

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: 05/29/2012 TIME: 10:54
 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 SOUTHEAST MISSOURI HOSPITAL (26-0110) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2011 AND ENDING 12/31/2011, 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: 05/29/2012 10:54
 403g9v.r.XR4avrELufXMEYoUhr0
 7e46m0SEzn41X:wly:y9om4ZgTPDWE
 i:Gh1Bf5810f1zhf

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PI Encryption: 05/29/2012 10:54
 rYIaC52EH:cSXyVAzdArVjP0vY4Bq0
 XGNca06MnmyV0lihdb97V2nphNycCQ
 ZxiIOP.zad0mMvOg
 PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		325,013	80,321		10,634,960	1
2 SUBPROVIDER - IPF		61,429			121,686	2
3 SUBPROVIDER - IRF		-53,710			35,787	3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC					6,978	10
10.01 HEALTH CLINIC - RHC II					41,017	10.01
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		332,732	80,321		10,840,428	200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 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: 1701 LACEY STREET
 2 CITY: CAPE GIRARDEAU

STATE: MO

P.O.BOX:
 ZIP CODE: 63701

COUNTY: CAPE GIRARDEAU

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N) V XVIII XIX			
						6	7	8	
3	HOSPITAL	26-0110	16020	1	06/30/1966	N	P	O	3
4	SUBPROVIDER - IPF	26-S110	16020	4	12/23/1992	N	P	O	4
5	SUBPROVIDER - IRF	26-T110	16020	5	01/01/2002	N	P	O	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								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	26-7121	16020		06/30/1985	N	P	N	12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE	26-1537	16020		07/21/1993				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC	26-8656	16020		02/01/2011	N	N	O	15
15.01	HOSPITAL-BASED HEALTH CLINIC - RHC II	26-8657	16020		02/01/2011	N	N	O	15.01
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: 01/01/2011		TO: 12/31/2011					20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

		1	2
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.	Y	N
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

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPHS 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.					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 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.					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.			1		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.			1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.					35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING:		ENDING:	36
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 1	XVIII 2	XIX 3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y
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
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	56
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 2148? 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)	Y			60
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)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	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
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.					
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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

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 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ COL.3+COL.4) 5
INPATIENT PSYCHIATRIC FACILITY PPS				
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
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 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
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
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
TITLE V AND XIX INPATIENT SERVICES				
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 Y 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
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			N 105
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- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N N N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

			1	2	
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.		N		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.		Y		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.		1		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.	2,000,000		6,000,000	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.		N	N	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
				N		

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	2
156	SUBPROVIDER - IPF	N	N 155
157	SUBPROVIDER - IRF	N	N 156
158	SUBPROVIDER - (OTHER)	N	N 157
159	SNF	N	N 158
160	HHA	N	N 159
161	CMHC	N	N 160
			N 161

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

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
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)	N	2		1
		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.	N	2	3	2
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.	Y	A	06/30/2012	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			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?		Y	Y	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y			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 COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.				N 15
PS&R REPORT DATA					
		PART A		PART B	
		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)	Y	04/03/2012	Y	04/03/2012
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.	Y		Y	
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

Y/N DATE
1 2

HOME OFFICE COSTS

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 AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

LINE NO.	COMPONENT	WKST A	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS			TITLE XVIII	TITLE XIX	TITLE V	TOTAL ALL PATIENTS
			NO OF BEDS	BED DAYS AVAILABLE	CAH HOURS				
1			2	3	4	6	7	5	8
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	165	60,225		19,166	5,144		33,374
2	HMO						796		2
3	HMO IPF								3
4	HMO IRF								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		165	60,225		19,166	5,144		33,374
8	INTENSIVE CARE UNIT	31							8
9	CORONARY CARE UNIT	32							9
10	BURN INTENSIVE CARE UNIT	33							10
10.01	ADULT SPECIAL CARE	33.01	14	5,110		2,275	1,588		3,863
11	SURGICAL INTENSIVE CARE UNIT	34							11
11.01	CARDIOTHORACIC ICU	34.01	12	4,380		1,000	193		1,852
12	NEONATOLOGY	35							12
13	NURSERY	43					24		2,404
14	TOTAL (SEE INSTRUCTIONS)		191	69,715		22,441	6,949		41,493
15	CAH VISITS								15
16	SUBPROVIDER - IPF	40	14	5,110		953	977		2,994
17	SUBPROVIDER - IRF	41	13	4,745		1,472	69		2,549
18	SUBPROVIDER I	42							18
19	SKILLED NURSING FACILITY	44							19
20	NURSING FACILITY	45							20
21	OTHER LONG TERM CARE	46							21
22	HOME HEALTH AGENCY	101							6,604
23	ASC (DISTINCT PART)	115							23
24	HOSPICE (DISTINCT PART)	116							24
25	CMHC	99							25
26	RHC	88				5,186	1,761		11,890
26.01	RHC II	88.01				4,891	3,214		11,244
27	TOTAL (SUM OF LINES 14-26)		218						27
28	OBSERVATION BED DAYS								4,472
29	AMBULANCE TRIPS								29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								30
31	EMPLOYEE DISCOUNT DAYS-IRF								31
32	LABOR & DELIVERY DAYS (SEE INSTR.)								32
33	LTCH NON-COVERED DAYS								33

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

LINE	COMPONENT	WKST A LINE NO.	--- FULL TIME EQUIVALENTS ---				----- DISCHARGES -----			TOTAL ALL PATIENTS
			TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	9	10	11	12	13	14	15	1
2	HMO									2
3	HMO IPF									3
4	HMO IRF									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)									7
8	INTENSIVE CARE UNIT	31								8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
10.01	ADULT SPECIAL CARE	33.01								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
11.01	CARDIOTHORACIC ICU	34.01								11
12	NEONATOLOGY	35								12
13	NURSERY	43								13
14	TOTAL (SEE INSTRUCTIONS)			1,915.74			4,526	1,315		14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40		21.00			204	231		16
17	SUBPROVIDER - IRF	41		20.00			115	11		17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101		17.00						22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116		20.00						24
25	CMHC	99								25
26	RHC	88		3.77						26
26.01	RHC II	88.01		5.49						26.01
27	TOTAL (SUM OF LINES 14-26)			2,003.00						27
28	OBSERVATION BED DAYS									28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)									32
33	LTCH NON-COVERED DAYS									33

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	200	108,305,749		108,305,749	3,826,935.00	28.30	1
2							2
3							3
4		250,750		250,750	2,372.00	105.71	4
4.01							4.01
5		4,291,878		4,291,878	20,300.00	211.42	5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		29,103,826	72,954	29,176,780	697,249.00	41.85	10
11		163,046		163,046	1,917.00	85.05	11
12		111,000		111,000	592.00	187.50	12
13							13
14							14
15							15
16							16
17		26,810,820		26,810,820			17
18							18
19		7,376,321		7,376,321			19
20							20
21							21
22		42,682		42,682			22
23		611,717		611,717			23
24							24
25							25
26		804,327		804,327	23,870.00	33.70	26
27		13,618,498		13,618,498	554,052.00	24.58	27
28		1,134,918		1,134,918	11,403.00	99.53	28
29		1,686,747		1,686,747	78,655.00	21.44	29
30		282,141		282,141	16,769.00	16.83	30
31		319,932		319,932	31,966.00	10.01	31
32		2,542,424		2,542,424	229,286.00	11.09	32
33							33
34		1,300,260		1,300,260	114,705.00	11.34	34
35							35
36							36
37							37
38		2,917,252	-72,954	2,844,298	121,294.00	23.45	38
39		893,682		893,682	57,671.00	15.50	39
40							40
41							41
42							42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	105,148,789		105,148,789	3,818,038.0	27.54	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	29,103,826	72,954	29,176,780	697,249.00	41.85	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	76,044,963	-72,954	75,972,009	3,120,789.0	24.34	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	274,046		274,046	2,509.00	109.23	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	26,853,502		26,853,502		35.35	5
6	TOTAL (SUM OF LINES 3 THRU 5)	103,172,511	-72,954	103,099,557	3,123,298.0	38.01	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	25,500,181	-72,954	25,427,227	1,239,671.0	20.51	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	5,037,453	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		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	20,000	7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	21,246,095	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	252,164	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	590,466	15
16	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	567,188	16
TAXES			
17	FICA-EMPLOYERS PORTION ONLY	7,128,591	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	99,639	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT		23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	34,941,596	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
----	--	--	----

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			1
2	HOSPITAL			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
14.01	HOSPITAL-BASED HEALTH CLINIC - RHC II			14.01
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.: 26-7121

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		354		19	373	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		251.00				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)			1.00	1.00	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			0.33	0.33	4
5 OTHER ADMINISTRATIVE PERSONNEL			2.00	2.00	5
6 DIRECT NURSING SERVICE			8.60	8.60	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			3.00	3.00	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE					10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE					12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE			0.60	0.60	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			1.60	1.60	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).					16020	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	1,800		50	67	1,917	21
22 SKILLED NURSING VISIT CHARGES	267,792		7,440	10,037	285,269	22
23 PHYSICAL THERAPY VISITS	1,204		11	54	1,269	23
24 PHYSICAL THERAPY VISIT CHARGES	305,214		2,789	13,689	321,692	24
25 OCCUPATIONAL THERAPY VISITS	231		1	13	245	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	58,559		254	3,296	62,109	26
27 SPEECH PATHOLOGY VISITS	31				31	27
28 SPEECH PATHOLOGY VISIT CHARGES	7,859				7,859	28
29 MEDICAL SOCIAL SERVICE VISITS	34		1		35	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	5,449		160		5,609	30
31 HOME HEALTH AIDE VISITS	372			14	386	31
32 HOME HEALTH AIDE VISIT CHARGES	20,088			756	20,844	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	3,672		63	148	3,883	33
34 OTHER CHARGES	93,071		2,498	1,262	96,831	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	758,032		13,141	29,040	800,213	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	258		20	148	426	36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/29/2012 10:19

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

RHC I
COMPONENT NO: 26-8656

WORKSHEET S-8

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 1723 S BROADWAY 1
2 CITY: CAPE GIRARDEAU STATE: MISSOURI ZIP CODE: 63701 COUNTY: CAPE GIRARDEAU 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

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			0800	1700	0800	1700	0800	1700	0800	1700	0800	1700		

(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
13 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)? N 12
ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER IN COLUMN 2 THE N 13
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 Y/N V XVIII XIX 15
IN COLUMN 1. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED N
BY INTERNS AND RESIDENTS FOR TITLES V, XVIII, AND XIX, AS APPLICABLE. (SEE INSTRUCTIONS)

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/29/2012 10:19

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

RHC II
 COMPONENT NO: 26-8657

WORKSHEET S-8

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 817 S MOUNT AUB 1
 2 CITY: CAPE GIRARDEAU STATE: MISSOURI ZIP CODE: 63701 COUNTY: CAPE GIRARDEAU 2
 3 FQHCs ONLY: DESIGNATION - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 3

SOURCE OF FEDERAL FUNDS:

GRANT AWARD
 1

DATE
 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

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	1	2	3	4	5	6	7	8	9	10	11	12	13	14
11 CLINIC			0800	1700	0800	1700	0800	1700	0800	1700	0800	1700		

(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
 13 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)? N 12
 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. N 13

14 PROVIDER NAME: CCN NUMBER: 14

15 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COST? ENTER 'Y' FOR YES OR 'N' FOR NO Y/N V XVIII XIX 15
 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) N

