

Wisconsin Physician Services  
3333 Farnham Street, Suite 700  
Omaha, NE 68131

Dear Mrs. Deb Conklin

The Medicare Cost Report of Harrisburg Medical Center For the year ended June 30, 2012, includes one level 2 exception.

20300 – The cost to charge ratio on worksheet C, part 1, column 11, line 88 should not be more than 100% or less than .1%.

The Hospital's Rural Health Clinic cost to charge ratio is 1.616848 as the number of visits during 2011 did not generate enough revenue; after professional fee elimination, to adequately cover the expense of the clinic including overhead allocation. Additionally, the clinic operates in a rural undeserved area and has experienced additional startup costs in 2011.

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 01/25/2012 TIME: 08:30  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 4 - REOPENED  
 5 - AMENDED

PART II - CERTIFICATION

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 HARRISBURG MEDICAL CENTER, INC. (14-0210) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 01/25/2012 08:30  
 8COjtm.qRxaPNSUkvu3HTaQ45P0Cn0  
 UzL9L0VBdaZQyOAFIjVDGofTtybHk  
 z:.elol2jZ0MyodD

(SIGNED)

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PI Encryption: 01/25/2012 08:30  
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 YMI0i0Nq5WYM0.4GooKwRqvcMjvumX  
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 PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII PART A 2	PART B 3	HIT 4	TITLE XIX 5	
1	HOSPITAL					
2	SUBPROVIDER - IPF	-43,407	-823,172		635,553	1
3	SUBPROVIDER - IRF	95,771			1,062,119	2
4	SUBPROVIDER (OTHER)					3
5	SWING BED - SNF					4
6	SWING BED - NF					5
7	SKILLED NURSING FACILITY					6
8	NURSING FACILITY					7
9	HOME HEALTH AGENCY					8
10	HEALTH CLINIC - RHC			75,365		9
11	HEALTH CLINIC - FQHC					10
12	OUTPATIENT REHABILITATION PROVIDER					11
200	TOTAL	52,364	-747,807		1,697,672	12

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 100 HOSPITAL DRIVE  
 2 CITY: HARRISBURG

STATE: IL

P.O.BOX:  
 ZIP CODE: 62946

COUNTY: SALINE

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM		
											6	7	8
3	HOSPITAL	HARRISBURG MEDICAL CENTER, IN	14-0210	99914	1	07/01/1966	N	P	O	3			
4	SUBPROVIDER - IPF	HARRISBURG MEDICAL CENTER, IN	14-S210	99914	4	06/19/1989	N	P	O	4			
5	SUBPROVIDER - IRF									5			
6	SUBPROVIDER - (OTHER)									6			
7	SWING BEDS - SNF	HARRISBURG MEDICAL CENTER, IN	14-U210	99914		11/03/1988	N	P	N	7			
8	SWING BEDS - NF									8			
9	HOSPITAL-BASED SNF									9			
10	HOSPITAL-BASED NF									10			
11	HOSPITAL-BASED OLTC									11			
12	HOSPITAL-BASED HHA	HARRISBURG MEDICAL CENTER, IN	14-7419	99914		08/15/1985	N	P	N	12			
13	SEPARATELY CERTIFIED ASC									13			
14	HOSPITAL-BASED HOSPICE									14			
15	HOSPITAL-BASED HEALTH CLINIC - RHC	ELDORADO PRIMARY CARE	14-3473	14		12/31/2001	N	O	N	15			
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16			
17	HOSPITAL-BASED (CMHC)									17			
18	RENAL DIALYSIS									18			
19	OTHER									19			
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010				TO: 06/30/2011				20			
21	TYPE OF CONTROL					2				21			

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2) (PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.										1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.										3	N 23

		IN-STATE		OUT-OF		MEDICAID	OTHER	
		MEDICAID PAID	ELIGIBLE	STATE	STATE			
		1	2	3	4	5	6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,234	2,255				24	
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				2		26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				2		27	
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.				2		35	
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS.					BEGINNING: 07/11/2010	ENDING: 12/31/2010	36
36.01	SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					01/01/2011	06/30/2011	36.01
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					BEGINNING:	ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	1	2	3
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS  
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER  
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2  
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY  
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-  
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY  
 CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5  
 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE  
 INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS  
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 71
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 76
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
<b>RURAL PROVIDERS</b>				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: 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 IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	PHY- SICAL	OCCUP- ATIONAL	RESPI- RATORY
		N	N	N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1	2	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	100,000	300,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	Y	Y	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1	2	140
-----	--	---	---	-----

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.  
 SEE 42 CFR §413.13)

	PART A	PART B
155	HOSPITAL	1
156	SUBPROVIDER - IPF	N
157	SUBPROVIDER - IRF	N
158	SUBPROVIDER - (OTHER)	N
159	SNF	N
160	HHA	N
161	CMHC	N

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.			169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
FINANCIAL DATA AND REPORTS		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLÈMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
		PART A		PART B	
PS&R REPORT DATA		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 Y	2 09/30/2011	3 Y	4 09/30/2011
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.	29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.	30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.	31

PURCHASED SERVICES

32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.	32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.	33

PROVIDER-BASED PHYSICIANS

34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.	34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	35

HOME OFFICE COSTS

		Y/N	DATE	
		1	2	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?			36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.			38
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.			39
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			40





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	18,960,430	18,960,430	869,722.00	21.80	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B		611,576	611,576	6,240.00	98.01	3
4	PHYSICIAN-PART A						4
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B		1,908,657	-137,839	1,770,818	21,306.00	5
6	NON-PHYSICIAN-PART B		612,029	612,029	39,931.00	15.33	6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		2,861,310	-125,677	2,735,633	133,099.00	20.55
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		115,642	115,642	2,008.00	57.59	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A		78,494	78,494	635.00	123.61	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		3,105,899	3,105,899			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		685,358	685,358			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		146,488	146,488			21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B		457,173	457,173			23
24	WAGE-RELATED COSTS (RHC/FQHC)		146,597	146,597			24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		152,819	152,819	5,497.84	27.80	26
27	ADMINISTRATIVE & GENERAL		2,460,326	157,265	2,617,591	118,595.84	22.07
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		62,096	62,096	1,344.75	46.18	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		419,803	419,803	28,908.48	14.52	30
31	LAUNDRY & LINEN SERVICE		50,039	50,039	4,366.50	11.46	31
32	HOUSEKEEPING		379,059	379,059	37,074.06	10.22	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		448,159	448,159	39,331.04	11.39	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		224,394	224,394	6,443.05	34.83	38
39	CENTRAL SERVICES AND SUPPLY		36,241	36,241	3,078.00	11.77	39
40	PHARMACY		484,451	484,451	14,071.16	34.43	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		441,236	441,236	28,594.73	15.43	41
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	15,890,264	137,839	16,028,103	803,589.75	19.95	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,861,310	-125,677	2,735,633	133,099.00	20.55	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	13,028,954	263,516	13,292,470	670,490.75	19.82	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	194,136		194,136	2,643.00	73.45	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	3,105,899		3,105,899		23.37%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	16,328,989	263,516	16,592,505	673,133.75	24.65	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	5,158,623	157,265	5,315,888	287,305.45	18.50	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	381,839	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	2,439,668	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	59,500	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	37,060	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	324,293	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	993,013	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	232,237	18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	47,625	20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	19,969	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	4,535,204	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	6,311	25

PROVIDER CCN: 14-0210 HARRISBURG MEDICAL CENTER, INC  
PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
01/16/2012 10:15

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	436,650	1
2	HOSPITAL	436,650	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7419

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: SALINE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2,094			2,094	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		252.00			252.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			1.03	1.03	4
5 OTHER ADMINISTRATIVE PERSONNEL					5
6 DIRECT NURSING SERVICE			8.89	8.89	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			1.95	1.95	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			0.08	0.08	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			0.13	0.13	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE					14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			1.01	1.01	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.					1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).					99914	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	1,983		115	60	2,158	21
22 SKILLED NURSING VISIT CHARGES	452,124		26,220	13,680	492,024	22
23 PHYSICAL THERAPY VISITS	1,561		31	61	1,653	23
24 PHYSICAL THERAPY VISIT CHARGES	357,469		7,099	13,969	378,537	24
25 OCCUPATIONAL THERAPY VISITS	55			18	73	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	13,585			4,446	18,031	26
27 SPEECH PATHOLOGY VISITS	174			9	183	27
28 SPEECH PATHOLOGY VISIT CHARGES	42,978			2,223	45,201	28
29 MEDICAL SOCIAL SERVICE VISITS						29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES						30
31 HOME HEALTH AIDE VISITS	21			4	25	31
32 HOME HEALTH AIDE VISIT CHARGES	2,457			468	2,925	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	3,794		146	152	4,092	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	868,613		33,319	34,786	936,718	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	268		45	8	321	36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	40,915		2,643	743	44,301	38

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE	
		1	2	
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y	11/03/1988	2

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (COLS. 2 + 3)
	1	2	3	4
3	RUX			3
4	RUL			4
5	RVX			5
6	RVL			6
7	RHX			7
8	RHL			8
9	RMX		5	5
10	RML		103	103
11	RLX			11
12	RUC			12
13	RUB			13
14	RUA			14
15	RVC			15
16	RVB			16
17	RVA			17
18	RHC			18
19	RHB		20	20
20	RHA		91	91
21	RMC		35	35
22	RMB		7	7
23	RMA		138	138
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1			28
29	HE2			29
30	HE1			30
31	HD2			31
32	HD1			32
33	HC2			33
34	HC1			34
35	HB2			35
36	HB1			36
37	LE2			37
38	LE1			38
39	LD2			39
40	LD1			40
41	LC2			41
42	LC1			42
43	LB2			43
44	LB1			44
45	CE2			45
46	CE1			46
47	CD2			47
48	CD1			48
49	CC2			49
50	CC1			50
51	CB2			51
52	CB1		15	15
53	CA2			53
54	CA1		5	5
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1			68

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

	GROUP 1	SNF	SWING BED	TOTAL
		DAYS 2	SNF DAYS 3	(COLS. 2 + 3) 4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2			73
74	PC1			74
75	PB2			75
76	PB1		18	18 76
77	PA2			77
78	PA1		1	1 78
199	AAA			199
200	TOTAL		438	438 200

	CBSA AT BEGINNING OF COST REPORTING PERIOD 1	ON/AFTER THE COST REPORTING PERIOD (IF APPLICABLE) 2	CBSA
			201
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).		201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

	EXPENSES 1	PERCENTAGE 2	ASSOCIATED
			WITH DIRECT PATIENT CARE AND RELATED EXPENSES? 3
202	STAFFING		202
203	RECRUITMENT		203
204	RETENTION OF EMPLOYEES		204
205	TRAINING		205
206	OTHER (SPECIFY)		206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)		207

PROVIDER CCN: 14-0210 HARRISBURG MEDICAL CENTER, INC  
PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
01/16/2012 10:15

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

RHC I  
COMPONENT NO: 14-3473

WORKSHEET S-8

CHECK APPLICABLE BOX: [XX] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 1007 US ROUTE 45 1  
2 CITY: ELDORADO STATE: IL ZIP CODE: 62930 COUNTY: SALINE 2  
3 FQHCs ONLY: DESIGNATION - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 3

SOURCE OF FEDERAL FUNDS:

GRANT AWARD

DATE

1 2  
4 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT) 4  
5 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT) 5  
6 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT) 6  
7 APPALACHIAN REGIONAL COMMISSION 7  
8 LOOK-ALIKES 8  
9 OTHER 9

10 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? 1 2  
IF YES, INDICATE THE NUMBER OF OTHER OPERATIONS IN COLUMN 2. N 10

FACILITY HOURS OF OPERATIONS(1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
11			0008	0005	0008	0005	0008	0005	0008	0005	0008	0005		

(1) ENTER CLINIC HOURS OF OPERATION ON LINE 11 AND OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LINE 11 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

12 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? 1 2  
N 12

13 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)? N 13

ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT. LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.

14 PROVIDER NAME: CCN NUMBER: 14

15 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS AND RESIDENTS FOR TITLES V, XVIII, AND XIX, AS APPLICABLE. (SEE INSTRUCTIONS) Y/N V XVIII XIX N 15

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)	0.401184	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)			
2	NET REVENUE FROM MEDICAID	2,774,574	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	17,526,485	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)	7,031,345	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)	4,256,771	8

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)			
9	NET REVENUE FROM STAND-ALONE SCHIP		9
10	STAND-ALONE SCHIP CHARGES		10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)		11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)		12

OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)			
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)		13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)		14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)		15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)		16

UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)			
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE		17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS		18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)	4,256,771	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	1,916,187	1,940,907	3,857,094
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	768,744	778,661	1,547,405
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	239,411	1,679,575	1,918,986
23	COST OF CHARITY CARE	529,333	-900,914	-371,581
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM			24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)			25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			3,749,408
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			369,623
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			3,379,785
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,355,916
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			984,335
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			5,241,106

