PROVIDER NO. 15-3025 HEALTHSOUTH DEACONESS REHAB
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/13/2011 14:02

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: 05/13/2011
TIME: 14:02

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY HEALTHSOUTH DEACONESS REHAB (15-3025) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 05/13/2011 14:02
4cOTv71pAQGMJsmTG3DArVsM3y0dC0
EflwO0xJ.q0dWMB0eUjw6:kyabBVia
iOVU0PffXd0Qd9QV

PI Encryption: 05/13/2011 14:02
B1NqUX4wOWKqMeLDhyvbfebXaYT:V0
7.k1U0zeLLT11J31r11.cH:AAnMik9
XP4A5I3Qpt0PaV8n

(SIGNED) Rob Wisner
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

ROB WISNER, SVP - REIMBURSEMENT
TITLE

MAY 20 2011
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		138343		144432	1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		138343		144432	100

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

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

HEALTHSOUTH.

MEDICARE COST REPORT INFORMATION PACKAGE

CERTIFICATION SHEET

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

Hospital Name: HEALTHSOUTH/DEACONESS

Medicare Provider #: 15-1025

Medicare FYE: DECEMBER 31, 2010

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

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

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

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

NATHAN LEE
Controller Printed Name

Controller Signature

1/25/11
Date

Comments:

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

HEALTHSOUTH.

MEDICARE COST REPORT INFORMATION PACKAGE

CERTIFICATION SHEET

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

Hospital Name: HEALTHSOUTH/DEACONESS

Medicare Provider #: 15-3025

Medicare FYE: DECEMBER 31, 2010

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

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

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

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

BARB BUTLER
Administrator Printed Name

Barb Butler
Administrator Signature

7/25/11
Date

Comments:

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

PROVIDER NO. 15-3025 HEALTHSOUTH DEACONESS REHAB
PERIOD FROM 01 01 2010 TO 12 31 2010

FISCAL LEP COMPU MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552 96 (05/2007)

VERSION: 2011 13
05.11.2011 14 02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

COPY SHEET 1 2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:
1 STREET: 1100 COVERT AVENUE
1 01 CITY: EVANSVILLE STATE: IN
P.O.BOX:
ZIP CODE: 47714 COUNTY: VANDERBURGH

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	HEALTHSOUTH DEACONESS REHAB	15-3025	06/08/1999	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL BASED SNF							6
7	HOSPITAL BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2010 TO: 12/31/2010 17

18 TYPE OF CONTROL 1 2 5 18

TYPE OF HOSPITAL/SUBPROVIDER
19 HOSPITAL 5 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 42 CFR 412.105 LESS THAN OR EQUAL TO 100 BEDS. ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. NO NO 21.01

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 21780 21.03

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR HMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR HMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). NO NO 21.07

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. NO 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? 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. 15-1, 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. 15-1, SECTION 2140? IF YES, COMPLETE WORKSHEET D-3.	NO		25.03
25.04	ARE YOU CLAIMING COSTS IN 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
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.	0.00		25.08

		PROGRAM NAME(1)	PROGRAM CODE(2)	RESIDENT FTES(3)	
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING: ENDING:	BEGINNING: ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.		NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y'. IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1. ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 1004 PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 1, 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 1. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.10	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE ONE ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	YES	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S 2
(CONTINUED)

10	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15 1, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 10.01 10.03.	YES 019005	10
10.01	NAME: HEALTHSOUTH CORPORATION FI/CONTRACTOR'S NAME: CAHABA GBA	FI/CONTRACTOR'S NUMBER: 10101	10.01
10.02	STREET: 3660 GRANDVIEW PARKWAY, SUITE 200	P.O.BOX:	10.02
10.03	CITY: BIRMINGHAM	STATE: AL ZIP CODE: 35243	10.03
11	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	11
12	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	12
12.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	12.01
12.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	12.02
13	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	13
14	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	14
15	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 1617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	YES 11/30/2010	15
15.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?	YES	15.01
15.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?	NO	15.02
15.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?	NO	15.03
16	IF YOU ARE PARTICIPATING IN THE HHCHQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		16

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 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5	
17	HOSPITAL	N	N	N	N	N	17
18	SUBPROVIDER I	N	N	N	N	N	18
19	SKILLED NURSING FACILITY	N	N				19
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(g)?	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: 41065 PAID LOSSES: 16971 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

		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 YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(i)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01

MULTICAMPUS

61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					61
		COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5

SETTLEMENT DATA

63	DAS 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	01/01/2011	63

MISCELLANEOUS DATA

64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.	NO	64

PROVIDER NO. 15-3025 HEALTHSOUTH DEACONESS REHAB
PERIOD FROM 01.01.2010 TO 12.31.2010

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

VERSION: 2011.03
05/13/2011 14:32

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-1
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	80	29200			13840		922		1
2	HMO							471		2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	80	29200			13840		922		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	80	29200			13840		922		12
13	RPCH VISITS									13
14	SUBPROVIDER I									14
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY									18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	80								25
26	OBSERVATION BED DAYS									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	I P DAYS - OBS. BEDS NOT ADMITTED 5.02	I P DAYS - TOTAL ALL PATIENTS 6	O/P VISITS - OBS. BEDS ADMITTED 6.01	TRIPS - OBS. BEDS NOT ADMITTED 6.02	INTERNS & RES FTES - TOTAL 7	INTERNS & RES FTES - LESS I&R PERL NON-PHYS ANES 8	INTERNS & RES FTES - NET 9	FULL TIME EQUIV - EMPLOYEES ON PAYROLL 10	FULL TIME EQUIV - NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		20703								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		20703								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		20703								12
13	RPCH VISITS								177.19		13
14	SUBPROVIDER I										14
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY										18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL										25
26	OBSERVATION BED DAYS								177.19		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		917	28	1350	1
2	BMO XIX					2
3	HOSPITAL ADULTS & PEDS SWING BED NF					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		917	28	1350	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	I/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

PART II WAGE DATA	AMOUNT REPORTED 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	8816432						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							5
5.01 NON PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, IGR							6.01
7 HOME OFFICE PERSONNEL							7
8 THF							8
8.01 EXCLUDED AREA SALARIES		32682					8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR						VENDOR INVOICES	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						VENDOR INVOICES	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS						2009 HO REPORT	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)						CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS						CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC,FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS		79851					21
22 ADMINISTRATIVE & GENERAL	1511123	-108272					22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	207195						24
25 LAUNDRY & LINEN SERVICE		25020					25
26 HOUSEKEEPING	186589	-25020					26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	256338						27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	215301						30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	120615						33
34 SOCIAL SERVICE	341498						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	8816432		8816432			1
2 EXCLUDED AREA SALARIES		32682	32682			2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	8816432	-32682	8783750			3
4 SUBTOTAL OTHER WAGES & REL COSTS						4
5 SUBTOTAL WAGE-RELATED COSTS						5
6 TOTAL (SUM OF LINES 3 THRU 5)	8816432	-32682	8783750			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	2869259	-28421	2840838			13