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 26-1537

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----							
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
1	CONTINUOUS HOME CARE						1
2	ROUTINE HOME CARE	47,435	2,726		4,362	54,523	2
3	INPATIENT RESPITE CARE	238	14		22	274	3
4	GENERAL INPATIENT CARE						4
5	TOTAL HOSPICE DAYS	47,673	2,740		4,384	54,797	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	251	15		24	290	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	189.93	182.67		182.67	188.96	8
9	UNDUPLICATED CENSUS COUNT						9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

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)				0.271892	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				17,074,613	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?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				4,779,016	5
6	MEDICAID CHARGES				114,490,694	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				31,129,104	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				9,275,475	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)				9,275,475	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	12,681,846	26,225,814	38,907,660		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,448,092	7,130,589	10,578,681		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	464,156	959,865	1,424,021		22
23	COST OF CHARITY CARE	2,983,936	6,170,724	9,154,660		23
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)				37,243,092	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				896,703	27
	WORKSHEET E-3, PART V					
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				36,346,389	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				9,882,292	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				19,036,952	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				28,312,427	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-
		1	2	(COL. 1 + COL. 2)	CATIONS
				3	4
GENERAL SERVICE COST CENTERS					
1	00100		213,690	213,690	1
1.01	00101		219,392	219,392	1.01
1.02	00102		519,169	519,169	1.02
1.03	00103		262,431	262,431	1.03
1.04	00104				1.04
1.05	00105		191,067	191,067	1.05
1.06	00106		506,314	506,314	1.06
1.07	00107		1,039,694	1,039,694	-20,536 1.07
1.08	00108		4,654,321	4,654,321	6,374,113 1.08
1.09	00109				1.09
1.10	00110				1.10
2	00200		9,284,628	9,284,628	2
3	00300				3
4	00400				4
5.01	01160	804,327	24,058,025	24,862,352	590,466 5.01
5.02	00550	339,663	494,222	833,885	5.02
5.03	00560	911,435	992,247	1,903,682	5.03
5.04	00570	557,835	282,521	840,356	5.04
5.05	00580	1,674,633	926,951	2,601,584	5.05
5.06	00590	1,813,802	3,098,361	4,912,163	-1,602,386 5.06
6	00600	8,321,130	62,756,245	71,077,375	6
7	00700	1,686,747	1,474,189	3,160,936	7
8	00800	282,141	4,678,764	4,960,905	27,278 8
9	00900	319,932	486,780	806,712	9
10	01000	2,542,424	840,689	3,383,113	10
11	01100	1,300,260	1,769,767	3,070,027	11
12	01200				12
13	01300	2,917,252	1,145,752	4,063,004	-72,954 13
14	01400	893,682	789,173	1,682,855	14
15	01500				15
16	01600				16
17	01700				17
19	01900				19
20	02000	1,425,008	577,081	2,002,089	20
20.01	02101	181,138	52,532	233,670	20.01
20.02	02102	42,349	31,255	73,604	20.02
20.03	02103	167,321	70,383	237,704	20.03
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	13,102,603	3,100,569	16,203,172	30
33.01	03301	2,685,238	830,503	3,515,741	33.01
34.01	03401	1,304,034	312,192	1,616,226	34.01
35	02060				35
40	04000	1,262,642	238,429	1,501,071	40
41	04100	932,568	234,331	1,166,899	41
43	04300	559,667	198,876	758,543	43
ANCILLARY SERVICE COST CENTERS					
50	05000	5,376,501	14,397,884	19,774,385	-8,394,975 50
52	05200	972,463	291,888	1,264,351	52
53	05300	458,384	6,194,640	6,653,024	53
54	05400	2,077,585	994,308	3,071,893	54
54.01	05401	638,360	212,218	850,578	54.01
54.03	05403	1,412,223	4,566,470	5,978,693	-3,980,545 54.03
55	05500	1,318,544	1,245,357	2,563,901	-155,443 55
55.01	05501	518,306	229,168	747,474	141,168 55.01
56.01	05601	383,441	854,649	1,238,090	56.01
57	05700	578,599	741,749	1,320,348	57
58	05800	434,486	758,641	1,193,127	58
60	06000	2,776,430	4,394,624	7,171,054	60
62.30	06250				62.30
63	06300	977	1,236,698	1,237,675	63
65	06500	1,550,031	1,019,651	2,569,682	-649,325 65
66	06600	929,795	145,473	1,075,268	-640 66
66.01	06601	1,972,268	414,236	2,386,504	66.01
66.02	06602				66.02
67	06700	193,531	140,005	333,536	67
68	06800	166,064	23,325	189,389	68
69.01	06901	497,093	830,487	1,327,580	99,445 69.01
69.02	06902				69.02
70.01	07001	504,720	504,019	1,008,739	-6,636 70.01
71	07100		10,993,195	10,993,195	1,079,757 71
72	07200				15,268,320 72
73	07300	2,034,111	20,541,600	22,575,711	-3,401,868 73
76	03950	359,408	68,949	428,357	76

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-	
		1	2	(COL. 1 + COL. 2)	CATIONS	
				3	4	
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
88	08800	903,395	291,512	1,194,907		88
88.01	08801	1,261,604	391,153	1,652,757		88.01
90.01	09001	720,987	319,974	1,040,961		90.01
90.02	09002	169,608	79,367	248,975		90.02
91	09100	8,166,142	2,436,215	10,602,357		91
91.01	09101	810,062	806,331	1,616,393		91.01
92	09200					92
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,121,701	251,164	1,372,865	53,757	101
113	11300		5,424,037	5,424,037	-5,379,473	113
116	11600	1,158,873	822,133	1,981,006	36,477	116
118		85,493,523	207,951,663	293,445,186	6,000	118
190	19000					190
191.01	19101					191.01
193.01	19301					193.01
193.02	19302				21,278	193.02
193.03	19303					193.03
193.04	19304	222,735	181,030	403,765		193.04
193.05	19305					193.05
193.06	19306	20,092,816	9,984,766	30,077,582	-13,939	193.06
193.07	19307					193.07
193.08	19308					193.08
193.09	19309					193.09
193.10	19310					193.10
193.11	19311	1,114,889	6,079,894	7,194,783		193.11
193.13	19313	1,381,786	832,611	2,214,397	-13,339	193.13
193.14	19314					193.14
194	07950					194
194.01	07951					194.01
200		108,305,749	225,029,964	333,335,713		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	213,690		213,690	1
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	219,392		219,392	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	519,169		519,169	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	262,431		262,431	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5				1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	191,067		191,067	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	506,314		506,314	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	1,019,158	-646,594	372,564	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	11,028,434		11,028,434	1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #10				1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #11				1.10
2	00200	CAP REL COSTS-MVBLE EQUIP	9,284,628	-3,542	9,281,086	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	25,452,818	-635,515	24,817,303	4
5.01	01160	COMMUNICATIONS	833,885	-49,887	783,998	5.01
5.02	00550	DATA PROCESSING	1,903,682		1,903,682	5.02
5.03	00560	PURCHASING	840,356	-5,064	835,292	5.03
5.04	00570	ADMITTING	2,601,584		2,601,584	5.04
5.05	00580	CREDIT & COLLECTIONS	4,912,163	-37,905	4,874,258	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	69,474,989	-39,582,538	29,892,451	5.06
6	00600	MAINTENANCE & REPAIRS	3,160,936	-20,402	3,140,534	6
7	00700	OPERATION OF PLANT	4,988,183		4,988,183	7
8	00800	LAUNDRY & LINEN SERVICE	806,712	972	807,684	8
9	00900	HOUSEKEEPING	3,383,113	-81,408	3,301,705	9
10	01000	DIETARY	3,070,027	-907,664	2,162,363	10
11	01100	CAFETERIA				11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	3,990,050	-494,679	3,495,371	13
14	01400	CENTRAL SERVICES & SUPPLY	1,682,855		1,682,855	14
15	01500	PHARMACY				15
16	01600	MEDICAL RECORDS & LIBRARY				16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL	2,002,089	-1,522,175	479,914	20
20.01	02101	SCHOOL OF MEDICAL TECHNOLOGY	233,670	-86,195	147,475	20.01
20.02	02102	SCHOOL OF SURGICAL TECHNOLOGY	73,604	-73,604		20.02
20.03	02103	SCHOOL OF RADIOLOGICAL TECHNOLOGY	237,704	-201,354	36,350	20.03
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	16,203,172		16,203,172	30
33.01	03301	ADULT SPECIAL CARE	3,515,741		3,515,741	33.01
34.01	03401	CARDIOTHORACIC ICU	1,616,226		1,616,226	34.01
35	02060	NEONATOLOGY				35
40	04000	SUBPROVIDER - IPF	1,501,071	-327,831	1,173,240	40
41	04100	SUBPROVIDER - IRF	1,166,899	-27,940	1,138,959	41
43	04300	NURSERY	758,543		758,543	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	11,379,410		11,379,410	50
52	05200	DELIVERY ROOM & LABOR ROOM	1,264,351		1,264,351	52
53	05300	ANESTHESIOLOGY	6,653,024	-5,480,140	1,172,884	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,071,893	-64	3,071,829	54
54.01	05401	ULTRASOUND	850,578		850,578	54.01
54.03	05403	CARDIOVASCULAR LAB	1,998,148		1,998,148	54.03
55	05500	RADIOLOGY-THERAPEUTIC	2,408,458		2,408,458	55
55.01	05501	CHEMOTHERAPY	888,642		888,642	55.01
56.01	05601	NUCLEAR MEDICINE	1,238,090		1,238,090	56.01
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,320,348		1,320,348	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,193,127		1,193,127	58
60	06000	LABORATORY	7,171,054	-7,819	7,163,235	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	1,237,675		1,237,675	63
65	06500	RESPIRATORY THERAPY	1,920,357	-24,292	1,896,065	65
66	06600	PHYSICAL THERAPY	1,074,628	-15,082	1,059,546	66
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,386,504	-1,892	2,384,612	66.01
66.02	06602	PHYSIATRY				66.02
67	06700	OCCUPATIONAL THERAPY	333,536	-856	332,680	67
68	06800	SPEECH PATHOLOGY	189,389		189,389	68
69.01	06901	CV DIAGNOSTIC	1,427,025	-454,372	972,653	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB				69.02
70.01	07001	NEUROPHYSIOLOGY	1,002,103	-215,548	786,555	70.01
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	12,072,952		12,072,952	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	15,268,320		15,268,320	72
73	07300	DRUGS CHARGED TO PATIENTS	19,173,843	-203,836	18,970,007	73
76	03950	CARDIAC REHAB	428,357	-125,560	302,797	76

