTH CLINIC	63.60		7536	1
2		R	RURAL HEALTH CLINIC	63.50		14141	2
3		S					3
4		T					4
5	HEALTHWORKS COST	U	WELLNESS	100.03	9725	1925	5
6	UTILITIES	V	WELLNESS	100.03		130	6
7		V	RURAL HEALTH CLINIC	63.50		7004	7
8		V	RHC III	63.52		6385	8
9		V	RHC II	63.51		9685	9
10		V	PROFESSIONAL BUILDINGS	100.01		22626	10
11		V	CLINIC	60		7890	11
12		V	NONPATIENT TELEPHONES	6.01		66	12
13		V	HOME HEALTH AGENCY	71		465	13
14		V	PHYSICAL THERAPY	50		47858	14
15	RECLASS NON PT PHONE COST	W	CASHIERING/ACCOUNTS RECEIVABL	6.05	19057	743	15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				322416	2703758	36

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	48365					48365		1
2	LAND IMPROVEMENTS	724308				40760	683548		2
3	BUILDINGS AND FIXTURES	26063132	8125922		8125922	3590128	30598926		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	10425065	461574		461574	1384900	9501739		6
7	SUBTOTAL	37260870	8587496		8587496	5015788	40832578		7
8	RECONCILING ITEMS								8
9	TOTAL	37260870	8587496		8587496	5015788	40832578		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL: INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
1	OLD CAP REL COSTS-BLDG & FIXT				.000000					1
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000					2
3	NEW CAP REL COSTS-BLDG & FIXT	1444407		1444407	.131956			2245	2245	3
4	NEW CAP REL COSTS-MVBLE EQUIP	9501739		9501739	.868044			14766	14766	4
5	TOTAL	10946146		10946146	1.000000			17011	17011	5

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	1214345	134937				2245	1351527	3
4	NEW CAP REL COSTS-MVBLE EQUIP	990348					14766	1005114	4
5	TOTAL	2204693	134937				17011	2356641	5

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	1444407						1444407	3
4	NEW CAP REL COSTS-MVBLE EQUIP	990348						990348	4
5	TOTAL	2434755						2434755	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES	A	-38874	NEW CAP REL COSTS-BLDG & FIXT	3	10	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)						9
10	TELEVISION AND RADIO SERVICE						10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-985365				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	-139196	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	-1507	MEDICAL RECORDS & LIBRARY	17		20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION- NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37	PHYS RECRUITING	A	-204443	OTHER ADMINISTRATIVE AND GENERA	6.06		37
37.11	EMPLOYEE INJURY	A	-1383	EMPLOYEE BENEFITS	5		37.11
38	ADVERTISING	A	-66502	OTHER ADMINISTRATIVE AND GENERA	6.06		38
39	TV ADMINISTRATION	A	-4393	OTHER ADMINISTRATIVE AND GENERA	6.06		39
40	TV UTILITIES & REPAIR	A	-2811	OPERATION OF PLANT	8		40
41	PROV FOR BAD DEBT	A	-2106391	OTHER ADMINISTRATIVE AND GENERA	6.06		41
42	EMPLOYEE DISCOUNTS	A	-32919	EMPLOYEE BENEFITS	5		42
43							43
44	OTHER A&G	A	-41685	OTHER ADMINISTRATIVE AND GENERA	6.06		44
45	EMPLOYEE SALES-PHARMACY	B	-25499	PHARMACY	16		45
46							46
47	CONSULTING CLINIC	B	-70262	CLINIC	60		47
48	OTHER INCOME - OCC MED	B	-175	CLINIC	60		48
49							49
49.01	PHYSICIAN EXPENSES	A	-1181181	CLINIC	60		49.01
49.02	PHYSICIAN EXPENSES	A	-62018	EMPLOYEE BENEFITS	5		49.02
49.03	PHYSICIAN EXPENSES	A	-243740	RURAL HEALTH CLINIC	63.50		49.03
49.04	PHYSICIAN EXPENSES	A	-43317	EMPLOYEE BENEFITS	5		49.04
49.06	NON ALLOWABLE ADS	A	-300	HOME HEALTH AGENCY	71		49.06
49.08	NON ALLOWABLE CARELINK COSTS	A	-23658	HOME HEALTH AGENCY	71		49.08
49.12	MISC INCOME	B	-21416	OTHER ADMINISTRATIVE AND GENERA	6.06		49.12
49.13	AHA & IHA DUES	A	-11988	OTHER ADMINISTRATIVE AND GENERA	6.06		49.13
49.14	OB LUCUM TENUMS	A	-19000	ADULTS & PEDIATRICS	25		49.14
49.15	NONPATIENT CPR	B	-610	OTHER ADMINISTRATIVE AND GENERA	6.06		49.15
49.26	NONPATIENT EMS	B	-560	EMERGENCY	61		49.26
49.53	DONATIONS, PROJECTS	A	-57021	OTHER ADMINISTRATIVE AND GENERA	6.06		49.53
49.61	DME-A&P	A	46	ADULTS & PEDIATRICS	25		49.61
49.62	DME-OR	A	-255	OPERATING ROOM	37		49.62
49.63	DME-ER	A	-10361	EMERGENCY	61		49.63
49.64	DME-PT	A	-1275	PHYSICAL THERAPY	50		49.64

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
49.65	DME-CLINICS	A	-11022	CLINIC	60	49.65
49.66	CRNA FEES	A	-79850	OPERATING ROOM	37	49.66
49.67	ADMINISTRATION CLAIMS FEES	A	134096	OTHER ADMINISTRATIVE AND GENERA	6.06	49.67
49.70	EXERCISE CLASS	B	-54	PHYSICAL THERAPY	50	49.70
49.72	PHYSICIAN FEES	B	-43493	RADIOLOGY-DIAGNOSTIC	41	49.72
50	TOTAL		-5398474			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. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL 9) 5	NET ADJ-USTMENTS 6	WKST A-7 REF 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) 1	NAME 2	PERCENT OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 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 LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERA-TION INCL FRINGES 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD-JUSTED RCE LIMIT 8	PERCENT OF UNAD-JUSTED RCE LIMIT 9
1	49	RESPIRATORY THERAPY	AGGREGATE	45130	45130					
2	53	ELECTROCARDIOLOGY	AGGREGATE	45148	45148					
3	59	CARDIAC REHAB	AGGREGATE	15733	15733					
4	59.01	OCCUPATIONAL MEDICINE &	AGGREGATE							
5	61	EMERGENCY	AGGREGATE	1186552	879354	307198				
101		TOTAL		1292563	985365	307198				

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	49	RESPIRATORY THERAPY	AGGREGATE							45130
2	53	ELECTROCARDIOLOGY	AGGREGATE							45148
3	59	CARDIAC REHAB	AGGREGATE							15733
4	59.01	OCCUPATIONAL MEDICINE &	AGGREGATE							
5	61	EMERGENCY	AGGREGATE							879354
101		TOTAL								985365