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1026503	1026503	23149	1049652	114237	1163889	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		248278	248278	24218	272496	76374	348870	4
5	0500	EMPLOYEE BENEFITS		1545031	1545031	141799	1686830	-144555	1542275	5
6	0600	ADMINISTRATIVE & GENERAL	1511423	2577058	4088481	541436	3547045	266040	3813085	6
8	0800	OPERATION OF PLANT	207495	310727	518222	313477	831699	-80479	751220	8
9	0900	LAUNDRY & LINEN SERVICE		3814	3814	15474	19288		19288	9
10	1000	HOUSEKEEPING	186589	70217	256806	14141	212665	-109	212556	10
11	1100	DIETARY	256338	293079	549417	3616	553033	-21440	534593	11
12	1200	CAFETERIA								12
14	1400	NURSING ADMINISTRATION	245301	23801	269102	406	268696		268696	14
17	1700	MEDICAL RECORDS & LIBRARY	120615	89594	210209	-74	210135	-42	210093	17
18	1800	SOCIAL SERVICE	341498	6051	347549	-31	347518	-277	347241	18
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	2973890	136752	3110642	1636	3114278	-6490	3107788	25
		ANCILLARY SERVICE COST CENTERS								
41	4100	RADIOLOGY-DIAGNOSTIC		386425	386425	-79119	307306	-31539	275767	41
41.01	4101	RADIOLOGY SUA				79119	79119	-58996	20123	41.01
44	4400	LABORATORY		209373	209373	-5	209368	-161900	47468	44
49	4900	RESPIRATORY THERAPY	177421	55677	233098	214	232884	-18510	214374	49
50	5000	PHYSICAL THERAPY	1087875	14952	1102827	11640	1114467	-332	1114135	50
51	5100	OCCUPATIONAL THERAPY	902203	7777	909980	1025	911005	-132	910873	51
52	5200	SPEECH PATHOLOGY	452686	43972	496658	1435	498093	-188	497905	52
55	5500	MEDICAL SUPPLIES CHARGED TO PAT	15122	199975	215097	386	215483	-1541	213942	55
56	5600	DRUGS CHARGED TO PATIENTS	261018	648196	909214	-4383	904831	-6932	897899	56
59	5950	PSYCHIATRIC/PSYCHOLOGICAL SERVI	16958	63873	110831	-60235	50596	-140	50156	59
59.01	5950	AMBULANCE		15789	15789	-1661	14128	-30770	13358	59.01
59.02	5020	DAY TREATMENT		5126	5126	-5011	115	-115		59.02
59.03	5951	AMBULANCE SUA				1661	1661	-1239	422	59.03
		OUTPATIENT SERVICE COST CENTERS								
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
		OTHER REIMBURSABLE COST CENTERS								
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
88	8800	INTEREST EXPENSE		6469	6469		6469	-6469		88
90	9000	OTHER CAPITAL RELATED COSTS		17055	17055	-17055				90
95		SUBTOTALS	8816432	8005564	16821996	-97136	16724860	-118844	16606016	95
		NONREIMBURSABLE COST CENTERS								
98	9800	PHYSICIANS' PRIVATE OFFICES				7077	7077		7077	98
100	7950	GUEST MEALS								100
100.01	7951	MARKETING				27689	27689		27689	100.01
100.02	7952	UNUSED LEASE SPACE								100.02
100.03	7953	NRCC CLINICAL PSYCH				62370	62370		62370	100.03
101		TOTAL	8816432	8005564	16821996		16821996	-118844	16703152	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	TO RECLASS MARKETING EXPENSES	B	MARKETING	100.01	26379	1310	1
2	RECLASS MEDICAL DIR FEES	C	ADULTS & PEDIATRICS	25		1881	2
3	TO RECLASS MEDICAL DIRECTOR FEES	C	PSYCHIATRIC/PSYCHOLOGICAL SER	59		2135	3
4	TO RECLASS UTILITY EXPENSES	D	OPERATION OF PLANT	8		113517	4
5	RECLASS DRUG EXPENSE	E					5
6	FOOD SUPPLIES	G	DIETARY	11		14242	6
7	FOOD SUPPLIES	G					7
8	FOOD SUPPLIES	G					8
9	FOOD SUPPLIES	G					9
10	FOOD SUPPLIES	G					10
11	FOOD SUPPLIES	G					11
12	FOOD SUPPLIES	G					12
13	FOOD SUPPLIES	G					13
14	FOOD SUPPLIES	G					14
15	FOOD SUPPLIES	G					15
16	FOOD SUPPLIES	G					16
17	LINENS RECLASS	H	LAUNDRY & LINEN SERVICE	9		20454	17
18	LINENS RECLASS	H					18
19	HUMAN RESOURCES	I	EMPLOYEE BENEFITS	5	79851	61748	19
20	CAPITAL INSURANCE	J	NEW CAP REL COSTS-BLDG & FIXT	3		14814	20
21	CAPITAL INSURANCE	J	NEW CAP REL COSTS-MVBLE EQUIP	4		15498	21
22	DAY TREATMENT	K	PHYSICAL THERAPY	50		2364	22
23	DAY TREATMENT	K	OCCUPATIONAL THERAPY	51		1184	23
24	DAY TREATMENT	K	SPEECH PATHOLOGY	52		1440	24
25	PHYSICIAN SUPPLIES RECLASS	L	PHYSICIANS' PRIVATE OFFICES	38		774	25
26	COMS RECLASS	M	MEDICAL SUPPLIES CHARGED TO P	55		117	26
27	LAUNDRY SALARIES	O	LAUNDRY & LINEN SERVICE	9	25020		27
28	PSYCH RECLASS	P	NRCC CLINICAL PSYCH	100.03		92370	28
29							29
30	HOUSEKEEPING	R	HOUSEKEEPING	10		1391	30
31	HOUSEKEEPING	R					31
32	HOUSEKEEPING	R					32
33	HOUSEKEEPING	R					33
34	LAB RECLASS	S					34
35	MEDICAL SUPPLIES	T	MEDICAL SUPPLIES CHARGED TO P	55		2219	35
36	SUBTOTAL				131250	525668	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
	1		6	7	8	9	10
1	TO RECLASS MARKETING EXPENSES	B	ADMINISTRATIVE & GENERAL	6	26379	1310	1
2	RECLASS MEDICAL DIR FEES	C	ADMINISTRATIVE & GENERAL	6		12016	2
3	TO RECLASS MEDICAL DIRECTOR FEES	C					3
4	TO RECLASS UTILITY EXPENSES	D	ADMINISTRATIVE & GENERAL	6		313517	4
5	RECLASS DRUG EXPENSE	E					5
6	FOOD SUPPLIES	G	ADMINISTRATIVE & GENERAL	6		13219	6
7	FOOD SUPPLIES	G	ADULTS & PEDIATRICS	25		7	7
8	FOOD SUPPLIES	G	PHYSICAL THERAPY	50		402	8
9	FOOD SUPPLIES	G	OCCUPATIONAL THERAPY	51		13	9
10	FOOD SUPPLIES	G	SPEECH PATHOLOGY	52		5	10
11	FOOD SUPPLIES	G	DAY TREATMENT	59.02		23	11
12	FOOD SUPPLIES	G	OPERATION OF PLANT	8		40	12
13	FOOD SUPPLIES	G	HOUSEKEEPING	10		74	13
14	FOOD SUPPLIES	G	NURSING ADMINISTRATION	14		406	14
15	FOOD SUPPLIES	G	DRUGS CHARGED TO PATIENTS	56		22	15
16	FOOD SUPPLIES	G	SOCIAL SERVICE	18		31	16
17	LINENS RECLASS	H	HOUSEKEEPING	10		20438	17
18	LINENS RECLASS	H	MEDICAL SUPPLIES CHARGED TO P	55		16	18
19	HUMAN RESOURCES	I	ADMINISTRATIVE & GENERAL	6	79851	61348	19
20	CAPITAL INSURANCE	J	ADMINISTRATIVE & GENERAL	6		30312	12 20
21	CAPITAL INSURANCE	J					12 21
22	DAY TREATMENT	K	DAY TREATMENT	59.02		4988	22
23	DAY TREATMENT	K					23
24	DAY TREATMENT	K					24
25	PHYSICIAN SUPPLIES RECLASS	L	ADMINISTRATIVE & GENERAL	6		774	25
26	COMS RECLASS	M	PHYSICAL THERAPY	50		117	26
27	LAUNDRY SALARIES	O	HOUSEKEEPING	10	25020		27
28	PSYCH RECLASS	P	PSYCHIATRIC/PSYCHOLOGICAL SER	59		62370	28
29							29
30	HOUSEKEEPING	R	ADULTS & PEDIATRICS	25		66	30
31	HOUSEKEEPING	R	OCCUPATIONAL THERAPY	51		146	31
32	HOUSEKEEPING	R	DIETARY	11		1105	32
33	HOUSEKEEPING	R	MEDICAL RECORDS & LIBRARY	17		74	33
34	LAB RECLASS	S					34
35	MEDICAL SUPPLIES	T	ADULTS & PEDIATRICS	25		1911	35
36	SUBTOTAL				131250	525350	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 2	INCREASE LINE # 3	SALARY 4	OTHER 5	
1	MEDICAL SUPPLIES	T					1
2	MEDICAL SUPPLIES	T					2
3							3
4	*						4
5	RADIOLOGY SUA	U	RADIOLOGY SUA	11.01		79119	5
6	AMBULANCE SUA	U	AMBULANCE SUA	59.01		1661	6
7							7
8	PHYSICIAN SUPPORT PERSONNEL	V	PHYSICIANS' PRIVATE OFFICES	98	6101		8
9		V					9
10	REBATES	W	PHYSICAL THERAPY	50		9889	10
11		W					11
12		W					12
13		W					13
14		W					14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				137553	516327	36

RECLASSIFICATIONS

WORKSHEET A 6
PAGE 2

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1	MEDICAL SUPPLIES	T	RESPIRATORY THERAPY	19		214	1
2	MEDICAL SUPPLIES	T	PHYSICAL THERAPY	20		24	2
3							3
4							4
5	RADIOLOGY SUA	U	RADIOLOGY DIAGNOSTIC	11		79119	5
6	AMBULANCE SUA	U	AMBULANCE	52.01		1461	6
7							7
8	PHYSICIAN SUPPORT PERSONNEL	V	ADMINISTRATIVE & GENERAL	6	2042		8
9		V	ADULTS & PEDIATRICS	25	4261		9
10	REBATES	W	ADMINISTRATIVE & GENERAL	6		68	10
11		W	DIETARY	11		3521	11
12		W	LABORATORY	14		5	12
13		W	MEDICAL SUPPLIES CHARGED TO P	58		1934	13
14		W	DRUGS CHARGED TO PATIENTS	56		1361.	14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				137553	616327	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								1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES								3
4	BUILDING IMPROVEMENTS	1780787	151153		151153		1931940		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	1963371	306432		306432	248703	2021100		6
7	SUBTOTAL	3744158	457585		457585	248703	3953040		7
8	RECONCILING ITEMS								8
9	TOTAL	3744158	457585		457585	248703	3953040		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	1731940		1731940	.188722		8335		8335	3
4	NEW CAP REL COSTS-MVBLE EQUIP	2021101		2021101	.511278		8720		8720	4
5	TOTAL	3753041		3753041	1.000000		17055		17055	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	222798	775850	60565	11814	89862		1163889	3
4	NEW CAP REL COSTS-MVBLE EQUIP	133354	106008		15498	94010		348870	4
5	TOTAL	356152	881858	60565	30312	183872		1512759	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	84081	942422					1026503	3
4	NEW CAP REL COSTS MVBLE EQUIP	139921	108357					248278	4
5	TOTAL	224002	1050779					1274781	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			NEW CAP REL COSTS-BLDG & FIXT	3	3
4	INVESTMENT INCOME NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS MVBLE EQUIP	4	4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS					6
7	REFUNDS AND REBATES OF EXPENSES					7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10	TELEVISION AND RADIO SERVICE					10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A 8-2	4171			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	108332			14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS					16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS					19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22	VENDING MACHINES					22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	19	25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34	PHYSICIANS' ASSISTANT					34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37	LINE OF CREDIT INTEREST	A	-6469	INTEREST EXPENSE	48	11 37
38	PROPERTY TAX	A	81527	NEW CAP REL COSTS-BLDG & FIXT	3	13 38
38.01	PROPERTY TAX	A	85290	NEW CAP REL COSTS-MVBLE EQUIP	4	13 38.01
39	NON-ALLOWABLE EXPENSES	A	-136312	ADMINISTRATIVE & GENERAL	6	39
40	PATIENT PHONE	A	-23881	ADMINISTRATIVE & GENERAL	6	40
40.01	PATIENT PHONE	A	-3847	EMPLOYEE BENEFITS	5	40.01
40.02	PATIENT PHONE	A	-107	NEW CAP REL COSTS-MVBLE EQUIP	4	9 40.02
40.04	PATIENT PHONE	A	-7164	ADMINISTRATIVE & GENERAL	6	40.04
41						41
41.02	PATIENT TV	A	-486	ADMINISTRATIVE & GENERAL	6	41.02
42	TO OFFSET MISCELLANEOUS INCOME	B	-1306	NEW CAP REL COSTS-BLDG & FIXT	3	11 42
42.01	MISC INCOME	B	-1559	ADMINISTRATIVE & GENERAL	6	42.01
42.03	MISC INCOME	B	-24426	DIETARY	11	42.03
42.04	MISC INCOME	B	-42	MEDICAL RECORDS & LIBRARY	17	42.04
43	PATIENT TRANSPORTATION	A	-57255	OPERATION OF PLANT	8	43
43.01	PATIENT TRANSPORTATION	A	-514	NEW CAP REL COSTS-MVBLE EQUIP	4	10 43.01
43.02	PATIENT TRANSPORTATION	A	-7443	EMPLOYEE BENEFITS	5	43.02
43.03	PATIENT TRANSPORTATION	A	-30770	AMBULANCE	59.01	43.03
43.04	PATIENT TRANSPORTATION	A	-23197	OPERATION OF PLANT	8	43.04
43.05	PATIENT TRANSPORTATION	A	-6452	NEW CAP REL COSTS-MVBLE EQUIP	4	9 43.05
44	OFFSET PROPERTY TAX ACCRUED TO	A	-166572	NEW CAP REL COSTS-BLDG & FIXT	3	10 44
45	STATE ASSOCIATION LOBBYING EXPENS	A	-3102	ADMINISTRATIVE & GENERAL	6	45
46	PATIENT INTERNET ACCESS	A	-3642	ADMINISTRATIVE & GENERAL	6	46
47	PROFESSIONAL FEES	A	-7240	ADMINISTRATIVE & GENERAL	6	47
48	MD FEES ADJUSTMENT	A	-1144	ADMINISTRATIVE & GENERAL	6	48
49	TO OFFSET PRINT SHOP COSTS	A	-25501	ADMINISTRATIVE & GENERAL	6	49
49.01	TO OFFSET PRINT SHOP COSTS	A	-27	OPERATION OF PLANT	8	49.01
49.02	TO OFFSET PRINT SHOP COSTS	A	-109	HOUSEKEEPING	10	49.02
49.03	TO OFFSET PRINT SHOP COSTS	A	-14	DIETARY	11	49.03
49.04	TO OFFSET PRINT SHOP COSTS	A	-54	SOCIAL SERVICE	18	49.04