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	
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)	1,194,907	1,194,907	88
88.01	08801	RHC II	1,652,757	1,652,757	88.01
90.01	09001	HYPERBARIC WOUND CLINIC	1,040,961	1,040,961	90.01
90.02	09002	DIABETES CENTER	248,975	248,975	90.02
91	09100	EMERGENCY	10,602,357	-4,360,394	91
91.01	09101	G.I. LABORATORY	1,616,393	1,616,393	91.01
92	09200	OBSERVATION BEDS			92
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	1,426,622	-2,074	101
SPECIAL PURPOSE COST CENTERS					
113	11300	INTEREST EXPENSE	44,564	-44,564	113
116	11600	HOSPICE	2,017,483	-215,334	116
118		SUBTOTALS (SUM OF LINES 1-117)	293,451,186	-55,855,152	118
NONREIMBURSABLE COST CENTERS					
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
191.01	19101	RESPIRE CARE			191.01
193.01	19301	VENDING MACHINES			193.01
193.02	19302	SUNSET GUEST HOUSE	21,278		193.02
193.03	19303	LACEY'S RESTAURANT			193.03
193.04	19304	COMMUNITY WELLNESS	403,765		193.04
193.05	19305	HOME INFUSION			193.05
193.06	19306	SE HOSP PHYSICIANS LLC	30,063,643	-428,905	193.06
193.07	19307	GENERATIONS			193.07
193.08	19308	RETAIL PHARMACY		3,358,072	193.08
193.09	19309	OUTREACH LAB		2,884,087	193.09
193.10	19310	FOOT CLINIC			193.10
193.11	19311	MARKETING	7,194,783	-8,927	193.11
193.13	19313	HEALTHPOINT	2,201,058	-9,240	193.13
193.14	19314	DOCTORS PARK			193.14
194	07950	JAZZMAN'S RESTAURANT		57,964	194
194.01	07951	FOUNDATION OFFICE			194.01
200		TOTAL (SUM OF LINES 118-199)	333,335,713	-50,002,101	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	OTHER
	1	2	3	4	5
1 TO RECLASS INSURANCE EXPENSE	A	EMPLOYEE BENEFITS	4		590,466 1
2		NEW CAP-REL CSTS-BLDGS & FIX	1.08		1,035,507 2
3		HOME HEALTH AGENCY	101		17,280 3
500 TOTAL RECLASSIFICATIONS					1,643,253 500
CODE LETTER - A					
1 TO RECLASS INTEREST EXPENSE	B	NEW CAP-REL CSTS-BLDGS & FIX	1.08		5,338,606 1
2		OTHER ADMINISTRATIVE & GENERA	5.06		40,867 2
3					
500 TOTAL RECLASSIFICATIONS					5,379,473 500
CODE LETTER - B					
1 TO RECLASS LACEY GUEST HOUSE	C	SUNSET GUEST HOUSE	193.02		742 1
500 TOTAL RECLASSIFICATIONS					742 500
CODE LETTER - C					
1 TO RECLASS LACEY GUEST HOUSE DEPREC	D	SUNSET GUEST HOUSE	193.02		20,536 1
500 TOTAL RECLASSIFICATIONS					20,536 500
CODE LETTER - D					
1 TO RECLASS HEALTHPOINT TO PLANT	E	OPERATION OF PLANT	7		13,339 1
500 TOTAL RECLASSIFICATIONS					13,339 500
CODE LETTER - E					
1 TO RECLASS SUPPLY EXPENSE	F	MEDICAL SUPPLIES CHRGED TO PA	71		373,513 1
500 TOTAL RECLASSIFICATIONS					373,513 500
CODE LETTER - F					
1 TO RECLASS SUPPLY EXPENSE	G	MEDICAL SUPPLIES CHRGED TO PA	71		6,636 1
500 TOTAL RECLASSIFICATIONS					6,636 500
CODE LETTER - G					
1 TO RECLASS SUPPLY EXPENSE	H	MEDICAL SUPPLIES CHRGED TO PA	71		649,325 1
500 TOTAL RECLASSIFICATIONS					649,325 500
CODE LETTER - H					
1 TO RECLASS SUPPLY EXPENSE	I	MEDICAL SUPPLIES CHRGED TO PA	71		640 1
500 TOTAL RECLASSIFICATIONS					640 500
CODE LETTER - I					
1 TO RECLASS SUPPLY EXPENSE	J	MEDICAL SUPPLIES CHRGED TO PA	71		31,409 1
500 TOTAL RECLASSIFICATIONS					31,409 500
CODE LETTER - J					
1 TO RECLASS SUPPLY EXPENSE	K	MEDICAL SUPPLIES CHRGED TO PA	71		18,234 1
500 TOTAL RECLASSIFICATIONS					18,234 500
CODE LETTER - K					
1 TO RECLASS IMPLANTABLE DEVICES	L	IMPL. DEV. CHARGED TO PATIENT	72		15,268,320 1
2					2
3					3
4					4
500 TOTAL RECLASSIFICATIONS					15,268,320 500
CODE LETTER - L					
1 TO RECLASS DIRECTORS SALARY	M	HOME HEALTH AGENCY	101	36,477	1
2		HOSPICE	116	36,477	2
500 TOTAL RECLASSIFICATIONS				72,954	500
CODE LETTER - M					
1 TO RECLASS ADMIN EXPENSE	N	CV DIAGNOSTIC	69.01	62,208	37,237 1
500 TOTAL RECLASSIFICATIONS				62,208	37,237 500
CODE LETTER - N					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE			
			LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 TO RECLASS ADMIN EXPENSE	O	CHEMOTHERAPY	55.01	94,498	46,670	1
500 TOTAL RECLASSIFICATIONS				94,498	46,670	500
CODE LETTER - O						
1 TO RECLASS WEST CAMPUS MOB	P	OPERATION OF PLANT	7		13,939	1
500 TOTAL RECLASSIFICATIONS					13,939	500
CODE LETTER - P						
GRAND TOTAL (INCREASES)				229,660	23,503,266	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7	
						REF.	10
1 TO RECLASS INSURANCE EXPENSE	A	OTHER ADMINISTRATIVE & GENERA	5.06		1,643,253		1
2							12
3							3
500 TOTAL RECLASSIFICATIONS					1,643,253		500
CODE LETTER - A							
1 TO RECLASS INTEREST EXPENSE	B						11
2							2
3		INTEREST EXPENSE	113		5,379,473		3
500 TOTAL RECLASSIFICATIONS					5,379,473		500
CODE LETTER - B							
1 TO RECLASS LACEY GUEST HOUSE	C	RADIOLOGY-THERAPEUTIC	55		742		1
500 TOTAL RECLASSIFICATIONS					742		500
CODE LETTER - C							
1 TO RECLASS LACEY GUEST HOUSE DEPREC	D	NEW CAP-REL CSTS-BLDGS & FIX	1.07		20,536		10
500 TOTAL RECLASSIFICATIONS					20,536		500
CODE LETTER - D							
1 TO RECLASS HEALTHPOINT TO PLANT	E	HEALTHPOINT	193.13		13,339		1
500 TOTAL RECLASSIFICATIONS					13,339		500
CODE LETTER - E							
1 TO RECLASS SUPPLY EXPENSE	F	OPERATING ROOM	50		373,513		1
500 TOTAL RECLASSIFICATIONS					373,513		500
CODE LETTER - F							
1 TO RECLASS SUPPLY EXPENSE	G	NEUROPHYSIOLOGY	70.01		6,636		1
500 TOTAL RECLASSIFICATIONS					6,636		500
CODE LETTER - G							
1 TO RECLASS SUPPLY EXPENSE	H	RESPIRATORY THERAPY	65		649,325		1
500 TOTAL RECLASSIFICATIONS					649,325		500
CODE LETTER - H							
1 TO RECLASS SUPPLY EXPENSE	I	PHYSICAL THERAPY	66		640		1
500 TOTAL RECLASSIFICATIONS					640		500
CODE LETTER - I							
1 TO RECLASS SUPPLY EXPENSE	J	DRUGS CHARGED TO PATIENTS	73		31,409		1
500 TOTAL RECLASSIFICATIONS					31,409		500
CODE LETTER - J							
1 TO RECLASS SUPPLY EXPENSE	K	CARDIOVASCULAR LAB	54.03		18,234		1
500 TOTAL RECLASSIFICATIONS					18,234		500
CODE LETTER - K							
1 TO RECLASS IMPLANTABLE DEVICES	L	OPERATING ROOM	50		8,021,462		1
2		RADIOLOGY-THERAPEUTIC	55		13,533		2
3		DRUGS CHARGED TO PATIENTS	73		3,370,459		3
4		CARDIOVASCULAR LAB	54.03		3,862,866		4
500 TOTAL RECLASSIFICATIONS					15,268,320		500
CODE LETTER - L							
1 TO RECLASS DIRECTORS SALARY	M	NURSING ADMINISTRATION	13	72,954			1
2							2
500 TOTAL RECLASSIFICATIONS				72,954			500
CODE LETTER - M							
1 TO RECLASS ADMIN EXPENSE	N	CARDIOVASCULAR LAB	54.03	62,208	37,237		1
500 TOTAL RECLASSIFICATIONS				62,208	37,237		500
CODE LETTER - N							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 TO RECLASS ADMIN EXPENSE	O	RADIOLOGY-THERAPEUTIC	55	94,498	46,670	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				94,498	46,670	500
1 TO RECLASS WEST CAMPUS MOB	P	SE HOSP PHYSICIANS LLC	193.06		13,939	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					13,939	500
GRAND TOTAL (DECREASES)				229,660	23,503,266	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	14,513,231					14,513,231	1
2 LAND IMPROVEMENTS	11,614,984	546,659		546,659	54,066	12,107,577	2
3 BUILDINGS AND FIXTURES	161,999,323	25,943,294		25,943,294	171,197	187,771,420	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	86,397,393	26,003,101		26,003,101	20,771,319	91,629,175	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	274,524,931	52,493,054		52,493,054	20,996,582	306,021,403	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	274,524,931	52,493,054		52,493,054	20,996,582	306,021,403	10

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

DESCRIPTION	DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL (1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	213,690						213,690 1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2	219,392						219,392 1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3	519,169						519,169 1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4	262,431						262,431 1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5							1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6	191,067						191,067 1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7	506,314						506,314 1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8	1,039,694						1,039,694 1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9	4,654,321						4,654,321 1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10							1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11							1.10
2 CAP REL COSTS-MVBLE EQUIP	9,284,628						9,284,628 2
3 TOTAL (SUM OF LINES 1-2)	16,890,706						16,890,706 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL-RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
1.01 NEW CAP-REL CSTS-BLDGS & FIX								1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX								1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX								1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX								1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX								1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX								1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX								1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX								1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX								1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX								1.10
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL (2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	213,690						213,690 1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2	219,392						219,392 1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3	519,169						519,169 1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4	262,431						262,431 1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5							1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6	191,067						191,067 1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7	506,314						506,314 1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8	1,039,694	-20,536	-646,594				372,564 1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9	4,654,321		5,338,606	1,035,507			11,028,434 1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10							1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11							1.10
2 CAP REL COSTS-MVBLE EQUIP	9,284,628		-3,542				9,281,086 2
3 TOTAL	16,890,706	-20,536	4,688,470	1,035,507			22,594,147 3