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING AND STORE 6.03	ADMITTING 6.04	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT	1351527	1351527							3
4	NEW CAP REL COSTS-MVBLE EQUIP	1005114		1005114						4
5	EMPLOYEE BENEFITS	2642469	27100	6829	2676398					5
6.01	NONPATIENT TELEPHONES	19884	8032	295	3843	32054				6.01
6.02	DATA PROCESSING	630273	7869	130825	24677	824	794468			6.02
6.03	PURCHASING RECEIVING AND STORES	121405	37712	5819	18408	824		184168		6.03
6.04	ADMITTING	292473	3592	2538	47322	824		1253	348002	6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	446503	17240	1656	48336	1099	500753	626		6.05
6.06	OTHER ADMINISTRATIVE AND GENERA	2159341	110769	18964	87331	1465	293715	4385		6.06
8	OPERATION OF PLANT	1264264	96092	22288	60219	366		8979		8
9	LAUNDRY & LINEN SERVICE	142054	41451	3447	16377			3967		9
10	HOUSEKEEPING	434323	3918	1888	56045			6473		10
11	DIETARY	388037	54691	33101	38709	458		2923		11
12	CAFETERIA	243152	32096		38142					12
14	NURSING ADMINISTRATION	553081	7461		101833			418		14
15	CENTRAL SERVICES & SUPPLY	1180	17044					209		15
16	PHARMACY	522909	20701	79625	85096	641		4385		16
17	MEDICAL RECORDS & LIBRARY	456033	36275	10659	73893	1923		1462		17
18	SOCIAL SERVICE	42559	816	315	7935					18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1577925	187303	128249	269074	4030		11276	60967	25
26	INTENSIVE CARE UNIT	253585	36716	8071	45246	824		626	23984	26
33	NURSERY	47469	6808		7494				5087	33
35	NURSING FACILITY	742200		8762	127505	2839		2923		35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1023598	134980	215463	137606	1374		20881	46916	37
39	DELIVERY ROOM & LABOR ROOM	85904	20423		13558				17406	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	1284729	55458	78779	114766	1191		8770	33964	41
41.01	RADIOLOGY-ULTRASOUND	183749	3673	399				6055	9037	41.01
44	LABORATORY	1101888	36569	17846	94015	824		48233	40936	44
46	WHOLE BLOOD & PACKED RED BLOOD	95392	1796						4040	46
49	RESPIRATORY THERAPY	429972	15770	23155	56641			3132	10776	49
50	PHYSICAL THERAPY	673759	163631	16125	111192	458		6264	6100	50
53	ELECTROCARDIOLOGY	16055	4441		3237				2647	53
55	MEDICAL SUPPLIES CHARGED TO PAT	660638							32936	55
56	DRUGS CHARGED TO PATIENTS	1054298							50336	56
59	CARDIAC REHAB	42599	18872	10342	6068			835	13	59
59.01	OCCUPATIONAL MEDICINE & WELLNES									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	690347		33675	112874	2564		11276	490	60
61	EMERGENCY	1027305	57711	64158	122685	1099		3759	2367	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC	3466003		44885	528522	6870		18375		63.50
63.51	RHC II	387874		748	53025			418		63.51
63.52	RHC III	393794		5235	45363			2088		63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	510659	7346	9242	83705	1374		2297		71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	28466323	1274356	983383	2640742	31871	794468	182288	348002	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		11428							96
98	PHYSICIANS' PRIVATE OFFICES	78724		9556	12487					98
100	NONREIMBURSEABLE									100
100.01	PROFESSIONAL BUILDINGS	160298						209		100.01
100.02	FOUNDATION SERVICES	39337	816		5204			209		100.02
100.03	WELLNESS	98174		12175	17965	183		1462		100.03
100.04	RENTED SPACE		64927							100.04
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	28842856	1351527	1005114	2676398	32054	794468	184168	348002	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	CASHIERING /ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	OTHER ADMINISTRATIVE AND GENER 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STORES									6.03
6.04	ADMITTING									6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	1016213								6.05
6.06	OTHER ADMINISTRATIVE AND GENERA		2675970	2675970						6.06
8	OPERATION OF PLANT		1452208	148512	1600720					8
9	LAUNDRY & LINEN SERVICE		207296	21199	42138	270633				9
10	HOUSEKEEPING		502647	51404	3983	186	558220			10
11	DIETARY		517919	52966	55598	5140	20509	652132		11
12	CAFETERIA		313390	32049	32628		12036		390103	12
14	NURSING ADMINISTRATION		662793	67781	7585		2798		14652	14
15	CENTRAL SERVICES & SUPPLY		18433	1885	17327		6392			15
16	PHARMACY		713357	72952	21044		7763		10989	16
17	MEDICAL RECORDS & LIBRARY		580245	59339	36877		13603		20146	17
18	SOCIAL SERVICE		51625	5279	830		306		1831	18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	46161	2284985	233676	190410	89606	70240	256707	58607	25
26	INTENSIVE CARE UNIT	16020	385072	39380	37325	2857	13769	13420	7326	26
33	NURSERY	3398	70256	7185	6921	777	2553		1831	33
35	NURSING FACILITY		884229	90427	146845	72318	54169	317111	36629	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	139357	1720175	175915	137219	31396	50618	10633	21978	37
39	DELIVERY ROOM & LABOR ROOM	11626	148917	15229	20762		7659		3663	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	253159	1830816	187230	56378	18251	20797		18315	41
41.01	RADIOLOGY-ULTRASOUND	40093	243006	24851	3734		1377			41.01
44	LABORATORY	211054	1551365	158652	37176	181	13714		20146	44
46	WHOLE BLOOD & PACKED RED BLOOD	4302	105530	10792	1826		673			46
49	RESPIRATORY THERAPY	19952	559398	57207	16032	781	5914		12820	49
50	PHYSICAL THERAPY	43139	1020668	104380	166345	10726	51363		20146	50
53	ELECTROCARDIOLOGY	9080	35460	3626	4514		1665			53
55	MEDICAL SUPPLIES CHARGED TO PAT	35500	729074	74559						55
56	DRUGS CHARGED TO PATIENTS	91301	1195935	122303						56
59	CARDIAC REHAB	2638	81367	8321	19185		7077		1831	59
59.01	OCCUPATIONAL MEDICINE & WELLNES									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	16931	868157	88783	102234	3939	37713		23809	60
61	EMERGENCY	57990	1337074	136737	58668	22957	21642	54261	20146	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC		4064655	415666	224832	3870	82937		71430	63.50
63.51	RHC II		442065	45208	41342	609				63.51
63.52	RHC III		446480	45660		574				63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	14512	629135	64339	7468		2755		16483	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	1016213	28329702	2623492	1497226	264168	520042	652132	382778	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		11428	1169	11617		4286			96
98	PHYSICIANS' PRIVATE OFFICES		100767	10305						98
100	NONREIMBURSEABLE									100
100.01	PROFESSIONAL BUILDINGS		160507	16414	33126		12220			100.01
100.02	FOUNDATION SERVICES		45566	4660	830		306		1831	100.02
100.03	WELLNESS		129959	13290	57921	6465	21366		5494	100.03
100.04	RENTED SPACE		64927	6640						100.04
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1016213	28842856	2675970	1600720	270633	558220	652132	390103	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STORES									6.03
6.04	ADMITTING									6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06	OTHER ADMINISTRATIVE AND GENERA									6.06
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA									12
14	NURSING ADMINISTRATION	755609								14
15	CENTRAL SERVICES & SUPPLY		44037							15
16	PHARMACY	45017		871122						16
17	MEDICAL RECORDS & LIBRARY				710210					17
18	SOCIAL SERVICE	7255				67126				18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	231324			32505	33563	3481623		3481623	25
26	INTENSIVE CARE UNIT	29298			11282		539729		539729	26
33	NURSERY	6441			2392		98356		98356	33
35	NURSING FACILITY	142280				33563	1777571		1777571	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	87556			98131		2333621		2333621	37
39	DELIVERY ROOM & LABOR ROOM	11656			8186		216072		216072	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC				178305		2310092		2310092	41
41.01	RADIOLOGY-ULTRASOUND				28233		301201		301201	41.01
44	LABORATORY				148618		1929852		1929852	44
46	WHOLE BLOOD & PACKED RED BLOOD				3029		121850		121850	46
49	RESPIRATORY THERAPY	48351			14049		714552		714552	49
50	PHYSICAL THERAPY				30377		1414005		1414005	50
53	ELECTROCARDIOLOGY				6394		51659		51659	53
55	MEDICAL SUPPLIES CHARGED TO PAT		44037		24998		872668		872668	55
56	DRUGS CHARGED TO PATIENTS			871122	64292		2253652		2253652	56
59	CARDIAC REHAB				18584		136365		136365	59
59.01	OCCUPATIONAL MEDICINE & WELLNES									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC						1124635		1124635	60
61	EMERGENCY	79923			40835		1772243		1772243	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC						4863390		4863390	63.50
63.51	RHC II						529224		529224	63.51
63.52	RHC III						492714		492714	63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	66508					786688		786688	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	755609	44037	871122	710210	67126	28121762		28121762	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN						28500		28500	96
98	PHYSICIANS' PRIVATE OFFICES						111072		111072	98
100	NONREIMBURSEABLE									100
100.01	PROFESSIONAL BUILDINGS						222267		222267	100.01
100.02	FOUNDATION SERVICES						53193		53193	100.02
100.03	WELLNESS						234495		234495	100.03
100.04	RENTED SPACE						71567		71567	100.04
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	755609	44037	871122	710210	67126	28842856		28842856	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING AND STORES 6.03	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS	27100	6829	33929	33929					5
6.01	NONPATIENT TELEPHONES	8032	295	8327	49	8376				6.01
6.02	DATA PROCESSING	7869	130825	138694	313	215	139222			6.02
6.03	PURCHASING RECEIVING AND STORES	37712	5819	43531	233	215			43979	6.03
6.04	ADMITTING	3592	2538	6130	600	215			299	6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	17240	1656	18896	613	287		87752	150	6.05
6.06	OTHER ADMINISTRATIVE AND GENERA	110769	18964	129733	1107	383		51470	1047	6.06
8	OPERATION OF PLANT	96092	22288	118380	763	96			2144	8
9	LAUNDRY & LINEN SERVICE	41451	3447	44898	208				947	9
10	HOUSEKEEPING	3918	1888	5806	710				1546	10
11	DIETARY	54691	33101	87792	491	120			698	11
12	CAFETERIA	32096		32096	483					12
14	NURSING ADMINISTRATION	7461		7461	1291				100	14
15	CENTRAL SERVICES & SUPPLY	17044		17044					50	15
16	PHARMACY	20701	79625	100326	1079	168			1047	16
17	MEDICAL RECORDS & LIBRARY	36275	10659	46934	937	503			349	17
18	SOCIAL SERVICE	816	315	1131	101					18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	187303	128249	315552	3411	1053			2693	25
26	INTENSIVE CARE UNIT	36716	8071	44787	574	215			150	26
33	NURSERY	6808		6808	95					33
35	NURSING FACILITY		8762	8762	1616	742			698	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	134980	215463	350443	1744	359			4986	37
39	DELIVERY ROOM & LABOR ROOM	20423		20423	172					39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	55458	78779	134237	1455	311			2094	41
41.01	RADIOLOGY-ULTRASOUND	3673	399	4072					1446	41.01
44	LABORATORY	36569	17846	54415	1192	215			11517	44
46	WHOLE BLOOD & PACKED RED BLOOD	1796		1796						46
49	RESPIRATORY THERAPY	15770	23155	38925	718				748	49
50	PHYSICAL THERAPY	163631	16125	179756	1409	120			1496	50
53	ELECTROCARDIOLOGY	4441		4441	41					53
55	MEDICAL SUPPLIES CHARGED TO PAT									55
56	DRUGS CHARGED TO PATIENTS									56
59	CARDIAC REHAB	18872	10342	29214	77				199	59
59.01	OCCUPATIONAL MEDICINE & WELLNES									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		33675	33675	1431	670			2693	60
61	EMERGENCY	57711	64158	121869	1555	287			898	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC		44885	44885	6701	1795			4388	63.50
63.51	RHC II		748	748	672				100	63.51
63.52	RHC III		5235	5235	575				499	63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	7346	9242	16588	1061	359			548	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	1274356	983383	2257739	33477	8328	139222		43530	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	11428		11428						96
98	PHYSICIANS' PRIVATE OFFICES		9556	9556	158					98
100	NONREIMBURSEABLE									100
100.01	PROFESSIONAL BUILDINGS								50	100.01
100.02	FOUNDATION SERVICES	816		816	66				50	100.02
100.03	WELLNESS		12175	12175	228	48			349	100.03
100.04	RENTED SPACE	64927		64927						100.04
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1351527	1005114	2356641	33929	8376	139222		43979	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING /ACCOUNTS RECEIVABLE 6.05	OTHER ADMINISTRATIVE AND GENER 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STORES									6.03
6.04	ADMITTING	7244								6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE		107698							6.05
6.06	OTHER ADMINISTRATIVE AND GENERA			183740						6.06
8	OPERATION OF PLANT			10197	131580					8
9	LAUNDRY & LINEN SERVICE			1456	3464	50973				9
10	HOUSEKEEPING			3530	327	35	11954			10
11	DIETARY			3637	4570	968	439	98715		11
12	CAFETERIA			2201	2682		258		37720	12
14	NURSING ADMINISTRATION			4654	623		60		1417	14
15	CENTRAL SERVICES & SUPPLY			129	1424		137			15
16	PHARMACY			5009	1730		166		1063	16
17	MEDICAL RECORDS & LIBRARY			4074	3031		291		1948	17
18	SOCIAL SERVICE			363	68		7		177	18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1266	4893	16045	15652	16878	1504	38858	5667	25
26	INTENSIVE CARE UNIT	500	1698	2704	3068	538	295	2031	708	26
33	NURSERY	106	360	493	569	146	55		177	33
35	NURSING FACILITY			6209	12071	13621	1160	48002	3542	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	977	14771	12079	11279	5913	1084	1610	2125	37
39	DELIVERY ROOM & LABOR ROOM	363	1232	1046	1707		164		354	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	707	26816	12856	4634	3437	445		1771	41
41.01	RADIOLOGY-ULTRASOUND	188	4250	1706	307		29			41.01
44	LABORATORY	853	22371	10894	3056	34	294		1948	44
46	WHOLE BLOOD & PACKED RED BLOOD	84	456	741	150		14			46
49	RESPIRATORY THERAPY	224	2115	3928	1318	147	127		1240	49
50	PHYSICAL THERAPY	127	4573	7167	13674	2020	1314		1948	50
53	ELECTROCARDIOLOGY	55	962	249	371		36			53
55	MEDICAL SUPPLIES CHARGED TO PAT	686	3763	5120						55
56	DRUGS CHARGED TO PATIENTS	1049	9678	8398						56
59	CARDIAC REHAB		280	571	1577		152		177	59
59.01	OCCUPATIONAL MEDICINE & WELLNES									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	10	1795	6096	8404	742	808		2302	60
61	EMERGENCY	49	6147	9389	4823	4324	463	8214	1948	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC			28538	18482	729	1774		6906	63.50
63.51	RHC II			3104	3398	115				63.51
63.52	RHC III			3135		108				63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY		1538	4418	614		59		1594	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	7244	107698	180136	123073	49755	11135	98715	37012	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN			80	955		92			96
98	PHYSICIANS' PRIVATE OFFICES			708						98
100	NONREIMBURSEABLE									100
100.01	PROFESSIONAL BUILDINGS			1127	2723		262			100.01
100.02	FOUNDATION SERVICES			320	68		7		177	100.02
100.03	WELLNESS			913	4761	1218	458		531	100.03
100.04	RENTED SPACE			456						100.04
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	7244	107698	183740	131580	50973	11954	98715	37720	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STORES									6.03
6.04	ADMITTING									6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06	OTHER ADMINISTRATIVE AND GENERA									6.06
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA									12
14	NURSING ADMINISTRATION	15606								14
15	CENTRAL SERVICES & SUPPLY		18784							15
16	PHARMACY	930		111518						16
17	MEDICAL RECORDS & LIBRARY				58067					17
18	SOCIAL SERVICE	150				1997				18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	4776			2657	998	431903		431903	25
26	INTENSIVE CARE UNIT	605			922		58795		58795	26
33	NURSERY	133			196		9138		9138	33
35	NURSING FACILITY	2939				999	100361		100361	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1808			8022		417200		417200	37
39	DELIVERY ROOM & LABOR ROOM	241			669		26371		26371	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC				14587		203350		203350	41
41.01	RADIOLOGY-ULTRASOUND				2308		14306		14306	41.01
44	LABORATORY				12149		118938		118938	44
46	WHOLE BLOOD & PACKED RED BLOOD				248		3489		3489	46
49	RESPIRATORY THERAPY	999			1148		51637		51637	49
50	PHYSICAL THERAPY				2483		216087		216087	50
53	ELECTROCARDIOLOGY				523		6678		6678	53
55	MEDICAL SUPPLIES CHARGED TO PAT		18784		2043		30396		30396	55
56	DRUGS CHARGED TO PATIENTS			111518	5255		135898		135898	56
59	CARDIAC REHAB				1519		33766		33766	59
59.01	OCCUPATIONAL MEDICINE & WELLNES									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC						58626		58626	60
61	EMERGENCY	1651			3338		164955		164955	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC						114198		114198	63.50
63.51	RHC II						8137		8137	63.51
63.52	RHC III						9552		9552	63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	1374					28153		28153	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	15606	18784	111518	58067	1997	2241934		2241934	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN						12555		12555	96
98	PHYSICIANS' PRIVATE OFFICES						10422		10422	98
100	NONREIMBURSEABLE									100
100.01	PROFESSIONAL BUILDINGS						4162		4162	100.01
100.02	FOUNDATION SERVICES						1504		1504	100.02
100.03	WELLNESS						20681		20681	100.03
100.04	RENTED SPACE						65383		65383	100.04
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	15606	18784	111518	58067	1997	2356641		2356641	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-J