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100					1
2	00200		1,623,069	1,623,069	-908,062	2
3	00300				949,951	3
4	00400	152,819	4,521,505	4,674,324	-121,168	4
5	00500	2,460,326	3,815,424	6,275,750	36,926	5
6	00600					6
7	00700	419,803	590,003	1,009,806		7
8	00800	50,039	80,262	130,301		8
9	00900	379,059	73,884	452,943		9
10	01000	448,159	301,310	749,469		10
11	01100					11
12	01200					12
13	01300	224,394	14,028	238,422		13
14	01400	36,241	28,462	64,703		14
15	01500	484,451	41,288	525,739		15
16	01600	441,236	238,831	680,067		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	3,014,829	796,022	3,810,851		30
40	04000	2,096,591	94,477	2,191,068		40
ANCILLARY SERVICE COST CENTERS						
50	05000	361,742	64,830	426,572		50
53	05300	611,576	15,232	626,808		53
54	05400	344,251	123,655	467,906	103,084	54
57	05700	207,244	139,548	346,792		57
60	06000	669,524	1,229,009	1,898,533	-57,565	60
62.30	06250					62.30
64	06400	32,306	51,143	83,449		64
65	06500	428,027	70,575	498,602		65
66	06600	735,320	18,866	754,186		66
69	06900	58,010	82,995	141,005		69
71	07100		796,798	796,798		71
72	07200				85,323	72
73	07300		2,298,987	2,298,987		73
75	07500	471,047	69,883	540,930		75
76	03450	120,009	191,908	311,917		76
76.01	03631	175,879	31,079	206,958		76.01
76.02	03441	52,842	62,795	115,637		76.02
76.03	03141	75,124	32,713	107,837		76.03
76.04	03190	118,176	5,625	123,801		76.04
76.06	03950					76.06
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
88	08800	1,435,177	253,246	1,688,423	-5,537	88
91	09100	1,907,130	248,484	2,155,614		91
92	09200					92
93	04950	184,380	50,383	234,763		93
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	596,066	117,977	714,043	-62,069	101
SPECIAL PURPOSE COST CENTERS						
118		18,791,777	18,174,296	36,966,073	20,883	118
NONREIMBURSABLE COST CENTERS						
190	19000	32,658	592	33,250		190
192	19200	135,995	48,580	184,575	-44,149	192
192.01	19201					192.01
192.03	19202				23,266	192.03
200		18,960,430	18,223,468	37,183,898		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	715,007	-45,296	669,711	1
2	00200	CAP REL COSTS-MVBLE EQUIP	949,951		949,951	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	4,553,156	-523,000	4,030,156	4
5	00500	ADMINISTRATIVE & GENERAL	6,312,676	-317,554	5,995,122	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	1,009,806	83	1,009,889	7
8	00800	LAUNDRY & LINEN SERVICE	130,301		130,301	8
9	00900	HOUSEKEEPING	452,943		452,943	9
10	01000	DIETARY	749,469	-112,824	636,645	10
11	01100	CAFETERIA				11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	238,422		238,422	13
14	01400	CENTRAL SERVICES & SUPPLY	64,703		64,703	14
15	01500	PHARMACY	525,739		525,739	15
16	01600	MEDICAL RECORDS & LIBRARY	680,067	-489	679,578	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	3,810,851	-515,194	3,295,657	30
40	04000	SUBPROVIDER - IPF	2,191,068	-489,340	1,701,728	40
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	426,572	184	426,756	50
53	05300	ANESTHESIOLOGY	626,808	-611,576	15,232	53
54	05400	RADIOLOGY-DIAGNOSTIC	570,990		570,990	54
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	346,792		346,792	57
60	06000	LABORATORY	1,840,968	-14,513	1,826,455	60
62.30	06250	BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
64	06400	INTRAVENOUS THERAPY	83,449		83,449	64
65	06500	RESPIRATORY THERAPY	498,602	-8,353	490,249	65
66	06600	PHYSICAL THERAPY	754,186	362	754,548	66
69	06900	ELECTROCARDIOLOGY	141,005	-53,104	87,901	69
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	796,798		796,798	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	85,323		85,323	72
73	07300	DRUGS CHARGED TO PATIENTS	2,298,987		2,298,987	73
75	07500	ASC (NON-DISTINCT PART)	540,930	-67,623	473,307	75
76	03450	NUCLEAR MEDICINE	311,917		311,917	76
76.01	03631	ULTRASOUND	206,958	34	206,992	76.01
76.02	03441	MAMMOGRAPHY	115,637		115,637	76.02
76.03	03141	CARDIAC REHABILITATION	107,837		107,837	76.03
76.04	03190	FAITH CENTER CHEMOTHERAPY	123,801	-27,446	96,355	76.04
76.06	03950	ROUTINE ANCILLARY				76.06
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
88	08800	RURAL HEALTH CLINIC (RHC)	1,682,886		1,682,886	88
91	09100	EMERGENCY	2,155,614	-1,148,554	1,007,060	91
92	09200	OBSERVATION BEDS				92
93	04950	DAY PSYCHIATRIC	234,763	-13,366	221,397	93
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY	651,974	-13,166	638,808	101
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117)	36,986,956	-3,960,735	33,026,221	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,250		33,250	190
192	19200	PHYSICIANS' PRIVATE OFFICES	140,426		140,426	192
192.01	19201	DIALYSIS				192.01
192.03	19202	ORTHO CLINIC	23,266		23,266	192.03
200		TOTAL (SUM OF LINES 118-199)	37,183,898	-3,960,735	33,223,163	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPRECIATION	A	CAP REL COSTS-MVBLE EQUIP	2		904,151 1
2		HOME HEALTH AGENCY	101		13,279 2
3		RURAL HEALTH CLINIC (RHC)	88		40,850 3
4		ADMINISTRATIVE & GENERAL	5		5,393 4
5		ORTHO CLINIC	192.03		23,266 5
6		PHYSICIANS' PRIVATE OFFICES	192		6,180 6
500 TOTAL RECLASSIFICATIONS					993,119 500
CODE LETTER - A					
1 IMPLANTABLE SUPPLIES	B	IMPL. DEV. CHARGED TO PATIENT	72		85,323 1
500 TOTAL RECLASSIFICATIONS					85,323 500
CODE LETTER - B					
1 HHA BILLER	C	ADMINISTRATIVE & GENERAL	5	75,348	1
500 TOTAL RECLASSIFICATIONS				75,348	500
CODE LETTER - C					
1 INSURANCE	D	CAP REL COSTS-BLDG & FIXT	1		85,057 1
2		CAP REL COSTS-MVBLE EQUIP	2		45,800 2
500 TOTAL RECLASSIFICATIONS					130,857 500
CODE LETTER - D					
1 EPC BILLING & ADMITTING	E	ADMINISTRATIVE & GENERAL	5	81,917	1
2 EPC PHYSICIAN FRINGES	E	RURAL HEALTH CLINIC (RHC)	88		121,168 2
500 TOTAL RECLASSIFICATIONS				81,917	121,168 500
CODE LETTER - E					
1 EPC LAB	F	LABORATORY	60	26,074	1
2 EPC RADIOLOGY	F	RADIOLOGY-DIAGNOSTIC	54	98,574	2
500 TOTAL RECLASSIFICATIONS				124,648	500
CODE LETTER - F					
1 EPC APT EXPENSE	G	ADMINISTRATIVE & GENERAL	5		5,125 1
500 TOTAL RECLASSIFICATIONS					5,125 500
CODE LETTER - G					
1 RHC EPC BLDG EXPENSE	H	LABORATORY	60		1,684 1
2		RADIOLOGY-DIAGNOSTIC	54		4,510 2
500 TOTAL RECLASSIFICATIONS					6,194 500
CODE LETTER - H					
GRAND TOTAL (INCREASES)				281,913	1,341,786

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		WKST A-7	
			LINE #	SALARY	OTHER	REF.
	1	6	7	8	9	10
1 DEPRECIATION	A	CAP REL COSTS-BLDG & FIXT	1		904,151	9 1
2		CAP REL COSTS-BLDG & FIXT	1		13,279	9 2
3		CAP REL COSTS-BLDG & FIXT	1		40,850	9 3
4		CAP REL COSTS-BLDG & FIXT	1		5,393	9 4
5		CAP REL COSTS-BLDG & FIXT	1		23,266	9 5
6		CAP REL COSTS-BLDG & FIXT	1		6,180	9 6
500 TOTAL RECLASSIFICATIONS					993,119	500
CODE LETTER - A						
1 IMPLANTABLE SUPPLIES	B	LABORATORY	60		85,323	1
500 TOTAL RECLASSIFICATIONS					85,323	500
CODE LETTER - B						
1 HHA BILLER	C	HOME HEALTH AGENCY	101	75,348		1
500 TOTAL RECLASSIFICATIONS				75,348		500
CODE LETTER - C						
1 INSURANCE	D	ADMINISTRATIVE & GENERAL	5		85,057	12 1
2		ADMINISTRATIVE & GENERAL	5		45,800	12 2
500 TOTAL RECLASSIFICATIONS					130,857	500
CODE LETTER - D						
1 EPC BILLING & ADMITTING	E	RURAL HEALTH CLINIC (RHC)	88	81,917		1
2 EPC PHYSICIAN FRINGES	E	EMPLOYEE BENEFITS	4		121,168	2
500 TOTAL RECLASSIFICATIONS				81,917	121,168	500
CODE LETTER - E						
1 EPC LAB	F	PHYSICIANS' PRIVATE OFFICES	192	50,329		1
2 EPC RADIOLOGY	F	RURAL HEALTH CLINIC (RHC)	88	74,319		2
500 TOTAL RECLASSIFICATIONS				124,648		500
CODE LETTER - F						
1 EPC APT EXPENSE	G	RURAL HEALTH CLINIC (RHC)	88		5,125	1
500 TOTAL RECLASSIFICATIONS					5,125	500
CODE LETTER - G						
1 RHC EPC BLDG EXPENSE	H	RURAL HEALTH CLINIC (RHC)	88		6,194	1
2						2
500 TOTAL RECLASSIFICATIONS					6,194	500
CODE LETTER - H						
GRAND TOTAL (DECREASES)				281,913	1,341,786	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	420,001					420,001	1
2 LAND IMPROVEMENTS	409,999	11,410		11,410	2,900	418,509	2
3 BUILDINGS AND FIXTURES	18,938,133	624,213		624,213	188,240	19,374,106	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	10,097,156	1,168,051		1,168,051	761,158	10,504,049	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	29,865,289	1,803,674		1,803,674	952,298	30,716,665	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	29,865,289	1,803,674		1,803,674	952,298	30,716,665	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.) 12	(SEE INSTR.) 13	14	15
1 CAP REL COSTS-BLDG & FIXT	1,413,825		209,244				1,623,069
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	1,413,825		209,244				1,623,069

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER	TOTAL
							CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	19,348,132		19,348,132	0.657088				1
2 CAP REL COSTS-MVBLE EQUIP	10,097,156		10,097,156	0.342912				2
3 TOTAL (SUM OF LINES 1-2)	29,445,288		29,445,288	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.) 12	(SEE INSTR.) 13	14	15
1 CAP REL COSTS-BLDG & FIXT	420,706		163,948	85,057			669,711
2 CAP REL COSTS-MVBLE EQUIP	904,151			45,800			949,951
3 TOTAL	1,324,857		163,948	130,857			1,619,662

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-45,296	CAP REL COSTS-BLDG & FIXT	1	11
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-13,604	ADMINISTRATIVE & GENERAL	5	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,289,920			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-100,892	DIETARY	10	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-489	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-5,101	ADMINISTRATIVE & GENERAL	5	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	9
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 LIFELINE	A	-12,644	HOME HEALTH AGENCY	101	33
34 PHYSICIAN RECRUITMENT	A	-56,650	ADMINISTRATIVE & GENERAL	5	34
34.01 PHYSICIAN LOANS	A	-29,900	ADMINISTRATIVE & GENERAL	5	34.01
35 CRNA WAGES	A	-611,576	ANESTHESIOLOGY	53	35
35.01 CRNA BENEFITS	A	-146,472	EMPLOYEE BENEFITS	4	35.01
36 EMERGENCY ROOM PHYS BENEFITS	A	-238,353	EMPLOYEE BENEFITS	4	36
37 PSYCH PHYSICIAN FRINGES	A	-120,303	EMPLOYEE BENEFITS	4	37
37.01 PSYCH PHYSICIAN TRAVEL	A	-4,765	ADMINISTRATIVE & GENERAL	5	37.01
38 DR ENCISO REVENUES	B	-13,366	DAY PSYCHIATRIC	93	38
39 ER MD MISC EXPENSE	A	-20,241	EMERGENCY	91	39
40 ASC PHYSICIAN BENEFITS	A	-16,254	EMPLOYEE BENEFITS	4	40
41 LAB	B	-12,613	LABORATORY	60	41
42 HHC SCREENINGS	B	-522	HOME HEALTH AGENCY	101	42
43 OTHER INCOME	B	-63,287	ADMINISTRATIVE & GENERAL	5	43
44					44
45 MISSIONS EXPENSE	A	-946	ADMINISTRATIVE & GENERAL	5	45
45.02 CAPITALIZED INTEREST	A	83	OPERATION OF PLANT	7	45.02
45.03 CAPITALIZED INTEREST	A	362	PHYSICAL THERAPY	66	45.03
45.04 CAPITALIZED INTEREST	A	245	ASC (NON-DISTINCT PART)	75	45.04
45.05 CAPITALIZED INTEREST	A	215	EMERGENCY	91	45.05
45.06 CAPITALIZED INTEREST	A	34	ULTRASOUND	76.01	45.06
45.07 CAPITALIZED INTEREST	A	184	OPERATING ROOM	50	45.07
45.20 PHYSICIAN BILLING WAGES	A	-4,249	ADMINISTRATIVE & GENERAL	5	45.20
45.21 PHYSICIAN BILLING FRINGE BENEFI	A	-1,018	EMPLOYEE BENEFITS	4	45.21
45.22 DONATED MEALS	A	-11,932	DIETARY	10	45.22
45.24 COMM RELATIONS	A	-11,116	ADMINISTRATIVE & GENERAL	5	45.24
45.25 ALCOHOL	A	-1	ADMINISTRATIVE & GENERAL	5	45.25
45.26 IHA LOBBYING	A	-13,753	ADMINISTRATIVE & GENERAL	5	45.26
45.27 AHA LOBBYING	A	-3,895	ADMINISTRATIVE & GENERAL	5	45.27

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45.28 ADVERTISING	A	-98,123	ADMINISTRATIVE & GENERAL	5	45.28
45.32 MISC INCOME	A	-1,813	RESPIRATORY THERAPY	65	45.32
45.34 DUE - ROTARY CLUB	A	-600	EMPLOYEE BENEFITS	4	45.34
45.35 OTHER ADMIN DUES	A	-800	ADMINISTRATIVE & GENERAL	5	45.35
45.37 PENALTIES	A	-674	ADMINISTRATIVE & GENERAL	5	45.37
45.38 INSURANCE SETTLEMENTS	A	-610	ADMINISTRATIVE & GENERAL	5	45.38
45.39 IHREF CONTRIBUTION EXPENSE	A	-10,080	ADMINISTRATIVE & GENERAL	5	45.39
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,960,735			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						
2						
3						
4						
5	TOTALS (SUM OF LINES 1-4)					
	TRANSFER COL. 6, LINE 5 TO					
	WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6					
7					
8					
9					
10					

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	40	SUBPROVIDER - IPF	MEDICAL FEES	28,575		28,575	138,700	228	15,204	760
2	40	SUBPROVIDER - IPF	SALARIED-DR	502,309	453,815	48,494	138,700	395	26,340	1,317
3	91	EMERGENCY	SALARIED-DR	995,210	965,210	30,000	159,800	240	18,439	922
4	60	LABORATORY	MEDICAL FEES	9,600		9,600	208,000	77	7,700	385
5	69	ELECTROCARDIOLOGY	MEDICAL FEES	53,104	53,104					
6	76.04	FAITH CENTER CHEMOTHERAP	MEDICAL FEES DIRECT	27,446	27,446					
7	91	EMERGENCY	MEDICAL FEES #47	151,757	151,757					
8	30	ADULTS & PEDIATRICS	HOSPITALISTS MEDICA	359,194	359,194					
9	30	ADULTS & PEDIATRICS	HOSPITALISTS PURC S	156,000	156,000					
10	65	RESPIRATORY THERAPY	RESP THER MEDICAL F	6,540	6,540					
11	75	ASC (NON-DISTINCT PART)	SALARIED-DR	67,868	67,868					
200		TOTAL		2,357,603	2,240,934	116,669		940	67,683	3,384