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.	REF	
	1	2	3	4	5	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1		1
1.07 INV INC-BLDGS AND FIXT	B	-804,211	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	11	1.07
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)						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)	A	-49,887	COMMUNICATIONS	5.01		7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)						8
9 PARKING LOT (CHAPTER 21)						9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,410,377				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	B	972	LAUNDRY & LINEN SERVICE	8		13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-813,294	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	A	-77,438	OTHER ADMINISTRATIVE & GENERAL	5.06		18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-1,522,175	NURSING SCHOOL	20		19
20 VENDING MACHINES						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		26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-3,542	CAP REL COSTS-MVBLE EQUIP	2	11	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 CAPITALIZED INTEREST	A	157,617	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	11	33
34 PROVIDER BASED PHYSICIAN ADJUSTMEN	A	-215,334	HOSPICE	116		34
35 CRNA	A	-5,480,140	ANESTHESIOLOGY	53		35
36 PROVISION FOR BAD DEBT	A	-37,243,092	OTHER ADMINISTRATIVE & GENERAL	5.06		36
37 MEDICARE PART B BILLINGS	A	-37,905	CREDIT & COLLECTIONS	5.05		37
38 NON-ALLOWABLE BUSINESS EXPENSE	A	-46,275	EMPLOYEE BENEFITS	4		38
39 NON-ALLOWABLE BUSINESS EXPENSE	A	-4,079	PURCHASING	5.03		39
40						40
41 NON-ALLOWABLE BUSINESS EXPENSE	A	-12,235	OTHER ADMINISTRATIVE & GENERAL	5.06		41
42 NON-ALLOWABLE BUSINESS EXPENSE	A	-1,892	SOUTHEAST OUTPATIENT REHAB	66.01		42
43 NON-ALLOWABLE BUSINESS EXPENSE	A	-428,905	SE HOSP PHYSICIANS LLC	193.06		43
44 NON-ALLOWABLE BUSINESS EXPENSE	A	-8,927	MARKETING	193.11		44
45 NON-ALLOWABLE BUSINESS EXPENSE	A	-9,240	HEALTHPOINT	193.13		45
45.01 RETAIL PHARMACY	A	1,637,207	RETAIL PHARMACY	193.08		45.01
45.02 MAIN ST PHARMACY	A	838,094	RETAIL PHARMACY	193.08		45.02
45.03 L-T CARE PHARMACY	A	351,704	RETAIL PHARMACY	193.08		45.03
45.04 SEH PHARM #817	A	531,565	RETAIL PHARMACY	193.08		45.04
45.05 OUTREACH LAB	A	2,884,087	OUTREACH LAB	193.09		45.05
45.06 LACEY'S RESTAURANT	A	11,705	OTHER ADMINISTRATIVE & GENERAL	5.06		45.06
45.07 AHA DUES USED FOR LOBBYING	A	-11,948	OTHER ADMINISTRATIVE & GENERAL	5.06		45.07
45.08 REV CR CD REV SHARE	B	-141,242	OTHER ADMINISTRATIVE & GENERAL	5.06		45.08
45.09 REV RADIOLOGY FILM SALES	B	-64	RADIOLOGY-DIAGNOSTIC	54		45.09
45.11 REV PHARMACY SALES	B	-203,836	DRUGS CHARGED TO PATIENTS	73		45.11
45.12 REV HOUSEKEEPING OUTREACH	B	-81,408	HOUSEKEEPING	9		45.12
45.13 REV NSF CHECK CLEARING	B	123	OTHER ADMINISTRATIVE & GENERAL	5.06		45.13
45.14 REV HHA NON PT REV	B	-2,074	HOME HEALTH AGENCY	101		45.14
45.15 REV RAD FILM COPIES	B	-560	OTHER ADMINISTRATIVE & GENERAL	5.06		45.15
45.16 REV CARDIAC REHAB OUTREACH	B	-125,560	CARDIAC REHAB	76		45.16

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	
45.17 REV PARKING FINES	B	-880	OTHER ADMINISTRATIVE & GENERAL	5.06	45.17
45.18 REV SEH ASSOCIATION DUES	B	-10,871	OTHER ADMINISTRATIVE & GENERAL	5.06	45.18
45.19 REV PURCHASE DISCOUNTS	B	-985	PURCHASING	5.03	45.19
45.20 MO DISCOUNT FOR HIGH VOL PAYROLL	B	-22,052	EMPLOYEE BENEFITS	4	45.20
45.21 REV MISCELLANEOUS INCOME	B	-144,832	OTHER ADMINISTRATIVE & GENERAL	5.06	45.21
45.22 REV LAB CLINICAL STUDIES	B	-7,819	LABORATORY	60	45.22
45.24 REV NSG EDUC SEMINARS	B	-18,429	NURSING ADMINISTRATION	13	45.24
45.27 REV OP REHAB OUTREACH	B	-856	OCCUPATIONAL THERAPY	67	45.27
45.28 REV OP REHAB OUTREACH	B	-15,082	PHYSICAL THERAPY	66	45.28
45.30 OP REV BIOMED OUTREACH	B	-20,402	MAINTENANCE & REPAIRS	6	45.30
45.31 OP REV PRE NAT/CHILD HVP	B	-476,250	NURSING ADMINISTRATION	13	45.31
45.33 OP REV CONHS-RAD TECH PROG	B	-201,354	SCHOOL OF RADIOLOGICAL TECHNOLO	20.03	45.33
45.34 OP REV CONHS-SURG TECH PROG	A	-73,604	SCHOOL OF SURGICAL TECHNOLOGY	20.02	45.34
45.35 OP REV CONHS-MED TECH PROG	B	-86,195	SCHOOL OF MEDICAL TECHNOLOGY	20.01	45.35
45.36 REV INTEREST-WORKING CAP	B	-329,021	OTHER ADMINISTRATIVE & GENERAL	5.06	45.36
45.37 REV INTEREST-PHYSICIAN LOANS	B	-26,647	OTHER ADMINISTRATIVE & GENERAL	5.06	45.37
45.38 RETIREMENT HEALTH CARE	A	-567,188	EMPLOYEE BENEFITS	4	45.38
45.40 OTH OP REV GUEST CAFETERIAO	B	-23,886	DIETARY	10	45.40
45.41 OTH OP REV MEALS ON WHEELS	B	-22,751	DIETARY	10	45.41
45.42 OTH OP REV PRISONER MEALS	B	-47,733	DIETARY	10	45.42
45.43 REV NSG EDUC OUTREACH	B	-498	RETAIL PHARMACY	193.08	45.43
45.44 MGMT OF RIPLEY	A	-756,000	OTHER ADMINISTRATIVE & GENERAL	5.06	45.44
46 JAZZMAN'S RESTAURANT	A	57,964	JAZZMAN'S RESTAURANT	194	46
47 INTEREST EXPENSE	A	-44,564	INTEREST EXPENSE	113	47
48 INSURANCE DIVIDEND	B	-839,600	OTHER ADMINISTRATIVE & GENERAL	5.06	48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-50,002,101			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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6						6
7						7
8						8
9						9
10						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	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	40	SUBPROVIDER - IPF	AGGREGATE	327,831	327,831					1
2	41	SUBPROVIDER - IRF	ALL OTHERS	82,718	22,718	60,000	159,800	713	54,778	2,739
3	65	RESPIRATORY THERAPY	AGGREGATE	24,292	24,292					3
4	69.01	CV DIAGNOSTIC	AGGREGATE	454,372	454,372					4
5	70.01	NEUROPHYSIOLOGY	AGGREGATE	215,548	215,548					5
6	91	EMERGENCY	KOLDA AND OTHER	4,542,628	4,291,878	250,750	159,800	2,372	182,234	9,112
200		TOTAL		5,647,389	5,336,639	310,750		3,085	237,012	11,851