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE NEW 4	EMPLOYEE BENEFITS GROSS SAL 5	NONPATIENT TELEPHONES #OF PHONES 6.01	DATA PROCESSING MACHINE TIME 6.02	PURCHASING RECEIVING AND STORE COST REQ'S 6.03	ADMITTING INPATIENT REVENUE 6.04	
	GENERAL SERVICE COST CENTERS								
3	NEW CAP REL COSTS-BLDG & FIXT	82786							3
4	NEW CAP REL COSTS-MVBLE EQUIP		929969						4
5	EMPLOYEE BENEFITS	1660	6318	13273161					5
6.01	NONPATIENT TELEPHONES	492	273	19057	350				6.01
6.02	DATA PROCESSING	482	121044	122383	9	10000			6.02
6.03	PURCHASING RECEIVING AND STOR	2310	5384	91291	9		882		6.03
6.04	ADMITTING	220	2348	234687	9		6	11654479	6.04
6.05	CASHIERING/ACCOUNTS RECEIVABL	1056	1532	239716	12	6303	3		6.05
6.06	OTHER ADMINISTRATIVE AND GENE	6785	17546	433104	16	3697	21		6.06
8	OPERATION OF PLANT	5886	20622	298647	4		43		8
9	LAUNDRY & LINEN SERVICE	2539	3189	81218			19		9
10	HOUSEKEEPING	240	1747	277944			31		10
11	DIETARY	3350	30626	191973	5		14		11
12	CAFETERIA	1966		189158					12
14	NURSING ADMINISTRATION	457		505025			2		14
15	CENTRAL SERVICES & SUPPLY	1044					1		15
16	PHARMACY	1268	73672	422017	7		21		16
17	MEDICAL RECORDS & LIBRARY	2222	9862	366462	21		7		17
18	SOCIAL SERVICE	50	291	39353					18
20	NONPHYSICIAN ANESTHETISTS								20
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	11473	118661	1334428	44		54	2041840	25
26	INTENSIVE CARE UNIT	2249	7468	224390	9		3	803230	26
33	NURSERY	417		37167				170352	33
35	NURSING FACILITY		8107	632339	31		14		35
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	8268	199356	682432	15		100	1571185	37
39	DELIVERY ROOM & LABOR ROOM	1251		67240				582908	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	3397	72889	569164	13		42	1137425	41
41.01	RADIOLOGY-ULTRASOUND	225	369				29	302629	41.01
44	LABORATORY	2240	16512	466254	9		231	1370945	44
46	WHOLE BLOOD & PACKED RED BLOO	110						135286	46
49	RESPIRATORY THERAPY	966	21424	280904			15	360877	49
50	PHYSICAL THERAPY	10023	14919	551439	5		30	204285	50
53	ELECTROCARDIOLOGY	272		16055				88648	53
55	MEDICAL SUPPLIES CHARGED TO P							1103016	55
56	DRUGS CHARGED TO PATIENTS							1685744	56
59	CARDIAC REHAB	1156	9569	30092			4	435	59
59.01	OCCUPATIONAL MEDICINE & WELLN								59.01
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		31157	569780	28		54	16412	60
61	EMERGENCY	3535	59361	608435	12		18	79262	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RURAL HEALTH CLINIC		41529	2621115	75		88		63.50
63.51	RHC II		692	262969			2		63.51
63.52	RHC III		4844	224969			10		63.52
	OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY	450	8551	415122	15		11		71
	SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	78059	909862	13096329	348	10000	873	11654479	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	700							96
98	PHYSICIANS' PRIVATE OFFICES		8842	61927					98
100	NONREIMBURSEABLE								100
100.01	PROFESSIONAL BUILDINGS						1		100.01
100.02	FOUNDATION SERVICES	50		25809			1		100.02
100.03	WELLNESS		11265	89096	2		7		100.03
100.04	RENTED SPACE	3977							100.04
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1351527	1005114	2676398	32054	794468	184168	348002	103
104	UNIT COST MULT-WS B PT I		1.080804		91.582857		208.807256		104
104	UNIT COST MULT-WS B PT I	16.325550		.201640		79.446800		.029860	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			33929	8376	139222	43979	7244	107
108	UNIT COST MULT-WS B PT III				23.931429		49.862812		108
108	UNIT COST MULT-WS B PT III			.002556		13.922200		.000622	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE 6.05	RECON-CILIATION 6A.06	OTHER ADMINISTRATIVE AND GENER ACCUM COST 6.06	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS 11	CAFETERIA FTE'S 12	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NONPATIENT TELEPHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING RECEIVING AND STOR									6.03
6.04	ADMITTING									6.04
6.05	CASHIERING/ACCOUNTS RECEIVABL	50954392								6.05
6.06	OTHER ADMINISTRATIVE AND GENE		-2675970	26166886						6.06
8	OPERATION OF PLANT			1452208	96450					8
9	LAUNDRY & LINEN SERVICE			207296	2539	197412				9
10	HOUSEKEEPING			502647	240	136	91180			10
11	DIETARY			517919	3350	3749	3350	57100		11
12	CAFETERIA			313390	1966		1966		213	12
14	NURSING ADMINISTRATION			662793	457		457		8	14
15	CENTRAL SERVICES & SUPPLY			18433	1044		1044			15
16	PHARMACY			713357	1268		1268		6	16
17	MEDICAL RECORDS & LIBRARY			580245	2222		2222		11	17
18	SOCIAL SERVICE			51625	50		50		1	18
20	NONPHYSICIAN ANESTHETISTS									20
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	2314514		2284985	11473	65362	11473	22477	32	25
26	INTENSIVE CARE UNIT	803230		385072	2249	2084	2249	1175	4	26
33	NURSERY	170352		70256	417	567	417		1	33
35	NURSING FACILITY			884229	8848	52752	8848	27766	20	35
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	6987432		1720175	8268	22902	8268	931	12	37
39	DELIVERY ROOM & LABOR ROOM	582908		148917	1251		1251		2	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	12694720		1830816	3397	13313	3397		10	41
41.01	RADIOLOGY-ULTRASOUND	2010301		243006	225		225			41.01
44	LABORATORY	10582328		1551365	2240	132	2240		11	44
46	WHOLE BLOOD & PACKED RED BLOO	215686		105530	110		110			46
49	RESPIRATORY THERAPY	1000380		559398	966	570	966		7	49
50	PHYSICAL THERAPY	2162987		1020668	10023	7824	10023		11	50
53	ELECTROCARDIOLOGY	455282		35460	272		272			53
55	MEDICAL SUPPLIES CHARGED TO P	1779969		729074						55
56	DRUGS CHARGED TO PATIENTS	4577869		1195935						56
59	CARDIAC REHAB	132247		81367	1156		1156		1	59
59.01	OCCUPATIONAL MEDICINE & WELLN									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	848909		868157	6160	2873	6160		13	60
61	EMERGENCY	2907653		1337074	3535	16746	3535	4751	11	61
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RURAL HEALTH CLINIC			4064655	13547	2823	13547		39	63.50
63.51	RHC II			442065	2491	444				63.51
63.52	RHC III			446480		419				63.52
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY	727625		629135	450		450		9	71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	50954392	-2675970	25653732	90214	192696	84944	57100	209	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C			11428	700		700			96
98	PHYSICIANS' PRIVATE OFFICES			100767						98
100	NONREIMBURSEABLE									100
100.01	PROFESSIONAL BUILDINGS			160507	1996		1996			100.01
100.02	FOUNDATION SERVICES			45566	50		50		1	100.02
100.03	WELLNESS			129959	3490	4716	3490		3	100.03
100.04	RENTED SPACE			64927						100.04
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	1016213		2675970	1600720	270633	558220	652132	390103	103
104	UNIT COST MULT-WS B PT I	.019944		.102266		1.370905		11.420876		104
104	UNIT COST MULT-WS B PT I				16.596371		6.122176		1831.469484	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	107698		183740	131580	50973	11954	98715	37720	107
108	UNIT COST MULT-WS B PT III	.002114		.007022		.258206		1.728809		108
108	UNIT COST MULT-WS B PT III				1.364230		.131103		177.089202	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION NURSING HOURS 14	CENTRAL SERVICES & SUPPLY CSS CSTED REQ' 15	PHARMACY RX CSTD REQ'S 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME 18	
	GENERAL SERVICE COST CENTERS						
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	NONPATIENT TELEPHONES						6.01
6.02	DATA PROCESSING						6.02
6.03	PURCHASING RECEIVING AND STOR						6.03
6.04	ADMITTING						6.04
6.05	CASHIERING/ACCOUNTS RECEIVABL						6.05
6.06	OTHER ADMINISTRATIVE AND GENE						6.06
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION	217363					14
15	CENTRAL SERVICES & SUPPLY		100				15
16	PHARMACY	12950		100			16
17	MEDICAL RECORDS & LIBRARY				50568948		17
18	SOCIAL SERVICE	2087				100	18
20	NONPHYSICIAN ANESTHETISTS						20
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	66544			2314514	50	25
26	INTENSIVE CARE UNIT	8428			803320		26
33	NURSERY	1853			170352		33
35	NURSING FACILITY	40929				50	35
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	25187			6987432		37
39	DELIVERY ROOM & LABOR ROOM	3353			582908		39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC				12694720		41
41.01	RADIOLOGY-ULTRASOUND				2010301		41.01
44	LABORATORY				10582328		44
46	WHOLE BLOOD & PACKED RED BLOO				215686		46
49	RESPIRATORY THERAPY	13909			1000380		49
50	PHYSICAL THERAPY				2162987		50
53	ELECTROCARDIOLOGY				455282		53
55	MEDICAL SUPPLIES CHARGED TO P		100		1779969		55
56	DRUGS CHARGED TO PATIENTS			100	4577869		56
59	CARDIAC REHAB				1323247		59
59.01	OCCUPATIONAL MEDICINE & WELLN						59.01
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY	22991			2907653		61
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	RURAL HEALTH CLINIC						63.50
63.51	RHC II						63.51
63.52	RHC III						63.52
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY	19132					71
	SPECIAL PURPOSE COST CENTERS						
95	SUBTOTALS	217363	100	100	50568948	100	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & C						96
98	PHYSICIANS' PRIVATE OFFICES						98
100	NONREIMBURSEABLE						100
100.01	PROFESSIONAL BUILDINGS						100.01
100.02	FOUNDATION SERVICES						100.02
100.03	WELLNESS						100.03
100.04	RENTED SPACE						100.04
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	COST TO BE ALLOC PER B PT I	755609	44037	871122	710210	67126	103
104	UNIT COST MULT-WS B PT I	3.476254		8711.220000		671.260000	104
104	UNIT COST MULT-WS B PT I		440.370000		.014044		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	15606	18784	111518	58067	1997	107
108	UNIT COST MULT-WS B PT III	.071797		1115.180000		19.970000	108
108	UNIT COST MULT-WS B PT III		187.840000		.001148		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART 1