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1 40	SUBPROVIDER - IPF	MEDICAL FEES				15,204	13,371	13,371
2 40	SUBPROVIDER - IPF	SALARIED-DR				26,340	22,154	475,969
3 91	EMERGENCY	SALARIED-DR				18,439	11,561	976,771
4 60	LABORATORY	MEDICAL FEES				7,700	1,900	1,900
5 69	ELECTROCARDIOLOGY	MEDICAL FEES						53,104
6 76.04	FAITH CENTER CHEMOTHERAP	MEDICAL FEES DIRECT						27,446
7 91	EMERGENCY	MEDICAL FEES #47						151,757
8 30	ADULTS & PEDIATRICS	HOSPITALISTS MEDICA						359,194
9 30	ADULTS & PEDIATRICS	HOSPITALISTS PURC S						156,000
10 65	RESPIRATORY THERAPY	RESP THER MEDICAL F						6,540
11 75	ASC (NON-DISTINCT PART)	SALARIED-DR						67,868
200	TOTAL					67,683	48,986	2,289,920

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS. 0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	669,711	669,711				1
2 CAP REL COSTS-MVBLE EQUIP	949,951		949,951			2
4 EMPLOYEE BENEFITS	4,030,156	5,032	1,260	4,036,448		4
5 ADMINISTRATIVE & GENERAL	5,995,122	100,171	270,123	636,563	7,001,979	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,009,889	25,620	13,244	102,256	1,151,009	7
8 LAUNDRY & LINEN SERVICE	130,301	12,513	7,763	12,189	162,766	8
9 HOUSEKEEPING	452,943	4,344	22	92,332	549,641	9
10 DIETARY	636,645	14,558	5,390	109,163	765,756	10
11 CAFETERIA		8,339			8,339	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	238,422		1,424	54,658	294,504	13
14 CENTRAL SERVICES & SUPPLY	64,703	5,606	44,019	8,828	123,156	14
15 PHARMACY	525,739	8,895	94,678	118,004	747,316	15
16 MEDICAL RECORDS & LIBRARY	679,578	10,902	16,946	107,477	814,903	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,295,657	96,440	72,522	734,366	4,198,985	30
40 SUBPROVIDER - IPF	1,701,728	88,205	8,383	394,754	2,193,070	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	426,756	58,524	29,885	88,114	603,279	50
53 ANESTHESIOLOGY	15,232		5,891		21,123	53
54 RADIOLOGY-DIAGNOSTIC	570,990	37,502	44,256	107,864	760,612	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	346,792	4,278	15	50,481	401,566	57
60 LABORATORY	1,826,455	21,908	35,568	169,435	2,053,366	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
64 INTRAVENOUS THERAPY	83,449			7,869	91,318	64
65 RESPIRATORY THERAPY	490,249	8,725	7,223	104,260	610,457	65
66 PHYSICAL THERAPY	754,548	44,362	10,861	179,111	988,882	66
69 ELECTROCARDIOLOGY	87,901	3,788	5,343	14,130	111,162	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	796,798				796,798	71
72 IMPL. DEV. CHARGED TO PATIENT	85,323				85,323	72
73 DRUGS CHARGED TO PATIENTS	2,298,987				2,298,987	73
75 ASC (NON-DISTINCT PART)	473,307	39,066	46,658	98,207	657,238	75
76 NUCLEAR MEDICINE	311,917	3,665	56,880	29,232	401,694	76
76.01 ULTRASOUND	206,992	4,740	43,936	42,841	298,509	76.01
76.02 MAMMOGRAPHY	115,637	2,855	111,995	12,871	243,358	76.02
76.03 CARDIAC REHABILITATION	107,837	3,863	7,784	18,299	137,783	76.03
76.04 FAITH CENTER CHEMOTHERAPY	96,355	8,791	2,510	4,427	112,083	76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	1,682,886			311,527	1,994,413	88
91 EMERGENCY	1,007,060	18,318	4,660	226,618	1,256,656	91
92 OBSERVATION BEDS						92
93 DAY PSYCHIATRIC	221,397	22,614	274	44,912	289,197	93
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	638,808			126,838	765,646	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	33,026,221	663,624	949,513	4,007,626	32,990,874	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,250	6,087	438	7,955	47,730	190
192 PHYSICIANS' PRIVATE OFFICES	140,426			20,867	161,293	192
192.01 DIALYSIS						192.01
192.03 ORTHO CLINIC	23,266				23,266	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	33,223,163	669,711	949,951	4,036,448	33,223,163	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	7,001,979					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	307,360	1,458,369				7
8 LAUNDRY & LINEN SERVICE	43,464	27,207	233,437			8
9 HOUSEKEEPING	146,773	9,445		705,859		9
10 DIETARY	204,484	31,652			1,001,892	10
11 CAFETERIA	2,227	18,131			529,197	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	78,643					13
14 CENTRAL SERVICES & SUPPLY	32,887	12,190				14
15 PHARMACY	199,560	19,340		5,012		15
16 MEDICAL RECORDS & LIBRARY	217,608	23,703				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,121,280	209,684	75,948	249,487	312,414	30
40 SUBPROVIDER - IPF	585,626	191,779	38,617	67,941	139,407	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	161,097	127,245	20,843	54,018		50
53 ANESTHESIOLOGY	5,641					53
54 RADIOLOGY-DIAGNOSTIC	203,110	81,538	9,753			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	107,232	9,301				57
60 LABORATORY	548,321	47,632		6,126		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
64 INTRAVENOUS THERAPY	24,385					64
65 RESPIRATORY THERAPY	163,013	18,971	5,000	10,302		65
66 PHYSICAL THERAPY	264,066	96,453	11,734	10,581		66
69 ELECTROCARDIOLOGY	29,684	8,236				69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	212,773					71
72 IMPL. DEV. CHARGED TO PATIENT	22,784					72
73 DRUGS CHARGED TO PATIENTS	613,910					73
75 ASC (NON-DISTINCT PART)	175,506	84,939	39,410	76,294		75
76 NUCLEAR MEDICINE	107,266	7,969				76
76.01 ULTRASOUND	79,712	10,305				76.01
76.02 MAMMOGRAPHY	64,985	6,208				76.02
76.03 CARDIAC REHABILITATION	36,793	8,400				76.03
76.04 FAITH CENTER CHEMOTHERAPY	29,930	19,114				76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	532,578		4,654	89,103		88
91 EMERGENCY	335,571	39,827	27,478	122,516		91
92 OBSERVATION BEDS						92
93 DAY PSYCHIATRIC	77,226	49,169				93
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	204,454			14,479		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	6,939,949	1,158,438	233,437	705,859	981,018	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,746	13,235				190
192 PHYSICIANS' PRIVATE OFFICES	43,071	208,968			20,874	192
192.01 DIALYSIS						192.01
192.03 ORTHO CLINIC	6,213	77,728				192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,001,979	1,458,369	233,437	705,859	1,001,892	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	557,894					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,654	379,801				13
14 CENTRAL SERVICES & SUPPLY	5,253		173,486			14
15 PHARMACY	14,533			985,761		15
16 MEDICAL RECORDS & LIBRARY	29,533				1,085,747	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	147,243	161,722			73,442	30
40 SUBPROVIDER - IPF	93,920	103,156			73,342	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	30,366	33,352			18,949	50
53 ANESTHESIOLOGY	6,445				16,250	53
54 RADIOLOGY-DIAGNOSTIC	18,999				39,734	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	12,723				157,218	57
60 LABORATORY	37,943				210,741	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
64 INTRAVENOUS THERAPY					16,855	64
65 RESPIRATORY THERAPY	22,658				45,187	65
66 PHYSICAL THERAPY	26,853				42,574	66
69 ELECTROCARDIOLOGY	3,397				13,023	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			153,675		60,633	71
72 IMPL. DEV. CHARGED TO PATIENT			18,391		3,514	72
73 DRUGS CHARGED TO PATIENTS				985,761	132,933	73
75 ASC (NON-DISTINCT PART)	19,633	21,563			33,108	75
76 NUCLEAR MEDICINE	4,278				21,262	76
76.01 ULTRASOUND	12,246				28,198	76.01
76.02 MAMMOGRAPHY	2,556				7,970	76.02
76.03 CARDIAC REHABILITATION	3,252				6,110	76.03
76.04 FAITH CENTER CHEMOTHERAPY	4,774				3,319	76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)			400			88
91 EMERGENCY	45,030	49,458			73,065	91
92 OBSERVATION BEDS						92
93 DAY PSYCHIATRIC	9,605	10,550			8,320	93
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			751			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	557,894	379,801	173,217	985,761	1,085,747	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES			269			192
192.01 DIALYSIS						192.01
192.03 ORTHO CLINIC						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	557,894	379,801	173,486	985,761	1,085,747	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCS-SALARY & FRINGES APPRVD				21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	6,550,205		6,550,205	30
40 SUBPROVIDER - IPF	3,486,858		3,486,858	40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	1,049,149		1,049,149	50
53 ANESTHESIOLOGY	49,459		49,459	53
54 RADIOLOGY-DIAGNOSTIC	1,113,746		1,113,746	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	688,040		688,040	57
60 LABORATORY	2,904,129		2,904,129	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
64 INTRAVENOUS THERAPY	132,558		132,558	64
65 RESPIRATORY THERAPY	875,588		875,588	65
66 PHYSICAL THERAPY	1,441,143		1,441,143	66
69 ELECTROCARDIOLOGY	165,502		165,502	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,223,879		1,223,879	71
72 IMPL. DEV. CHARGED TO PATIENT	130,012		130,012	72
73 DRUGS CHARGED TO PATIENTS	4,031,591		4,031,591	73
75 ASC (NON-DISTINCT PART)	1,107,691		1,107,691	75
76 NUCLEAR MEDICINE	542,469		542,469	76
76.01 ULTRASOUND	428,970		428,970	76.01
76.02 MAMMOGRAPHY	325,077		325,077	76.02
76.03 CARDIAC REHABILITATION	192,338		192,338	76.03
76.04 FAITH CENTER CHEMOTHERAPY	169,220		169,220	76.04
76.06 ROUTINE ANCILLARY				76.06
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC (RHC)	2,621,148		2,621,148	88
91 EMERGENCY	1,949,601		1,949,601	91
92 OBSERVATION BEDS				92
93 DAY PSYCHIATRIC	444,067		444,067	93
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
101 HOME HEALTH AGENCY	985,330		985,330	101
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	32,607,770		32,607,770	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,711		73,711	190
192 PHYSICIANS' PRIVATE OFFICES	434,475		434,475	192
192.01 DIALYSIS				192.01
192.03 ORTHO CLINIC	107,207		107,207	192.03
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	33,223,163		33,223,163	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		5,032	1,260	6,292	6,292	4
5 ADMINISTRATIVE & GENERAL	2,868	100,171	270,123	373,162	993	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	435	25,620	13,244	39,299	160	7
8 LAUNDRY & LINEN SERVICE		12,513	7,763	20,276	19	8
9 HOUSEKEEPING		4,344	22	4,366	144	9
10 DIETARY		14,558	5,390	19,948	170	10
11 CAFETERIA		8,339		8,339		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,424	1,424	85	13
14 CENTRAL SERVICES & SUPPLY		5,606	44,019	49,625	14	14
15 PHARMACY		8,895	94,678	103,573	184	15
16 MEDICAL RECORDS & LIBRARY		10,902	16,946	27,848	168	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCS-SALARY & FRINGES APPRVD						21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,444	96,440	72,522	172,406	1,140	30
40 SUBPROVIDER - IPF	193	88,205	8,383	96,781	616	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	22,020	58,524	29,885	110,429	137	50
53 ANESTHESIOLOGY			5,891	5,891		53
54 RADIOLOGY-DIAGNOSTIC		37,502	44,256	81,758	168	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,278	15	4,293	79	57
60 LABORATORY		21,908	35,568	57,476	264	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY	20,869	8,725	7,223	36,817	163	65
66 PHYSICAL THERAPY	687	44,362	10,861	55,910	279	66
69 ELECTROCARDIOLOGY	25,135	3,788	5,343	34,266	22	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)		39,066	46,658	85,724	153	75
76 NUCLEAR MEDICINE		3,665	56,880	60,545	46	76
76.01 ULTRASOUND		4,740	43,936	48,676	67	76.01
76.02 MAMMOGRAPHY		2,855	111,995	114,850	20	76.02
76.03 CARDIAC REHABILITATION		3,863	7,784	11,647	29	76.03
76.04 FAITH CENTER CHEMOTHERAPY		8,791	2,510	11,301	7	76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	1,044			1,044	486	88
91 EMERGENCY	1,361	18,318	4,660	24,339	354	91
92 OBSERVATION BEDS						92
93 DAY PSYCHIATRIC	269	22,614	274	23,157	70	93
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	12,644			12,644	198	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	90,969	663,624	949,513	1,704,106	6,247	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,087	438	6,525	12	190
192 PHYSICIANS' PRIVATE OFFICES					33	192
192.01 DIALYSIS						192.01
192.03 ORTHO CLINIC						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	90,969	669,711	949,951	1,710,631	6,292	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	374,155					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	16,424	55,883				7
8 LAUNDRY & LINEN SERVICE	2,323	1,043	23,661			8
9 HOUSEKEEPING	7,843	362		12,715		9
10 DIETARY	10,927	1,213			32,258	10
11 CAFETERIA	119	695			17,039	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,202					13
14 CENTRAL SERVICES & SUPPLY	1,757	467				14
15 PHARMACY	10,663	741		90		15
16 MEDICAL RECORDS & LIBRARY	11,628	908				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	59,923	8,036	7,697	4,494	10,059	30
40 SUBPROVIDER - IPF	31,293	7,349	3,914	1,224	4,488	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,608	4,876	2,113	973		50
53 ANESTHESIOLOGY	301					53
54 RADIOLOGY-DIAGNOSTIC	10,853	3,124	989			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,730	356				57
60 LABORATORY	29,299	1,825		110		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
64 INTRAVENOUS THERAPY	1,303					64
65 RESPIRATORY THERAPY	8,711	727	507	186		65
66 PHYSICAL THERAPY	14,110	3,696	1,189	191		66
69 ELECTROCARDIOLOGY	1,586	316				69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	11,370					71
72 IMPL. DEV. CHARGED TO PATIENT	1,217					72
73 DRUGS CHARGED TO PATIENTS	32,804					73
75 ASC (NON-DISTINCT PART)	9,378	3,255	3,995	1,374		75
76 NUCLEAR MEDICINE	5,732	305				76
76.01 ULTRASOUND	4,259	395				76.01
76.02 MAMMOGRAPHY	3,472	238				76.02
76.03 CARDIAC REHABILITATION	1,966	322				76.03
76.04 FAITH CENTER CHEMOTHERAPY	1,599	732				76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	28,458		472	1,605		88
91 EMERGENCY	17,931	1,526	2,785	2,207		91
92 OBSERVATION BEDS						92
93 DAY PSYCHIATRIC	4,127	1,884				93
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	10,925			261		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	370,841	44,391	23,661	12,715	31,586	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	681	507				190
192 PHYSICIANS' PRIVATE OFFICES	2,301	8,007			672	192
192.01 DIALYSIS						192.01
192.03 ORTHO CLINIC	332	2,978				192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	374,155	55,883	23,661	12,715	32,258	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	26,192					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	312	6,023				13
14 CENTRAL SERVICES & SUPPLY	247		52,110			14
15 PHARMACY	682			115,933		15
16 MEDICAL RECORDS & LIBRARY	1,387				41,939	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,912	2,565			2,836	30
40 SUBPROVIDER - IPF	4,409	1,636			2,832	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,426	529			732	50
53 ANESTHESIOLOGY	303				628	53
54 RADIOLOGY-DIAGNOSTIC	892				1,534	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	597				6,072	57
60 LABORATORY	1,781				8,146	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
64 INTRAVENOUS THERAPY					651	64
65 RESPIRATORY THERAPY	1,064				1,745	65
66 PHYSICAL THERAPY	1,261				1,644	66
69 ELECTROCARDIOLOGY	159				503	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			46,160		2,342	71
72 IMPL. DEV. CHARGED TO PATIENT			5,524		136	72
73 DRUGS CHARGED TO PATIENTS				115,933	5,134	73
75 ASC (NON-DISTINCT PART)	922	342			1,279	75
76 NUCLEAR MEDICINE	201				821	76
76.01 ULTRASOUND	575				1,089	76.01
76.02 MAMMOGRAPHY	120				308	76.02
76.03 CARDIAC REHABILITATION	153				236	76.03
76.04 FAITH CENTER CHEMOTHERAPY	224				128	76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)			120			88
91 EMERGENCY	2,114	784			2,822	91
92 OBSERVATION BEDS						92
93 DAY PSYCHIATRIC	451	167			321	93
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			225			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	26,192	6,023	52,029	115,933	41,939	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES			81			192
192.01 DIALYSIS						192.01
192.03 ORTHO CLINIC						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	26,192	6,023	52,110	115,933	41,939	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	276,068		276,068	30
40 SUBPROVIDER - IPF	154,542		154,542	40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	129,823		129,823	50
53 ANESTHESIOLOGY	7,123		7,123	53
54 RADIOLOGY-DIAGNOSTIC	99,318		99,318	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	17,127		17,127	57
60 LABORATORY	98,901		98,901	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
64 INTRAVENOUS THERAPY	1,966		1,966	64
65 RESPIRATORY THERAPY	49,920		49,920	65
66 PHYSICAL THERAPY	78,280		78,280	66
69 ELECTROCARDIOLOGY	36,852		36,852	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	59,872		59,872	71
72 IMPL. DEV. CHARGED TO PATIENT	6,877		6,877	72
73 DRUGS CHARGED TO PATIENTS	153,871		153,871	73
75 ASC (NON-DISTINCT PART)	106,422		106,422	75
76 NUCLEAR MEDICINE	67,650		67,650	76
76.01 ULTRASOUND	55,061		55,061	76.01
76.02 MAMMOGRAPHY	119,008		119,008	76.02
76.03 CARDIAC REHABILITATION	14,353		14,353	76.03
76.04 FAITH CENTER CHEMOTHERAPY	13,991		13,991	76.04
76.06 ROUTINE ANCILLARY				76.06
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC (RHC)	32,185		32,185	88
91 EMERGENCY	54,862		54,862	91
92 OBSERVATION BEDS				92
93 DAY PSYCHIATRIC	30,177		30,177	93
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
101 HOME HEALTH AGENCY	24,253		24,253	101
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	1,688,502		1,688,502	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,725		7,725	190
192 PHYSICIANS' PRIVATE OFFICES	11,094		11,094	192
192.01 DIALYSIS				192.01
192.03 ORTHO CLINIC	3,310		3,310	192.03
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	1,710,631		1,710,631	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 5A	ADMINISTRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	71,075					1
2 CAP REL COSTS-MVBLE EQUIP		877,739				2
4 EMPLOYEE BENEFITS	534	1,164	16,571,177			4
5 ADMINISTRATIVE & GENERAL	10,631	249,590	2,613,342	-7,001,979	26,221,184	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,719	12,237	419,803		1,151,009	7
8 LAUNDRY & LINEN SERVICE	1,328	7,173	50,039		162,766	8
9 HOUSEKEEPING	461	20	379,059		549,641	9
10 DIETARY	1,545	4,980	448,159		765,756	10
11 CAFETERIA	885				8,339	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,316	224,394		294,504	13
14 CENTRAL SERVICES & SUPPLY	595	40,673	36,241		123,156	14
15 PHARMACY	944	87,481	484,451		747,316	15
16 MEDICAL RECORDS & LIBRARY	1,157	15,658	441,236		814,903	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,235	67,009	3,014,829		4,198,985	30
40 SUBPROVIDER - IPF	9,361	7,746	1,620,622		2,193,070	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,211	27,613	361,742		603,279	50
53 ANESTHESIOLOGY		5,443			21,123	53
54 RADIOLOGY-DIAGNOSTIC	3,980	40,892	442,825		760,612	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	454	14	207,244		401,566	57
60 LABORATORY	2,325	32,864	695,598		2,053,366	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
64 INTRAVENOUS THERAPY			32,306		91,318	64
65 RESPIRATORY THERAPY	926	6,674	428,027		610,457	65
66 PHYSICAL THERAPY	4,708	10,035	735,320		988,882	66
69 ELECTROCARDIOLOGY	402	4,937	58,010		111,162	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					796,798	71
72 IMPL. DEV. CHARGED TO PATIENT					85,323	72
73 DRUGS CHARGED TO PATIENTS					2,298,987	73
75 ASC (NON-DISTINCT PART)	4,146	43,111	403,179		657,238	75
76 NUCLEAR MEDICINE	389	52,556	120,009		401,694	76
76.01 ULTRASOUND	503	40,596	175,879		298,509	76.01
76.02 MAMMOGRAPHY	303	103,482	52,842		243,358	76.02
76.03 CARDIAC REHABILITATION	410	7,192	75,124		137,783	76.03
76.04 FAITH CENTER CHEMOTHERAPY	933	2,319	18,176		112,083	76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)			1,278,941		1,994,413	88
91 EMERGENCY	1,944	4,306	930,358		1,256,656	91
92 OBSERVATION BEDS						92
93 DAY PSYCHIATRIC	2,400	253	184,380		289,197	93
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			520,718		765,646	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	70,429	877,334	16,452,853	-7,001,979	25,988,895	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	646	405	32,658		47,730	190
192 PHYSICIANS' PRIVATE OFFICES			85,666		161,293	192
192.01 DIALYSIS						192.01
192.03 ORTHO CLINIC					23,266	192.03