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
49.05	TO OFFSET PRINT SHOP COSTS	A	-2080	ADULTS & PEDIATRICS	25	19.05
49.06	TO OFFSET PRINT SHOP COSTS	A	-65	PHYSICAL THERAPY	50	19.06
49.07	TO OFFSET PRINT SHOP COSTS	A	-132	OCCUPATIONAL THERAPY	51	19.07
49.08	TO OFFSET PRINT SHOP COSTS	A	-188	SPEECH PATHOLOGY	52	19.08
49.09	TO OFFSET PRINT SHOP COSTS	A	-115	DAY TREATMENT	59.02	19.09
49.10	PRINT SHOP DELIVERY	A	-1199	ADMINISTRATIVE & GENERAL	6	19.10
49.19	MEDICAL & DENTAL INSURANCE	A	-75578	EMPLOYEE BENEFITS	5	19.19
49.20	WORKERS COMP INSURANCE	A	49329	EMPLOYEE BENEFITS	5	19.20
49.21	GENERAL LIABILITY INSURANCE	A	-23289	ADMINISTRATIVE & GENERAL	6	19.21
49.22	PHYSICIAN SUPPLIES ADJUSTMENT	A	188	ADMINISTRATIVE & GENERAL	6	19.22
50	TOTAL		-118844			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 FOR 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 5 5	NET ADJ-USTMENTS 6	WKST A 7 REF 7	
1	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES		1378547	1378547		1
2	3	NEW CAP REL COSTS BLDG & FIXT	HOME OFFICE CAPITAL	138717		138717	9	2
3	3	NEW CAP REL COSTS BLDG & FIXT	HOME OFFICE INTEREST	61871		61871	11	3
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE A&G	1320281		1320281		4
4.01	6	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING A&G	570271		570271		4.01
4.04	20	INTEREST EXPENSE	IC WAGE/EXPENSE TRANSFER	9169	9169		11	4.04
4.05	3	NEW CAP REL COSTS-MVBLE EQUIP	IC WAGE/EXPENSE TRANSFER	14490	14490		10	4.05
4.06	5	EMPLOYEE BENEFITS	IC WAGE/EXPENSE TRANSFER	1014090	1014090			4.06
4.07	6	ADMINISTRATIVE & GENERAL	IC WAGE/EXPENSE TRANSFER	1673564	1673564			4.07
4.08	8	OPERATION OF PLANT	IC WAGE/EXPENSE TRANSFER	25175	25175			4.08
4.09	10	HOUSEKEEPING	IC WAGE/EXPENSE TRANSFER	769	769			4.09
4.10	11	DIETARY	IC WAGE/EXPENSE TRANSFER	1845	-1845			4.10
4.11	14	NURSING ADMINISTRATION	IC WAGE/EXPENSE TRANSFER	3579	3579			4.11
4.12	17	MEDICAL RECORDS & LIBRARY	IC WAGE/EXPENSE TRANSFER	932	932			4.12
4.13	18	SOCIAL SERVICE	IC WAGE/EXPENSE TRANSFER	382	382			4.13
4.14	25	ADULTS & PEDIATRICS	IC WAGE/EXPENSE TRANSFER	1099	1099			4.14
4.15	31	RADIOLOGY-DIAGNOSTIC	IC WAGE/EXPENSE TRANSFER	77	77			4.15
4.17	49	RESPIRATORY THERAPY	IC WAGE/EXPENSE TRANSFER	38	38			4.17
4.18	50	PHYSICAL THERAPY	IC WAGE/EXPENSE TRANSFER	-1538	-1538			4.18
4.19	51	OCCUPATIONAL THERAPY	IC WAGE/EXPENSE TRANSFER	1054	1054			4.19
4.20	52	SPEECH PATHOLOGY	IC WAGE/EXPENSE TRANSFER	3227	3227			4.20
4.21	55	MEDICAL SUPPLIES CHARGED TO PAT	IC WAGE/EXPENSE TRANSFER	1680	1680			4.21
4.22	56	DRUGS CHARGED TO PATIENTS	IC WAGE/EXPENSE TRANSFER	620506	620506			4.22
4.24	59.01	AMBULANCE	IC WAGE/EXPENSE TRANSFER	18	-18			4.24
4.25	59.02	DAY TREATMENT	IC WAGE/EXPENSE TRANSFER	200	200			4.25
4.26	4	NEW CAP REL COSTS-MVBLE EQUIP	RELATED PARTY DEACONESS	709	2544	1835	10	4.26
4.27	5	EMPLOYEE BENEFITS	RELATED PARTY DEACONESS	3230	11588	8358		4.27
4.28	6	ADMINISTRATIVE & GENERAL	RELATED PARTY DEACONESS	3286	11788	8502		4.28
4.29	6	ADMINISTRATIVE & GENERAL	RELATED PARTY DEACONESS		3932	-3932		4.29
4.30	18	SOCIAL SERVICE	RELATED PARTY DEACONESS	86	309	-223		4.30
4.31	25	ADULTS & PEDIATRICS	RELATED PARTY DEACONESS	100	150	50		4.31
4.32	31	RADIOLOGY-DIAGNOSTIC	RELATED PARTY DEACONESS	10758	42297	-31539		4.32
4.33	31.01	RADIOLOGY CHA	RELATED PARTY DEACONESS	20123	79119	-58996		4.33
4.34	44	LABORATORY	RELATED PARTY DEACONESS	47473	209373	-161900		4.34
4.35	49	RESPIRATORY THERAPY	RELATED PARTY DEACONESS	10014	28524	-18510		4.35
4.36	50	PHYSICAL THERAPY	RELATED PARTY DEACONESS	93	360	-267		4.36
4.39	55	MEDICAL SUPPLIES CHARGED TO PAT	RELATED PARTY DEACONESS	847	2388	1541		4.39
4.40	56	DRUGS CHARGED TO PATIENTS	RELATED PARTY DEACONESS	2162	9094	6932		4.40
4.41	59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	RELATED PARTY DEACONESS	885	1314	429		4.41
4.43	59.03	AMBULANCE CHA	RELATED PARTY DEACONESS	422	1661	-1239		4.43
4.44	4	NEW CAP REL COSTS-MVBLE EQUIP	MOTORIKA	5818	5818		10	4.44
4.45	4	NEW CAP REL COSTS MVBLE EQUIP	MOTORIKA DEPRECIATION	8434	8434		9	4.45
4.46	4	NEW CAP REL COSTS MVBLE EQUIP	MCD DEPRECIATION	164	172	8	9	4.46
5		TOTALS		5570520	5162188	108332		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	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
			-------- RELATED ORGANIZATION(S) AND/OR HOME OFFICE ----------				
1	B		78.00	HEALTHSOUTH COR		HEALTHCARE	1
2	B		22.00	DEACONESS		HEALTHCARE	2
3	G	HEALTHSOUTH COR				HEALTHCARE	3
4	G	MEDCENTERDIRECT				MEDICAL SUPPLIES	4
5	G						5
5.01	G	MOTORIKA				EQUIPMENT	5.01

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A 8-2

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	PCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	25	ADULTS & PEDIATRICS	AGGREGATE	9881		9881	171400	67	5521	276
2	50	PSYCHIATRIC/PSYCHOLOGICA	AGGREGATE	2135		2135	142500	31	2124	106
101		TOTAL		12016		12016		98	7645	382

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WS 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 PCE LIMIT 16	PCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1 25	ADULTS & PEDIATRICS	AGGREGATE					5521	1360	1360
2 30	PSYCHIATRIC/PSYCHOLOGICA	AGGREGATE					2124	11	11
101	TOTAL						7645	1371	1371