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	3481623		3481623		3481623	25
26	INTENSIVE CARE UNIT	539729		539729		539729	26
33	NURSERY	98356		98356		98356	33
35	NURSING FACILITY	1777571		1777571		1777571	35
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	2333621		2333621		2333621	37
39	DELIVERY ROOM & LABOR ROOM	216072		216072		216072	39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	2310092		2310092		2310092	41
41.01	RADIOLOGY-ULTRASOUND	301201		301201		301201	41.01
44	LABORATORY	1929852		1929852		1929852	44
46	WHOLE BLOOD & PACKED RED BL	121850		121850		121850	46
49	RESPIRATORY THERAPY	714552		714552		714552	49
50	PHYSICAL THERAPY	1414005		1414005		1414005	50
53	ELECTROCARDIOLOGY	51659		51659		51659	53
55	MEDICAL SUPPLIES CHARGED TO	872668		872668		872668	55
56	DRUGS CHARGED TO PATIENTS	2253652		2253652		2253652	56
59	CARDIAC REHAB	136365		136365		136365	59
59.01	OCCUPATIONAL MEDICINE & WEL						59.01
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	1124635		1124635		1124635	60
61	EMERGENCY	1772243		1772243		1772243	61
62	OBSERVATION BEDS (NON-DISTI	289460		289460		289460	62
63.50	RURAL HEALTH CLINIC	4863390		4863390		4863390	63.50
63.51	RHC II	529224		529224		529224	63.51
63.52	RHC III	492714		492714		492714	63.52
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	27624534		27624534		27624534	101
102	LESS OBSERVATION BEDS	289460		289460		289460	102
103	TOTAL	27335074		27335074		27335074	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	2027840		2027840				25
26	INTENSIVE CARE UNIT	803230		803230				26
33	NURSERY	170352		170352				33
35	NURSING FACILITY	907836		907836				35
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1571185	5416247	6987432	.333974	.333974	.333974	37
39	DELIVERY ROOM & LABOR ROOM	582908		582908	.370679	.370679	.370679	39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	1137425	11557295	12694720	.181973	.181973	.181973	41
41.01	RADIOLOGY-ULTRASOUND	302629	1707672	2010301	.149829	.149829	.149829	41.01
44	LABORATORY	1370945	9211383	10582328	.182366	.182366	.182366	44
46	WHOLE BLOOD & PACKED RED BL	135286	80400	215686	.564942	.564942	.564942	46
49	RESPIRATORY THERAPY	360877	639503	1000380	.714281	.714281	.714281	49
50	PHYSICAL THERAPY	204285	1958702	2162987	.653728	.653728	.653728	50
53	ELECTROCARDIOLOGY	88648	366634	455282	.113466	.113466	.113466	53
55	MEDICAL SUPPLIES CHARGED TO	1103016	676953	1779969	.490271	.490271	.490271	55
56	DRUGS CHARGED TO PATIENTS	1685744	2892125	4577869	.492293	.492293	.492293	56
59	CARDIAC REHAB	435	131812	132247	1.031139	1.031139	1.031139	59
59.01	OCCUPATIONAL MEDICINE & WEL							59.01
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	16412	832497	848909	1.324800	1.324800	1.324800	60
61	EMERGENCY	79262	2828391	2907653	.609510	.609510	.609510	61
62	OBSERVATION BEDS (NON-DISTI	20000	266674	286674	1.009718	1.009718	1.009718	62
63.50	RURAL HEALTH CLINIC		5026073	5026073	.967632	.967632	.967632	63.50
63.51	RHC II		567284	567284	.932908	.932908	.932908	63.51
63.52	RHC III		538262	538262	.915379	.915379	.915379	63.52
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	12568315	44697907	57266222				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	12568315	44697907	57266222				103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.333974	.333974	.333974				37
39	DELIVERY ROOM & LABOR ROOM	.370679	.370679	.370679				39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	.181973	.181973	.181973				41
41.01	RADIOLOGY-ULTRASOUND	.149829	.149829	.149829				41.01
44	LABORATORY	.182366	.182366	.182366				44
46	WHOLE BLOOD & PACKED RED BLOOD	.564942	.564942	.564942				46
49	RESPIRATORY THERAPY	.714281	.714281	.714281				49
50	PHYSICAL THERAPY	.653728	.653728	.653728				50
53	ELECTROCARDIOLOGY	.113466	.113466	.113466				53
55	MEDICAL SUPPLIES CHARGED TO PAT	.490271	.490271	.490271				55
56	DRUGS CHARGED TO PATIENTS	.492293	.492293	.492293				56
59	CARDIAC REHAB	1.031139	1.031139	1.031139				59
59.01	OCCUPATIONAL MEDICINE & WELLNES							59.01
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	1.324800	1.324800	1.324800				60
61	EMERGENCY	.609510	.609510	.609510				61
62	OBSERVATION BEDS (NON-DISTINCT	1.009718	1.009718	1.009718				62
63.50	RURAL HEALTH CLINIC	.967632	.967632	.967632				63.50
63.51	RHC II	.932908	.932908	.932908				63.51
63.52	RHC III	.915379	.915379	.915379				63.52
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.492293	1
2	VACCINE CHARGES (OTHER THAN HEPATITIS B)		2
2.01	VACCINE CHARGES - HEPATITIS B		2.01
3	VACCINE COSTS (OTHER THAN HEPATITIS B)		3
3.01	VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1720511								37
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	3807328								41
41.01	RADIOLOGY-ULTRASOUND	585761								41.01
44	LABORATORY	3943077								44
46	WHOLE BLOOD & PACKED RED BLOOD	54265								46
49	RESPIRATORY THERAPY	210838								49
50	PHYSICAL THERAPY	637365								50
53	ELECTROCARDIOLOGY	253491								53
55	MEDICAL SUPPLIES CHARGED TO PA	266737								55
56	DRUGS CHARGED TO PATIENTS	1708628								56
59	CARDIAC REHAB	22010								59
59.01	OCCUPATIONAL MEDICINE & WELLNE									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	259870								60
61	EMERGENCY	907048								61
62	OBSERVATION BEDS (NON-DISTINCT	127578								62
63.50	RURAL HEALTH CLINIC									63.50
63.51	RHC II									63.51
63.52	RHC III									63.52
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL	14504507								101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES	14504507								104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03 9.03	PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	574606							37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	692831							41
41.01	RADIOLOGY-ULTRASOUND	87764							41.01
44	LABORATORY	719083							44
46	WHOLE BLOOD & PACKED RED BLOOD	30657							46
49	RESPIRATORY THERAPY	150598							49
50	PHYSICAL THERAPY	416663							50
53	ELECTROCARDIOLOGY	28763							53
55	MEDICAL SUPPLIES CHARGED TO PAT	130773							55
56	DRUGS CHARGED TO PATIENTS	841146							56
59	CARDIAC REHAB	22695							59
59.01	OCCUPATIONAL MEDICINE & WELLNES								59.01
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	344276							60
61	EMERGENCY	552855							61
62	OBSERVATION BEDS (NON-DISTINCT	128818							62
63.50	RURAL HEALTH CLINIC								63.50
63.51	RHC II								63.51
63.52	RHC III								63.52
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL	4721528							101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES	4721528							104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				431903	20375	411528	25
26	INTENSIVE CARE UNIT				58795		58795	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY				9138		9138	33
101	TOTAL				499836		479461	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	4504	487			91.37	44497	25
26	INTENSIVE CARE UNIT	169	22			347.90	7654	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY	319	215			28.65	6160	33
101	TOTAL	4992	724				58311	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		417200	6987432	364086			.059707	21738	37
39	DELIVERY ROOM & LABOR ROOM		26371	582908	260489			.045240	11785	39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		203350	12694720	205887			.016018	3298	41
41.01	RADIOLOGY-ULTRASOUND		14306	2010301	29188			.007116	208	41.01
44	LABORATORY		118938	10582328	248252			.011239	2790	44
46	WHOLE BLOOD & PACKED RED BLOO		3489	215686				.016176		46
49	RESPIRATORY THERAPY		51637	1000380	39920			.051617	2061	49
50	PHYSICAL THERAPY		216087	2162987	7993			.099902	799	50
53	ELECTROCARDIOLOGY		6678	455282	9291			.014668	136	53
55	MEDICAL SUPPLIES CHARGED TO P		30396	1779969	100399			.017077	1715	55
56	DRUGS CHARGED TO PATIENTS		135898	4577869	192073			.029686	5702	56
59	CARDIAC REHAB		33766	132247				.255325		59
59.01	OCCUPATIONAL MEDICINE & WELLN									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		58626	848909	10832			.069060	748	60
61	EMERGENCY		164955	2907653	44270			.056731	2511	61
62	OBSERVATION BEDS (NON-DISTINC			286674	15086					62
63.50	RURAL HEALTH CLINIC			5026073						63.50
63.51	RHC II			567284						63.51
63.52	RHC III			538262						63.52
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		1481697	47225345	1527766				53491	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					4504		487		25
26	INTENSIVE CARE UNIT					169		22		26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I									31
33	NURSERY					319		215		33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					4992		724		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		6987432			364086			37
39	DELIVERY ROOM & LABOR ROOM		582908			260489			39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		12694720			205887			41
41.01	RADIOLOGY-ULTRASOUND		2010301			29188			41.01
44	LABORATORY		10582328			248252			44
46	WHOLE BLOOD & PACKED RED BLOO		215686						46
49	RESPIRATORY THERAPY		1000380			39920			49
50	PHYSICAL THERAPY		2162987			7993			50
53	ELECTROCARDIOLOGY		455282			9291			53
55	MEDICAL SUPPLIES CHARGED TO P		1779969			100399			55
56	DRUGS CHARGED TO PATIENTS		4577869			192073			56
59	CARDIAC REHAB		132247						59
59.01	OCCUPATIONAL MEDICINE & WELLN								59.01
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		848909			10832			60
61	EMERGENCY		2907653			44270			61
62	OBSERVATION BEDS (NON-DISTINC		286674			15086			62
63.50	RURAL HEALTH CLINIC		5026073						63.50
63.51	RHC II		567284						63.51
63.52	RHC III		538262						63.52
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		47225345			1527766			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.333974	.333974	.333974				37
39	DELIVERY ROOM & LABOR ROOM	.370679	.370679	.370679				39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	.181973	.181973	.181973				41
41.01	RADIOLOGY-ULTRASOUND	.149829	.149829	.149829				41.01
44	LABORATORY	.182366	.182366	.182366				44
46	WHOLE BLOOD & PACKED RED BLOOD	.564942	.564942	.564942				46
49	RESPIRATORY THERAPY	.714281	.714281	.714281				49
50	PHYSICAL THERAPY	.653728	.653728	.653728				50
53	ELECTROCARDIOLOGY	.113466	.113466	.113466				53
55	MEDICAL SUPPLIES CHARGED TO PAT	.490271	.490271	.490271				55
56	DRUGS CHARGED TO PATIENTS	.492293	.492293	.492293				56
59	CARDIAC REHAB	1.031139	1.031139	1.031139				59
59.01	OCCUPATIONAL MEDICINE & WELLNES							59.01
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	1.324800	1.324800	1.324800				60
61	EMERGENCY	.609510	.609510	.609510				61
62	OBSERVATION BEDS (NON-DISTINCT	1.009718	1.009718	1.009718				62
63.50	RURAL HEALTH CLINIC	.967632	.967632	.967632				63.50
63.51	RHC II	.932908	.932908	.932908				63.51
63.52	RHC III	.915379	.915379	.915379				63.52
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.492293	1
2	VACCINE CHARGES (OTHER THAN HEPATITIS B)		2
2.01	VACCINE CHARGES - HEPATITIS B		2.01
3	VACCINE COSTS (OTHER THAN HEPATITIS B)		3
3.01	VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PPS SERVICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SERVICES (SEE INSTRU.) 5.03	PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	850564								37
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	2784563								41
41.01	RADIOLOGY-ULTRASOUND	474825								41.01
44	LABORATORY	1623076								44
46	WHOLE BLOOD & PACKED RED BLOOD									46
49	RESPIRATORY THERAPY	56489								49
50	PHYSICAL THERAPY	240861								50
53	ELECTROCARDIOLOGY	62821								53
55	MEDICAL SUPPLIES CHARGED TO PA	106243								55
56	DRUGS CHARGED TO PATIENTS	124293								56
59	CARDIAC REHAB	10436								59
59.01	OCCUPATIONAL MEDICINE & WELLNE									59.01
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	179375								60
61	EMERGENCY	790580								61
62	OBSERVATION BEDS (NON-DISTINCT	50997								62
63.50	RURAL HEALTH CLINIC									63.50
63.51	RHC II									63.51
63.52	RHC III									63.52
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL	7355123								101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES	7355123								104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	284066							37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	506715							41
41.01	RADIOLOGY-ULTRASOUND	71143							41.01
44	LABORATORY	295994							44
46	WHOLE BLOOD & PACKED RED BLOOD								46
49	RESPIRATORY THERAPY	40349							49
50	PHYSICAL THERAPY	157458							50
53	ELECTROCARDIOLOGY	7128							53
55	MEDICAL SUPPLIES CHARGED TO PAT	52088							55
56	DRUGS CHARGED TO PATIENTS	61189							56
59	CARDIAC REHAB	10761							59
59.01	OCCUPATIONAL MEDICINE & WELLNES								59.01
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	237636							60
61	EMERGENCY	481866							61
62	OBSERVATION BEDS (NON-DISTINCT	51493							62
63.50	RURAL HEALTH CLINIC								63.50
63.51	RHC II								63.51
63.52	RHC III								63.52
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL	2257886							101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES	2257886							104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (OTHER) (14-1343) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	SNF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	4727						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	4504						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	52						3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4452						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	149						5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	74						6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2006						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	149						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	74						11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	109.88						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	112.88						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3481623						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	164248						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING BED COST	3317375						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1537680						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40274						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1497406						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.157390						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	774.50						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	336.34						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	438.16						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	945.28						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	49155						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3268220						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	725.63					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1455614					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1455614					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	539729	169	3193.66	117	373658	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1523892					48
49	TOTAL PROGRAM INPATIENT COSTS	3353164					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