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	
10	11	12	13	14	15	16	17	18	
1	40 SUBPROVIDER - IPF	AGGREGATE						327,831	1
2	41 SUBPROVIDER - IRF	ALL OTHERS				54,778	5,222	27,940	2
3	65 RESPIRATORY THERAPY	AGGREGATE						24,292	3
4	69.01 CV DIAGNOSTIC	AGGREGATE						454,372	4
5	70.01 NEUROPHYSIOLOGY	AGGREGATE						215,548	5
6	91 EMERGENCY	KOLDA AND OTHER				182,234	68,516	4,360,394	6
200	TOTAL					237,012	73,738	5,410,377	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	NEW CAP-RE L CSTS-BLD GS & FIX # 1.01	NEW CAP-RE L CSTS-BLD GS & FIX # 1.02	NEW CAP-RE L CSTS-BLD GS & FIX # 1.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	213,690	213,690				1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2	219,392		219,392			1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3	519,169			519,169		1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4	262,431				262,431	1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6	191,067					1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7	506,314					1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8	372,564					1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9	11,028,434					1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP	9,281,086					2
4 EMPLOYEE BENEFITS	24,817,303		2,942			4
5.01 COMMUNICATIONS	783,998	2,444				5.01
5.02 DATA PROCESSING	1,903,682		2,995	1,556		5.02
5.03 PURCHASING	835,292		4,870	45,465		5.03
5.04 ADMITTING	2,601,584		12,567			5.04
5.05 CREDIT & COLLECTIONS	4,874,258	7,893			14,398	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	29,892,451	34,728	13,436		40,662	5.06
6 MAINTENANCE & REPAIRS	3,140,534			11,907	30,504	6
7 OPERATION OF PLANT	4,988,183	14,563	9,455	37,143	11,364	7
8 LAUNDRY & LINEN SERVICE	807,684		1,335	3,383	923	8
9 HOUSEKEEPING	3,301,705		6,939	6,066	2,019	9
10 DIETARY	2,162,363		15,526		52,735	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,495,371	28,198	11,768			13
14 CENTRAL SERVICES & SUPPLY	1,682,855		812			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	479,914					20
20.01 SCHOOL OF MEDICAL TECHNOLOGY	147,475					20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY	36,350					20.03
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	16,203,172	29,992	54,740	350,188	71,963	30
33.01 ADULT SPECIAL CARE	3,515,741					33.01
34.01 CARDIOTHORACIC ICU	1,616,226					34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	1,173,240			59,131		40
41 SUBPROVIDER - IRF	1,138,959		32,549			41
43 NURSERY	758,543				8,157	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,379,410					50
52 DELIVERY ROOM & LABOR ROOM	1,264,351		11,305		12,096	52
53 ANESTHESIOLOGY	1,172,884		4,155			53
54 RADIOLOGY-DIAGNOSTIC	3,071,829					54
54.01 ULTRASOUND	850,578					54.01
54.03 CARDIOVASCULAR LAB	1,998,148					54.03
55 RADIOLOGY-THERAPEUTIC	2,408,458					55
55.01 CHEMOTHERAPY	888,642					55.01
56.01 NUCLEAR MEDICINE	1,238,090					56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,320,348					57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,193,127					58
60 LABORATORY	7,163,235					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,237,675					63
65 RESPIRATORY THERAPY	1,896,065					65
66 PHYSICAL THERAPY	1,059,546					66
66.01 SOUTHEAST OUTPATIENT REHAB	2,384,612					66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	332,680					67
68 SPEECH PATHOLOGY	189,389					68
69.01 CV DIAGNOSTIC	972,653					69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	786,555	43,423				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	12,072,952					71
72 IMPL. DEV. CHARGED TO PATIENT	15,268,320					72
73 DRUGS CHARGED TO PATIENTS	18,970,007	52,449				73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	NEW CAP-RE L CSTS-BLD GS & FIX # 1.01	NEW CAP-RE L CSTS-BLD GS & FIX # 1.02	NEW CAP-RE L CSTS-BLD GS & FIX # 1.03	
76 CARDIAC REHAB	302,797				4,153	76
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)	1,194,907					88
88.01 RHC II	1,652,757					88.01
90.01 HYPERBARIC WOUND CLINIC	1,040,961					90.01
90.02 DIABETES CENTER	248,975					90.02
91 EMERGENCY	6,241,963					91
91.01 G.I. LABORATORY	1,616,393		33,592			91.01
92 OBSERVATION BEDS						92
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	1,424,548					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	1,802,149					116
118 SUBTOTALS (SUM OF LINES 1-117)	237,596,034	213,690	218,986	514,839	254,794	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				2,300		190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE	21,278					193.02
193.03 LACEY'S RESTAURANT						193.03
193.04 COMMUNITY WELLNESS	403,765					193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	29,634,738		406	2,030	7,637	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY	3,358,072					193.08
193.09 OUTREACH LAB	2,884,087					193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING	7,185,856					193.11
193.13 HEALTHPOINT	2,191,818					193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT	57,964					194
194.01 FOUNDATION OFFICE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	283,333,612	213,690	219,392	519,169	262,431	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP-RE L CSTS-BLD GS & FIX # 1.05	NEW CAP-RE L CSTS-BLD GS & FIX # 1.06	NEW CAP-RE L CSTS-BLD GS & FIX # 1.07	NEW CAP-RE L CSTS-BLD GS & FIX # 1.08	CAP MOVABLE EQUIPMENT 2	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6	191,067					1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7		506,314				1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8			372,564			1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9				11,028,434		1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP					9,281,086	2
4 EMPLOYEE BENEFITS	28,528			35,483	10,052	4
5.01 COMMUNICATIONS		2,477		11,570	50,732	5.01
5.02 DATA PROCESSING	39,026	8,067		73,227	1,653,581	5.02
5.03 PURCHASING				91,722	6,186	5.03
5.04 ADMITTING				98,050	19,999	5.04
5.05 CREDIT & COLLECTIONS				32,169	96,407	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		9,326	1,397	350,092	152,777	5.06
6 MAINTENANCE & REPAIRS			38,985	264,857	55,808	6
7 OPERATION OF PLANT	42,694	83,842		548,173	65,673	7
8 LAUNDRY & LINEN SERVICE		339	569	66,284	24,770	8
9 HOUSEKEEPING	7,467	847	1,023	58,343	54,403	9
10 DIETARY				227,341	66,340	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	73,352	1,895		165,456	130,378	13
14 CENTRAL SERVICES & SUPPLY				69,212	128,482	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL				246,975	21,888	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY				17,724	1,502	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY				16,777	1,606	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY				38,445	10,248	20.03
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		159,840		1,591,189	479,270	30
33.01 ADULT SPECIAL CARE		56,414		186,844	122,210	33.01
34.01 CARDIOTHORACIC ICU			80,425	316,958	95,412	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF				91,932	7,330	40
41 SUBPROVIDER - IRF				140,615	11,414	41
43 NURSERY				24,789	40,748	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		89,781	93,783	732,616	1,213,228	50
52 DELIVERY ROOM & LABOR ROOM				85,603		52
53 ANESTHESIOLOGY			32,006	144,086	122,721	53
54 RADIOLOGY-DIAGNOSTIC			9,551	68,896	534,305	54
54.01 ULTRASOUND			6,672	51,401	44,817	54.01
54.03 CARDIOVASCULAR LAB		24,263	25,062	271,659	275,791	54.03
55 RADIOLOGY-THERAPEUTIC				462,728	935,480	55
55.01 CHEMOTHERAPY				375,389	23,110	55.01
56.01 NUCLEAR MEDICINE			8,906	35,097	171,501	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN			4,911	44,458	479,861	57
58 MAGNETIC RESONANCE IMAGING (MRI)				117,580	183,571	58
60 LABORATORY		44,128	4,546	176,291	232,658	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,747		5,785	7,694	63
65 RESPIRATORY THERAPY			7,415	29,224	109,766	65
66 PHYSICAL THERAPY		9,252		30,644	12,261	66
66.01 SOUTHEAST OUTPATIENT REHAB				269,870	78,023	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY		1,906		6,311	1,014	67
68 SPEECH PATHOLOGY		953		3,156	1,447	68
69.01 CV DIAGNOSTIC		4,658	2,318	30,907	175,979	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY		2,641		79,292	54,519	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			712	87,251	14,327	73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	CAP MOVABLE EQUIPMENT 2	
	L CSTS-BLD GS & FIX # 1.05	L CSTS-BLD GS & FIX # 1.06	L CSTS-BLD GS & FIX # 1.07	L CSTS-BLD GS & FIX # 1.08		
76 CARDIAC REHAB				12,622	7,170	76
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)				124,382	24,264	88
88.01 RHC II				135,023	28,246	88.01
90.01 HYPERBARIC WOUND CLINIC					39,235	90.01
90.02 DIABETES CENTER					3,538	90.02
91 EMERGENCY			54,283	213,929	196,392	91
91.01 G.I. LABORATORY				145,121	166,189	91.01
92 OBSERVATION BEDS						92
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				86,392	84,727	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				86,410	25,002	116
118 SUBTOTALS (SUM OF LINES 1-117)	191,067	502,376	372,564	8,764,004	8,554,052	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				39,550	576	190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE				57,379		193.02
193.03 LACEY'S RESTAURANT				68,370	8,127	193.03
193.04 COMMUNITY WELLNESS					7,257	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC				1,009,989	373,586	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY				30,469	10,842	193.08
193.09 OUTREACH LAB		3,938		25,560	28,261	193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING				68,616	111,289	193.11
193.13 HEALTHPOINT				920,547	177,604	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT				8,888	5,556	194
194.01 FOUNDATION OFFICE				35,062	3,936	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	191,067	506,314	372,564	11,028,434	9,281,086	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE	COMMUNICAT	SUBTOTAL	DATA PROCE	PURCHASING	
	BENEFITS	IONS		SSING		
	4	5.01	(COLS.0-4) 4A	5.02	5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	24,894,308					4
5.01 COMMUNICATIONS	79,096	930,317				5.01
5.02 DATA PROCESSING	212,243	16,422	3,910,799	3,910,799		5.02
5.03 PURCHASING	129,901	8,402	1,121,838	18,010	1,139,848	5.03
5.04 ADMITTING	382,408	31,316	3,160,322	50,736	2,265	5.04
5.05 CREDIT & COLLECTIONS	422,375	30,552	5,469,474	87,807	1,487	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,937,717	97,003	32,529,589	522,192	7,274	5.06
6 MAINTENANCE & REPAIRS	392,788	11,457	3,946,840	63,363	11,699	6
7 OPERATION OF PLANT	65,701	764	5,867,555	94,198	10,093	7
8 LAUNDRY & LINEN SERVICE	74,502	3,055	982,844	15,779	4,560	8
9 HOUSEKEEPING	592,047	4,201	4,035,060	64,779	22,611	9
10 DIETARY	302,788	9,548	2,836,641	45,539	3,159	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	662,343	19,859	4,588,620	73,666	6,778	13
14 CENTRAL SERVICES & SUPPLY	208,109	5,729	2,095,199	33,636	37,966	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	331,837	16,040	1,096,654	17,606	1,452	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY	42,181		208,882	3,353	887	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY	9,862		28,245	453	42	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY	38,964		124,007	1,991	231	20.03
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	3,002,665	92,421	22,035,440	353,757	56,738	30
33.01 ADULT SPECIAL CARE	596,829	15,276	4,493,314	72,136	24,938	33.01
34.01 CARDIOTHORACIC ICU	295,705	10,693	2,415,419	38,777	7,956	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	289,219	6,492	1,627,344	26,125	827	40
41 SUBPROVIDER - IRF	217,164	8,020	1,548,721	24,863	2,609	41
43 NURSERY	130,328	3,819	966,384	15,514	3,900	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	594,204	51,175	14,154,197	227,231	167,538	50
52 DELIVERY ROOM & LABOR ROOM	226,455	9,929	1,609,739	25,843	5,612	52
53 ANESTHESIOLOGY	106,743	10,311	1,592,906	25,573	33,222	53
54 RADIOLOGY-DIAGNOSTIC	479,941	34,371	4,198,893	67,409	33,411	54
54.01 ULTRASOUND	148,186	4,201	1,105,855	17,753	2,671	54.01
54.03 CARDIOVASCULAR LAB	231,044	10,693	2,836,660	45,540	139,913	54.03
55 RADIOLOGY-THERAPEUTIC	284,764	10,693	4,102,123	65,855	4,255	55
55.01 CHEMOTHERAPY	142,702	6,874	1,436,717	23,065	6,299	55.01
56.01 NUCLEAR MEDICINE	89,291	2,673	1,545,558	24,812	230	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	134,737	3,819	1,988,134	31,918	8,141	57
58 MAGNETIC RESONANCE IMAGING (MRI)	101,177	7,256	1,602,711	25,730	1,400	58
60 LABORATORY	646,539	26,351	8,293,748	133,148	157,246	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	228	2,291	1,255,420	20,155	10,455	63
65 RESPIRATORY THERAPY	357,011	8,402	2,407,883	38,656	20,054	65
66 PHYSICAL THERAPY	214,546	4,965	1,331,214	21,371	544	66
66.01 SOUTHEAST OUTPATIENT REHAB	459,276	29,407	3,221,188	51,713	1,557	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	44,761		386,672	6,208	260	67
68 SPEECH PATHOLOGY	33,256	764	228,965	3,676	59	68
69.01 CV DIAGNOSTIC	130,242	19,477	1,336,234	21,452	1,191	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	117,533	11,075	1,095,038	17,580	3,289	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			12,072,952	193,819		71
72 IMPL. DEV. CHARGED TO PATIENT	741,284		16,009,604	257,018	232,128	72
73 DRUGS CHARGED TO PATIENTS	473,677	8,402	19,606,825	314,768	7,561	73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE	COMMUNICAT	SUBTOTAL	DATA PROCE	PURCHASING	
	BENEFITS	IONS		SSING		
	4	5.01	(COLS. 0-4) 4A	5.02	5.03	
76 CARDIAC REHAB	83,694	4,965	415,401	6,669	360	76
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)	210,371	17,186	1,571,110	25,223	785	88
88.01 RHC II	293,786	5,347	2,115,159	33,957	1,699	88.01
90.01 HYPERBARIC WOUND CLINIC	167,894	6,492	1,254,582	20,141	2,186	90.01
90.02 DIABETES CENTER	38,851	4,965	383,983	6,164	173	90.02
91 EMERGENCY	1,876,409	29,407	8,612,383	138,263	42,143	91
91.01 G.I. LABORATORY	188,637	9,166	2,159,098	34,662	16,426	91.01
92 OBSERVATION BEDS						92
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	269,701	12,603	1,877,971	30,149	1,893	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	278,358	14,130	2,206,049	35,416	596	116
118 SUBTOTALS (SUM OF LINES 1-117)	19,582,070	758,459	229,104,163	3,615,217	1,110,769	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		764	43,190	693		190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			78,657	1,263		193.02
193.03 LACEY'S RESTAURANT		3,437	79,934	1,283		193.03
193.04 COMMUNITY WELLNESS	51,868	3,819	466,709	7,493	1,640	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	4,678,977	110,371	35,817,734		18,992	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY		9,548	3,408,931	54,727		193.08
193.09 OUTREACH LAB		3,055	2,944,901	47,277		193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING	259,621	12,221	7,637,603	122,614	2,052	193.11
193.13 HEALTHPOINT	321,772	25,588	3,637,329	58,394	6,395	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT		764	73,172	1,175		194
194.01 FOUNDATION OFFICE		2,291	41,289	663		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	24,894,308	930,317	283,333,612	3,910,799	1,139,848	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	CREDIT & C	SUBTOTAL (COLS.0-4)	OTHER ADMI	MAIN-	
	5.04	COLLECTIONS		NISTRATIVE	TENANCE &	
		5.05		& GENERAL	REPAIRS	
				5.06	6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING	3,213,323					5.04
5.05 CREDIT & COLLECTIONS		5,558,768				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			33,059,055	33,059,055		5.06
6 MAINTENANCE & REPAIRS			4,021,902	531,257	4,553,159	6
7 OPERATION OF PLANT			5,971,846	788,827	596,974	7
8 LAUNDRY & LINEN SERVICE			1,003,183	132,511	147,818	8
9 HOUSEKEEPING			4,122,450	544,539	207,812	9
10 DIETARY			2,885,339	381,127	200,740	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			4,669,064	616,741	152,152	13
14 CENTRAL SERVICES & SUPPLY			2,166,801	286,215	51,326	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			1,115,712	147,376	14,827	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			213,122	28,151		20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY			28,740	3,796	1,141	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY			126,229	16,674		20.03
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	114,132	197,436	22,757,503	3,006,061	865,462	30
33.01 ADULT SPECIAL CARE	32,436	56,111	4,678,935	618,045	140,518	33.01
34.01 CARDIOTHORACIC ICU	15,583	26,957	2,504,692	330,847	84,630	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	10,668	18,454	1,683,418	222,364	142,343	40
41 SUBPROVIDER - IRF	5,939	10,273	1,592,405	210,342	113,145	41
43 NURSERY	4,338	7,505	997,641	131,779	8,212	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	386,145	668,063	15,603,174	2,061,039	411,518	50