COST ALLOCATION GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS BLDG & FIXT	1163889	1163889							3
4	NEW CAP REL COSTS MVBLE EQUIP	148870		148870						4
5	EMPLOYEE BENEFITS	1542275	4822	1116	1547243					5
6	ADMINISTRATIVE & GENERAL	1013085	114275	41251	248197	1210110	4210110			6
8	OPERATION OF PLANT	251220	23127	6932	36747	318026	276125	1094151		8
9	LAUNDRY & LINEN SERVICE	19288	12955	3883	1431	79557	23817	13860	108234	9
10	HOUSEKEEPING	212556	3420	2424	28614	253414	85510	10079		10
11	DIETARY	534593	82687	21785	15397	687162	232053	88467		11
12	CAFETERIA									12
14	NURSING ADMINISTRATION	268696	9798	2934	43443	321861	109657	10472		14
17	MEDICAL RECORDS & LIBRARY	210093	8797	2637	21361	242888	81987	9411		17
18	SOCIAL SERVICE	347241	6989	2095	60379	416804	140693	7478		18
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	3107788	182641	114669	525921	4261019	1438317	516377	108234	25
	ANCILLARY SERVICE COST CENTERS									
41	RADIOLOGY-DIAGNOSTIC	275767	10300	3087		289154	97604	11020		41
41.01	RADIOLOGY SUA	20123				20123				41.01
44	LABORATORY	47468	864	259		48591	16402	924		44
49	RESPIRATORY THERAPY	214374	2163	738	31421	248996	84049	2635		49
50	PHYSICAL THERAPY	1114135	148421	44188	192662	1499406	506227	158796		50
51	OCCUPATIONAL THERAPY	910871	74226	22239	159779	1167127	393965	79415		51
52	SPEECH PATHOLOGY	497905	37201	11151	80170	626427	211451	19802		52
55	MEDICAL SUPPLIES CHARGED TO PAT	213942	13992	5993	7991	247918	83685	21390		55
56	DRUGS CHARGED TO PATIENTS	897899	9397	1718	16226	925240	321197	6845		56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	50156	1270	1280	4316	56022	21611	1569		59
59.01	AMBULANCE	13358				13358	1509			59.01
59.02	DAY TREATMENT									59.02
59.03	AMBULANCE SUA	422				422				59.03
	OUTPATIENT SERVICE COST CENTERS									
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	16606016	1058635	317321	1541455	16463425	4129189	981540	108234	95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES	7077	104630	31162	1116	144185	48670	111944		98
100	GUEST MEALS									100
100.01	MARKETING	27689	288	86	1672	32735	11050	308		100.01
100.02	UNUSED LEASE SPACE									100.02
100.03	NRCC CLINICAL PSYCH	62370	136	101		62807	21201	359		100.03
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	16703152	1163889	348870	1547243	16703152	4210110	1094151	108234	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
	GENERAL SERVICE COST CENTERS								
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING	149033							10
11	DIETARY	28852	1036834						11
12	CAFETERIA		164752	164752					12
14	NURSING ADMINISTRATION	3415		6047	454452				14
17	MEDICAL RECORDS & LIBRARY	3069		2973		340328			17
18	SOCIAL SERVICE	2439		8419			575833		18
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	168410	820905	73210	454452	108874	575833	8525591	25
	ANCILLARY SERVICE COST CENTERS								
41	RADIOLOGY-DIAGNOSTIC	3594				3640		105012	41
41.01	RADIOLOGY NUA							20123	41.01
44	LABORATORY	301				6520		72738	44
49	RESPIRATORY THERAPY	859		4374		16120		157033	49
50	PHYSICAL THERAPY	51789		26818		70113		2313449	50
51	OCCUPATIONAL THERAPY	25900		22241		96390		1755038	51
52	SPEECH PATHOLOGY	12981		11160		29121		930942	52
55	MEDICAL SUPPLIES CHARGED TO PAT	9976		1112		5879		366960	55
56	DRUGS CHARGED TO PATIENTS	2232		6435		22585		1319034	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	1490		1158		1169		96319	59
59.01	AMBULANCE					187		18254	59.01
59.02	DAY TREATMENT								59.02
59.03	AMBULANCE NUA							122	59.03
	OUTPATIENT SERVICE COST CENTERS								
62	OBSERVATION BEDS (NON-DISTINCT								62
	OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	312307	985657	163947	454452	340058	575833	16180915	95
	NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	36509		155				341463	98
100	GUEST MEALS		51177					51177	100
100.01	MARKETING	100		650				14843	100.01
100.02	UNUSED LEASE SPACE								100.02
100.03	NPCC CLINICAL PSYCH	117				270		84754	100.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	349033	1036834	164752	454452	340328	575833	16703152	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	TOTAL	
		27	
	GENERAL SERVICE COST CENTERS		
1	NEW CAP REL COSTS-BLDG & FIXT		1
1	NEW CAP REL COSTS-MVBLE EQUIP		1
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
	INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	4525591	25
	ANCILLARY SERVICE COST CENTERS		
41	RADIOLOGY-DIAGNOSTIC	105012	41
41.01	RADIOLOGY 30A	20123	41.01
44	LABORATORY	72738	44
49	RESPIRATORY THERAPY	157033	49
50	PHYSICAL THERAPY	2113449	50
51	OCCUPATIONAL THERAPY	1755038	51
52	SPEECH PATHOLOGY	330342	52
55	MEDICAL SUPPLIES CHARGED TO PAT	466960	55
56	DRUGS CHARGED TO PATIENTS	1319034	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	96319	59
59.01	AMBULANCE	18254	59.01
59.02	DAY TREATMENT		59.02
59.03	AMBULANCE 30A	422	59.03
	OUTPATIENT SERVICE COST CENTERS		
62	OBSERVATION BEDS (NON-DISTINCT		62
	OTHER REIMBURSABLE COST CENTERS		
71	HOME HEALTH AGENCY		71
	SPECIAL PURPOSE COST CENTERS		
95	SUBTOTALS	16180915	95
	NONREIMBURSABLE COST CENTERS		
98	PHYSICIANS' PRIVATE OFFICES	141463	98
100	GUEST MEALS	51177	100
100.01	MARKETING	14843	100.01
100.02	UNUSED LEASE SPACE		100.02
100.03	NRCC CLINICAL PSYCH	84754	100.03
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	16703152	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	OTH ALLOWD CAP REL COSTS 0	NEW CAP BLDG & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS BLDG & FIXT									3
4	NEW CAP REL COSTS MVBLE EQUIP									4
5	EMPLOYEE BENEFITS		1822	1116	4368	4968				5
6	ADMINISTRATIVE & GENERAL		111275	34253	148528	738	149326			6
8	OPERATION OF PLANT		23127	6932	30059	118	3793	39970		8
9	LAUNDRY & LINEN SERVICE		12355	4483	16838	14	345	506	18203	9
10	HOUSEKEEPING		7420	2824	12244	92	3034	368		10
11	DIETARY		82687	24785	107472	146	8230	3232		11
12	CAFETERIA									12
14	NURSING ADMINISTRATION		9798	2934	12722	140	3889	383		14
17	MEDICAL RECORDS & LIBRARY		8797	2637	11434	69	2208	344		17
18	SOCIAL SERVICE		6989	2095	9084	194	1990	273		18
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		482641	144669	627310	1685	51018	18864	18203	25
	ANCILLARY SERVICE COST CENTERS									
41	RADIOLOGY-DIAGNOSTIC		10300	3087	13387		3462	103		41
41.01	RADIOLOGY SUA									41.01
44	LABORATORY		864	259	1123		582	34		44
49	RESPIRATORY THERAPY		2463	738	3201	101	2981	36		49
50	PHYSICAL THERAPY		148421	44488	192909	619	17954	5801		50
51	OCCUPATIONAL THERAPY		74226	22249	96475	513	13973	2901		51
52	SPEECH PATHOLOGY		37201	11151	48352	258	7500	1454		52
55	MEDICAL SUPPLIES CHARGED TO PAT		19992	5993	25985	26	2968	781		55
56	DRUGS CHARGED TO PATIENTS		6397	1918	8315	149	11403	250		56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI		4270	1280	5550	27	766	167		59
59.01	AMBULANCE						160			59.01
59.02	DAY TREATMENT									59.02
59.03	AMBULANCE SUA									59.03
	OUTPATIENT SERVICE COST CENTERS									
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS		1058635	317321	1375956	4949	146456	35857	18203	95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES		104630	31362	135992	1	1726	4089		98
100	GUEST MEALS									100
100.01	MARKETING		288	86	374	15	392	11		100.01
100.02	UNUSED LEASE SPACE									100.02
100.03	NRCC CLINICAL PSYCH		336	101	437		752	13		100.03
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL		1163889	348870	1512759	4968	149326	39970	18203	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		10	11	12	14	17	18	25	26	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING	15738								10
11	DIETARY	1301	120381							11
12	CAFETERIA		19128	19128						12
14	NURSING ADMINISTRATION	154		702	17990					14
17	MEDICAL RECORDS & LIBRARY	138		345		15238				17
18	SOCIAL SERVICE	110		977			15628			18
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	7593	95311	8502	17990	4874	15628	866978		25
	ANCILLARY SERVICE COST CENTERS									
41	RADIOLOGY-DIAGNOSTIC	162				163		17577		41
41.01	RADIOLOGY SUA									41.01
44	LABORATORY	14				292		2045		44
49	RESPIRATORY THERAPY	39		508		722		7648		49
50	PHYSICAL THERAPY	2335		3113		3139		225870		50
51	OCCUPATIONAL THERAPY	1168		2582		2972		120584		51
52	SPEECH PATHOLOGY	585		1296		1304		60749		52
55	MEDICAL SUPPLIES CHARGED TO PAT	315		129		363		30467		55
56	DRUGS CHARGED TO PATIENTS	101		747		1325		22290		56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	67		134		155		6866		59
59.01	AMBULANCE					17		177		59.01
59.02	DAY TREATMENT									59.02
59.03	AMBULANCE SUA									59.03
	OUTPATIENT SERVICE COST CENTERS									
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	14082	114439	19035	17990	15226	15628	1361251		95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES	1646		18				143475		98
100	GUEST MEALS		5942					5942		100
100.01	MARKETING	5		75				872		100.01
100.02	UNUSED LEASE SPACE									100.02
100.03	NRCC CLINICAL PSYCH	5				12		1219		100.03
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	15738	120381	19128	17990	15238	15628	1512759		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6 ADMINISTRATIVE & GENERAL		6
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
14 NURSING ADMINISTRATION		14
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	466978	25
ANCILLARY SERVICE COST CENTERS		
41 RADIOLOGY-DIAGNOSTIC	17577	41
41.01 RADIOLOGY SUA		41.01
44 LABORATORY	3045	44
49 RESPIRATORY THERAPY	7648	49
50 PHYSICAL THERAPY	225870	50
51 OCCUPATIONAL THERAPY	120584	51
52 SPEECH PATHOLOGY	60719	52
55 MEDICAL SUPPLIES CHARGED TO PAT	30467	55
56 DRUGS CHARGED TO PATIENTS	22290	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI	6866	59
59.01 AMBULANCE	177	59.01
59.02 DAY TREATMENT		59.02
59.03 AMBULANCE SUA		59.03
OUTPATIENT SERVICE COST CENTERS		
62 OBSERVATION BEDS (NON-DISTINCT		62
OTHER REIMBURSABLE COST CENTERS		
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
95 SUBTOTALS	1361251	95
NONREIMBURSABLE COST CENTERS		
98 PHYSICIANS' PRIVATE OFFICES	143475	98
100 GUEST MEALS	5342	100
100.01 MARKETING	872	100.01
100.02 UNUSED LEASE SPACE		100.02
100.03 NRCC CLINICAL PSYCH	1219	100.03
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	1512759	103