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	108119	60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	53697	61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	161816	62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS		65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (OTHER) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	393					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	736.54					84
85 OBSERVATION BED COST	289460					85

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (PPS) (14-1343) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	NF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	4727						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	4504						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	52						3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4452						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	149						5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	74						6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	487						9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS	319						15
16	TITLE V OR XIX NURSERY DAYS	215						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	NF	
	SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	109.88						19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	112.88						20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3481623						21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26	TOTAL SWING-BED COST	164248						26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3317375						27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1537680						28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40274						29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1497406						30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.157390						31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	774.50						32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	336.34						33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	438.16						34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	945.28						35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	49155						36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3268220						37

COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	736.54					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	358695					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	358695					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)	98356	319	308.33	215	66291	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	539729	169	3193.66	22	70261	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	640403					48
49	TOTAL PROGRAM INPATIENT COSTS	1035650					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	58311					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	53491					51
52	TOTAL PROGRAM EXCLUDABLE COST	111802					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	923848					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D 1
PARTS III & IV

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

	HOSPITAL (PPS) (14-1343)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	393					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	736.54					84
85 OBSERVATION BED COST	289460					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		3317375		289460		86
87 NEW CAPITAL-RELATED COST		3317375		289460		87
88 NON PHYSICIAN ANESTHETIST		3317375		289460		88
89 MEDICAL EDUCATION		3317375		289460		89

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-1343) [ ] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		1409257		25
26	INTENSIVE CARE UNIT		153036		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.333974	464775	155223	37
39	DELIVERY ROOM & LABOR ROOM	.370679			39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.181973	642877	116986	41
41.01	RADIOLOGY-ULTRASOUND	.149829	215385	32271	41.01
44	LABORATORY	.182366	815958	148803	44
46	WHOLE BLOOD & PACKED RED BLOOD	.564942	96104	54293	46
49	RESPIRATORY THERAPY	.714281	188773	134837	49
50	PHYSICAL THERAPY	.653728	123477	80720	50
53	ELECTROCARDIOLOGY	.113466	76138	8639	53
55	MEDICAL SUPPLIES CHARGED TO PAT	.490271	661522	324325	55
56	DRUGS CHARGED TO PATIENTS	.492293	928794	457239	56
59	CARDIAC REHAB	1.031139			59
59.01	OCCUPATIONAL MEDICINE & WELLNES				59.01
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	1.324800	5098	6754	60
61	EMERGENCY	.609510	3940	2401	61
62	OBSERVATION BEDS (NON-DISTINCT	1.009718	1388	1401	62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RURAL HEALTH CLINIC	.967632			63.50
63.51	RHC II	.932908			63.51
63.52	RHC III	.915379			63.52
101	TOTAL		4224229	1523892	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		4224229		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

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

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

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.333974			37
39	DELIVERY ROOM & LABOR ROOM	.370679			39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.181973	11153	2030	41
41.01	RADIOLOGY-ULTRASOUND	.149829	571	86	41.01
44	LABORATORY	.182366	12094	2206	44
46	WHOLE BLOOD & PACKED RED BLOOD	.564942			46
49	RESPIRATORY THERAPY	.714281	12266	8761	49
50	PHYSICAL THERAPY	.653728	58194	38043	50
53	ELECTROCARDIOLOGY	.113466	384	44	53
55	MEDICAL SUPPLIES CHARGED TO PAT	.490271	17252	8458	55
56	DRUGS CHARGED TO PATIENTS	.492293	34511	16990	56
59	CARDIAC REHAB	1.031139			59
59.01	OCCUPATIONAL MEDICINE & WELLNES				59.01
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	1.324800			60
61	EMERGENCY	.609510			61
62	OBSERVATION BEDS (NON-DISTINCT	1.009718			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RURAL HEALTH CLINIC	.967632			63.50
63.51	RHC II	.932908			63.51
63.52	RHC III	.915379			63.52
101	TOTAL		146425	76618	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		146425		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D 4

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

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

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		390492		25
26	INTENSIVE CARE UNIT		28906		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.333974	364086	121595	37
39	DELIVERY ROOM & LABOR ROOM	.370679	260489	96558	39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.181973	205887	37466	41
41.01	RADIOLOGY-ULTRASOUND	.149829	29188	4373	41.01
44	LABORATORY	.182366	248252	45273	44
46	WHOLE BLOOD & PACKED RED BLOOD	.564942			46
49	RESPIRATORY THERAPY	.714281	39920	28514	49
50	PHYSICAL THERAPY	.653728	7993	5225	50
53	ELECTROCARDIOLOGY	.113466	9291	1054	53
55	MEDICAL SUPPLIES CHARGED TO PAT	.490271	100399	49223	55
56	DRUGS CHARGED TO PATIENTS	.492293	192073	94556	56
59	CARDIAC REHAB	1.031139			59
59.01	OCCUPATIONAL MEDICINE & WELLNES				59.01
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	1.324800	10832	14350	60
61	EMERGENCY	.609510	44270	26983	61
62	OBSERVATION BEDS (NON-DISTINCT	1.009718	15086	15233	62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RURAL HEALTH CLINIC	.967632			63.50
63.51	RHC II	.932908			63.51
63.52	RHC III	.915379			63.52
101	TOTAL		1527766	540403	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		1527766		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						2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD						3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART 1						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
			RES. IN INIT YRS				
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO						3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1						3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1						3.23
	{SUM OF LINES}[PLUS E-3,PT.VI]						
	[3.21-3.23][LINE 23]						
3.24	SUM OF LINES 3.21-3.23	0		0			3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS						4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						4.01
4.02	SUM OF 4 AND 4.01						4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT						4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL						6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS						8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL						9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						15
16	TOTAL						16
17	PRIMARY PAYER PAYMENTS						17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES						18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES						19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES						20
21	REIMBURSABLE BAD DEBTS						21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS						21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						21.02
22	SUBTOTAL						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	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER						26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS						28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)						29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-1343) 1	HOSPITAL (14-1343) 1.01	HOSPITAL (14-1343) 1.02	
1	MEDICAL AND OTHER SERVICES	4721528			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	4721528			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	4768743			17
17.01	TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-1343) 1	HOSPITAL (14-1343) 1.01	HOSPITAL (14-1343) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES	54890			18
18.01	COINSURANCE	2105756			18.01
19	SUBTOTAL	2608097			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	2608097			23
24	PRIMARY PAYER PAYMENTS	357			24
25	SUBTOTAL	2607740			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	524366			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	524366			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	487317			27.02
28	SUBTOTAL	3132106			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	3132106			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	2484717			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	647389			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1

HOSPITAL (14-1343)

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				2678017		2416313	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01	11/13/2009	2473	11/13/2009	68404	3.01
	PROGRAM	.02					3.02
	TO	.03					3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER	.51					3.51
	TO	.52		NONE		NONE	3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99		2473		68404	3.99
4 TOTAL INTERIM PAYMENTS				2680490		2484717	4
	TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02		NONE		NONE	5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51		NONE		NONE	5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		341881		647389	6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				3022371		3132106	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

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

WORKSHEET E-1

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 3	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				209927			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
	PROGRAM	.02					3.02
	TO	.03		NONE		NONE	3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50	11/13/2009	5395			3.50
	PROVIDER	.51					3.51
	TO	.52				NONE	3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99		-5395			3.99
4 TOTAL INTERIM PAYMENTS				204532			4
	TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02		NONE		NONE	5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51		NONE		NONE	5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		33349			6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				237881			7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

SUPPLEMENTAL
WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

		TITLE V S/B NF	--- TITLE XVIII --- S/B SNF PART A (14-Z343)	S/B SNF PART B (14-Z343)	--- TITLE XIX --- S/B SNF	S/B NF	
		1	1	2	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		163434				1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF						2
3	ANCILLARY SERVICES		77384				3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						4
5	PROGRAM DAYS		223				5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY						7
8	SUBTOTAL		240818				8
9	PRIMARY PAYER PAYMENTS						9
10	SUBTOTAL		240818				10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)						11
12	SUBTOTAL		240818				12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		2937				13
14	80% OF PART B COSTS						14
15	SUBTOTAL		237881				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		237881				18
19	SEQUESTRATION ADJUSTMENT						19
20	INTERIM PAYMENTS		204532				20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						20.01
21	BALANCE DUE PROVIDER/PROGRAM		33349				21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL (14-1343)	SUB I	SUB II	SUB III	SUB IV	SNF I	
1	INPATIENT SERVICES	3353164						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	3353164						4
5	PRIMARY PAYER PAYMENTS							5
6	TOTAL COST	3386696						6
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES							
7	ROUTINE SERVICE CHARGES							7
8	ANCILLARY SERVICE CHARGES							8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE							9
10	TEACHING PHYSICIANS							10
11	TOTAL REASONABLE CHARGES							11
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS							12
13	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							13
14	RATIO OF LINE 12 TO LINE 13							14
15	TOTAL CUSTOMARY CHARGES							15
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							16
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL (14-1343)	SUB I	SUB II	SUB III	SUB IV	SNF I	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							18
19	COST OF COVERED SERVICES	3386696						19
20	DEDUCTIBLES	449452						20
21	EXCESS REASONABLE COST							21
22	SUBTOTAL	2937244						22
23	COINSURANCE	534						23
24	SUBTOTAL	2936710						24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	85661						25
25.01	REDUCED REIMBURSABLE BAD DEBTS	85661						25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	76577						25.02
26	SUBTOTAL	3022371						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	3022371						30
31	SEQUESTRATION ADJUSTMENT							31
32	INTERIM PAYMENTS	2680490						32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							32.01
33	BALANCE DUE PROVIDER/PROGRAM	341881						33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2							34

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

WORKSHEET E-3
PART III

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

		HOSPITAL (14-1343) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES							1
2	MEDICAL AND OTHER SERVICES	2257886						2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	2257886						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	2257886						9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES	8862889						11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES	2257886						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	2257886						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31							32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