52 DELIVERY ROOM & LABOR ROOM	20,063	34,707	1,695,964	224,022	684	52
53 ANESTHESIOLOGY	88,523	153,135	1,893,359	250,096	5,247	53
54 RADIOLOGY-DIAGNOSTIC	92,851	160,622	4,553,186	601,435	163,558	54
54.01 ULTRASOUND	43,787	75,747	1,245,813	164,561	16,652	54.01
54.03 CARDIOVASCULAR LAB	114,779	198,555	3,335,447	440,583	101,657	54.03
55 RADIOLOGY-THERAPEUTIC	79,228	137,056	4,388,517	579,684	77,353	55
55.01 CHEMOTHERAPY	23,889	41,326	1,531,296	202,270	46,969	55.01
56.01 NUCLEAR MEDICINE	53,899	93,239	1,717,738	226,898	5,931	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	221,553	383,262	2,633,008	347,797	22,355	57
58 MAGNETIC RESONANCE IMAGING (MRI)	61,622	106,600	1,798,063	237,508	32,392	58
60 LABORATORY	323,269	559,220	9,466,631	1,250,457	93,755	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	42,570	73,642	1,402,242	185,224	3,878	63
65 RESPIRATORY THERAPY	107,504	185,970	2,760,067	364,580	23,040	65
66 PHYSICAL THERAPY	22,170	38,352	1,413,651	186,731	24,864	66
66.01 SOUTHEAST OUTPATIENT REHAB	40,510	70,078	3,385,046	447,134	17,337	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	8,689	15,030	416,859	55,063	1,825	67
68 SPEECH PATHOLOGY	4,793	8,291	245,784	32,466	456	68
69.01 CV DIAGNOSTIC	68,702	118,847	1,546,426	204,269	22,214	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	49,458	85,556	1,250,921	165,235	15,740	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	343,743	594,636	13,205,150	1,744,281		71
72 IMPL. DEV. CHARGED TO PATIENT	233,299	403,581	17,135,630	2,263,463		72
73 DRUGS CHARGED TO PATIENTS	386,008	667,751	20,982,913	2,771,654	25,093	73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	CREDIT & C	SUBTOTAL (COLS.0-4)	OTHER ADMI	MAIN- TENANCE & REPAIRS 6	
	5.04	OLLECTIONS 5.05		NISTRATIVE & GENERAL 5.06		
76 CARDIAC REHAB	3,167	5,478	431,075	56,941	11,634	76
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)	5,712	9,882	1,612,712	213,025	9,125	88
88.01 RHC II	6,771	11,712	2,169,298	286,545	27,602	88.01
90.01 HYPERBARIC WOUND CLINIC	12,036	20,822	1,309,767	173,008		90.01
90.02 DIABETES CENTER	447	774	391,541	51,719	2,281	90.02
91 EMERGENCY	122,494	211,901	9,127,184	1,205,619	253,206	91
91.01 G.I. LABORATORY	45,380	78,503	2,334,069	308,310	57,485	91.01
92 OBSERVATION BEDS						92
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	5,110	8,839	1,923,962	254,138	8,896	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	12,056	20,855	2,274,972	300,503	1,141	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,213,323	5,558,768	228,779,502	25,852,910	4,210,988	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			43,883	5,797	3,422	190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			79,920	10,557		193.02
193.03 LACEY'S RESTAURANT			81,217	10,728	24,636	193.03
193.04 COMMUNITY WELLNESS			475,842	62,854	456	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC			35,836,726	4,733,747	220,130	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY			3,463,658	457,518	9,353	193.08
193.09 OUTREACH LAB			2,992,178	395,240	13,687	193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING			7,762,269	1,025,326	29,655	193.11
193.13 HEALTHPOINT			3,702,118	489,016	39,007	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT			74,347	9,821		194
194.01 FOUNDATION OFFICE			41,952	5,541	1,825	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,213,323	5,558,768	283,333,612	33,059,055	4,553,159	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,357,647					7
8 LAUNDRY & LINEN SERVICE	51,212	1,334,724				8
9 HOUSEKEEPING	45,076	125,309	5,045,186			9
10 DIETARY	175,646	345	122,039	3,765,236		10
11 CAFETERIA				2,530,631	2,530,631	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	127,834		88,819		102,872	13
14 CENTRAL SERVICES & SUPPLY	53,474	101,905	37,154		57,270	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	190,816		132,579		52,511	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY	13,694		9,514		6,421	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY	12,962		9,006		2,074	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY	29,703		20,638		6,223	20.03
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	1,229,369	252,693	854,164	972,060	610,813	30
33.01 ADULT SPECIAL CARE	144,358	26,613	100,300	51,939	101,576	33.01
34.01 CARDIOTHORACIC ICU	244,886	24,158	170,146	31,104	62,684	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	71,028	27,420	49,350	96,322	42,659	40
41 SUBPROVIDER - IRF	108,641	31,361	75,484	70,116	40,569	41
43 NURSERY	19,152	25,321	13,307		16,762	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	566,027	149,881	393,275	6,672	100,341	50
52 DELIVERY ROOM & LABOR ROOM	66,138		45,953		37,031	52
53 ANESTHESIOLOGY	111,323		77,347		22,954	53
54 RADIOLOGY-DIAGNOSTIC	53,230	21,704	36,984	65	88,322	54
54.01 ULTRASOUND	39,713	19,895	27,592		19,964	54.01
54.03 CARDIOVASCULAR LAB	209,886	33,479	145,829	65	38,587	54.03
55 RADIOLOGY-THERAPEUTIC	357,509	18,862	248,397		38,022	55
55.01 CHEMOTHERAPY	290,030	18,474	201,512	1,347	22,084	55.01
56.01 NUCLEAR MEDICINE	27,116		18,840	1,143	10,646	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	34,349		23,866		21,322	57
58 MAGNETIC RESONANCE IMAGING (MRI)	90,843	16,181	63,118		15,374	58
60 LABORATORY	136,204		94,634		201,459	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,470		3,106		519	63
65 RESPIRATORY THERAPY	22,579		15,688		72,583	65
66 PHYSICAL THERAPY	23,676	17,828	16,450		31,251	66
66.01 SOUTHEAST OUTPATIENT REHAB	208,505		144,869		83,015	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	4,876		3,388		9,120	67
68 SPEECH PATHOLOGY	2,438		1,694	1,264	4,438	68
69.01 CV DIAGNOSTIC	23,879		16,591		19,873	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	61,262		42,565	195	21,627	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT					124,179	72
73 DRUGS CHARGED TO PATIENTS	67,411		46,837		56,736	73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	7	8	9	10	11	
76 CARDIAC REHAB	9,752		6,776		12,064	76
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)	96,099		66,769		32,501	88
88.01 RHC II	104,320		72,482		37,824	88.01
90.01 HYPERBARIC WOUND CLINIC		11,202		9	23,625	90.01
90.02 DIABETES CENTER	67,723		47,054		6,619	90.02
91 EMERGENCY	165,284	378,984	114,839	2,295	208,414	91
91.01 G.I. LABORATORY	112,122	33,109	77,902	9	31,007	91.01
92 OBSERVATION BEDS						92
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	66,748		46,376			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	66,761		46,386			116
118 SUBTOTALS (SUM OF LINES 1-117)	5,608,124	1,334,724	3,829,619	3,765,236	2,493,935	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,557		21,231		5,323	190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE	44,331		30,801			193.02
193.03 LACEY'S RESTAURANT	52,824		36,702			193.03
193.04 COMMUNITY WELLNESS						193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	780,329		542,172			193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY	23,540		16,356			193.08
193.09 OUTREACH LAB	19,748		13,721		31,373	193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING	53,013		36,834			193.11
193.13 HEALTHPOINT	711,225		494,158			193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT	6,867		4,771			194
194.01 FOUNDATION OFFICE	27,089		18,821			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,357,647	1,334,724	5,045,186	3,765,236	2,530,631	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	NURSING SCHOOL 20	SCHOOL OF MEDICAL TE CHNOLOGY 20.01	SCHOOL OF SURGICAL T ECHNOLOGY 20.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
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	5,757,482					13
14 CENTRAL SERVICES & SUPPLY		2,754,145				14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			1,653,821			20
20.01 SCHOOL OF MEDICAL TECHNOLOGY				270,902		20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY					57,719	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY						20.03
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	3,523,768	55,717	1,281,429			30
33.01 ADULT SPECIAL CARE	585,304	37,763	24,508			33.01
34.01 CARDIOTHORACIC ICU	358,350	9,132	6,848			34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	250,845	270	153,444			40
41 SUBPROVIDER - IRF	238,900	2,475	41,988			41
43 NURSERY	95,560	5,192				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		963,923	22,976		57,719	50
52 DELIVERY ROOM & LABOR ROOM		8,266				52
53 ANESTHESIOLOGY		46,021				53
54 RADIOLOGY-DIAGNOSTIC		67,207				54
54.01 ULTRASOUND		3,357				54.01
54.03 CARDIOVASCULAR LAB		276,152				54.03
55 RADIOLOGY-THERAPEUTIC		4,283				55
55.01 CHEMOTHERAPY		6,927				55.01
56.01 NUCLEAR MEDICINE		29				56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		14,347				57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,295				58
60 LABORATORY		170		245,102		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,033				63
65 RESPIRATORY THERAPY		3,299				65
66 PHYSICAL THERAPY		494				66
66.01 SOUTHEAST OUTPATIENT REHAB		46				66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69.01 CV DIAGNOSTIC		995				69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY		730				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT		1,159,094				72
73 DRUGS CHARGED TO PATIENTS		756				73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	NURSING SCHOOL 20	SCHOOL OF MEDICAL TE CHNOLOGY 20.01	SCHOOL OF SURGICAL T ECHNOLOGY 20.02	
76 CARDIAC REHAB	71,670		35			76
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)			55			88
88.01 RHC II			936			88.01
90.01 HYPERBARIC WOUND CLINIC			1,314			90.01
90.02 DIABETES CENTER	35,835		1			90.02
91 EMERGENCY			51,646	57,575		91
91.01 G.I. LABORATORY			26,675			91.01
92 OBSERVATION BEDS						92
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	203,065	1,637		5,406		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	238,900	277		59,647		116
118 SUBTOTALS (SUM OF LINES 1-117)	5,602,197	2,751,549		1,653,821	245,102	57,719
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE						193.02
193.03 LACEY'S RESTAURANT						193.03
193.04 COMMUNITY WELLNESS						193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	11,945	2,596				193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY						193.08
193.09 OUTREACH LAB				25,800		193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING						193.11
193.13 HEALTHPOINT	143,340					193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT						194
194.01 FOUNDATION OFFICE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,757,482	2,754,145	1,653,821	270,902	57,719	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SCHOOL OF RADIOLOGY TECHNOLOGY 20.03	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2					1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3					1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4					1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5					1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6					1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7					1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8					1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9					1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10					1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11					1.10
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CREDIT & COLLECTIONS					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
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
20.01 SCHOOL OF MEDICAL TECHNOLOGY					20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY					20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY	199,467				20.03
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		35,409,039		35,409,039	30
33.01 ADULT SPECIAL CARE		6,509,859		6,509,859	33.01
34.01 CARDIOTHORACIC ICU		3,827,477		3,827,477	34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF		2,739,463		2,739,463	40
41 SUBPROVIDER - IRF		2,525,426		2,525,426	41
43 NURSERY		1,312,926		1,312,926	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		20,336,545		20,336,545	50
52 DELIVERY ROOM & LABOR ROOM		2,078,058		2,078,058	52
53 ANESTHESIOLOGY		2,406,347		2,406,347	53
54 RADIOLOGY-DIAGNOSTIC	199,467	5,785,158		5,785,158	54
54.01 ULTRASOUND		1,537,547		1,537,547	54.01
54.03 CARDIOVASCULAR LAB		4,581,685		4,581,685	54.03
55 RADIOLOGY-THERAPEUTIC		5,712,627		5,712,627	55
55.01 CHEMOTHERAPY		2,320,909		2,320,909	55.01
56.01 NUCLEAR MEDICINE		2,008,341		2,008,341	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,097,044		3,097,044	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,254,774		2,254,774	58
60 LABORATORY		11,488,412		11,488,412	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,600,472		1,600,472	63
65 RESPIRATORY THERAPY		3,261,836		3,261,836	65
66 PHYSICAL THERAPY		1,714,945		1,714,945	66
66.01 SOUTHEAST OUTPATIENT REHAB		4,285,952		4,285,952	66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY		491,131		491,131	67
68 SPEECH PATHOLOGY		288,540		288,540	68
69.01 CV DIAGNOSTIC		1,834,247		1,834,247	69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY		1,558,275		1,558,275	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		14,949,431		14,949,431	71
72 IMPL. DEV. CHARGED TO PATIENT		20,682,366		20,682,366	72
73 DRUGS CHARGED TO PATIENTS		23,951,400		23,951,400	73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SCHOOL OF RADIOLOGY TECHNOLOGY 20.03	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
76 CARDIAC REHAB		599,947		599,947	76
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)		2,030,286		2,030,286	88
88.01 RHC II		2,699,007		2,699,007	88.01
90.01 HYPERBARIC WOUND CLINIC		1,518,925		1,518,925	90.01
90.02 DIABETES CENTER		602,773		602,773	90.02
91 EMERGENCY		11,565,046		11,565,046	91
91.01 G.I. LABORATORY		2,980,688		2,980,688	91.01
92 OBSERVATION BEDS					92
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		2,510,228		2,510,228	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE		2,988,587		2,988,587	116
118 SUBTOTALS (SUM OF LINES 1-117)	199,467	218,045,719		218,045,719	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		110,213		110,213	190
191.01 RESPITE CARE					191.01
193.01 VENDING MACHINES					193.01
193.02 SUNSET GUEST HOUSE		165,609		165,609	193.02
193.03 LACEY'S RESTAURANT		206,107		206,107	193.03
193.04 COMMUNITY WELLNESS		539,152		539,152	193.04
193.05 HOME INFUSION					193.05
193.06 SE HOSP PHYSICIANS LLC		42,127,645		42,127,645	193.06
193.07 GENERATIONS					193.07
193.08 RETAIL PHARMACY		3,970,425		3,970,425	193.08
193.09 OUTREACH LAB		3,491,747		3,491,747	193.09
193.10 FOOT CLINIC					193.10
193.11 MARKETING		8,907,097		8,907,097	193.11
193.13 HEALTHPOINT		5,578,864		5,578,864	193.13
193.14 DOCTORS PARK					193.14
194 JAZZMAN'S RESTAURANT		95,806		95,806	194
194.01 FOUNDATION OFFICE		95,228		95,228	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	199,467	283,333,612		283,333,612	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #
	0	1	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS			2,942			4
5.01 COMMUNICATIONS		2,444				5.01
5.02 DATA PROCESSING			2,995	1,556		5.02
5.03 PURCHASING			4,870	45,465		5.03
5.04 ADMITTING			12,567			5.04
5.05 CREDIT & COLLECTIONS		7,893			14,398	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		34,728	13,436		40,662	5.06
6 MAINTENANCE & REPAIRS				11,907	30,504	6
7 OPERATION OF PLANT		14,563	9,455	37,143	11,364	7
8 LAUNDRY & LINEN SERVICE			1,335	3,383	923	8
9 HOUSEKEEPING			6,939	6,066	2,019	9
10 DIETARY			15,526		52,735	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		28,198	11,768			13
14 CENTRAL SERVICES & SUPPLY			812			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
20.01 SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY						20.03
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		29,992	54,740	350,188	71,963	30
33.01 ADULT SPECIAL CARE						33.01
34.01 CARDIOTHORACIC ICU						34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF				59,131		40
41 SUBPROVIDER - IRF			32,549			41
43 NURSERY					8,157	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM			11,305		12,096	52
53 ANESTHESIOLOGY			4,155			53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.03 CARDIOVASCULAR LAB						54.03
55 RADIOLOGY-THERAPEUTIC						55
55.01 CHEMOTHERAPY						55.01
56.01 NUCLEAR MEDICINE						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 SOUTHEAST OUTPATIENT REHAB						66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69.01 CV DIAGNOSTIC						69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY		43,423				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		52,449				73