COST ALLOCATION STATISTICAL BASIS

WORKSHEET B 1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 9A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	
	GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS BLDG & FIXT	72772						3
4	NEW CAP REL COSTS-MVBLE EQUIP		72772					4
5	EMPLOYEE BENEFITS	239	239	8736581				5
6	ADMINISTRATIVE & GENERAL	2115	2115	1403151	4210110	12172497		6
8	OPERATION OF PLANT	1446	1446	207495		418026	63942	8
9	LAUNDRY & LINEN SERVICE	410	410	25020		70557	810	9
10	HOUSEKEEPING	549	549	161569		253414	589	10
11	DIETARY	5170	5170	256138		687462	5170	11
12	CAFETERIA							12
14	NURSING ADMINISTRATION	612	612	215301		321861	612	14
17	MEDICAL RECORDS & LIBRARY	550	550	120615		242888	550	17
18	SOCIAL SERVICE	137	137	141498		416804	137	18
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	30177	30177	1969629		1261019	30177	25
	ANCILLARY SERVICE COST CENTERS							
41	RADIOLOGY-DIAGNOSTIC	644	644			289154	644	41
41.01	RADIOLOGY SUA				-20123			41.01
44	LABORATORY	54	54			18591	54	44
49	RESPIRATORY THERAPY	154	154	177421		248996	154	49
50	PHYSICAL THERAPY	9280	9280	1087875		1499706	9280	50
51	OCCUPATIONAL THERAPY	1641	1641	902203		1167127	1641	51
52	SPEECH PATHOLOGY	2326	2326	152686		626427	2326	52
55	MEDICAL SUPPLIES CHARGED TO P	1250	1250	15122		247918	1250	55
56	DRUGS CHARGED TO PATIENTS	100	100	261018		952440	100	56
59	PSYCHIATRIC/PSYCHOLOGICAL SER	267	267	46958		64022	267	59
59.01	AMBULANCE					13158		59.01
59.02	DAY TREATMENT							59.02
59.03	AMBULANCE SUA				-422			59.03
	OUTPATIENT SERVICE COST CENTERS							
62	OBSERVATION BEDS (NON-DISTINC							62
	OTHER REIMBURSABLE COST CENTERS							
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
95	SUBTOTALS	66191	66191	9703899	-4230655	12232770	57361	95
	NONREIMBURSABLE COST CENTERS							
98	PHYSICIANS' PRIVATE OFFICES	6542	6542	6303		144185	6542	98
100	GUEST MEALS							100
100.01	MARKETING	18	18	26379		32735	18	100.01
100.02	UNUSED LEASE SPACE							100.02
100.03	NRCC CLINICAL PSYCH	21	21			62807	21	100.03
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	1163889	348870	1547243		4210110	1094151	103
104	UNIT COST MULT-WS B PT I		4.794014				17.111617	
104	UNIT COST MULT-WS B PT I	15.993638		.177099		.337551		104
105	COST TO BE ALLOC PER B PT II							104
106	UNIT COST MULT-WS B PT II							105
106	UNIT COST MULT-WS B PT II							106
107	COST TO BE ALLOC PER B PT III							106
108	UNIT COST MULT-WS B PT III			4968		149126	39970	107
							.625098	
108	UNIT COST MULT-WS B PT III			.000569		.011972		108
								108

COST ALLOCATION STATISTICAL BASIS

WORKSHEET B 1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE PATIENT DAYS 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA GROSS SALARIES 12	NURSING ADMINIS-TRATION PATIENT DAYS 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE PATIENT DAYS 18	
	GENERAL SERVICE COST CENTERS								
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE	20703							9
10	HOUSEKEEPING		62543						10
11	DIETARY		5170	78446					11
12	CAFETERIA			12465	6683008				12
14	NURSING ADMINISTRATION		612		215101	20703			14
17	MEDICAL RECORDS & LIBRARY		550		120615		47028538		17
18	SOCIAL SERVICE		437		341198			20703	18
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	20703	30177	62109	2969629	20703	15040755	20703	25
	ANCILLARY SERVICE COST CENTERS								
41	RADIOLOGY-DIAGNOSTIC		644				503008		41
41.01	RADIOLOGY SUA								41.01
44	LABORATORY		54				900960		44
49	RESPIRATORY THERAPY		154		177121		2227491		49
50	PHYSICAL THERAPY		3280		1087975		9688149		50
51	OCCUPATIONAL THERAPY		1641		302203		9173691		51
52	SPEECH PATHOLOGY		2326		452686		4023923		52
55	MEDICAL SUPPLIES CHARGED TO P		1250		15122		912405		55
56	DRUGS CHARGED TO PATIENTS		100		261018		4088086		56
59	PSYCHIATRIC/PSYCHOLOGICAL SER		267		16958		479354		59
59.01	AMBULANCE						53437		59.01
59.02	DAY TREATMENT								59.02
59.03	AMBULANCE SUA								59.03
	OUTPATIENT SERVICE COST CENTERS								
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	20703	55962	74571	6650326	20703	46991259	20703	95
	NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES		6542		6303				98
100	GUEST MEALS			3872					100
100.01	MARKETING		18		26379				100.01
100.02	UNUSED LEASE SPACE								100.02
100.03	NRCC CLINICAL PSYCH		21				37279		100.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	108234	349033	1036834	164752	154452	340328	575833	103
104	UNIT COST MULT-WS B PT I	5.227938		13.217168		21.951022		27.813988	
104	UNIT COST MULT-WS B PT I		5.580688		.024652		.007237		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	18203	15738	120381	19128	17990	15238	15628	107
108	UNIT COST MULT-WS B PT III	.879245		1.534572		.868956		.754866	
108	UNIT COST MULT-WS B PT III		.251635		.002862		.000324		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

	GENERAL SERVICE COST CENTERS	
3	NEW CAP REL COSTS BLDG & FIXT	3
4	NEW CAP REL COSTS MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6	ADMINISTRATIVE & GENERAL	6
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
14	NURSING ADMINISTRATION	14
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
	INPATIENT ROUTINE SERV COST CENTERS	
25	ADULTS & PEDIATRICS	25
	ANCILLARY SERVICE COST CENTERS	
41	RADIOLOGY-DIAGNOSTIC	41
41.01	RADIOLOGY SUA	41.01
44	LABORATORY	44
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
55	MEDICAL SUPPLIES CHARGED TO P	55
56	DRUGS CHARGED TO PATIENTS	56
59	PSYCHIATRIC/PSYCHOLOGICAL SER	59
59.01	AMBULANCE	59.01
59.02	DAY TREATMENT	59.02
59.03	AMBULANCE SUA	59.03
	OUTPATIENT SERVICE COST CENTERS	
62	OBSERVATION BEDS (NON-DISTINC	62
	OTHER REIMBURSABLE COST CENTERS	
71	HOME HEALTH AGENCY	71
	SPECIAL PURPOSE COST CENTERS	
95	SUBTOTALS	95
	NONREIMBURSABLE COST CENTERS	
98	PHYSICIANS' PRIVATE OFFICES	98
100	GUEST MEALS	100
100.01	MARKETING	100.01
100.02	UNUSED LEASE SPACE	100.02
100.03	NRCC CLINICAL PSYCH	100.03
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	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	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	PCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	8525591		8525591	1360	8529951	25
	ANCILLARY SERVICE COST CENTERS						
11	RADIOLOGY-DIAGNOSTIC	105012		105012		105012	11
11.01	RADIOLOGY SUA	20123		20123		20123	11.01
14	LABORATORY	72738		72738		72738	14
19	RESPIRATORY THERAPY	357033		357033		357033	19
50	PHYSICAL THERAPY	2313449		2313449		2313449	50
51	OCCUPATIONAL THERAPY	1755038		1755038		1755038	51
52	SPEECH PATHOLOGY	930942		930942		930942	52
55	MEDICAL SUPPLIES CHARGED TO	366960		366960		366960	55
56	DRUGS CHARGED TO PATIENTS	1319034		1319034		1319034	56
59	PSYCHIATRIC/PSYCHOLOGICAL S	26319		26319	11	26330	59
59.01	AMBULANCE	18254		18254		18254	59.01
59.02	DAY TREATMENT						59.02
59.03	AMBULANCE SUA	422		422		422	59.03
	OUTPATIENT SERVICE COST CENTERS						
62	OBSERVATION BEDS (NON-DISTI						62
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	16180915		16180915	4371	16185286	101
102	LESS OBSERVATION BEDS						102
103	TOTAL	16180915		16180915	4371	16185286	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	15040755		15040755				25
	ANCILLARY SERVICE COST CENTERS							
41	RADIOLOGY-DIAGNOSTIC	500461	2547	503008	.805180	.805180	.805180	41
41.01	RADIOLOGY SUA	261202		261202	.077040	.077040	.077040	41.01
44	LABORATORY	899979	981	900960	.080734	.080734	.080734	44
49	RESPIRATORY THERAPY	2227491		2227491	.160285	.160285	.160285	49
50	PHYSICAL THERAPY	8159057	1529092	9688149	.238792	.238792	.238792	50
51	OCCUPATIONAL THERAPY	8408280	765411	9173691	.191312	.191312	.191312	51
52	SPEECH PATHOLOGY	3092709	931214	4023923	.231352	.231352	.231352	52
55	MEDICAL SUPPLIES CHARGED TO	902417	9988	912405	.451696	.451696	.451696	55
56	DRUGS CHARGED TO PATIENTS	4087741	345	4088086	.322653	.322653	.322653	56
59	PSYCHIATRIC/PSYCHOLOGICAL S	478941	413	479354	.200935	.200935	.200958	59
59.01	AMBULANCE	53437		53437	.341599	.341599	.341599	59.01
59.02	DAY TREATMENT							59.02
59.03	AMBULANCE SUA	6600		6600	.063939	.063939	.063939	59.03
	OUTPATIENT SERVICE COST CENTERS							
62	OBSERVATION BEDS (NON-DISTI							62
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	44019070	3239991	47259061				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	44019070	3239991	47259061				103

PROVIDER NO. 15-3025 HEALTHSOUTH PEACHNESS REHAB
PERIOD FROM 01/01/2010 TO 12/31/2010

FPMG LLP COMPU MAX MICRO SYSTEM
IN LIEU OF FORM CMS 2552-96 (9/97)

VERSION: 2011.03
05/13/2011 11:02

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL: 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				866978		866978	25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
101	TOTAL				866978		866978	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	20703	13840			41.88	579619	25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
101	TOTAL	20703	13840				579619	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0025)	[ ] SUB III	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] SUB IV	[ ] PSFRA
BOXES	[ ] TITLE XIX	[ ] SUB II		