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

WORKSHEET E-3
PART III

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

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

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5531177				1
2	TEMPORARY INVESTMENTS	384718				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	5064917				4
5	OTHER RECEIVABLES	591685				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7	INVENTORY	786922				7
8	PREPAID EXPENSES	608388				8
9	OTHER CURRENT ASSETS	199352				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	13167159				11
	FIXED ASSETS					
12	LAND	48365				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	683548				13
13.01	ACCUMULATED DEPRECIATION	-609639				13.01
14	BUILDINGS	30598926				14
14.01	ACCUMULATED DEPRECIATION	-12985796				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	9501739				18
18.01	ACCUMULATED DEPRECIATION	-6091713				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	21145430				21
	OTHER ASSETS					
22	INVESTMENTS	13581675				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	342779				25
26	TOTAL OTHER ASSETS	13924454				26
27	TOTAL ASSETS	48237043				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	762099				28
29	SALARIES, WAGES & FEES PAYABLE	1759184				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)	344644				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS					34
35	OTHER CURRENT LIABILITIES	1065732				35
36	TOTAL CURRENT LIABILITIES	3931659				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE	13572000				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	13572000				42
43	TOTAL LIABILITIES	17503659				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	30733384				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	30733384				51
52	TOTAL LIABILITIES AND FUND BALANCES	48237043				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	28910961				1
2	NET INCOME (LOSS)	1822423				2
3	TOTAL	30733384				3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5						5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS					10
11	SUBTOTAL	30733384				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	30733384				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET C-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	1751469		1751469	1
2	SUBPROVIDER I				2
4	SWING BED - SNF	72150		72150	4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	1823619		1823619	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	805324		805324	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	805324		805324	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	2628943		2628943	16
17	ANCILLARY SERVICES	9457027	38209834	47666861	17
18	OUTPATIENT SERVICES		5276589	5276589	18
18.50	RURAL HEALTH CLINIC		5075650	5075650	18.50
18.51	RHC II		549795	549795	18.51
18.52	RHC III		538262	538262	18.52
19	HOME HEALTH AGENCY		727625	727625	19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24	PHYSICIAN PRIVATE OFFICE		73834	73834	24
24.01	LONG TERM CARE	908670		908670	24.01
25	TOTAL PATIENT REVENUES	12994640	50451589	63446229	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		34241330	26
27	ADD (SPECIFY)			27
28				28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS			33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		34241330	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	63446229	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	28747446	2
3	NET PATIENT REVENUES	34698783	3
4	LESS - TOTAL OPERATING EXPENSES	34241330	4
5	NET INCOME FROM SERVICE TO PATIENTS	457453	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	177262	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	139196	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	25498	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	79754	22
23	GOVERNMENTAL APPROPRIATIONS	479716	23
24	CONSULTING CLINIC	67852	24
24.01	WELLNESS	110569	24.01
24.02	GRANTS	20083	24.02
24.03	OTHER PROFESSIONAL INCOME	180597	24.03
24.04	FOUNDATION REIMBURSEMENT	21274	24.04
24.05	DONATIONS	41135	24.05
24.06	OTHER INCOME	22034	24.06
25	TOTAL OTHER INCOME	1364970	25
26	TOTAL	1822423	26
27	LOSS ON SALE OF ASSET		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1822423	31

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

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL	109205	5768	2138	23596	39468	180175	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	213229	13860	21751			248840	6
7	PHYSICAL THERAPY	34141	2219	5969			42329	7
8	OCCUPATIONAL THERAPY	6601	429	1072			8102	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES				100		100	10
11	HOME HEALTH AIDE	61946	3376	14636			69958	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	415122	25652	45566	23696	39468	549504	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7175

WORKSHEET H
(CONTINUED)

		RECLASSIFI-CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDG & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION					4
5	ADMINISTRATIVE AND GENERAL	-14887	165288	-23958	141330	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		248840		248840	6
7	PHYSICAL THERAPY		42329		42329	7
8	OCCUPATIONAL THERAPY		8102		8102	8
9	SPEECH PATHOLOGY					9
10	MEDICAL SOCIAL SERVICES		100		100	10
11	HOME HEALTH AIDE		69958		69958	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	-14887	534617	-23958	510659	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7175

WORKSHEET H-4
PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
	GENERAL SERVICE COST CENTER									
1	CAPITAL RELATED-BLDG & FIXT									1
2	CAPITAL RELATED-MOVABLE EQUIP									2
3	PLANT OPERATION & MAINTENANCE									3
4	TRANSPORTATION									4
5	ADMINISTRATIVE AND GENERAL	141330					141330	141330		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	248840					248840	95223	344063	6
7	PHYSICAL THERAPY	42329					42329	16198	58527	7
8	OCCUPATIONAL THERAPY	8102					8102	3100	11202	8
9	SPEECH PATHOLOGY									9
10	MEDICAL SOCIAL SERVICES	100					100	38	138	10
11	HOME HEALTH AIDE	69958					69958	26771	96729	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	510659					510659		510659	24

COST ALLOCATION - HHA STATISTICAL BASIS HHA NO.: 14-7175 WORKSHEET H-4 PART II

		CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT-ATION (MILEAGE) 4	RECONCIL-IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXT							1
2	CAPITAL RELATED-MOVABLE EQUIP							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL					-141330	369329	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						248840	6
7	PHYSICAL THERAPY						42329	7
8	OCCUPATIONAL THERAPY						8102	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES						100	10
11	HOME HEALTH AIDE						69958	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					-141330	369329	24
25	COST TO BE ALLOC (PER W/S H)						141330	25
26	UNIT COST MULTIPLIER						.382667	26

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

WORKSHEET H-5
PART 1

	HHA COST CENTER	HHA TRIAL BALANCE 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING AND STORE 6.03	ADMITTING 6.04	
1	ADMINISTRATIVE AND GENERAL		7346	9242	22020	1374		2297		1
2	SKILLED NURSING CARE	344063			42996					2
3	PHYSICAL THERAPY	58527			6884					3
4	OCCUPATIONAL THERAPY	11202			1331					4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES	138								6
7	HOME HEALTH AIDE	96729			10474					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	510659	7346	9242	83705	1374		2297		20
21	UNIT COST MULTIPLIER									21

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

	HHA COST CENTER	CASHIERING /ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMI NISTRATIVE AND GENER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6.05	5A	6.06	8	9	10	11	12	
1	ADMINISTRATIVE AND GENERAL	14512	56791	5808	7468		2755		16483	1
2	SKILLED NURSING CARE		387069	39583						2
3	PHYSICAL THERAPY		65411	6689						3
4	OCCUPATIONAL THERAPY		12533	1282						4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES		138	14						6
7	HOME HEALTH AIDE		107203	10963						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	14512	629135	64339	7468		2755		16483	20
21	UNIT COST MULTIPLIER									21

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

WORKSHEET H-5
PART 1

	HHA COST CENTER	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
1	ADMINISTRATIVE AND GENERAL	66508						155813		1
2	SKILLED NURSING CARE							426642		2
3	PHYSICAL THERAPY							72100		3
4	OCCUPATIONAL THERAPY							13815		4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES							152		6
7	HOME HEALTH AIDE							118166		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	66508						786688		20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: I4-7175 WORKSHEET H-5 PART I

	HHA COST CENTER	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
		27	28	29	
1	ADMINISTRATIVE AND GENERAL	155813			1
2	SKILLED NURSING CARE	426642	105371	532013	2
3	PHYSICAL THERAPY	72100	17807	89907	3
4	OCCUPATIONAL THERAPY	13815	3412	17227	4
5	SPEECH PATHOLOGY				5
6	MEDICAL SOCIAL SERVICES	152	38	190	6
7	HOME HEALTH AIDE	118166	29185	147351	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	786688	155813	786688	20
21	UNIT COST MULTIPLIER		.246979		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7175

WORKSHEET H-5
PART II

	HHA COST CENTER	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE NEW 4	EMPLOYEE BENEFITS GROSS SAL 5	NONPATIENT TELEPHONES #OF PHONES 6.01	DATA PROCESSING MACHINE TIME 6.02	PURCHASING RECEIVING AND STORE COST REQ'S 6.03	ADMITTING INPATIENT REVENUE 6.04	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE 6.05	
1	ADMINISTRATIVE AND GENERAL	450	8551	109205	15		11		727625	1
2	SKILLED NURSING CARE			213229						2
3	PHYSICAL THERAPY			34141						3
4	OCCUPATIONAL THERAPY			6601						4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE			51946						7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	450	8551	415122	15		11		727625	20
21	TOTAL COST TO BE ALLOCATED	7346	9242	83705	1374		2297		14512	21
22	UNIT COST MULTIPLIER	16.324444		.201640						22
22	UNIT COST MULTIPLIER		1.080809		91.600000		208.818182		.019944	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7175

WORKSHEET H-5
PART II

	HHA COST CENTER	RECON-CILIATION	OTHER ADMINISTRATIVE AND GENER ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS	CAFETERIA FTE'S	NURSING ADMINIS-TRATION NURSING HOURS	
		6A.06	6.06	8	9	10	11	12	14	
1	ADMINISTRATIVE AND GENERAL		56791	450		450		9	19132	1
2	SKILLED NURSING CARE		387059							2
3	PHYSICAL THERAPY		65411							3
4	OCCUPATIONAL THERAPY		12533							4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES		138							6
7	HOME HEALTH AIDE		107203							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		629135	450		450		9	19132	20
21	TOTAL COST TO BE ALLOCATED		64339	7468		2755		16483	66508	21
22	UNIT COST MULTIPLIER			16.595556		6.122222		1831.444444		22
22	UNIT COST MULTIPLIER		.102266						3.476270	22

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7175

WORKSHEET H-6
PARTS I & II

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

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

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	532013		532013	4473	118.94	1
2	PHYSICAL THERAPY	3	89907		89907	820	109.64	2
3	OCCUPATIONAL THERAPY	4	17227		17227	204	84.45	3
4	SPEECH PATHOLOGY	5				115		4
5	MEDICAL SOCIAL SERV	6	190		190	1	190.00	5
6	HOME HEALTH AIDE SERV	7	147351		147351	1064	138.49	6
7	TOTAL		786688		786688	6677		7

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

	SUPPLIES AND DRUGS COST COMPUTATIONS OTHER PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		9729	9729	19845	.490249	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7175

WORKSHEET H-6
PARTS I & II
(CONTINUED)

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

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

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL	
		PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PROGRAM COST	
	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	1333	1119		158547	133094		291641	1
2 PHYSICAL THERAPY	464	136		50873	14911		65784	2
3 OCCUPATIONAL THERAPY	59	35		4983	2956		7939	3
4 SPEECH PATHOLOGY	17	9						4
5 MEDICAL SOCIAL SERV		1			190		190	5
6 HOME HEALTH AIDE SERV	613	265		84894	36700		121594	6
7 TOTAL	2486	1565		299297	187851		487148	7

LIMITATION COST COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL	
		PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PROGRAM COST	
	6	7	8	9	10	11	12	
8 SKILLED NURSING CARE								8
9 PHYSICAL THERAPY								9
10 OCCUPATIONAL THERAPY								10
11 SPEECH PATHOLOGY								11
12 MEDICAL SOCIAL SERV								12
13 HOME HEALTH AIDE SERV								13
14 TOTAL								14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES				
		PART B DEDUCT. & COINSUR.				PART B DEDUCT. & COINSUR.			
OTHER PATIENT SERVICES	PART A	FEE REIMBURSED	NOT SUBJECT TO	SUBJECT TO	PART A	FEE REIMBURSED	NOT SUBJECT TO	SUBJECT TO	
	6	7	7.01	8	9	10	10.01	11	
15 COST OF MEDICAL SUPPLIES	7704	5726			3777	2807			15
16 COST OF DRUGS									16
16.20 COST OF ADMINISTERING VA									16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7175

WORKSHEET H-6
PARTS II & III

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

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

		FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I 4	
1	PHYSICAL THERAPY	50	.653728			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.490271	19845	9729	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.492293			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

		FROM PART I COL. 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE PROGRAM VISITS PRIOR TO 1/1/98 2.01	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98 3	PROGRAM COST PRIOR TO 1/1/98 3.01	PROGRAM COST FROM 1/1/98 THRU 12/31/98 4	PROGRAM VISITS ON OR AFTER 1/1/99 5	
1	PHYSICAL THERAPY	2	109.64						1
2	OCCUPATIONAL THERAPY	3	84.45						2
3	SPEECH PATHOLOGY	4							3
4	TOTAL								4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7175