PROVIDER CCN: 14-0210 HARRISBURG MEDICAL CENTER, INC  
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	669,711	949,951	4,036,448		7,001,979	202
203	UNIT COST MULT-WS B PT I	9.422596	1.082270	0.243582		0.267035	203
204	COST TO BE ALLOC PER B PT II			6,292		374,155	204
205	UNIT COST MULT-WS B PT II			0.000380		0.014269	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	HOURS OF SERVICE 9	MEALS SERVED 10	MEALS SERVED 11
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	71,185				7
8 LAUNDRY & LINEN SERVICE	1,328	23,575			8
9 HOUSEKEEPING	461		2,535		9
10 DIETARY	1,545			123,592	10
11 CAFETERIA	885			65,281	540,167
12 MAINTENANCE OF PERSONNEL					11
13 NURSING ADMINISTRATION					12
14 CENTRAL SERVICES & SUPPLY	595				6,443
15 PHARMACY	944		18		5,086
16 MEDICAL RECORDS & LIBRARY	1,157				14,071
17 SOCIAL SERVICE					28,595
19 NONPHYSICIAN ANESTHETISTS					17
20 NURSING SCHOOL					19
21 I&R SRVCES-SALARY & FRINGES APPRVD					20
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					21
23 PARAMED ED PRGM-(SPECIFY)					22
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	10,235	7,670	896	38,539	142,564
40 SUBPROVIDER - IPF	9,361	3,900	244	17,197	90,936
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	6,211	2,105	194		29,401
53 ANESTHESIOLOGY					6,240
54 RADIOLOGY-DIAGNOSTIC	3,980	985			18,395
57 COMPUTED TOMOGRAPHY (CT) SCAN	454				12,319
60 LABORATORY	2,325		22		36,737
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY	926	505	37		21,938
66 PHYSICAL THERAPY	4,708	1,185	38		26,000
69 ELECTROCARDIOLOGY	402				3,289
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)	4,146	3,980	274		19,009
76 NUCLEAR MEDICINE	389				4,142
76.01 ULTRASOUND	503				11,857
76.02 MAMMOGRAPHY	303				2,475
76.03 CARDIAC REHABILITATION	410				3,149
76.04 FAITH CENTER CHEMOTHERAPY	933				4,622
76.06 ROUTINE ANCILLARY					76.06
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
88 RURAL HEALTH CLINIC (RHC)		470	320		88
91 EMERGENCY	1,944	2,775	440		43,599
92 OBSERVATION BEDS					92
93 DAY PSYCHIATRIC	2,400				9,300
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY			52		101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	56,545	23,575	2,535	121,017	540,167
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	646				190
192 PHYSICIANS' PRIVATE OFFICES	10,200			2,575	192
192.01 DIALYSIS					192.01
192.03 ORTHO CLINIC	3,794				192.03

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	
		7	8	9	10	11	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,458,369	233,437	705,859	1,001,892	557,894	202
203	UNIT COST MULT-WS B PT I	20.487027	9.901888	278.445365	8.106447	1.032818	203
204	COST TO BE ALLOC PER B PT II	55,883	23,661	12,715	32,258	26,192	204
205	UNIT COST MULT-WS B PT II	0.785039	1.003648	5.015779	0.261004	0.048489	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	334,809				13
14 CENTRAL SERVICES & SUPPLY		804,888			14
15 PHARMACY			2,298,987		15
16 MEDICAL RECORDS & LIBRARY				78,227,189	16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	142,564			5,291,600	30
40 SUBPROVIDER - IPF	90,936			5,284,412	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	29,401			1,365,299	50
53 ANESTHESIOLOGY				1,170,808	53
54 RADIOLOGY-DIAGNOSTIC				2,862,852	54
57 COMPUTED TOMOGRAPHY (CT) SCAN				11,327,765	57
60 LABORATORY				15,181,996	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
64 INTRAVENOUS THERAPY				1,214,424	64
65 RESPIRATORY THERAPY				3,255,773	65
66 PHYSICAL THERAPY				3,067,508	66
69 ELECTROCARDIOLOGY				938,338	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		712,981		4,368,672	71
72 IMPL. DEV. CHARGED TO PATIENT		85,323		253,156	72
73 DRUGS CHARGED TO PATIENTS			2,298,987	9,577,994	73
75 ASC (NON-DISTINCT PART)	19,009			2,385,487	75
76 NUCLEAR MEDICINE				1,531,930	76
76.01 ULTRASOUND				2,031,679	76.01
76.02 MAMMOGRAPHY				574,262	76.02
76.03 CARDIAC REHABILITATION				440,203	76.03
76.04 FAITH CENTER CHEMOTHERAPY				239,142	76.04
76.06 ROUTINE ANCILLARY					76.06
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
88 RURAL HEALTH CLINIC (RHC)		1,854			88
91 EMERGENCY	43,599			5,264,418	91
92 OBSERVATION BEDS					92
93 DAY PSYCHIATRIC	9,300			599,471	93
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		3,483			101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	334,809	803,641	2,298,987	78,227,189	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192 PHYSICIANS' PRIVATE OFFICES		1,247			192
192.01 DIALYSIS					192.01
192.03 ORTHO CLINIC					192.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	379,801	173,486	985,761	1,085,747	202
203 UNIT COST MULT-WS B PT I	1.134381	0.215541	0.428781	0.013879	203
204 COST TO BE ALLOC PER B PT II	6,023	52,110	115,933	41,939	204
205 UNIT COST MULT-WS B PT II	0.017989	0.064742	0.050428	0.000536	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,550,205		6,550,205		6,550,205	30
40 SUBPROVIDER - IPF	3,486,858		3,486,858	35,525	3,522,383	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,049,149		1,049,149		1,049,149	50
53 ANESTHESIOLOGY	49,459		49,459		49,459	53
54 RADIOLOGY-DIAGNOSTIC	1,113,746		1,113,746		1,113,746	54
57 COMPUTED TOMOGRAPHY (CT) SC	688,040		688,040		688,040	57
60 LABORATORY	2,904,129		2,904,129	1,900	2,906,029	60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
64 INTRAVENOUS THERAPY	132,558		132,558		132,558	64
65 RESPIRATORY THERAPY	875,588		875,588		875,588	65
66 PHYSICAL THERAPY	1,441,143		1,441,143		1,441,143	66
69 ELECTROCARDIOLOGY	165,502		165,502		165,502	69
71 MEDICAL SUPPLIES CHRGED TO	1,223,879		1,223,879		1,223,879	71
72 IMPL. DEV. CHARGED TO PATIE	130,012		130,012		130,012	72
73 DRUGS CHARGED TO PATIENTS	4,031,591		4,031,591		4,031,591	73
75 ASC (NON-DISTINCT PART)	1,107,691		1,107,691		1,107,691	75
76 NUCLEAR MEDICINE	542,469		542,469		542,469	76
76.01 ULTRASOUND	428,970		428,970		428,970	76.01
76.02 MAMMOGRAPHY	325,077		325,077		325,077	76.02
76.03 CARDIAC REHABILITATION	192,338		192,338		192,338	76.03
76.04 FAITH CENTER CHEMOTHERAPY	169,220		169,220		169,220	76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	2,621,148		2,621,148		2,621,148	88
91 EMERGENCY	1,949,601		1,949,601	11,561	1,961,162	91
92 OBSERVATION BEDS	1,038,779		1,038,779		1,038,779	92
93 DAY PSYCHIATRIC	444,067		444,067		444,067	93
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	985,330		985,330		985,330	101
200 SUBTOTAL (SEE INSTRUCTIONS)	33,646,549		33,646,549	48,986	33,695,535	200
201 LESS OBSERVATION BEDS	1,038,779		1,038,779		1,038,779	201
202 TOTAL (SEE INSTRUCTIONS)	32,607,770		32,607,770	48,986	32,656,756	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,291,600		5,291,600			30
40 SUBPROVIDER - IPF	5,284,412		5,284,412			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	284,083	1,081,216	1,365,299	0.768439	0.768439	0.768439 50
53 ANESTHESIOLOGY	300,174	870,634	1,170,808	0.042243	0.042243	0.042243 53
54 RADIOLOGY-DIAGNOSTIC	370,651	2,492,201	2,862,852	0.389034	0.389034	0.389034 54
57 COMPUTED TOMOGRAPHY (CT) SC	1,534,107	9,793,658	11,327,765	0.060739	0.060739	0.060739 57
60 LABORATORY	3,404,044	11,777,952	15,181,996	0.191288	0.191288	0.191413 60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
64 INTRAVENOUS THERAPY	286,057	928,367	1,214,424	0.109153	0.109153	0.109153 64
65 RESPIRATORY THERAPY	1,856,794	1,398,979	3,255,773	0.268934	0.268934	0.268934 65
66 PHYSICAL THERAPY	505,593	2,561,915	3,067,508	0.469809	0.469809	0.469809 66
69 ELECTROCARDIOLOGY	182,877	771,391	954,268	0.173433	0.173433	0.173433 69
71 MEDICAL SUPPLIES CHRGD TO	2,261,958	2,090,784	4,352,742	0.281174	0.281174	0.281174 71
72 IMPL. DEV. CHARGED TO PATIE	26,179	226,977	253,156	0.513565	0.513565	0.513565 72
73 DRUGS CHARGED TO PATIENTS	2,779,050	6,798,944	9,577,994	0.420922	0.420922	0.420922 73
75 ASC (NON-DISTINCT PART)	289,712	2,095,775	2,385,487	0.464346	0.464346	0.464346 75
76 NUCLEAR MEDICINE	36,800	1,495,130	1,531,930	0.354108	0.354108	0.354108 76
76.01 ULTRASOUND	414,543	1,617,136	2,031,679	0.211141	0.211141	0.211141 76.01
76.02 MAMMOGRAPHY	2,075	572,187	574,262	0.566078	0.566078	0.566078 76.02
76.03 CARDIAC REHABILITATION	911	439,292	440,203	0.436930	0.436930	0.436930 76.03
76.04 FAITH CENTER CHEMOTHERAPY	1,265	237,877	239,142	0.707613	0.707613	0.707613 76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)		1,621,147	1,621,147	1.616848	1.616848	1.616848 88
91 EMERGENCY	850,303	4,414,115	5,264,418	0.370336	0.370336	0.372532 91
92 OBSERVATION BEDS	297,591	2,396,261	2,693,852	0.385611	0.385611	0.385611 92
93 DAY PSYCHIATRIC	3,847	595,624	599,471	0.740765	0.740765	0.740765 93
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		1,325,850	1,325,850			101
200 SUBTOTAL (SEE INSTRUCTIONS)	26,264,626	57,603,412	83,868,038			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	26,264,626	57,603,412	83,868,038			202