	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									
41	RADIOLOGY-DIAGNOSTIC		17577	501008	346075			.034944	12093	41
41.01	RADIOLOGY RUA			261202	207919					41.01
44	LABORATORY		2045	300960	605572			.002270	1375	44
49	RESPIRATORY THERAPY		7648	2227491	1576020			.003433	5410	49
50	PHYSICAL THERAPY		225870	9688149	5411796			.023314	126217	50
51	OCCUPATIONAL THERAPY		120581	9173691	5599722			.013145	73608	51
52	SPEECH PATHOLOGY		60749	4023923	1966395			.015097	29687	52
55	MEDICAL SUPPLIES CHARGED TO P		30467	912405	422583			.037502	15848	55
56	DRUGS CHARGED TO PATIENTS		22290	4088086	2734772			.005452	15237	56
59	PSYCHIATRIC/PSYCHOLOGICAL SER		6866	173354	108597			.011323	4420	59
59.01	AMBULANCE		177	53437	11573			.003312	38	59.01
59.02	DAY TREATMENT									59.02
59.03	AMBULANCE RUA			5600	3952					59.03
	OUTPATIENT SERVICE COST CENTERS									
62	OBSERVATION BEDS (NON-DISTINC									62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		494273	42218306	19256976				293933	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII PT A
[ ] 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					20703		13840		25
26	INTENSIVE CARE UNIT									26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I									31
33	NURSERY									33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					20703		13840		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	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								
11	RADIOLOGY-DIAGNOSTIC								11
11.01	RADIOLOGY SUA								11.01
14	LABORATORY								14
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
59	PSYCHIATRIC/PSYCHOLOGICAL SER								59
59.01	AMBULANCE								59.01
59.02	DAY TREATMENT								59.02
59.03	AMBULANCE SUA								59.03
	OUTPATIENT SERVICE COST CENTERS								
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES							
	[ ]	TITLE V	[X]	HOSPITAL (15-1025)	[ ]	SUB IV	[ ] PPS
	[X]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ] TEFRA
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	HF	
			[ ]	SUB III	[ ]	ICF/MR	

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 1.01	TOTAL CHARGES 1	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 9	
	ANCILLARY SERVICE COST CENTERS								
11	RADIOLOGY-DIAGNOSTIC		503008			116075		2342	11
41.01	RADIOLOGY SUA		261202			207919			41.01
44	LABORATORY		900960			605572			44
49	RESPIRATORY THERAPY		2227491			1576020			49
50	PHYSICAL THERAPY		9688149			5413796			50
51	OCCUPATIONAL THERAPY		3173691			5599722			51
52	SPEECH PATHOLOGY		1023923			1966395			52
55	MEDICAL SUPPLIES CHARGED TO P		812405			122583		468	55
56	DRUGS CHARGED TO PATIENTS		1088086			2794772		11	56
59	PSYCHIATRIC/PSYCHOLOGICAL SER		479354			308597		5	59
59.01	AMBULANCE		53437			11573			59.01
59.02	DAY TREATMENT								59.02
59.03	AMBULANCE SUA		6600			3952			59.03
	OUTPATIENT SERVICE COST CENTERS								
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		12218306			19256976		2846	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (15-0025)	[ ]	SUB IV	[ ] PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ] TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF	
			[ ]	SUB III	[ ]	ICF/MR	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, 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							
41	RADIOLOGY-DIAGNOSTIC	.805180	.805180	.805180				41
41.01	RADIOLOGY SUA	.077040	.077040	.077040				41.01
44	LABORATORY	.080734	.080734	.080734				44
49	RESPIRATORY THERAPY	.160285	.160285	.160285				49
50	PHYSICAL THERAPY	.238792	.238792	.238792				50
51	OCCUPATIONAL THERAPY	.191312	.191312	.191312				51
52	SPEECH PATHOLOGY	.231352	.231352	.231352				52
55	MEDICAL SUPPLIES CHARGED TO PAT	.451696	.451696	.451696				55
56	DRUGS CHARGED TO PATIENTS	.322653	.322653	.322653				56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	.200935	.200935	.200935				59
59.01	AMBULANCE	.341599	.341599	.341599				59.01
59.02	DAY TREATMENT							59.02
59.03	AMBULANCE SUA	.063939	.063939	.063939				59.03
	OUTPATIENT SERVICE COST CENTERS							
62	OBSERVATION BEDS (NON-DISTINCT							62
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.322653	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V O/P
[XX] TITLE XVIII PT B
[ ] TITLE XIX - O/P

[XX] HOSPITAL (15-1025)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B NF
[ ] 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									
41	RADIOLOGY-DIAGNOSTIC		2142							41
41.01	RADIOLOGY SUA									41.01
44	LABORATORY									44
49	RESPIRATORY THERAPY									49
50	PHYSICAL THERAPY									50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
55	MEDICAL SUPPLIES CHARGED TO PA		168							55
56	DRUGS CHARGED TO PATIENTS		31							56
59	PSYCHIATRIC/PSYCHOLOGICAL SERV		5							59
59.01	AMBULANCE									59.01
59.02	DAY TREATMENT									59.02
59.03	AMBULANCE SUA									59.03
	OUTPATIENT SERVICE COST CENTERS									
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE SERVICES (4TH PERIOD									65.03
101	SUBTOTAL		2846							101
102	CPHA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		2846							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM COST: 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								
41	RADIOLOGY-DIAGNOSTIC		1886						41
41.01	RADIOLOGY SUA								41.01
44	LABORATORY								44
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
55	MEDICAL SUPPLIES CHARGED TO PAT		211						55
56	DRUGS CHARGED TO PATIENTS		10						56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI		1						59
59.01	AMBULANCE								59.01
59.02	DAY TREATMENT								59.02
59.03	AMBULANCE SUA								59.03
	OUTPATIENT SERVICE COST CENTERS								
62	OBSERVATION BEDS (NON-DISTINCT								62
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)								65.03
101	SUBTOTAL		2108						101
102	CRNA CHARGES								102
103	LESS FBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		2108						104

PROVIDER NO. 15-3025 HEALTHSOUTH DEACONESS REHAB
PERIOD FROM 01/01/2010 TO 12/31/2010

KPMG LLP COMPU MAX MICRO SYSTEM
IN LIEU OF FORM CMS 2552-96 (9797)

VERSION: 2011 03
05/13/2011 14:02

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL: 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				866978		866978	25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
101	TOTAL				866978		866978	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	20703	922			41.88	38613	25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
101	TOTAL	20703	922				38613	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-4025)	[ ] SUB III	[ ] PPS
APPLICABLE	[ ] TITLE XVIII PT A	[ ] SUB I	[ ] SUB IV	[ ] TEFRA
BOXES	[XX] TITLE XIX	[ ] SUB II	[XX] OTHER	

	COST CENTER DESCRIPTION	OLD CAPITAL 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									
41	RADIOLOGY-DIAGNOSTIC		17577	503008	22100			.031944	772	41
41.01	RADIOLOGY SUA			261202	5769					41.01
44	LABORATORY		2015	900960	14671			.002270	101	44
49	RESPIRATORY THERAPY		7618	2227491	109546			.003433	326	49
50	PHYSICAL THERAPY		225870	9688149	108434			.023314	9522	50
51	OCCUPATIONAL THERAPY		120584	9173691	164758			.013115	9109	51
52	SPEECH PATHOLOGY		60749	4023921	250958			.015097	3789	52
55	MEDICAL SUPPLIES CHARGED TO P		30467	312405	16547			.037502	1716	55
56	DRUGS CHARGED TO PATIENTS		22290	4089086	205319			.005452	1119	56
59	PSYCHIATRIC/PSYCHOLOGICAL SER		6866	179354	13318			.011123	177	59
59.01	AMBULANCE		177	53437	2981			.003312	10	59.01
59.02	DAY TREATMENT									59.02
59.03	AMBULANCE SUA			6600	368					59.03
	OUTPATIENT SERVICE COST CENTERS									
62	OBSERVATION BEDS (NON-DISTINC									62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		494273	32218306	1594769				24021	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES
[ ] TITLE V
[ ] TITLE XVIII PT A
[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 PAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					20703		922		25
26	INTENSIVE CARE UNIT									26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I									31
33	NURSERY									33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					20703		922		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