WORKSHEET H-7
PARTS I & II

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

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

	DESCRIPTION	PART A 1	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PROGRAM SERVICES				
1	REASONABLE COST OF SERVICES				1
2	TOTAL CHARGES	257433			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	257433			6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	257433			7
8	EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9	PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST			10
10.01	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	257433	166991	10.01
10.02	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7482	5374	10.02
10.03	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	2559	3454	10.03
10.04	TOTAL PPS REIMBURSEMENT - PEP EPISODES	1425		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	2808	4001	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	271707	179820	12
13	EXCESS REASONABLE COST			13
14	SUBTOTAL	271707	179820	14
15	COINSURANCE BILLED TO PROGRAM PATIENTS			15
16	NET COST	271707	179820	16
17	REIMBURSABLE BAD DEBTS			17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18	TOTAL COSTS CURRENT COST REPORTING PERIOD	271707	179820	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	271707	179820	22
23	SEQUESTRATION ADJUSTMENT			23
24	SUBTOTAL	271707	179820	24
25	TOTAL INTERIM PAYMENTS	271707	179820	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE PROVIDER/PROGRAM			26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7175

WORKSHEET H-8

DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				271707		179820	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
	PROGRAM	.02					3.02
	TO	.03		NONE		NONE	3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER	.51					3.51
	TO	.52		NONE		NONE	3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				271707		179820	4
TO BE COMPLETED BY INTERMEDIARY							
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02		NONE		NONE	5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51		NONE		NONE	5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				271707		179820	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

		HOSPITAL (14-1343) 1	HOSPITAL (14-1343) 1.01	SUB I	SUB II	SUB III	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER						2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997						3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997						3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD						4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART 1						4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT						4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS						5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I						5.01
5.02	SUM OF LINES 5 AND 5.01						5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT						5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS						6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS						
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	NONPATIENT TELEPHONES						6.01
6.02	DATA PROCESSING						6.02
6.03	PURCHASING RECEIVING AND STORE						6.03
6.04	ADMITTING						6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE						6.05
6.06	OTHER ADMINISTRATIVE AND GENER						6.06
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
33	NURSERY						33
35	NURSING FACILITY						35
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY-ULTRASOUND						41.01
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOOD						46
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
53	ELECTROCARDIOLOGY						53
55	MEDICAL SUPPLIES CHARGED TO PA						55
56	DRUGS CHARGED TO PATIENTS						56
59	CARDIAC REHAB						59
59.01	OCCUPATIONAL MEDICINE & WELLNE						59.01
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RURAL HEALTH CLINIC						63.50
63.51	RHC II						63.51
63.52	RHC III						63.52
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CA						96
98	PHYSICIANS' PRIVATE OFFICES						98
100	NONREIMBURSEABLE						100
100.01	PROFESSIONAL BUILDINGS						100.01
100.02	FOUNDATION SERVICES						100.02
100.03	WELLNESS						100.03
100.04	RENTED SPACE						100.04
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 WORKSHEET M-1
COMPONENT NO: 14-3429

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

CHECK [XX] RHC
APPLICABLE BOX: [ ] FQHC

		COMPEN SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI-CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXPENSES FOR ALLOCATION 7	
	FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN	1782664	6553	1789217		1789217	-270742	1518475	1
2	PHYSICIAN ASSISTANT								2
3	NURSE PRACTITIONER	39530		39530		39530		39530	3
4	VISITING NURSE								4
5	OTHER NURSE								5
6	CLINICAL PSYCHOLOGIST								6
7	CLINICAL SOCIAL WORKER								7
8	LABORATORY TECHNICIAN								8
9	OTHER FACILITY HEALTH CARE STAFF COSTS	442788	269204	711992		711992		711992	9
10	SUBTOTAL (SUM OF LINES 1-9)	2264982	275757	2540739		2540739	-270742	2269997	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		75075	75075		75075		75075	15
16	TRANSPORTATION (HEALTH CARE STAFF)								16
17	DEPRECIATION-MEDICAL EQUIPMENT								17
18	PROFESSINAL LIABILITY INSURANCE		167302	167302		167302		167302	18
19	OTHER HEALTH CARE COSTS								19
20	ALLOWABLE GME COSTS								20
21	SUBTOTAL (SUM OF LINES 15-20)		242377	242377		242377		242377	21
22	TOTAL COSTS OF HEALTH CARE SERVICES	2264982	518134	2783116		2783116	-270742	2512374	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		30129	30129		30129	163443	193572	29
30	ADMINISTRATIVE COSTS	599873	169331	769204		769204	-9147	760057	30
31	TOTAL FACILITY OVERHEAD	599873	199460	799333		799333	154296	953629	31
32	TOTAL FACILITY COSTS	2864855	717594	3582449		3582449	-116446	3466003	32

RHC I
COMPONENT NO: 14-3429

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD 3	MINIMUM VISITS 4	GREATER OF COL. 2 OR COL. 4 5	
1 PHYSICIANS	5.10	26151	4200	21420		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.46	1456	2100	966		3
4 SUBTOTAL	5.56	27607		22386	27607	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	5.56	27607			27607	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES	2512374	10
11 TOTAL NONREIMBURSABLE COSTS		11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)	2512374	12
13 RATIO OF RHC/FQHC SERVICES	1.000000	13
14 TOTAL FACILITY OVERHEAD	953629	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	1397387	15
16 TOTAL OVERHEAD	2351016	16
17 ALLOWABLE GME OVERHEAD		17
18 SUBTRACT LINE 17 FROM LINE 16	2351016	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	2351016	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	4863390	20

RHC I
COMPONENT NO: 14-3429

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	4863390	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	61259	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	4802131	3
4	TOTAL VISITS	27607	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	27607	6
7	ADJUSTED COST PER VISIT	173.95	7

		CALCULATION OF LIMIT(1) PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2	(SEE INSTR.) 3	
8	PER VISIT PAYMENT LIMIT				8
9	RATE FOR PROGRAM COVERED VISITS	173.95	173.95		9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES		6942		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES		1207561		11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		254		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		44183		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		30376		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST				15
16	TOTAL PROGRAM COST			1237937	16
16.01	PRIMARY PAYOR PAYMENTS				16.01
17	LESS: BENEFICIARY DEDUCTIBLE			116697	17
18	NET PROGRAM COST EXCLUDING VACCINES			1121240	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE			896992	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION			37807	20
21	TOTAL REIMBURSABLE PROGRAM COST			934799	21
22	REIMBURSABLE BAD DEBTS			40373	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			40373	22.01
23	OTHER ADJUSTMENTS				23
24	NET REIMBURSABLE AMOUNT			975172	24
25	INTERIM PAYMENTS			841727	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)				25.01
26	BALANCE DUE COMPONENT/PROGRAM			133445	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER 1, SECTION 115.2				27

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

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

		PNEUMOCOCCAL 1	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	2269997	2269997	2269997	2269997	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000403	0.001361			2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	915	3089			3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	13872	13770			4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	14787	16859			5
6	TOTAL DIRECT COST OF THE FACILITY	2512374	2512374	2512374	2512374	6
7	TOTAL OVERHEAD	2351016	2351016	2351016	2351016	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.005886	0.006710			8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	13838	15775			9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	28625	32634			10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	136	459			11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	210.48	71.10			12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	82	289			13
14	MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	17259	20548			14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		61259			15
16	TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		37807			16

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

RHC I
COMPONENT NO: 14-3429

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

DESCRIPTION			PART B 1 MM/DD/YYYY	PART B 2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				872304	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01			3.01
	PROGRAM	.02			3.02
	TO	.03		NONE	3.03
	PROVIDER	.04			3.04
		.05			3.05
		.50		30577	3.50
	PROVIDER	.51			3.51
	TO	.52			3.52
	PROGRAM	.53			3.53
		.54			3.54
SUBTOTAL		.99		-30577	3.99
4 TOTAL INTERIM PAYMENTS				841727	4
	TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02		NONE	5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51		NONE	5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		133445	6.01
	PROVIDER TO PROGRAM	.02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				975172	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

RHC II WORKSHEET M-1
COMPONENT NO: 14-3486

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	14798		14798		14798	5325	20123	1
2	PHYSICIAN ASSISTANT								2
3	NURSE PRACTITIONER	153630		153630		153630		153630	3
4	VISITING NURSE								4
5	OTHER NURSE								5
6	CLINICAL PSYCHOLOGIST								6
7	CLINICAL SOCIAL WORKER								7
8	LABORATORY TECHNICIAN								8
9	OTHER FACILITY HEALTH CARE STAFF COSTS	68113	18929	87042		87042		87042	9
10	SUBTOTAL (SUM OF LINES 1-9)	236541	18929	255470		255470	5325	260795	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		9992	9992		9992		9992	15
16	TRANSPORTATION (HEALTH CARE STAFF)								16
17	DEPRECIATION-MEDICAL EQUIPMENT								17
18	PROFESSINAL LIABILITY INSURANCE								18
19	OTHER HEALTH CARE COSTS								19
20	ALLOWABLE GME COSTS								20
21	SUBTOTAL (SUM OF LINES 15-20)		9992	9992		9992		9992	21
22	TOTAL COSTS OF HEALTH CARE SERVICES	236541	28921	265462		265462	5325	270787	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		13759	13759		13759	-103	13656	29
30	ADMINISTRATIVE COSTS	26428	77003	103431		103431		103431	30
31	TOTAL FACILITY OVERHEAD	26428	90762	117190		117190	-103	117087	31
32	TOTAL FACILITY COSTS	262969	119683	382652		382652	5222	387874	32

RHC II
COMPONENT NO: 14-3486

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD 3	MINIMUM VISITS 4	GREATER OF COL. 2 OR COL. 4 5	
1 PHYSICIANS	0.05	135	4200	210		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	0.77	4203	2100	1617		3
4 SUBTOTAL	0.82	4338		1827	4338	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	0.82	4338			4338	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES	270787	10
11 TOTAL NONREIMBURSABLE COSTS		11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)	270787	12
13 RATIO OF RHC/FQHC SERVICES	1.000000	13
14 TOTAL FACILITY OVERHEAD	117087	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	141350	15
16 TOTAL OVERHEAD	258437	16
17 ALLOWABLE GME OVERHEAD		17
18 SUBTRACT LINE 17 FROM LINE 16	258437	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	258437	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	529224	20

RHC II WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES COMPONENT NO: 14-3486

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	529224	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	5752	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	523472	3
4	TOTAL VISITS	4338	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	4338	6
7	ADJUSTED COST PER VISIT	120.67	7

		CALCULATION OF LIMIT(1) PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2	(SEE INSTR.) 3	
8	PER VISIT PAYMENT LIMIT				8
9	RATE FOR PROGRAM COVERED VISITS	120.67	120.67		9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES		474		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES		57198		11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		4		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		483		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		332		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST				15
16	TOTAL PROGRAM COST			57530	16
16.01	PRIMARY PAYOR PAYMENTS			58	16.01
17	LESS: BENEFICIARY DEDUCTIBLE			9486	17
18	NET PROGRAM COST EXCLUDING VACCINES			47986	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE			38389	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION			1884	20
21	TOTAL REIMBURSABLE PROGRAM COST			40273	21
22	REIMBURSABLE BAD DEBTS			2842	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			2842	22.01
23	OTHER ADJUSTMENTS				23
24	NET REIMBURSABLE AMOUNT			43115	24
25	INTERIM PAYMENTS			29630	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)				25.01
26	BALANCE DUE COMPONENT/PROGRAM			13485	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2				27

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

RHC II
COMPONENT NO: 14-3486

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

CHECK APPLICABLE BOX:
[XX] RHC
[ ] FQHC
[ ] TITLE V
[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	260795	260795	260795	260795	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000313	0.000894			2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	82	233			3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	1428	1200			4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	1510	1433			5
6	TOTAL DIRECT COST OF THE FACILITY	270787	270787	270787	270787	6
7	TOTAL OVERHEAD	258437	258437	258437	258437	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.005576	0.005292			8
9	OVERHEAD COST PNEUMOCOCCAL AND INFLUENZA VACCINE	1441	1368			9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	2951	2801			10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	14	54			11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	210.79	51.87			12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	5	16			13
14	MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	1054	830			14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		5752			15
16	TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		1884			16