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	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)			
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	276,068	3,462	272,606	7,391	36.88	4,492	165,665	30
31 INTENSIVE CARE UNIT								31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	154,542		154,542	5,338	28.95	1,966	56,916	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	430,610		427,148	12,729		6,458	222,581	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0210) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	129,823	1,365,299	0.095088	171,526	16,310	50
53	ANESTHESIOLOGY	7,123	1,170,808	0.006084	161,469	982	53
54	RADIOLOGY-DIAGNOSTIC	99,318	2,862,852	0.034692	353,118	12,250	54
57	COMPUTED TOMOGRAPHY (CT) SCAN	17,127	11,327,765	0.001512	1,425,983	2,156	57
60	LABORATORY	98,901	15,181,996	0.006514	3,166,966	20,630	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
64	INTRAVENOUS THERAPY	1,966	1,214,424	0.001619			64
65	RESPIRATORY THERAPY	49,920	3,255,773	0.015333	1,308,785	20,068	65
66	PHYSICAL THERAPY	78,280	3,067,508	0.025519	286,630	7,315	66
69	ELECTROCARDIOLOGY	36,852	954,268	0.038618	171,525	6,624	69
71	MEDICAL SUPPLIES CHRGED TO PA	59,872	4,352,742	0.013755	1,692,765	23,284	71
72	IMPL. DEV. CHARGED TO PATIENT	6,877	253,156	0.027165			72
73	DRUGS CHARGED TO PATIENTS	153,871	9,577,994	0.016065	1,761,860	28,304	73
75	ASC (NON-DISTINCT PART)	106,422	2,385,487	0.044612	242,946	10,838	75
76	NUCLEAR MEDICINE	67,650	1,531,930	0.044160	25,285	1,117	76
76.01	ULTRASOUND	55,061	2,031,679	0.027101	321,050	8,701	76.01
76.02	MAMMOGRAPHY	119,008	574,262	0.207236			76.02
76.03	CARDIAC REHABILITATION	14,353	440,203	0.032605	321	10	76.03
76.04	FAITH CENTER CHEMOTHERAPY	13,991	239,142	0.058505	783	46	76.04
76.06	ROUTINE ANCILLARY						76.06
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC (RHC)	32,185	1,621,147	0.019853			88
91	EMERGENCY	54,862	5,264,418	0.010421	654,673	6,822	91
92	OBSERVATION BEDS	44,337	2,693,852	0.016459	271,424	4,467	92
93	DAY PSYCHIATRIC	30,177	599,471	0.050339			93
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,277,976	71,966,176	71,966,176	12,017,109	169,924	200

PROVIDER CCN: 14-0210 HARRISBURG MEDICAL CENTER, INC  
PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
01/16/2012 10:15

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	7,391		4,492		30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	5,338		1,966		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	12,729		6,458		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
76 NUCLEAR MEDICINE						76
76.01 ULTRASOUND						76.01
76.02 MAMMOGRAPHY						76.02
76.03 CARDIAC REHABILITATION						76.03
76.04 FAITH CENTER CHEMOTHERAPY						76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)						88
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93 DAY PSYCHIATRIC						93
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX]	HOSPITAL (14-0210)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS						
APPLICABLE	[XX] TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]		[ ]	TEFRA						
BOXES	[ ] TITLE XIX	[ ]	IRF	[ ]	NF	[ ]		[ ]							
			TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)		RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)		O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)		INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)		O/P PGM CHARGES (COL. 9 x COL. 12)				
	COST CENTER DESCRIPTION		7		8		9		10		11		12		13
	ANCILLARY SERVICE COST CENTERS														
50	OPERATING ROOM		1,365,299						171,526				313,902		50
53	ANESTHESIOLOGY		1,170,808						161,469				284,359		53
54	RADIOLOGY-DIAGNOSTIC		2,862,852						353,118				945,686		54
57	COMPUTED TOMOGRAPHY (CT) SCA		11,327,765						1,425,983				3,189,841		57
60	LABORATORY		15,181,996						3,166,966				311,433		60
62.30	BLOOD CLOTTING FACTORS ADMIN														62.30
64	INTRAVENOUS THERAPY		1,214,424										356,583		64
65	RESPIRATORY THERAPY		3,255,773						1,308,785				652,589		65
66	PHYSICAL THERAPY		3,067,508						286,630						66
69	ELECTROCARDIOLOGY		954,268						171,525				271,805		69
71	MEDICAL SUPPLIES CHRGD TO P		4,352,742						1,692,765				644,316		71
72	IMPL. DEV. CHARGED TO PATIEN		253,156										154,721		72
73	DRUGS CHARGED TO PATIENTS		9,577,994						1,761,860				4,233,817		73
75	ASC (NON-DISTINCT PART)		2,385,487						242,946				893,533		75
76	NUCLEAR MEDICINE		1,531,930						25,285				612,574		76
76.01	ULTRASOUND		2,031,679						321,050				125,212		76.01
76.02	MAMMOGRAPHY		574,262												76.02
76.03	CARDIAC REHABILITATION		440,203						321				318,372		76.03
76.04	FAITH CENTER CHEMOTHERAPY		239,142						783				137,649		76.04
76.06	ROUTINE ANCILLARY														76.06
76.97	CARDIAC REHABILITATION														76.97
76.98	HYPERBARIC OXYGEN THERAPY														76.98
76.99	LITHOTRIPSY														76.99
	OUTPATIENT SERVICE COST CENTERS														
88	RURAL HEALTH CLINIC (RHC)		1,621,147												88
91	EMERGENCY		5,264,418						654,673				1,195,574		91
92	OBSERVATION BEDS		2,693,852						271,424				1,111,280		92
93	DAY PSYCHIATRIC		599,471										62,150		93
	OTHER REIMBURSABLE COST CENTERS														
200	TOTAL (SUM OF LINES 50-199)		71,966,176						12,017,109				15,815,396		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0210) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.768439	313,902			241,215		50	
53 ANESTHESIOLOGY	0.042243	284,359			12,012		53	
54 RADIOLOGY-DIAGNOSTIC	0.389034	945,686			367,904		54	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060739	3,189,841			193,748		57	
60 LABORATORY	0.191288	311,433			59,573		60	
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30	
64 INTRAVENOUS THERAPY	0.109153	356,583			38,922		64	
65 RESPIRATORY THERAPY	0.268934	652,589			175,503		65	
66 PHYSICAL THERAPY	0.469809						66	
69 ELECTROCARDIOLOGY	0.173433	271,805			47,140		69	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.281174	644,316			181,165		71	
72 IMPL. DEV. CHARGED TO PATIENT	0.513565	154,721			79,459		72	
73 DRUGS CHARGED TO PATIENTS	0.420922	4,233,817			1,782,107		73	
75 ASC (NON-DISTINCT PART)	0.464346	893,533			414,908		75	
76 NUCLEAR MEDICINE	0.354108	612,574			216,917		76	
76.01 ULTRASOUND	0.211141	125,212			26,437		76.01	
76.02 MAMMOGRAPHY	0.566078						76.02	
76.03 CARDIAC REHABILITATION	0.436930	318,372			139,106		76.03	
76.04 FAITH CENTER CHEMOTHERAPY	0.707613	137,649			97,402		76.04	
76.06 ROUTINE ANCILLARY							76.06	
76.97 CARDIAC REHABILITATION							76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
88 RURAL HEALTH CLINIC (RHC)	1.616848						88	
91 EMERGENCY	0.370336	1,195,574			442,764		91	
92 OBSERVATION BEDS	0.385611	1,111,280			428,522		92	
93 DAY PSYCHIATRIC	0.740765	62,150			46,039		93	
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		15,815,396			4,990,843		200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)		15,815,396			4,990,843		202	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S210) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	129,823	1,365,299	0.095088	370	35	50
53	ANESTHESIOLOGY	7,123	1,170,808	0.006084	16,126	98	53
54	RADIOLOGY-DIAGNOSTIC	99,318	2,862,852	0.034692	11,235	390	54
57	COMPUTED TOMOGRAPHY (CT) SCAN	17,127	11,327,765	0.001512	62,182	94	57
60	LABORATORY	98,901	15,181,996	0.006514	144,309	940	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
64	INTRAVENOUS THERAPY	1,966	1,214,424	0.001619	1,431	2	64
65	RESPIRATORY THERAPY	49,920	3,255,773	0.015333	29,326	450	65
66	PHYSICAL THERAPY	78,280	3,067,508	0.025519	10,279	262	66
69	ELECTROCARDIOLOGY	36,852	954,268	0.038618	9,626	372	69
71	MEDICAL SUPPLIES CHRGD TO PA	59,872	4,352,742	0.013755	22,256	306	71
72	IMPL. DEV. CHARGED TO PATIENT	6,877	253,156	0.027165			72
73	DRUGS CHARGED TO PATIENTS	153,871	9,577,994	0.016065	292,189	4,694	73
75	ASC (NON-DISTINCT PART)	106,422	2,385,487	0.044612			75
76	NUCLEAR MEDICINE	67,650	1,531,930	0.044160	564	25	76
76.01	ULTRASOUND	55,061	2,031,679	0.027101	1,645	45	76.01
76.02	MAMMOGRAPHY	119,008	574,262	0.207236			76.02
76.03	CARDIAC REHABILITATION	14,353	440,203	0.032605			76.03
76.04	FAITH CENTER CHEMOTHERAPY	13,991	239,142	0.058505			76.04
76.06	ROUTINE ANCILLARY						76.06
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC (RHC)	32,185	1,621,147	0.019853			88
91	EMERGENCY	54,862	5,264,418	0.010421	43,853	457	91
92	OBSERVATION BEDS	44,337	2,693,852	0.016459			92
93	DAY PSYCHIATRIC	30,177	599,471	0.050339			93
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	1,277,976	71,966,176	71,966,176	645,391	8,170	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S210) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
76 NUCLEAR MEDICINE						76
76.01 ULTRASOUND						76.01
76.02 MAMMOGRAPHY						76.02
76.03 CARDIAC REHABILITATION						76.03
76.04 FAITH CENTER CHEMOTHERAPY						76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)						88
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93 DAY PSYCHIATRIC						93
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S210)	[ ] SNF		[ ] TEFRA	
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF			
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,365,299		370		50
53	ANESTHESIOLOGY	1,170,808		16,126		53
54	RADIOLOGY-DIAGNOSTIC	2,862,852		11,235		54
57	COMPUTED TOMOGRAPHY (CT) SCA	11,327,765		62,182		57
60	LABORATORY	15,181,996		144,309		60
62.30	BLOOD CLOTTING FACTORS ADMIN					62.30
64	INTRAVENOUS THERAPY	1,214,424		1,431		64
65	RESPIRATORY THERAPY	3,255,773		29,326		65
66	PHYSICAL THERAPY	3,067,508		10,279		66
69	ELECTROCARDIOLOGY	954,268		9,626		69
71	MEDICAL SUPPLIES CHRGED TO P	4,352,742		22,256		71
72	IMPL. DEV. CHARGED TO PATIEN	253,156				72
73	DRUGS CHARGED TO PATIENTS	9,577,994		292,189		73
75	ASC (NON-DISTINCT PART)	2,385,487				75
76	NUCLEAR MEDICINE	1,531,930		564		76
76.01	ULTRASOUND	2,031,679		1,645		76.01
76.02	MAMMOGRAPHY	574,262				76.02
76.03	CARDIAC REHABILITATION	440,203				76.03
76.04	FAITH CENTER CHEMOTHERAPY	239,142				76.04
76.06	ROUTINE ANCILLARY					76.06
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC (RHC)	1,621,147				88
91	EMERGENCY	5,264,418		43,853		91
92	OBSERVATION BEDS	2,693,852				92
93	DAY PSYCHIATRIC	599,471				93
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	71,966,176		645,391		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S210) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.768439						50	
53 ANESTHESIOLOGY	0.042243						53	
54 RADIOLOGY-DIAGNOSTIC	0.389034						54	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060739						57	
60 LABORATORY	0.191288						60	
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30	
64 INTRAVENOUS THERAPY	0.109153						64	
65 RESPIRATORY THERAPY	0.268934						65	
66 PHYSICAL THERAPY	0.469809						66	
69 ELECTROCARDIOLOGY	0.173433						69	
71 MEDICAL SUPPLIES CHRGED TO PATI	0.281174						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.513565						72	
73 DRUGS CHARGED TO PATIENTS	0.420922						73	
75 ASC (NON-DISTINCT PART)	0.464346						75	
76 NUCLEAR MEDICINE	0.354108						76	
76.01 ULTRASOUND	0.211141						76.01	
76.02 MAMMOGRAPHY	0.566078						76.02	
76.03 CARDIAC REHABILITATION	0.436930						76.03	
76.04 FAITH CENTER CHEMOTHERAPY	0.707613						76.04	
76.06 ROUTINE ANCILLARY							76.06	
76.97 CARDIAC REHABILITATION							76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
88 RURAL HEALTH CLINIC (RHC)	1.616848						88	
91 EMERGENCY	0.370336						91	
92 OBSERVATION BEDS	0.385611						92	
93 DAY PSYCHIATRIC	0.740765						93	
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)							200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)							202	





WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0210) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 875.13 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,931,084 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 3,931,084 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 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
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						3,241,565 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)						7,172,649 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 165,665 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 169,924 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 335,589 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 6,837,060 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 40,329 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 41,231 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 81,560 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,187 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 875.13 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,038,779 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	276,068	6,468,063	0.042682	1,038,779	44,337	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S210) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,338	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,338	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,338	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,966	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,522,383	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,522,383	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,735,652	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,735,652	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.614121	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,074.49	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,522,383	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S210)			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF			[ ]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		659.87	38
ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)			
PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)		1,297,304	39
MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)			40
TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)		1,297,304	41
PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		197,408	48
TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)		1,494,712	49

PASS-THROUGH COST ADJUSTMENTS			
PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)		56,916	50
PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		8,170	51
TOTAL PROGRAM EXCLUDABLE COST		65,086	52
TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		1,429,626	53

TARGET AMOUNT AND LIMIT COMPUTATION			
PROGRAM DISCHARGES			54
TARGET AMOUNT PER DISCHARGE			55
TARGET AMOUNT (LINE 54 x LINE 55)			56
DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT			57
BONUS PAYMENT (SEE INSTRUCTIONS)			58
LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET			59
LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET			60
IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E			61
RELIEF PAYMENT (SEE INSTRUCTIONS)			62
ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)			63

PROGRAM INPATIENT ROUTINE SWING BED COST			
MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)			64
MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)			65
TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)			66
TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)			67
TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)			68
TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)			69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		3,678,871			30
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.768439	171,526	131,807		50
53 ANESTHESIOLOGY	0.042243	161,469	6,821		53
54 RADIOLOGY-DIAGNOSTIC	0.389034	353,118	137,375		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060739	1,425,983	86,613		57
60 LABORATORY	0.191413	3,166,966	606,198		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
64 INTRAVENOUS THERAPY	0.109153				64
65 RESPIRATORY THERAPY	0.268934	1,308,785	351,977		65
66 PHYSICAL THERAPY	0.469809	286,630	134,661		66
69 ELECTROCARDIOLOGY	0.173433	171,525	29,748		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.291174	1,692,765	475,962		71
72 IMPL. DEV. CHARGED TO PATIENT	0.513565				72
73 DRUGS CHARGED TO PATIENTS	0.420922	1,761,860	741,606		73
75 ASC (NON-DISTINCT PART)	0.464346	242,946	112,811		75
76 NUCLEAR MEDICINE	0.354108	25,285	8,954		76
76.01 ULTRASOUND	0.211141	321,050	67,787		76.01
76.02 MAMMOGRAPHY	0.566078				76.02
76.03 CARDIAC REHABILITATION	0.436930	321	140		76.03
76.04 FAITH CENTER CHEMOTHERAPY	0.707613	783	554		76.04
76.06 ROUTINE ANCILLARY					76.06
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
88 RURAL HEALTH CLINIC (RHC)	1.616848				88
91 EMERGENCY	0.372532	654,673	243,887		91
92 OBSERVATION BEDS	0.385611	271,424	104,664		92
93 DAY PSYCHIATRIC	0.740765				93
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		12,017,109	3,241,565		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		12,017,109			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S210) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
40 SUBPROVIDER - IPF		1,953,930		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.768439	370	284	50
53 ANESTHESIOLOGY	0.042243	16,126	681	53
54 RADIOLOGY-DIAGNOSTIC	0.389034	11,235	4,371	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060739	62,182	3,777	57
60 LABORATORY	0.191413	144,309	27,623	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
64 INTRAVENOUS THERAPY	0.109153	1,431	156	64
65 RESPIRATORY THERAPY	0.268934	29,326	7,887	65
66 PHYSICAL THERAPY	0.469809	10,279	4,829	66
69 ELECTROCARDIOLOGY	0.173433	9,626	1,669	69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.281174	22,256	6,258	71
72 IMPL. DEV. CHARGED TO PATIENT	0.513565			72
73 DRUGS CHARGED TO PATIENTS	0.420922	292,189	122,989	73
75 ASC (NON-DISTINCT PART)	0.464346			75
76 NUCLEAR MEDICINE	0.354108	564	200	76
76.01 ULTRASOUND	0.211141	1,645	347	76.01
76.02 MAMMOGRAPHY	0.566078			76.02
76.03 CARDIAC REHABILITATION	0.436930			76.03
76.04 FAITH CENTER CHEMOTHERAPY	0.707613			76.04
76.06 ROUTINE ANCILLARY				76.06
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC (RHC)	1.616848			88
91 EMERGENCY	0.372532	43,853	16,337	91
92 OBSERVATION BEDS	0.385611			92
93 DAY PSYCHIATRIC	0.740765			93
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		645,391	197,408	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		645,391		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [XX] S/B SNF(14-U210) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.768439			50
53 ANESTHESIOLOGY	0.042243			53
54 RADIOLOGY-DIAGNOSTIC	0.389034	3,385	1,317	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060739			57
60 LABORATORY	0.191288	42,632	8,155	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
64 INTRAVENOUS THERAPY	0.109153			64
65 RESPIRATORY THERAPY	0.268934	43,559	11,714	65
66 PHYSICAL THERAPY	0.469809	158,539	74,483	66
69 ELECTROCARDIOLOGY	0.173433	1,111	193	69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.281174	43,324	12,182	71
72 IMPL. DEV. CHARGED TO PATIENT	0.513565			72
73 DRUGS CHARGED TO PATIENTS	0.420922	71,384	30,047	73
75 ASC (NON-DISTINCT PART)	0.464346			75
76 NUCLEAR MEDICINE	0.354108			76
76.01 ULTRASOUND	0.211141	4,113	868	76.01
76.02 MAMMOGRAPHY	0.566078	1,425	807	76.02
76.03 CARDIAC REHABILITATION	0.436930			76.03
76.04 FAITH CENTER CHEMOTHERAPY	0.707613			76.04
76.06 ROUTINE ANCILLARY				76.06
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC (RHC)	1.616848			88
91 EMERGENCY	0.370336			91
92 OBSERVATION BEDS	0.385611			92
93 DAY PSYCHIATRIC	0.740765			93
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		369,472	139,766	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		369,472		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

CHECK [XX] HOSPITAL (14-0210)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	5,838,885	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	33,282	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	43.53	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0590	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.7244	31
32	SUM OF LINES 30 AND 31	0.7834	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0135	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	78,825	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	5,950,992	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	6,939,885	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	6,939,885	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	470,689	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0210)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	7,410,574	59
60	PRIMARY PAYER PAYMENTS	481	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	7,410,093	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	910,584	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	2,264	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	260,786	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	182,550	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	203,733	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	6,679,795	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.97	LOW VOLUME PAYMENT ADJUSTMENT - 2	307,398	70.97
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	6,987,193	71
72	INTERIM PAYMENTS	7,030,600	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-43,407	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

CHECK APPLICABLE BOX: [XX] HOSPITAL (14-0210) [ ] IPF [ ] IRF  
 [ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	4,990,843		2
3	PPS PAYMENTS	3,778,399		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.850	0.850	5
6	LINE 2 TIMES LINE 5	4,242,217		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.8907		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	394,245		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200			9
10	ORGAN ACQUISITION			10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)			11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	ANCILLARY SERVICE CHARGES			12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)			13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)			14
	CUSTOMARY CHARGES			
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			15
16	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)			16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000		17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))			19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))			20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)			21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 \$2148)			23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	4,172,644		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	906,906		26
27	SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)	3,265,738		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)			29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	3,265,738		30
31	PRIMARY PAYER PAYMENTS	448		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	3,265,290		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)			33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	130,432		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	91,302		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	130,432		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	3,356,592		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R			38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	3,356,592		40
41	INTERIM PAYMENTS	4,179,764		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-823,172		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			44
	TO BE COMPLETED BY CONTRACTOR			
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY			92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)			93
94	TOTAL (SUM OF LINES 91 AND 93)			94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0210) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,825,300		4,179,764
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 12/23/2010	205,300		NONE
	.02			NONE
	PROGRAM .03			NONE
	TO .04			NONE
	PROVIDER .05			NONE
	.06			NONE
	.07			NONE
	.08			NONE
	.09			NONE
	.50	NONE		NONE
	.51			NONE
	PROVIDER .52			NONE
	TO .53			NONE
	PROGRAM .54			NONE
	.55			NONE
	.56			NONE
	.57			NONE
	.58			NONE
	.59			NONE
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	205,300		NONE
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		7,030,600		4,179,764
TO BE COMPLETED BY CONTRACTOR				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE
	TO .02			NONE
	PROVIDER .03			NONE
	.04			NONE
	.05			NONE
	.06			NONE
	.07			NONE
	.08			NONE
	.09			NONE
	PROVIDER .50	NONE		NONE
	TO .51			NONE
	PROGRAM .52			NONE
	.53			NONE
	.54			NONE
	.55			NONE
	.56			NONE
	.57			NONE
	.58			NONE
	.59			NONE
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99			NONE
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			NONE
	TO .02			NONE
	PROVIDER .03			NONE
	PROVIDER .04			NONE
	TO .05			NONE
	PROGRAM .06			NONE
	.07			NONE
	.08			NONE
	.09			NONE
	PROVIDER .50	NONE		NONE
	TO .51			NONE
	PROGRAM .52			NONE
	.53			NONE
	.54			NONE
	.55			NONE
	.56			NONE
	.57			NONE
	.58			NONE
	.59			NONE
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99			NONE
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				3,356,592
8 NAME OF CONTRACTOR:			CONTRACTOR NUMBER:	DATE:

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [XX] IPF (14-S210) [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,330,391		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.		NONE	NONE	3.01
	.01			3.02
	.02			3.03
	PROGRAM .03			3.04
	TO .04			3.05
	PROVIDER .05			3.06
	.06			3.07
	.07			3.08
	.08			3.09
	.09			3.50
	.50	NONE	NONE	3.51
	.51			3.52
	PROVIDER .52			3.53
	TO .53			3.54
	PROGRAM .54			3.55
	.55			3.56
	.56			3.57
	.57			3.58
	.58			3.59
	.59			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,330,391		4
TO BE COMPLETED BY CONTRACTOR				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	NONE	5.01
	PROGRAM .01			5.02
	TO .02			5.03
	PROVIDER .03			5.04
	.04			5.05
	.05			5.06
	.06			5.07
	.07			5.08
	.08			5.09
	.09			5.50
	PROVIDER .50	NONE	NONE	5.51
	TO .51			5.52
	PROGRAM .52			5.53
	.53			5.54
	.54			5.55
	.55			5.56
	.56			5.57
	.57			5.58
	.58			5.59
	.59			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99			
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT		95,771		6.01
	PROGRAM .01			6.02
	TO .02			
	PROVIDER .02			
	PROVIDER .02			
	TO .02			
	PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,426,162		7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:	



PROVIDER CCN: 14-0210 HARRISBURG MEDICAL CENTER, INC  
PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0210) [ ] CAH  
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA \$4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	1,867 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	4,492 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	92 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	6,204 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	83,868,038 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	3,857,094 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

PROVIDER CCN: 14-0210 HARRISBURG MEDICAL CENTER, INC  
PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

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CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

WORKSHEET E-2

CHECK [ ] TITLE V [XX] SWING BED - SNF (14-U210)  
APPLICABLE [XX] TITLE XVIII [ ] SWING BED - NF  
BOXES [ ] TITLE XIX

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A	PART B
	1	2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTRUCTIONS)	141,566	1
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTRUCTIONS)		2
3 ANCILLARY SERVICES (FROM WKST D-3, COL. 3, LINE 200 FOR PART A, AND SUM OF WKST D, PART V, COLS. 5 AND 7, LINE 202 FOR PART B) (FOR CAH, SEE INSTRUCTIONS)		3
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		4
5 PROGRAM DAYS	438	5
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		6
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		7
8 SUBTOTAL (SUM OF LINES 1-3 PLUS LINES 6 AND 7)	141,566	8
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		9
10 SUBTOTAL (LINE 8 MINUS LINE 9)	141,566	10
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		11
12 SUBTOTAL (LINE 10 MINUS LINE 11)	141,566	12
13 COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	4,630	13
14 80% OF PART B COSTS (LINE 12 x 80%)		14
15 SUBTOTAL (ENTER THE LESSER OF LINE 12 MINUS LINE 13, OR LINE 14)	136,936	15
16 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		16
17 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		17
18 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		18
19 TOTAL (SUM OF LINES 15 AND 17 PLUS/MINUS LINE 16)	136,936	19
20 INTERIM PAYMENTS	136,936	20
21 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		21
22 BALANCE DUE PROVIDER/PROGRAM (LINE 19 MINUS THE SUM OF LINES 20 AND 21)		22
23 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		23

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (14-S210)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,533,645	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT	11,255	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.624658	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,544,900	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,544,900	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,544,900	18
19	DEDUCTIBLES	213,409	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,331,491	20
21	COINSURANCE	1,100	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,330,391	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	136,815	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	95,771	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	136,815	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,426,162	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,426,162	31
32	INTERIM PAYMENTS	1,330,391	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	95,771	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