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/29/2012 10:19

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	NEW CAP-RE L CSTS-BLD GS & FIX # 1.01	NEW CAP-RE L CSTS-BLD GS & FIX # 1.02	NEW CAP-RE L CSTS-BLD GS & FIX # 1.03	
76 CARDIAC REHAB					4,153	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 RURAL HEALTH CLINIC (RHC)						88
88.01 RHC II						88.01
90.01 HYPERBARIC WOUND CLINIC						90.01
90.02 DIABETES CENTER						90.02
91 EMERGENCY						91
91.01 G.I. LABORATORY			33,592			91.01
92 OBSERVATION BEDS						92
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						101
113 INTEREST EXPENSE						113
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)		213,690	218,986	514,839	254,794	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				2,300		190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE						193.02
193.03 LACEY'S RESTAURANT						193.03
193.04 COMMUNITY WELLNESS						193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC			406	2,030	7,637	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY						193.08
193.09 OUTREACH LAB						193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING						193.11
193.13 HEALTHPOINT						193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT						194
194.01 FOUNDATION OFFICE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		213,690	219,392	519,169	262,431	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NEW CAP-RE L CSTS-BLD GS & FIX # 1.05	NEW CAP-RE L CSTS-BLD GS & FIX # 1.06	NEW CAP-RE L CSTS-BLD GS & FIX # 1.07	NEW CAP-RE L CSTS-BLD GS & FIX # 1.08	CAP MOVABLE EQUIPMENT 2	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						1.01
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.02
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.03
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.04
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.05
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.06
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.07
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.08
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.09
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.10
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS	28,528			35,483	10,052	5.01
5.01 COMMUNICATIONS		2,477		11,570	50,732	5.02
5.02 DATA PROCESSING	39,026	8,067		73,227	1,653,581	5.03
5.03 PURCHASING				91,722	6,186	5.04
5.04 ADMITTING				98,050	19,999	5.05
5.05 CREDIT & COLLECTIONS				32,169	96,407	5.06
5.06 OTHER ADMINISTRATIVE & GENERAL		9,326	1,397	350,092	152,777	6
6 MAINTENANCE & REPAIRS			38,985	264,857	55,808	7
7 OPERATION OF PLANT	42,694	83,842		548,173	65,673	8
8 LAUNDRY & LINEN SERVICE		339	569	66,284	24,770	9
9 HOUSEKEEPING	7,467	847	1,023	58,343	54,403	10
10 DIETARY				227,341	66,340	11
11 CAFETERIA						12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION	73,352	1,895		165,456	130,378	14
14 CENTRAL SERVICES & SUPPLY				69,212	128,482	15
15 PHARMACY						16
16 MEDICAL RECORDS & LIBRARY						17
17 SOCIAL SERVICE						19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL				246,975	21,888	20.01
20.01 SCHOOL OF MEDICAL TECHNOLOGY				17,724	1,502	20.02
20.02 SCHOOL OF SURGICAL TECHNOLOGY				16,777	1,606	20.03
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY				38,445	10,248	21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)						30
INPATIENT ROUTINE SERV COST CENTERS						33.01
30 ADULTS & PEDIATRICS	159,840			1,591,189	479,270	34.01
33.01 ADULT SPECIAL CARE	56,414			186,844	122,210	35
34.01 CARDIOTHORACIC ICU			80,425	316,958	95,412	40
35 NEONATOLOGY				91,932	7,330	41
40 SUBPROVIDER - IPF				140,615	11,414	43
41 SUBPROVIDER - IRF				24,789	40,748	50
43 NURSERY						52
ANCILLARY SERVICE COST CENTERS						53
50 OPERATING ROOM		89,781	93,783	732,616	1,213,228	54
52 DELIVERY ROOM & LABOR ROOM				85,603		54.01
53 ANESTHESIOLOGY			32,006	144,086	122,721	54.03
54 RADIOLOGY-DIAGNOSTIC			9,551	68,896	534,305	55
54.01 ULTRASOUND			6,672	51,401	44,817	55.01
54.03 CARDIOVASCULAR LAB		24,263	25,062	271,659	275,791	56.01
55 RADIOLOGY-THERAPEUTIC				462,728	935,480	57
55.01 CHEMOTHERAPY				375,389	23,110	58
56.01 NUCLEAR MEDICINE			8,906	35,097	171,501	60
57 COMPUTED TOMOGRAPHY (CT) SCAN			4,911	44,458	479,861	62.30
58 MAGNETIC RESONANCE IMAGING (MRI)				117,580	183,571	63
60 LABORATORY		44,128	4,546	176,291	232,658	65
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				5,785	7,694	66
63 BLOOD STORING, PROCESSING & TRANS.		1,747		29,224	109,766	66.01
65 RESPIRATORY THERAPY			7,415	30,644	12,261	66.02
66 PHYSICAL THERAPY		9,252		269,870	78,023	67
66.01 SOUTHEAST OUTPATIENT REHAB						68
66.02 PHYSIATRY				6,311	1,014	69.01
67 OCCUPATIONAL THERAPY		1,906		3,156	1,447	69.02
68 SPEECH PATHOLOGY		953		30,907	175,979	70.01
69.01 CV DIAGNOSTIC		4,658	2,318			71
69.02 ELECTROPHYSIOLOGY LAB				79,292	54,519	72
70.01 NEUROPHYSIOLOGY		2,641				73
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						
72 IMPL. DEV. CHARGED TO PATIENT				712	87,251	
73 DRUGS CHARGED TO PATIENTS					14,327	