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

RHC II
COMPONENT NO: 14-3486

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

DESCRIPTION			PART B 1 MM/DD/YYYY	PART B 2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				27052	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01		2578	3.01
	PROGRAM	.02			3.02
	TO	.03			3.03
	PROVIDER	.04			3.04
		.05			3.05
		.50			3.50
	PROVIDER	.51			3.51
	TO	.52		NONE	3.52
	PROGRAM	.53			3.53
		.54			3.54
SUBTOTAL		.99		2578	3.99
4 TOTAL INTERIM PAYMENTS				29630	4
	TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02		NONE	5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51		NONE	5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		13485	6.01
	PROVIDER TO PROGRAM	.02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				43115	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

RHC III WORKSHEET M 1
COMPONENT NO: 14-3488

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	52842		52842		52842	7536	60378	1
2	PHYSICIAN ASSISTANT								2
3	NURSE PRACTITIONER	62301		62301		62301		62301	3
4	VISITING NURSE								4
5	OTHER NURSE								5
6	CLINICAL PSYCHOLOGIST								6
7	CLINICAL SOCIAL WORKER								7
8	LABORATORY TECHNICIAN								8
9	OTHER FACILITY HEALTH CARE STAFF COSTS	84348	80301	164649		164649		164649	9
10	SUBTOTAL (SUM OF LINES 1-9)	199491	80301	279792		279792	7536	287328	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		10273	10273		10273		10273	15
16	TRANSPORTATION (HEALTH CARE STAFF)								16
17	DEPRECIATION-MEDICAL EQUIPMENT								17
18	PROFESSINAL LIABILITY INSURANCE								18
19	OTHER HEALTH CARE COSTS								19
20	ALLOWABLE GME COSTS								20
21	SUBTOTAL (SUM OF LINES 15-20)		10273	10273		10273		10273	21
22	TOTAL COSTS OF HEALTH CARE SERVICES	199491	90574	290065		290065	7536	297601	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		23739	23739		23739	-4805	18934	29
30	ADMINISTRATIVE COSTS	25478	51781	77259		77259		77259	30
31	TOTAL FACILITY OVERHEAD	25478	75520	100998		100998	-4805	96193	31
32	TOTAL FACILITY COSTS	224969	166094	391063		391063	2731	393794	32

RHC III
COMPONENT NO: 14 3488

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD 3	MINIMUM VISITS 4	GREATER OF COL. 2 OR COL. 4 5	
1	PHYSICIANS	0.16	810	4200	672		1
2	PHYSICIAN ASSISTANTS			2100			2
3	NURSE PRACTITIONERS	0.60	3290	2100	1260		3
4	SUBTOTAL	0.76	4100		1932	4100	4
5	VISITING NURSE						5
6	CLINICAL PSYCHOLOGIST						6
7	CLINICAL SOCIAL WORKER						7
8	TOTAL FTEs AND VISITS	0.76	4100			4100	8
9	PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES	297601	10
11	TOTAL NONREIMBURSABLE COSTS		11
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD)	297601	12
13	RATIO OF RHC/FQHC SERVICES	1.000000	13
14	TOTAL FACILITY OVERHEAD	96193	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	98920	15
16	TOTAL OVERHEAD	195113	16
17	ALLOWABLE GME OVERHEAD		17
18	SUBTRACT LINE 17 FROM LINE 16	195113	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	195113	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	492714	20

RHC III
COMPONENT NO: 14-3488

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	492714	1
2	COST OF VACCINES AND THRIR ADMINISTRATION	4319	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	488395	3
4	TOTAL VISITS	4100	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	4100	6
7	ADJUSTED COST PER VISIT	119.12	7

		CALCULATION OF LIMIT(1) PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2	(SEE INSTR.) 3	
8	PER VISIT PAYMENT LIMIT				8
9	RATE FOR PROGRAM COVERED VISITS	119.12	119.12		9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES		257		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES		30614		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			30614	16
16.01	PRIMARY PAYOR PAYMENTS				16.01
17	LESS: BENEFICIARY DEDUCTIBLE			4240	17
18	NET PROGRAM COST EXCLUDING VACCINES			26374	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE			21099	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION			2014	20
21	TOTAL REIMBURSABLE PROGRAM COST			23113	21
22	REIMBURSABLE BAD DEBTS			1521	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			1521	22.01
23	OTHER ADJUSTMENTS				23
24	NET REIMBURSABLE AMOUNT			24634	24
25	INTERIM PAYMENTS			20753	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)				25.01
26	BALANCE DUE COMPONENT/PROGRAM			3881	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2				27

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

RHC III WORKSHEET M-4
COMPONENT NO: 14-3488

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC [ ] TITLE V [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	287328	287328	287328	287328	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000131	0.001180			2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	38	339			3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	612	1620			4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	650	1959			5
6	TOTAL DIRECT COST OF THE FACILITY	297601	297601	297601	297601	6
7	TOTAL OVERHEAD	195113	195113	195113	195113	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.002184	0.006583			8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	426	1284			9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	1076	3243			10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	6	40			11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	179.33	81.08			12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	4	16			13
14	MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	717	1297			14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		4319			15
16	TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		2014			16

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

RHC III
COMPONENT NO: 14-3488

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC
[ ] FQHC

DESCRIPTION		PART B 1 MM/DD/YYYY	PART B 2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			19102	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01		1651	3.01
	PROGRAM .02			3.02
	TO .03			3.03
	PROVIDER .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52		NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99		1651	3.99
4 TOTAL INTERIM PAYMENTS			20753	4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02		NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51		NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01		3881	6.01
	PROVIDER TO PROGRAM .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			24634	7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

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

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

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	44.54		10.81				55.35	25
26	INTENSIVE CARE UNIT	69.23		13.02				82.25	26
33	NURSERY			67.40				67.40	33
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	6.65	24.62	5.21	12.17			48.65	37
39	DELIVERY ROOM & LABOR ROOM			44.69				44.69	39
41	RADIOLOGY DIAGNOSTIC	5.06	29.99	1.62	21.93			58.60	41
41.01	RADIOLOGY-ULTRASOUND	10.71	29.14	1.45	23.62			64.92	41.01
44	LABORATORY	7.71	37.26	2.35	15.34			62.66	44
46	WHOLE BLOOD & PACKED RED BLOOD	44.56	25.16					69.72	46
49	RESPIRATORY THERAPY	18.87	21.08	3.99	5.65			49.59	49
50	PHYSICAL THERAPY	5.71	29.47	0.37	11.14			46.69	50
53	ELECTROCARDIOLOGY	16.72	55.68	2.04	13.80			88.24	53
55	MEDICAL SUPPLIES CHARGED TO PAT	37.16	14.99	5.64	5.97			63.76	55
56	DRUGS CHARGED TO PATIENTS	20.29	37.32	4.20	2.72			64.53	56
59	CARDIAC REHAB		16.64		7.89			24.53	59
60	CLINIC	2.60	30.61	1.28	21.13			53.62	60
61	EMERGENCY	0.14	31.20	1.52	27.19			60.05	61
62	OBSERVATION BEDS (NON-DISTINCT	0.48	44.50	5.26	17.79			68.03	62
101	TOTAL CHARGES	7.38	25.33	2.67	12.84			48.22	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	1351527	4.69	-1351527	-10.63			3
4	NEW CAP REL COSTS-MVBLE EQUIP	1005114	3.48	-1005114	-7.90			4
5	EMPLOYEE BENEFITS	2642469	9.16	-2642469	-20.78			5
6.01	NONPATIENT TELEPHONES	19884	.07	-19884	-.16			6.01
6.02	DATA PROCESSING	630273	2.19	-630273	-4.96			6.02
6.03	PURCHASING RECEIVING AND STORES	121405	.42	-121405	-.95			6.03
6.04	ADMITTING	292473	1.01	-292473	-2.30			6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	446503	1.55	-446503	-3.51			6.05
6.06	OTHER ADMINISTRATIVE AND GENERA	2159341	7.49	-2159341	16.98			6.06
8	OPERATION OF PLANT	1264264	4.38	-1264264	-9.94			8
9	LAUNDRY & LINEN SERVICE	142054	.49	-142054	-1.12			9
10	HOUSEKEEPING	434323	1.51	-434323	-3.42			10
11	DIETARY	388037	1.35	-388037	-3.05			11
12	CAFETERIA	243152	.84	-243152	-1.91			12
14	NURSING ADMINISTRATION	553081	1.92	-553081	-4.35			14
15	CENTRAL SERVICES & SUPPLY	1180		-1180	-.01			15
16	PHARMACY	522909	1.81	-522909	-4.11			16
17	MEDICAL RECORDS & LIBRARY	456033	1.58	-456033	-3.59			17
18	SOCIAL SERVICE	42559	.15	-42559	-.33			18
20	NONPHYSICIAN ANESTHETISTS							20
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	1577925	5.47	1903698	14.97	3481623	12.07	25
26	INTENSIVE CARE UNIT	253585	.88	286144	2.25	539729	1.87	26
33	NURSERY	47469	.16	50887	.40	98356	.34	33
35	NURSING FACILITY	742200	2.57	1035371	8.14	1777571	6.16	35
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1023598	3.55	1310023	10.30	2333621	8.09	37
39	DELIVERY ROOM & LABOR ROOM	85904	.30	130168	1.02	216072	.75	39
40	ANESTHESIOLOGY							40
41	RADIOLOGY DIAGNOSTIC	1284729	4.45	1025363	8.06	2310092	8.01	41
41.01	RADIOLOGY ULTRASOUND	183749	.64	117452	.92	301201	1.04	41.01
44	LABORATORY	1101888	3.82	827964	6.51	1929852	6.69	44
46	WHOLE BLOOD & PACKED RED BLOOD	95392	.33	26458	.21	121850	.42	46
49	RESPIRATORY THERAPY	429972	1.49	284580	2.24	714552	2.48	49
50	PHYSICAL THERAPY	673759	2.34	740246	5.82	1414005	4.90	50
53	ELECTROCARDIOLOGY	16055	.06	35604	.28	51659	.18	53
55	MEDICAL SUPPLIES CHARGED TO PAT	660638	2.29	212030	1.67	872668	3.03	55
56	DRUGS CHARGED TO PATIENTS	1054298	3.66	1199354	9.43	2253652	7.81	56
59	CARDIAC REHAB	42599	.15	93766	.74	136365	.47	59
59.01	OCCUPATIONAL MEDICINE & WELLNES							59.01
60	CLINIC	690347	2.39	434288	3.42	1124635	3.90	60
61	EMERGENCY	1027305	3.56	744938	5.86	1772243	6.14	61
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RURAL HEALTH CLINIC	3466003	12.02	1397387	10.99	4863390	16.86	63.50
63.51	RHC II	387874	1.34	141350	1.11	529224	1.83	63.51
63.52	RHC III	393794	1.37	98920	.78	492714	1.71	63.52

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY	510659	1.77	276029	2.17	786688	2.73	71
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN			28500	.22	28500	.10	96
98	PHYSICIANS' PRIVATE OFFICES	78724	.27	32348	.25	111072	.39	98
100	NONREIMBURSEABLE							100
100.01	PROFESSIONAL BUILDINGS	160298	.56	61969	.49	222267	.77	100.01
100.02	FOUNDATION SERVICES	39337	.14	13856	.11	53193	.18	100.02
100.03	WELLNESS	98174	.34	136321	1.07	234495	.81	100.03
100.04	RENTED SPACE			71567	.56	71567	.25	100.04
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	28842856	100.00	0	.00	28842856	100.00	103

**** THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4304865
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	13867142
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.310

MEDICAID SUPPLEMENTAL & NON-ALLOWABLE SCHEDULE OF EXPENSES	CLINIC NAME CMH, Rural, Health Clinic Palestine, OK long	14-3488 14-3486 14-3429 REPORTING PERIOD FROM: 5-1-09 TO: 4-30-10	ATTACHMENT #1

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

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

RURAL HEALTH CENTER DENTAL STATISTICS	CLINIC NAME CMH RHC, Palestine	REPORTING PERIOD 143486 14-3429 FROM 5-1-09 TO: 4-30-10	ATTACHMENT #2

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

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

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

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