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	4,895,837			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	4,837,596			4
5	OTHER RECEIVABLES	11,022			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	579,240			7
8	PREPAID EXPENSES	1,559,805			8
9	OTHER CURRENT ASSETS	500			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	11,884,000			11
FIXED ASSETS					
12	LAND	420,001			12
13	LAND IMPROVEMENTS	418,509			13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	19,374,106			15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	10,507,846			19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION	-17,628,765			28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	13,091,697			30
OTHER ASSETS					
31	INVESTMENTS	7,519,681			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	376,172			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	7,895,853			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	32,871,550			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	793,895			37
38	SALARIES, WAGES & FEES PAYABLE	2,115,690			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	246,684			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	1,511,761			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	4,668,030			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	5,097,674			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	200,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	5,297,674			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	9,965,704			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	22,905,846			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	22,905,846			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	32,871,550			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	3	5	7	
	2	4	6	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	20,060,436				1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	2,850,418				2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	22,910,854				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5 NEW ADDITION TRANSFER ACCOUNT					5
6					6
7					7
8					8
9					9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)					10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	22,910,854				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13 FONDATION LOSS FOR THE YEAR	5,008				13
14					14
15					15
16					16
17					17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	5,008				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	22,905,846				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	4,952,281		4,952,281	1
2 SUBPROVIDER IPF	7,978,210		7,978,210	2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF	434,101		434,101	5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	13,364,592		13,364,592	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT				11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	13,364,592		13,364,592	17
18 ANCILLARY SERVICES	14,055,908		14,055,908	18
19 OUTPATIENT SERVICES		58,873,037	58,873,037	19
20 RHC		1,711,119	1,711,119	20
21 FQHC				21
22 HOME HEALTH AGENCY		1,325,850	1,325,850	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	27,420,500	61,910,006	89,330,506	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		37,183,898	29
30 ADD (SPECIFY)	3,749,409		30
31			31
32			32
33			33
34			34
35 OVER/SHORT			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		3,749,409	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		40,933,307	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	89,330,506	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	46,531,470	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	42,799,036	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	40,933,307	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	1,865,729	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	35,338	6
7	INCOME FROM INVESTMENTS	43,942	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	13,604	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	100,150	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE 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	489	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	5,101	21
22	RENTAL OF HOSPITAL SPACE	65,975	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (PSYCH)	12,366	24
24.01	OTHER (LAB)	12,613	24.01
24.02	OTHER (HHC SCREENINGS)	522	24.02
24.03	OTHER (OTHER)	61,483	24.03
24.04	OTHER (CREDENTIALING PROCESS)	1,813	24.04
24.05	OTHER (CASH OVER/SHORT)	740	24.05
24.06	OTHER (MISC)	1,804	24.06
24.07	OTHER (FLEXIBLE SPENDING)		24.07
24.08	OTHER (HOLDING VALUE GAINS)	698,861	24.08
24.09	OTHER (GRANTS)	29,639	24.09
24.10	OTHER (GAIN/LOSS ON DISPOSAL)		24.10
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	1,084,440	25
26	TOTAL (LINE 5 PLUS LINE 25)	2,950,169	26
27	OTHER EXPENSES (FLEXIBLE SPENDING)	4,270	27
27.01	OTHER EXPENSES (GAIN/LOSS ON DISPOSAL)	95,481	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	99,751	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	2,850,418	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7419

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	142,774			3,139	63,607	209,520
6 SKILLED NURSING CARE	286,663		29,281			315,944
7 PHYSICAL THERAPY	113,374		19,058			132,432
8 OCCUPATIONAL THERAPY	4,300		707			5,007
9 SPEECH PATHOLOGY	14,144		1,716			15,860
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	34,811		469			35,280
12 SUPPLIES (SEE INSTRUCTIONS)						12
13 DRUGS						13
14 DME						14
15 HHA NONREIMBURSABLE SERVICES						15
16 HOME DIALYSIS AIDE SERVICES						16
17 RESPIRATORY THERAPY						17
18 PRIVATE DUTY NURSING						18
19 CLINIC						19
20 HEALTH PROMOTION ACTIVITIES						20
21 DAY CARE PROGRAM						21
22 HOME DELIVERED MEALS PROGRAM						22
23 HOMEMAKER SERVICE						23
24 ALL OTHERS						24
TOTAL (SUM OF LINES 1-23)	596,066		51,231	3,139	63,607	714,043

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7419

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-62,069	147,451	-13,166	134,285	5
6					6
7		315,944		315,944	7
8		132,432		132,432	8
9		5,007		5,007	9
10		15,860		15,860	10
11					11
12		35,280		35,280	12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-62,069	651,974	-13,166	638,808	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7419

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	0	1	2	3	4	4A	5	6	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
	GENERAL SERVICE COST CENTER								
	CAPITAL RELATED-BLDGS & FIXT								
	CAPITAL RELATED-MOVABLE EQUIP								
	PLANT OPERATION & MAINTENANCE								
	TRANSPORTATION (SEE INSTR.)								
	ADMINISTRATIVE AND GENERAL	134,285				134,285	134,285		
	HHA REIMBURSABLE SERVICES								
	SKILLED NURSING CARE	315,944				315,944	84,223	400,167	
	PHYSICAL THERAPY	132,432				132,432	35,157	167,589	
	OCCUPATIONAL THERAPY	5,007				5,007	1,329	6,336	
	SPEECH PATHOLOGY	15,860				15,860	4,210	20,070	
	MEDICAL SOCIAL SERVICES								
	HOME HEALTH AIDE	35,280				35,280	9,366	44,646	
	SUPPLIES (SEE INSTRUCTIONS)								
	DRUGS								
	DME								
	HHA NONREIMBURSABLE SERVICES								
	HOME DIALYSIS AIDE SERVICES								
	RESPIRATORY THERAPY								
	PRIVATE DUTY NURSING								
	CLINIC								
	HEALTH PROMOTION ACTIVITIES								
	DAY CARE PROGRAM								
	HOME DELIVERED MEALS PROGRAM								
	HOMEMAKER SERVICE								
	ALL OTHERS								
	TOTAL (SUM OF LINES 1-23)	638,808				638,808		638,808	

PROVIDER CCN: 14-0210 HARRISBURG MEDICAL CENTER, INC  
 PERIOD FROM 07/01/2010 TO 06/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 01/16/2012 10:15

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1	GENERAL SERVICE COST CENTER						1
2	CAPITAL RELATED-BLDGS & FIXT						2
3	CAPITAL RELATED-MOVABLE EQUIP						3
4	PLANT OPERATION & MAINTENANCE						4
5	TRANSPORTATION (SEE INSTR.)						5
6	ADMINISTRATIVE AND GENERAL				-134,285	505,833	6
7	HHA REIMBURSABLE SERVICES						7
8	SKILLED NURSING CARE				1,310	317,254	8
9	PHYSICAL THERAPY					132,432	9
10	OCCUPATIONAL THERAPY					5,007	10
11	SPEECH PATHOLOGY					15,860	11
12	MEDICAL SOCIAL SERVICES						12
13	HOME HEALTH AIDE					35,280	13
14	SUPPLIES (SEE INSTRUCTIONS)						14
15	DRUGS						15
16	DME						16
17	HHA NONREIMBURSABLE SERVICES						17
18	HOME DIALYSIS AIDE SERVICES						18
19	RESPIRATORY THERAPY						19
20	PRIVATE DUTY NURSING						20
21	CLINIC						21
22	HEALTH PROMOTION ACTIVITIES						22
23	DAY CARE PROGRAM						23
24	HOME DELIVERED MEALS PROGRAM						24
25	HOMEMAKER SERVICE						25
26	ALL OTHERS						26
23.50	TELEMEDICINE						23.50
24	TOTAL (SUM OF LINES 1-23)				-132,975	505,833	24
25	COST TO BE ALLOC (PER W/S H)					134,285	25
26	UNIT COST MULTIPLIER					0.265473	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7419

WORKSHEET H-2  
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	35,289		35,289			1
2 SKILLED NURSING CARE	595,498		595,498	22,120	617,618	2
3 PHYSICAL THERAPY	247,332		247,332	9,187	256,519	3
4 OCCUPATIONAL THERAPY	9,355		9,355	347	9,702	4
5 SPEECH PATHOLOGY	29,794		29,794	1,107	30,901	5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE	67,311		67,311	2,500	69,811	7
8 SUPPLIES	751		751	28	779	8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
20 TOTAL (SUM OF LINES 1-19)	985,330		985,330	35,289	985,330	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.037145		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	4A	5	6	7
1 ADMINISTRATIVE AND GENERAL				67,426		16,424		1
2 SKILLED NURSING CARE				286,663		469,994		2
3 PHYSICAL THERAPY				113,374		195,205		3
4 OCCUPATIONAL THERAPY				4,300		7,383		4
5 SPEECH PATHOLOGY				14,144		23,515		5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE				34,811		53,125		7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)				520,718		765,646		20
21 TOTAL COST TO BE ALLOCATED				126,838		204,454		21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER				0.243583		0.267035		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-2  
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL		52							1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES							3,483		8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		52					3,483		20
21 TOTAL COST TO BE ALLOCATED		14,479					751		21
22 UNIT COST MULTIPLIER							0.215619		22
22 UNIT COST MULTIPLIER		278.442308							22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7419

WORKSHEET H-3  
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COSTS COLS. 1+2)	VISITS	(COL.3 ÷ COL.4)	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		617,618		617,618	3,311	186.54	1
2	PHYSICAL THERAPY		256,519		256,519	2,155	119.03	2
3	OCCUPATIONAL THERAPY		9,702		9,702	80	121.28	3
4	SPEECH PATHOLOGY		30,901		30,901	194	159.28	4
5	MEDICAL SOCIAL SERVICES							5
6	HOME HEALTH AIDE		69,811		69,811	53	1,317.19	6
7	TOTAL (SUM OF LINES 1-6)		984,551		984,551	5,793		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS  
 COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COSTS COLS. 1+2)	CHARGES (FROM HHA RECORD)	(COL.3 ÷ COL.4)	
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES		779		779	44,301	0.017584	15
16	COST OF DRUGS							16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7419

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS. 9-10)
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES							
1 SKILLED NURSING CARE	6 1,628	7 530	8	9 303,687	10 98,866	11	12 402,553
2 PHYSICAL THERAPY	1,179	474		140,336	56,420		196,756
3 OCCUPATIONAL THERAPY	47	26		5,700	3,153		8,853
4 SPEECH PATHOLOGY	91	92		14,494	14,654		29,148
5 MEDICAL SOCIAL SERVICES							5
6 HOME HEALTH AIDE	14	11		18,441	14,489		32,930
7 TOTAL (SUM OF LINES 1-6)	2,959	1,133		482,658	187,582		670,240

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
		PART A	PART B						
8 SKILLED NURSING CARE	1 99914	2 1,628	3 530	4	8				
9 PHYSICAL THERAPY	99914	1,179	474		9				
10 OCCUPATIONAL THERAPY	99914	47	26		10				
11 SPEECH PATHOLOGY	99914	91	92		11				
12 MEDICAL SOCIAL SERVICES	99914				12				
13 HOME HEALTH AIDE	99914	14	11		13				
14 TOTAL (SUM OF LINES 8-13)	99914	2,959	1,133		14				

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
OTHER PATIENT SERVICES							
15 COST OF MEDICAL SUPPLIES	6 27,166	7 17,135	8	9 478	10 301	11	15
16 COST OF DRUGS							16

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

FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL. 1 x COL. 2)	TRANSFER TO PART I AS INDICATED
1 PHYSICAL THERAPY	66	0.469809		COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3
3 SPEECH PATHOLOGY	68			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.281174		COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.420922		COL 2, LINE 16

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7419

WORKSHEET H-4  
 PARTS I & II

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

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

DESCRIPTION	PART B	
	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE
	PART A 1	2 3
1 REASONABLE COST OF PART A & PART B SERVICES		
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)		1
3 TOTAL CHARGES	704,065	2
CUSTOMARY CHARGES		
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)		3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)		5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	704,065	6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	704,065	7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)		8
10 PRIMARY PAYER PAYMENTS		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A	PART B	
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	550,212	205,486	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	7,798	9,552	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	12,339	4,187	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	570,349	219,225	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	570,349	219,225	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	570,349	219,225	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	570,349	219,225	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	570,349	219,225	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	570,349	219,225	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 14-7419

WORKSHEET H-5

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		570,349		219,225
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		570,349		219,225
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		570,349		219,225
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		DATE:

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK  TITLE V  HOSPITAL ((14-021))  PPS  
 APPLICABLE  TITLE XVIII-PT A  SUB (OTHER)  COST METHOD  
 BOXES  TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	470,601	1
2	CAPITAL DRG OUTLIER PAYMENTS	88	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	17.00	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	470,689	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

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

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-1

CHECK APPLICABLE BOX [ XX ] RHC [ ] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL (COL.1 + COL.2) 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE (COL.3+4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL.5+6) 7	
FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN	473,082	473,082		473,082		473,082	1
2	PHYSICIAN ASSISTANT							2
3	NURSE PRACTITIONER	208,190	208,190		208,190		208,190	3
4	VISITING NURSE							4
5	OTHER NURSE	177,725	177,725		177,725		177,725	5
6	CLINICAL PSYCHOLOGIST	75,151	75,151		75,151		75,151	6
7	CLINICAL SOCIAL WORKER	51,354	51,354		51,354		51,354	7
8	LABORATORY TECHNICIAN	25,493	25,493	-25,493				8
9	OTHER FACILITY HEALTH CARE STAFF COSTS	48,594	48,594	-48,594				9
10	SUBTOTAL (SUM OF LINES 1-9)	1,059,589	1,059,589	-74,087	985,502		985,502	10
COSTS UNDER AGREEMENT								
11	PHYSICIAN SERVICES UNDER AGREEMENT							11
12	PHYSICIAN SUPERVISION UNDER AGREEMENT							12
13	OTHER COSTS UNDER AGREEMENT							13
14	SUBTOTAL (SUM OF LINES 11-13)							14
OTHER HEALTH CARE COSTS								
15	MEDICAL SUPPLIES		20,759	20,759		20,759	20,759	15
16	TRANSPORTATION (HEALTH CARE STAFF)		12,994	12,994		12,994	12,994	16
17	DEPRECIATION-MEDICAL EQUIPMENT				40,850	40,850	40,850	17
18	PROFESSIONAL LIABILITY INSURANCE							18
19	OTHER HEALTH CARE COSTS							19
20	ALLOWABLE GME COSTS							20
21	SUBTOTAL (SUM OF LINES 15-20)		33,753	33,753	40,850	74,603	74,603	21
22	TOTAL COSTS OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,059,589	33,753	1,093,342	-33,237	1,060,105	1,060,105	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23	PHARMACY							23
24	DENTAL							24
25	OPTOMETRY							25
26	ALL OTHER NONREIMBURSABLE COSTS							26
27	NONALLOWABLE GME COSTS							27
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)							28
FACILITY OVERHEAD								
29	FACILITY COSTS		88,354	88,354	-11,319	77,035	77,035	29
30	ADMINISTRATIVE COSTS	375,588	131,139	506,727	39,019	545,746	545,746	30
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	375,588	219,493	595,081	27,700	622,781	622,781	31
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,435,177	253,246	1,688,423	-5,537	1,682,886	1,682,886	32

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX [ XX ] RHC [ ] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS (COL.1 x COL.3)	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1	PHYSICIANS	1.78	6,747	4,200	7,476	1
2	PHYSICIAN ASSISTANTS	0.45	862	2,100	945	2
3	NURSE PRACTITIONERS	1.89	5,998	2,100	3,969	3
4	SUBTOTAL (SUM OF LINES 1-3)	4.12	13,607		12,390	4
5	VISITING NURSE					5
6	CLINICAL PSYCHOLOGIST	0.86	732			6
7	CLINICAL SOCIAL WORKER	0.86	747			7
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5.84	15,086			8
9	PHYSICIAN SERVICES UNDER AGREEMENTS					9
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WKST M-1, COL. 7, LINE 22)				1,060,105	10
11	TOTAL NONREIMBURSABLE COSTS (FROM WKST M-1, COL. 7, LINE 28)					11
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)				1,060,105	12
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)				1.000000	13
14	TOTAL FACILITY OVERHEAD (FROM WKST M-1, COL. 7, LINE 31)				622,781	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)				938,262	15
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)				1,561,043	16
17	ALLOWABLE DIRECT GME OVERHEAD (SEE INSTRUCTIONS)					17
18	SUBTRACT LINE 17 FROM LINE 16				1,561,043	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 x LINE 18)				1,561,043	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)				2,621,148	20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES  
 RHC I COMPONENT NO: 14-3473 WORKSHEET M-3