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

[XX] HOSPITAL (15-0025)
[ ] SUB I
[ ] SUB II
[ ] SUB III

[ ] SUB IV
[ ] SNF
[ ] HF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
	ANCILLARY SERVICE COST CENTERS							
11	RADIOLOGY-DIAGNOSTIC							11
11.01	RADIOLOGY SUA							11.01
14	LABORATORY							14
19	RESPIRATORY THERAPY							19
50	PHYSICAL THERAPY							50
51	OCCUPATIONAL THERAPY							51
52	SPEECH PATHOLOGY							52
55	MEDICAL SUPPLIES CHARGED TO P							55
56	DRUGS CHARGED TO PATIENTS							56
59	PSYCHIATRIC/PSYCHOLOGICAL SER							59
59.01	AMBULANCE							59.01
59.02	DAY TREATMENT							59.02
59.03	AMBULANCE SUA							59.03
	OUTPATIENT SERVICE COST CENTERS							
62	OBSERVATION BEDS (NON-DISTINC							62
	OTHER REIMBURSABLE COST CENTERS							
101	TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (15 1025)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFPA
	[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								
11	RADIOLOGY-DIAGNOSTIC		503008			22100			11
11.01	RADIOLOGY SUA		261202			5769			11.01
14	LABORATORY		900960			44671			14
19	RESPIRATORY THERAPY		2227491			109546			19
50	PHYSICAL THERAPY		9688119			108434			50
51	OCCUPATIONAL THERAPY		9173691			161758			51
52	SPEECH PATHOLOGY		4023923			250958			52
55	MEDICAL SUPPLIES CHARGED TO P		812405			16547			55
56	DRUGS CHARGED TO PATIENTS		1088086			205319			56
59	PSYCHIATRIC/PSYCHOLOGICAL SER		479354			33318			59
59.01	AMBULANCE		53417			2981			59.01
59.02	DAY TREATMENT								59.02
59.03	AMBULANCE SUA		5600			168			59.03
	OUTPATIENT SERVICE COST CENTERS								
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		32218306			1594769			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
11	RADIOLOGY-DIAGNOSTIC						11
11.01	RADIOLOGY SUA						11.01
44	LABORATORY						44
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
59	PSYCHIATRIC/PSYCHOLOGICAL SER						59
59.01	AMBULANCE						59.01
59.02	DAY TREATMENT						59.02
59.03	AMBULANCE SUA						59.03
	OUTPATIENT SERVICE COST CENTERS						
62	OBSERVATION BEDS (NON-DISTINC						62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
	[ ] TITLE V - O/P	[XX] HOSPITAL (15-3025)	[ ] SNF
	[ ] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
	[XX] TITLE XIX - O/P	[ ] SUB II	[ ] S B-SNF
		[ ] SUB III	[ ] O/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							
41	RADIOLOGY-DIAGNOSTIC	.805180	.805180	.805180				41
41.01	RADIOLOGY SUA	.077040	.077040	.077040				41.01
44	LABORATORY	.080734	.080734	.080734				44
49	RESPIRATORY THERAPY	.160285	.160285	.160285				49
50	PHYSICAL THERAPY	.238792	.238792	.238792				50
51	OCCUPATIONAL THERAPY	.191312	.191312	.191312				51
52	SPEECH PATHOLOGY	.231352	.231352	.231352				52
55	MEDICAL SUPPLIES CHARGED TO PAT	.151696	.151696	.151696				55
56	DRUGS CHARGED TO PATIENTS	.322653	.322653	.322653				56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	.200935	.200935	.200935				59
59.01	AMBULANCE	.341599	.341599	.341599				59.01
59.02	DAY TREATMENT							59.02
59.03	AMBULANCE SUA	.063939	.063939	.063939				59.03
	OUTPATIENT SERVICE COST CENTERS							
62	OBSERVATION BEDS (NON-DISTINCT							62
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.322653	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (15-1025)	[ ] SNF
APPLICABLE	[ ]	TITLE XVIII PT B	[ ]	SUB I	[ ] NF
BOXES	[XX]	TITLE XIX - O/P	[ ]	SUB II	[ ] S/B-SNF
			[ ]	SUB III	[ ] S/B-NF
			[ ]	SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: 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									
41	RADIOLOGY-DIAGNOSTIC	205								41
41.01	RADIOLOGY SUA									41.01
44	LABORATORY	681								44
49	RESPIRATORY THERAPY									49
50	PHYSICAL THERAPY	144894								50
51	OCCUPATIONAL THERAPY	122853								51
52	SPEECH PATHOLOGY	120446								52
55	MEDICAL SUPPLIES CHARGED TO PA	1561								55
56	DRUGS CHARGED TO PATIENTS	257								56
59	PSYCHIATRIC/PSYCHOLOGICAL SERV	408								59
59.01	AMBULANCE									59.01
59.02	DAY TREATMENT									59.02
59.03	AMBULANCE SUA									59.03
	OUTPATIENT SERVICE COST CENTERS									
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE SERVICES (4TH PERIOD									65.03
101	SUBTOTAL	391305								101
102	CPNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES	391305								104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[ ] TITLE V - O/P	[XX] HOSPITAL (15-4025)	[ ] CHF		
APPLICABLE	[ ] TITLE XVIII PT B	[ ] SUB I	[ ] SNF		
BOXES	[XX] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-CHF		
		[ ] 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 (FEE SCHEDULE) 10	HOSPITAL I/P PART B COST (COLUMNS 1.12x10) 11	
	ANCILLARY SERVICE COST CENTERS								
11	RADIOLOGY-DIAGNOSTIC	165							11
11.01	RADIOLOGY SUA								11.01
44	LABORATORY	55							44
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY	31600							50
51	OCCUPATIONAL THERAPY	23503							51
52	SPEECH PATHOLOGY	27965							52
55	MEDICAL SUPPLIES CHARGED TO PAT	295							55
56	DRUGS CHARGED TO PATIENTS	83							56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	82							59
59.01	AMBULANCE								59.01
59.02	DAY TREATMENT								59.02
59.03	AMBULANCE SUA								59.03
	OUTPATIENT SERVICE COST CENTERS								
62	OBSERVATION BEDS (NON-DISTINCT								62
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)								65.03
101	SUBTOTAL	87058							101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-POM ONLY CHRGS								103
104	NET CHARGES	87058							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 (PPS) (15-3025) 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)	20703						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	20703						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1409						3
4	SEMI PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19294						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13840						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)	934						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 [X] TITLE XVIII PART A [ ] TITLE XIX INPT

PART I ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-4025)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	8529951						21
22 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8529951						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15040755						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1049705						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13991050						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.567123						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	745.00						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	725.15						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	19.85						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	11.26						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	15865						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	8514086						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (15-4025)	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	112.02					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5702357					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5702357					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						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (15-4025)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	4574009					48
49	TOTAL PROGRAM INPATIENT COSTS	10276366					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	579619					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	283933					51
52	TOTAL PROGRAM EXCLUDABLE COST	863552					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	9412814					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (15-3025)	SUB I	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[ ] TITLE V HHPT [XX] TITLE XVIII PART A [ ] TITLE XIX HHPT

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D 1
PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	112.02	84
85 OBSERVATION BED COST		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		8529951				86
87 NEW CAPITAL-RELATED COST	866978	8529951	.101639			87
88 NON PHYSICIAN ANESTHETIST		8529951				88
89 MEDICAL EDUCATION		8529951				89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D 1
PART I

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

PART I ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL (OTHER) (15-3025) 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)	20703						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	20703						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1109						3
4 SEMI PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19294						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING BED AND NEWBORN DAYS)	922						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D 1
PART I (CONT)

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

PART I ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (15-3025)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	9525591						21
22 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9525591						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15040755						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1049705						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13991050						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.666833						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	745.00						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	725.15						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	19.85						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	11.25						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	15851						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	9509740						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D 1
PART II

[ ] TITLE V HHPT [ ] TITLE XVIII PART A [XX] TITLE XIX HHPT

PART II HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (15-4025)	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	111.04					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	178979					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	178979					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						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (15-3025)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	378917					48
49	TOTAL PROGRAM INPATIENT COSTS	757896					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	38613					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	24021					51
52	TOTAL PROGRAM EXCLUDABLE COST	62634					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

[ ] TITLE V INPT [ ] TITLE XVIII PART A [X] TITLE XIX INPT

PART II HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (15-3025)	SUB I	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES	79					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 57/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 57/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 57/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

WORK SHEET D 1
PART I III & IV

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

	HOSPITAL (OTHER) (15-3025)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS						83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	112.02					84
85 OBSERVATION BED COST						85

PROVIDER NO. 15-0025 HEALTHSOUTH DEACONESS REHAB
PERIOD FROM 01/01/2010 TO 12/31/2010

FPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552 96 (11/88)

VERSION: 2011.03
05/13/2011 11:02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (15-0025)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] NF
[ ] SNF
[ ] 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		10052360		25
	ANCILLARY SERVICE COST CENTERS				
11	RADIOLOGY-DIAGNOSTIC	.305180	346075	278653	11
11.01	RADIOLOGY SUA	.077040	207919	16018	11.01
14	LABORATORY	.080734	605572	48890	14
19	RESPIRATORY THERAPY	.160285	1576020	252612	19
50	PHYSICAL THERAPY	.238792	5413796	1292771	50
51	OCCUPATIONAL THERAPY	.131312	5599722	1071294	51
52	SPEECH PATHOLOGY	.231152	1966395	454929	52
55	MEDICAL SUPPLIES CHARGED TO PAT	.451696	122583	130879	55
56	DRUGS CHARGED TO PATIENTS	.322653	2794772	901742	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	.200958	308597	62015	59
59.01	AMBULANCE	.341599	11573	3953	59.01
59.02	DAY TREATMENT				59.02
59.03	AMBULANCE SUA	.063939	3952	253	59.03
	OUTPATIENT SERVICE COST CENTERS				
62	OBSERVATION BEDS (NON-DISTINCT				62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		19256976	4574009	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		19256976		103

PROVIDER NO. 15 3025 HEALTHSOUTH BEACHESS REHAB
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.0
05/13/2011 14:02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D 4

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

[XX] HOSPITAL (15 3025)
[ ] SNB I
[ ] SNB II
[ ] SNB III
[ ] SNB IV

[ ] SNF
[ ] NF
[ ] SNB-SNF
[ ] SNB-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		281120		25
	ANCILLARY SERVICE COST CENTERS				
11	RADIOLOGY-DIAGNOSTIC	.805180	22100	17794	11
11.01	RADIOLOGY SUA	.077040	5769	444	11.01
14	LABORATORY	.080734	11671	1606	14
49	RESPIRATORY THERAPY	.160285	109546	17559	49
50	PHYSICAL THERAPY	.238792	408434	97531	50
51	OCCUPATIONAL THERAPY	.191312	164758	88914	51
52	SPEECH PATHOLOGY	.231352	250958	58060	52
55	MEDICAL SUPPLIES CHARGED TO PAT	.451696	16547	21025	55
56	DRUGS CHARGED TO PATIENTS	.322653	205319	66247	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	.200935	33318	6695	59
59.01	AMBULANCE	.341599	2981	1018	59.01
59.02	DAY TREATMENT				59.02
59.03	AMBULANCE SUA	.063939	168	24	59.03
	OUTPATIENT SERVICE COST CENTERS				
62	OBSERVATION BEDS (NON-DISTINCT				62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		1594769	378917	101
102	LESS PBP CLINIC LAB WCS-PGM ONLY CHARGES				102
103	NET CHARGES		1594769		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-3025) 1	HOSPITAL (15-3025) 1.01	HOSPITAL (15-3025) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2108			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1589			1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS	1589			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-3025) 1	HOSPITAL (15-3025) 1.01	HOSPITAL (15-3025) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	180			18.01
19	SUBTOTAL	1109			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	1109			23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL	1109			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL	1109			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 (HSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	1109			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	1109			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM				35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (15-4025)

WORKSHEET E-1

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				14228135		1109	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01					3.01
		.02					3.02
		.03		NONE		NONE	3.03
		.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52		NONE		NONE	3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				14228135		1109	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 TO PROVIDER	.01					5.01
		.02		NONE		NONE	5.02
		.03					5.03
	PROVIDER TO PROGRAM	.50					5.50
		.51		NONE		NONE	5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		138343			6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				14366478		1109	7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-1
PART I

MEDICARE PART A SERVICES TEFRA

		HOSPITAL (15-1025)	SUB I	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES						1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	14186317					1.02
1.03	MEDICARE SSI RATIO (IPF PPS ONLY) (SEE INSTR.)	0.0316					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	630710					1.04
1.05	OUTLIER PAYMENTS	2187					1.05
1.06	TOTAL PPS PAYMENTS	14819234					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						1.08
1.09	NET IPF PPS OUTLIER PAYMENTS						1.09
1.10	NET IPF PPS ECT PAYMENTS						1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)						1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18	MEDICAL EDUCATION ADJUSTMENT						1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS						1.19
1.20	STOP LESS PAYMENT FLOOR						1.20
1.21	ADJUSTED NET PAYMENT FLOOR						1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS						1.23
	INPATIENT REHABILITATION FACILITY (IRF)						
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	56.720548					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.41
1.42	MEDICAL EDUCATION ADJUSTMENT						1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL	14819234					4
5	PRIMARY PAYER PAYMENTS	23538					5
6	SUBTOTAL	14795696					6
7	DEDUCTIBLES	198493					7
8	SUBTOTAL	14597203					8
9	COINSURANCE	230725					9
10	SUBTOTAL	14366478					10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)						11
11.01	REDUCED REIMBURSABLE BAD DEBTS						11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						11.02
12	SUBTOTAL	14366478					12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL (15-3025)	SUB I	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15	OTHER ADJUSTMENTS						15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	14366478					17
18	REQUESTPATION ADJUSTMENT						18
19	INTERIM PAYMENTS	14228135					19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM	138343					20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
	TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)						50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E 1
PART III