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WKST M-2, LINE 20)	2,621,148	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 15)		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,621,148	3
4	TOTAL VISITS (FROM WKST M-2, COL. 5, LINE 8)	15,086	4
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WKST M-2, COL. 5, LINE 9)		5
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	15,086	6
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	173.75	7

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

8	PER VISIT PAYMENT LIMIT (FROM CMS PUB 27, SEC. 505 OR YOUR CONTRACTOR)			8	
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	173.75	173.75	173.75	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)	1,985	1,985		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 x LINE 10)	344,894	344,894		11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)	106	107		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES (LINE 9 x LINE 12)	18,418	18,591		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (SEE INSTRUCTIONS)	12,662	12,781		14
15	GRADUATE MEDICAL EDUCATION PASS-THROUGH COST (SEE INSTRUCTIONS)				15
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLS. 1, 2, AND 3)	357,556	357,675		16
16.01	TOTAL PROGRAM CHARGES (SEE INSTRUCTIONS)(FROM CONTRACTOR'S RECORDS)		244,553		16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (SEE INSTRUCTIONS)(FROM PROVIDER'S RECORDS)				16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS ((LINE 16.02/LINE 16.01) TIMES LINE 16)				16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS ((LINE 16 MINUS LINE 16.03) TIMES 80%)		250,224		16.04
16.05	TOTAL PROGRAM COST (SEE INSTRUCTIONS)	286,045	250,224		16.05
17	PRIMARY PAYOR PAYMENTS		97		17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (SEE INSTRUCTIONS)(FROM CONTRACTOR RECORDS)		44,895		18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)				19
20	NET MEDICARE COST EXCLUDING VACCINES (SEE INSTRUCTIONS)		536,172		20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 16)				21
22	TOTAL REIMBURSABLE PROGRAM COST (LINE 20 PLUS LINE 21)		536,172		22
23	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)				23
24	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				24
25	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)				25
26	NET REIMBURSABLE AMOUNT (LINES 22 PLUS 23 PLUS OR MINUS LINE 25)		536,172		26
27	INTERIM PAYMENTS		460,807		27
28	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)				28
29	BALANCE DUE COMPONENT/PROGRAM (LINE 26 MINUS LINES 27 AND 28)		75,365		29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2				30

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

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	
1 HEALTH CARE STAFF COST (FROM WKST M-1, COL. 7, LINE 10)	985,502	985,502	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 x LINE 2)			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (FROM YOUR RECORDS)			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)			5
6 TOTAL DIRECT COST OF THE FACILITY (FROM WKST M-1, COL. 7, LINE 22)	1,060,105	1,060,105	6
7 TOTAL OVERHEAD (FROM WKST M-2, LINE 16)	1,561,043	1,561,043	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 x LINE 8)			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (SUM OF LINES 5 AND 9)			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10/ LINE 11)			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES			13
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (LINE 12 x LINE 13)			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 2)			15
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 21)			16

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

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-5

CHECK APPLICABLE BOX [ XX ] RHC [ ] FQHC

DESCRIPTION	PART B		
	1 MM/DD/YYYY	2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		460,807	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.			
	.01	NONE	3.01
	.02		3.02
	PROGRAM .03		3.03
	TO .04		3.04
	PROVIDER .05		3.05
	.06		3.06
	.07		3.07
	.08		3.08
	.09		3.09
	.50	NONE	3.50
	.51		3.51
	PROVIDER .52		3.52
	TO .53		3.53
	PROGRAM .54		3.54
	.55		3.55
	.56		3.56
	.57		3.57
	.58		3.58
	.59		3.59
	.99		3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST M-3, LINE 27)		460,807	4
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.			
	PROGRAM .01	NONE	5.01
	TO .02		5.02
	PROVIDER .03		5.03
	.04		5.04
	.05		5.05
	.06		5.06
	.07		5.07
	.08		5.08
	.09		5.09
	PROVIDER .50	NONE	5.50
	TO .51		5.51
	PROGRAM .52		5.52
	.53		5.53
	.54		5.54
	.55		5.55
	.56		5.56
	.57		5.57
	.58		5.58
	.59		5.59
	.99		5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)			
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.	PROGRAM TO .01	75,365	6.01
	PROVIDER PROVIDER TO .02		6.02
	PROGRAM		
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		536,172	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	DATE:

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	60.78		9.89				70.67 30
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	12.56	22.99					35.55 50
53 ANESTHESIOLOGY	13.79	24.29					38.08 53
54 RADIOLOGY-DIAGNOSTIC	12.33	33.03					45.36 54
57 COMPUTED TOMOGRAPHY (CT) SCAN	12.59	28.16					40.75 57
60 LABORATORY	20.86	2.05					22.91 60
64 INTRAVENOUS THERAPY		29.36					29.36 64
65 RESPIRATORY THERAPY	40.20	20.04					60.24 65
66 PHYSICAL THERAPY	9.34						9.34 66
69 ELECTROCARDIOLOGY	17.97	28.48					46.45 69
71 MEDICAL SUPPLIES CHRGD TO PATI	38.89	14.80					53.69 71
72 IMPL. DEV. CHARGED TO PATIENT		61.12					61.12 72
73 DRUGS CHARGED TO PATIENTS	18.39	44.20					62.59 73
75 ASC (NON-DISTINCT PART)	10.18	37.46					47.64 75
76 NUCLEAR MEDICINE	1.65	39.99					41.64 76
76.01 ULTRASOUND	15.80	6.16					21.96 76.01
76.03 CARDIAC REHABILITATION	0.07	72.32					72.39 76.03
76.04 FAITH CENTER CHEMOTHERAPY	0.33	57.56					57.89 76.04
91 EMERGENCY	12.44	22.71					35.15 91
92 OBSERVATION BEDS	10.08	41.25					51.33 92
93 DAY PSYCHIATRIC		10.37					10.37 93
200 TOTAL CHARGES	16.70	21.98					38.68 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	36.83		30.46				67.29 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.03						0.03 50
53 ANESTHESIOLOGY	1.38						1.38 53
54 RADIOLOGY-DIAGNOSTIC	0.39						0.39 54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.55						0.55 57
60 LABORATORY	0.95						0.95 60
64 INTRAVENOUS THERAPY	0.12						0.12 64
65 RESPIRATORY THERAPY	0.90						0.90 65
66 PHYSICAL THERAPY	0.34						0.34 66
69 ELECTROCARDIOLOGY	1.01						1.01 69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.51						0.51 71
73 DRUGS CHARGED TO PATIENTS	3.05						3.05 73
76 NUCLEAR MEDICINE	0.04						0.04 76
76.01 ULTRASOUND	0.08						0.08 76.01
91 EMERGENCY	0.83						0.83 91
200 TOTAL CHARGES	0.90						0.90 200

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

SWING-BED SNF / NF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.12						0.12 54
60 LABORATORY	0.28						0.28 60
65 RESPIRATORY THERAPY	1.34						1.34 65
66 PHYSICAL THERAPY	5.17						5.17 66
69 ELECTROCARDIOLOGY	0.12						0.12 69
71 MEDICAL SUPPLIES CHRGED TO PATI	1.00						1.00 71
73 DRUGS CHARGED TO PATIENTS	0.75						0.75 73
76.01 ULTRASOUND	0.20						0.20 76.01
76.02 MAMMOGRAPHY	0.25						0.25 76.02
200 TOTAL CHARGES	0.51						0.51 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	669,711	2.02	-669,711	-4.35			1
2 CAP REL COSTS-MVBLE EQUIP	949,951	2.86	-949,951	-6.18			2
3 OTHER CAPITAL RELATED COSTS							3
4 EMPLOYEE BENEFITS	4,030,156	12.13	-4,030,156	-26.20			4
5 ADMINISTRATIVE & GENERAL	5,995,122	18.05	-5,995,122	-38.97			5
6 MAINTENANCE & REPAIRS							6
7 OPERATION OF PLANT	1,009,889	3.04	-1,009,889	-6.56			7
8 LAUNDRY & LINEN SERVICE	130,301	0.39	-130,301	-0.85			8
9 HOUSEKEEPING	452,943	1.36	-452,943	-2.94			9
10 DIETARY	636,645	1.92	-636,645	-4.14			10
11 CAFETERIA							11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION	238,422	0.72	-238,422	-1.55			13
14 CENTRAL SERVICES & SUPPLY	64,703	0.19	-64,703	-0.42			14
15 PHARMACY	525,739	1.58	-525,739	-3.42			15
16 MEDICAL RECORDS & LIBRARY	679,578	2.05	-679,578	-4.42			16
17 SOCIAL SERVICE							17
19 NONPHYSICIAN ANESTHETISTS							19
20 NURSING SCHOOL							20
21 I&R SRVCES-SALARY & FRINGES APP							21
22 I&R SRVCES-OTHER PRGM COSTS APP							22
23 PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	3,295,657	9.92	3,254,548	21.16	6,550,205	19.72	30
40 SUBPROVIDER - IPF	1,701,728	5.12	1,785,130	11.60	3,486,858	10.50	40
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	426,756	1.28	622,393	4.05	1,049,149	3.16	50
53 ANESTHESIOLOGY	15,232	0.05	34,227	0.22	49,459	0.15	53
54 RADIOLOGY-DIAGNOSTIC	570,990	1.72	542,756	3.53	1,113,746	3.35	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	346,792	1.04	341,248	2.22	688,040	2.07	57
60 LABORATORY	1,826,455	5.50	1,077,674	7.01	2,904,129	8.74	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
64 INTRAVENOUS THERAPY	83,449	0.25	49,109	0.32	132,558	0.40	64
65 RESPIRATORY THERAPY	490,249	1.48	385,339	2.50	875,588	2.64	65
66 PHYSICAL THERAPY	754,548	2.27	686,595	4.46	1,441,143	4.34	66
69 ELECTROCARDIOLOGY	87,901	0.26	77,601	0.50	165,502	0.50	69
71 MEDICAL SUPPLIES CHRGD TO PATI	796,798	2.40	427,081	2.78	1,223,879	3.68	71
72 IMPL. DEV. CHARGED TO PATIENT	85,323	0.26	44,689	0.29	130,012	0.39	72
73 DRUGS CHARGED TO PATIENTS	2,298,987	6.92	1,732,604	11.26	4,031,591	12.13	73
75 ASC (NON-DISTINCT PART)	473,307	1.42	634,384	4.12	1,107,691	3.33	75
76 NUCLEAR MEDICINE	311,917	0.94	230,552	1.50	542,469	1.63	76
76.01 ULTRASOUND	206,992	0.62	221,978	1.44	428,970	1.29	76.01
76.02 MAMMOGRAPHY	115,637	0.35	209,440	1.36	325,077	0.98	76.02
76.03 CARDIAC REHABILITATION	107,837	0.32	84,501	0.55	192,338	0.58	76.03
76.04 FAITH CENTER CHEMOTHERAPY	96,355	0.29	72,865	0.47	169,220	0.51	76.04
76.06 ROUTINE ANCILLARY							76.06
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
88 RURAL HEALTH CLINIC (RHC)	1,682,886	5.07	938,262	6.10	2,621,148	7.89	88
91 EMERGENCY	1,007,060	3.03	942,541	6.13	1,949,601	5.87	91
92 OBSERVATION BEDS							92
93 DAY PSYCHIATRIC	221,397	0.67	222,670	1.45	444,067	1.34	93
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
101 HOME HEALTH AGENCY	638,808	1.92	346,522	2.25	985,330	2.97	101
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CAN	33,250	0.10	40,461	0.26	73,711	0.22	190
192 PHYSICIANS' PRIVATE OFFICES	140,426	0.42	294,049	1.91	434,475	1.31	192
192.01 DIALYSIS							192.01
192.03 ORTHO CLINIC	23,266	0.07	83,941	0.55	107,207	0.32	192.03
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	33,223,163	100.00			33,223,163	100.00	202

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						
50 OPERATING ROOM	129,823	1,365,299	0.095088	171,526	16,310	50
53 ANESTHESIOLOGY	7,123	1,170,808	0.006084	161,469	982	53
54 RADIOLOGY-DIAGNOSTIC	99,318	2,862,852	0.034692	353,118	12,250	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	17,127	11,327,765	0.001512	1,425,983	2,156	57
60 LABORATORY	98,901	15,181,996	0.006514	3,166,966	20,630	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
64 INTRAVENOUS THERAPY	1,966	1,214,424	0.001619			64
65 RESPIRATORY THERAPY	49,920	3,255,773	0.015333	1,308,785	20,068	65
66 PHYSICAL THERAPY	78,280	3,067,508	0.025519	286,630	7,315	66
69 ELECTROCARDIOLOGY	36,852	954,268	0.038618	171,525	6,624	69
71 MEDICAL SUPPLIES CHRGED TO PATI	59,872	4,352,742	0.013755	1,692,765	23,284	71
72 IMPL. DEV. CHARGED TO PATIENT	6,877	253,156	0.027165			72
73 DRUGS CHARGED TO PATIENTS	153,871	9,577,994	0.016065	1,761,860	28,304	73
75 ASC (NON-DISTINCT PART)	106,422	2,385,487	0.044612	242,946	10,838	75
76 NUCLEAR MEDICINE	67,650	1,531,930	0.044160	25,285	1,117	76
76.01 ULTRASOUND	55,061	2,031,679	0.027101	321,050	8,701	76.01
76.02 MAMMOGRAPHY	119,008	574,262	0.207236			76.02
76.03 CARDIAC REHABILITATION	14,353	440,203	0.032605	321	10	76.03
76.04 FAITH CENTER CHEMOTHERAPY	13,991	239,142	0.058505	783	46	76.04
76.06 ROUTINE ANCILLARY						76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 RURAL HEALTH CLINIC (RHC) OUTPATIENT SERVICE COST CENTERS	32,185	1,621,147	0.019853			88
91 EMERGENCY	54,862	5,264,418	0.010421	654,673	6,822	91
92 OBSERVATION BEDS	44,337	2,693,852	0.016459	271,424	4,467	92
93 DAY PSYCHIATRIC	30,177	599,471	0.050339			93
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	1,277,976	71,966,176		12,017,109	169,924	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	276,068	3,462	272,606	7,391	36.88	4,492	165,665 30
200	TOTAL	276,068	3,462	272,606	7,391		4,492	165,665 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								165,665
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								169,924
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								335,589
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								1,230
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								4,492
PER DISCHARGE CAPITAL COSTS								272.84
PER DIEM CAPITAL COSTS								74.71

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	6,837,060
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	15,695,980
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.436

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	1,494,712
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	2,599,321
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.575

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	335,589
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.021

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	4,990,843
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	15,815,396
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.316