	[ ] TITLE V	[X] TITLE XVIII			[XX] TITLE XIX			
		HOSPITAL (15-3025) (OTHER)	SUB I	SUB II	SUB III	SUB IV	SNF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/ICF SERVICES	757896						1
2	MEDICAL AND OTHER SERVICES	87058						2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	844954						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	844954						9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES	791120						10
11	ANCILLARY SERVICE CHARGES	1986074						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	2767194						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	2767194						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1922240						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES	844954						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	844954						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31	844954						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3
PART III TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY PART III

	[ ] TITLE V	[ ] TITLE XVIII			[XX] TITLE XIX			
		HOSPITAL (15-3025) (OTHER)	SUB I	SUB II	SUB III	SUB IV	SNF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST							34
35	SUBTOTAL	844954						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	844954						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	844954						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	844954						55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS	700522						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM	144432						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2357486				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	4634451				4
5	OTHER RECEIVABLES					5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1307237				6
7	INVENTORY	91389				7
8	PREPAID EXPENSES	73925				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	5850014				11
	FIXED ASSETS					
12	LAND					12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS					13
13.01	ACCUMULATED DEPRECIATION					13.01
14	BUILDINGS					14
14.01	ACCUMULATED DEPRECIATION					14.01
15	LEASEHOLD IMPROVEMENTS	1931940				15
15.01	ACCUMULATED AMORTIZATION	-1550018				15.01
16	FIXED EQUIPMENT	2021101				16
16.01	ACCUMULATED DEPRECIATION	-1423350				16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT					18
18.01	ACCUMULATED DEPRECIATION					18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	1079673				21
	OTHER ASSETS					
22	INVESTMENTS					22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	12307841				25
26	TOTAL OTHER ASSETS	12307841				26
27	TOTAL ASSETS	19245528				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	279326				28
29	SALARIES, WAGES & FEES PAYABLE	491028				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)					31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS	3891840				34
35	OTHER CURRENT LIABILITIES	1585765				35
36	TOTAL CURRENT LIABILITIES	6247959				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE					38
39	UNSECURED LOANS					39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41	OTHER LONG TERM LIABILITIES					41
42	TOTAL LONG TERM LIABILITIES					42
43	TOTAL LIABILITIES	6247959				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	12997569				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	12997569				51
52	TOTAL LIABILITIES AND FUND BALANCES	19245528				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		12208415				1
2	NET INCOME (LOSS)		6261090				2
3	TOTAL		18469505				3
4	ADDITIONS (CREDIT ADJUSTMENTS)						4
5							5
6	MINORITY INTEREST						6
7							7
8							8
9							9
10	TOTAL ADDITIONS						10
11	SUBTOTAL		18469505				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)						12
13	MINORITY INTEREST	1377440					13
14	DISTRIBUTIONS	1094496					14
15							15
16							16
17							17
18	TOTAL DEDUCTIONS		5471936				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		12997569				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET 3-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	15040755		15040755	1
2	SUBPROVIDER I				2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	15040755		15040755	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT				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				15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	15040755		15040755	16
17	ANCILLARY SERVICES	28978315		28978315	17
18	OUTPATIENT SERVICES		3239991	3239991	18
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24	PSYCH	17624	19655	37279	24
25	TOTAL PATIENT REVENUES	44036694	3259646	47296340	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		16821996	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		16821996	40

STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	17296340	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	24320561	2
3	NET PATIENT REVENUES	22975779	3
4	LESS - TOTAL OPERATING EXPENSES	16821996	4
5	NET INCOME FROM SERVICE TO PATIENTS	6153783	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	18102	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	77803	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	OTHER OPERATING INCOME	39666	24.01
24.02	GAIN ON SALE OF FIXED ASSETS	-28264	24.02
25	TOTAL OTHER INCOME	107307	25
26	TOTAL	6261090	26
27	OTHER EXP		27
27.02	CONTRACTED THERAPIST INCOME		27.02
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	6261090	31

***** REPORT 17 ***** 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 7	UTIL
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	66.35		4.45				71.30	25
UTILIZATION PERCENTAGES BASED ON CHARGES									
41	RADIOLOGY DIAGNOSTIC	68.80	0.17	4.39	0.04			73.70	41
41.01	RADIOLOGY SUA	79.60		2.21				81.81	41.01
44	LABORATORY	67.21		4.96	0.08			72.25	44
49	RESPIRATORY THERAPY	70.75		4.92				75.67	49
50	PHYSICAL THERAPY	55.88		4.22	1.50			61.60	50
51	OCCUPATIONAL THERAPY	61.04		5.07	1.34			67.45	51
52	SPEECH PATHOLOGY	48.87		6.24	2.99			58.10	52
55	MEDICAL SUPPLIES CHARGED TO PAT	52.02	0.06	5.73	0.19			58.00	55
56	DRUGS CHARGED TO PATIENTS	68.36		5.02	0.01			73.39	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	64.38		6.95	0.09			71.42	59
59.01	AMBULANCE	21.66		5.58				27.24	59.01
59.03	AMBULANCE SUA	59.88		5.58				65.46	59.03
101	TOTAL CHARGES	40.75	0.01	3.37	0.83			44.96	101

	COST CENTER	-- DIRECT COSTS -- AMOUNT	%	- ALLOCATED OVERHEAD - AMOUNT	%	- TOTAL COSTS -- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	1163889	6.97	-1163889	12.59			3
4	NEW CAP REL COSTS-MVBLE EQUIP	318870	2.09	318870	3.77			4
5	EMPLOYEE BENEFITS	1542275	9.23	1542275	-16.69			5
6	ADMINISTRATIVE & GENERAL	3813085	22.83	3813085	41.26			6
8	OPERATION OF PLANT	751220	4.50	-751220	8.13			8
9	LAUNDRY & LINEN SERVICE	19288	.10	19288	-.53			9
10	HOUSEKEEPING	212556	1.27	212556	2.30			10
11	DIETARY	534593	3.20	534593	-5.78			11
12	CAFETERIA							12
14	NURSING ADMINISTRATION	268696	1.61	268696	-2.91			14
17	MEDICAL RECORDS & LIBRARY	210093	1.26	-210093	2.27			17
18	SOCIAL SERVICE	347241	2.08	-347241	-3.76			18
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	8107788	48.51	5417803	58.62	8525591	51.04	25
	ANCILLARY SERVICE COST CENTERS							
41	RADIOLOGY-DIAGNOSTIC	275767	1.65	129245	1.40	405012	2.42	41
41.01	RADIOLOGY SUA	20123	.12			20123	.12	41.01
44	LABORATORY	47468	.28	25270	.27	72738	.44	44
49	RESPIRATORY THERAPY	214374	1.28	142659	1.54	357033	2.14	49
50	PHYSICAL THERAPY	1114135	6.67	1199314	12.98	2313449	13.85	50
51	OCCUPATIONAL THERAPY	910873	5.45	844165	9.13	1755038	10.51	51
52	SPEECH PATHOLOGY	197905	2.98	133037	1.49	930942	5.57	52
55	MEDICAL SUPPLIES CHARGED TO PAT	213942	1.28	153018	1.66	366960	2.20	55
56	DRUGS CHARGED TO PATIENTS	897899	5.38	421135	4.56	1319034	7.90	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	50156	.30	16163	.50	66319	.58	59
59.01	AMBULANCE	13358	.08	4896	.05	18254	.11	59.01
59.02	DAY TREATMENT							59.02
59.03	AMBULANCE SUA	122				122		59.03
62	OBSERVATION BEDS (NON-DISTINCT							62
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
98	PHYSICIANS' PRIVATE OFFICES	7077	.04	334386	3.62	341463	2.04	98
100	GUEST MEALS			51177	.55	51177	.31	100
100.01	MARKETING	27689	.17	17154	.19	44843	.27	100.01
100.02	UNUSED LEASE SPACE							100.02
100.03	HRCC CLINICAL PSYCH	62370	.37	22384	.24	84754	.51	100.03
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	16703152	100.00	0	.00	16703152	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
41	RADIOLOGY-DIAGNOSTIC	17577	503008	.034944	346075	12093	41
41.01	RADIOLOGY SUA		261202		207919		41.01
44	LABORATORY	2045	900960	.002270	605572	1375	44
49	RESPIRATORY THERAPY	7648	2227491	.003433	1576020	5410	49
50	PHYSICAL THERAPY	225870	9688149	.023314	5413796	126217	50
51	OCCUPATIONAL THERAPY	120584	9173691	.013145	5599722	73608	51
52	SPEECH PATHOLOGY	60749	4023923	.015097	1966395	29687	52
55	MEDICAL SUPPLIES CHARGED TO PAT	30467	812405	.037502	422583	15848	55
56	DRUGS CHARGED TO PATIENTS	22290	4088086	.005452	2794772	15237	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI	6866	479354	.014323	308597	4420	59
59.01	AMBULANCE	177	53437	.003312	11573	38	59.01
59.02	DAY TREATMENT						59.02
59.03	AMBULANCE SUA		6600		3952		59.03
	OUTPATIENT SERVICE COST CENTERS						
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL	494273	32218306		19256976	283933	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	866978		866978	20703	41.88	13840	579619 25
101 TOTAL	866978		866978			13840	579619 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	579619
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	283933
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	863552
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	917
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	13840
PER DISCHARGE CAPITAL COSTS	941.71
PER DIEM CAPITAL COSTS	62.40

I. COST TO CHARGE RATIO FOR FREESTANDING IRF

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 19 - (WKST D PART III COLUMN 8 LINES 25-30 + WKST D PART IV COL 7 LINE 101))	10276366
2.	TOTAL MEDICARE CHARGES (WKST D 1 COLUMN 2 LINES 25-30 + LINE 101)	29109136
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.351

II. COST TO CHARGE RATIO FOR CAPITAL

1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	463582
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.029

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)	2108
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)	2846
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.741