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NEW CAP-RE L CSTS-BLD GS & FIX # 1.05	NEW CAP-RE L CSTS-BLD GS & FIX # 1.06	NEW CAP-RE L CSTS-BLD GS & FIX # 1.07	NEW CAP-RE L CSTS-BLD GS & FIX # 1.08	CAP MOVABLE EQUIPMENT 2	
76 CARDIAC REHAB				12,622	7,170	76
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)				124,382	24,264	88
88.01 RHC II				135,023	28,246	88.01
90.01 HYPERBARIC WOUND CLINIC					39,235	90.01
90.02 DIABETES CENTER				87,654	3,538	90.02
91 EMERGENCY			54,283	213,929	196,392	91
91.01 G.I. LABORATORY				145,121	166,189	91.01
92 OBSERVATION BEDS						92
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				86,392	84,727	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				86,410	25,002	116
118 SUBTOTALS (SUM OF LINES 1-117)	191,067	502,376	372,564	8,764,004	8,554,052	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				39,550	576	190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE				57,379		193.02
193.03 LACEY'S RESTAURANT				68,370	8,127	193.03
193.04 COMMUNITY WELLNESS					7,257	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC				1,009,989	373,586	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY				30,469	10,842	193.08
193.09 OUTREACH LAB		3,938		25,560	28,261	193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING				68,616	111,289	193.11
193.13 HEALTHPOINT				920,547	177,604	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT				8,888	5,556	194
194.01 FOUNDATION OFFICE				35,062	3,936	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	191,067	506,314	372,564	11,028,434	9,281,086	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 2A	EMPLOYEE	COMMUNICAT	DATA PROCE	PURCHASING	
		BENEFITS 4	IONS 5.01	SSING 5.02	5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	77,005	77,005				4
5.01 COMMUNICATIONS	67,223	245	67,468.			5.01
5.02 DATA PROCESSING	1,778,452	656	1,191	1,780,299		5.02
5.03 PURCHASING	148,243	402	609	8,198	157,452	5.03
5.04 ADMITTING	145,014	1,182	2,271	23,096	313	5.04
5.05 CREDIT & COLLECTIONS	142,289	1,306	2,216	39,971	205	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	602,418	5,991	7,035	237,755	1,005	5.06
6 MAINTENANCE & REPAIRS	402,061	1,214	831	28,844	1,616	6
7 OPERATION OF PLANT	812,907	203	55	42,880	1,394	7
8 LAUNDRY & LINEN SERVICE	97,603	230	222	7,183	630	8
9 HOUSEKEEPING	137,107	1,831	305	29,488	3,123	9
10 DIETARY	361,942	936	692	20,730	436	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	411,047	2,048	1,440	33,534	936	13
14 CENTRAL SERVICES & SUPPLY	198,506	643	415	15,312	5,244	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	268,863	1,026	1,163	8,014	201	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY	19,226	130		1,527	123	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY	18,383	30		206	6	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY	48,693	120		906	32	20.03
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	2,737,182	9,284	6,702	161,035	7,838	30
33.01 ADULT SPECIAL CARE	365,468	1,845	1,108	32,837	3,445	33.01
34.01 CARDIOTHORACIC ICU	492,795	914	775	17,652	1,099	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	158,393	894	471	11,893	114	40
41 SUBPROVIDER - IRF	184,578	671	582	11,318	360	41
43 NURSERY	73,694	403	277	7,062	539	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,129,408	1,837	3,711	103,439	23,143	50
52 DELIVERY ROOM & LABOR ROOM	109,004	700	720	11,764	775	52
53 ANESTHESIOLOGY	302,968	330	748	11,641	4,589	53
54 RADIOLOGY-DIAGNOSTIC	612,752	1,484	2,493	30,686	4,615	54
54.01 ULTRASOUND	102,890	458	305	8,082	369	54.01
54.03 CARDIOVASCULAR LAB	596,775	714	775	20,730	19,327	54.03
55 RADIOLOGY-THERAPEUTIC	1,398,208	880	775	29,978	588	55
55.01 CHEMOTHERAPY	398,499	441	499	10,500	870	55.01
56.01 NUCLEAR MEDICINE	215,504	276	194	11,295	32	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	529,230	417	277	14,529	1,125	57
58 MAGNETIC RESONANCE IMAGING (MRI)	301,151	313	526	11,713	193	58
60 LABORATORY	457,623	1,999	1,911	60,611	21,721	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	15,226	1	166	9,175	1,444	63
65 RESPIRATORY THERAPY	146,405	1,104	609	17,597	2,770	65
66 PHYSICAL THERAPY	52,157	663	360	9,729	75	66
66.01 SOUTHEAST OUTPATIENT REHAB	347,893	1,420	2,133	23,540	215	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	9,231	138		2,826	36	67
68 SPEECH PATHOLOGY	5,556	103	55	1,673	8	68
69.01 CV DIAGNOSTIC	213,862	403	1,413	9,765	165	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	179,875	363	803	8,003	454	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				88,229		71
72 IMPL. DEV. CHARGED TO PATIENT		2,292		116,998	32,064	72
73 DRUGS CHARGED TO PATIENTS	154,739	1,465	609	143,287	1,044	73

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 2A	EMPLOYEE	COMMUNICAT	DATA PROCE	PURCHASING	
		BENEFITS	IONS	SSING		
		4	5.01	5.02	5.03	
76 CARDIAC REHAB	23,945	259	360	3,036	50	76
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)	148,646	650	1,246	11,482	108	88
88.01 RHC II	163,269	908	388	15,458	235	88.01
90.01 HYPERBARIC WOUND CLINIC	39,235	519	471	9,168	302	90.01
90.02 DIABETES CENTER	91,192	120	360	2,806	24	90.02
91 EMERGENCY	464,604	5,802	2,133	62,939	5,822	91
91.01 G.I. LABORATORY	344,902	583	665	15,779	2,269	91.01
92 OBSERVATION BEDS						92
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	171,119	834	914	13,724	262	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	111,412	861	1,025	16,122	82	116
118 SUBTOTALS (SUM OF LINES 1-117)	19,586,372	60,541	55,004	1,645,745	153,435	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,426		55	316		190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE	57,379			575		193.02
193.03 LACEY'S RESTAURANT	76,497		249	584		193.03
193.04 COMMUNITY WELLNESS	7,257	160	277	3,411	226	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	1,393,648	14,506	8,006		2,624	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY	41,311		692	24,912		193.08
193.09 OUTREACH LAB	57,759		222	21,521		193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING	179,905	803	886	55,816	284	193.11
193.13 HEALTHPOINT	1,098,151	995	1,856	26,582	883	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT	14,444		55	535		194
194.01 FOUNDATION OFFICE	38,998		166	302		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	22,594,147	77,005	67,468	1,780,299	157,452	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING	CREDIT & C	OTHER ADMI	MAIN-	OPERATION
	5.04	OLLECTIONS	NISTRATIVE	TENANCE &	OF PLANT
			& GENERAL	REPAIRS	
			5.06	6	7
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2					1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3					1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4					1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5					1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6					1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7					1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8					1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9					1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10					1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11					1.10
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING	171,876				5.04
5.05 CREDIT & COLLECTIONS		185,987			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			854,204		5.06
6 MAINTENANCE & REPAIRS			13,727	448,293	6
7 OPERATION OF PLANT			20,382	58,777	936,598
8 LAUNDRY & LINEN SERVICE			3,424	14,554	6,519
9 HOUSEKEEPING			14,070	20,461	5,738
10 DIETARY			9,848	19,764	22,359
11 CAFETERIA					
12 MAINTENANCE OF PERSONNEL					
13 NURSING ADMINISTRATION			15,936	14,981	16,273
14 CENTRAL SERVICES & SUPPLY			7,395	5,053	6,807
15 PHARMACY					
16 MEDICAL RECORDS & LIBRARY					
17 SOCIAL SERVICE					
19 NONPHYSICIAN ANESTHETISTS					
20 NURSING SCHOOL			3,808	1,460	24,290
20.01 SCHOOL OF MEDICAL TECHNOLOGY			727		1,743
20.02 SCHOOL OF SURGICAL TECHNOLOGY			98	112	1,650
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY			431		3,781
21 I&R SRVCES-SALARY & FRINGES APPRVD					
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					
23 PARAMED ED PRGM-(SPECIFY)					
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	6,102	6,596	77,671	85,209	156,493
33.01 ADULT SPECIAL CARE	1,734	1,874	15,969	13,835	18,376
34.01 CARDIOTHORACIC ICU	833	901	8,549	8,332	31,173
35 NEONATOLOGY					
40 SUBPROVIDER - IPF	570	616	5,746	14,015	9,042
41 SUBPROVIDER - IRF	317	343	5,435	11,140	13,830
43 NURSERY	232	251	3,405	809	2,438
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	20,729	22,603	53,254	40,517	72,053
52 DELIVERY ROOM & LABOR ROOM	1,073	1,159	5,788	67	8,419
53 ANESTHESIOLOGY	4,733	5,116	6,462	517	14,171
54 RADIOLOGY-DIAGNOSTIC	4,964	5,366	15,540	16,103	6,776
54.01 ULTRASOUND	2,341	2,530	4,252	1,640	5,055
54.03 CARDIOVASCULAR LAB	6,136	6,633	11,384	10,009	26,718
55 RADIOLOGY-THERAPEUTIC	4,236	4,579	14,978	7,616	45,509
55.01 CHEMOTHERAPY	1,277	1,381	5,226	4,624	36,920
56.01 NUCLEAR MEDICINE	2,882	3,115	5,863	584	3,452
57 COMPUTED TOMOGRAPHY (CT) SCAN	11,845	12,804	8,986	2,201	4,372
58 MAGNETIC RESONANCE IMAGING (MRI)	3,294	3,561	6,137	3,189	11,564
60 LABORATORY	17,283	18,682	32,310	9,231	17,338
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.	2,276	2,460	4,786	382	569
65 RESPIRATORY THERAPY	5,747	6,213	9,420	2,268	2,874
66 PHYSICAL THERAPY	1,185	1,281	4,825	2,448	3,014
66.01 SOUTHEAST OUTPATIENT REHAB	2,166	2,341	11,553	1,707	26,542
66.02 PHYSIATRY					
67 OCCUPATIONAL THERAPY	465	502	1,423	180	621
68 SPEECH PATHOLOGY	256	277	839	45	310
69.01 CV DIAGNOSTIC	3,673	3,970	5,278	2,187	3,040
69.02 ELECTROPHYSIOLOGY LAB					
70.01 NEUROPHYSIOLOGY	2,644	2,858	4,269	1,550	7,798
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	18,377	19,865	45,069		
72 IMPL. DEV. CHARGED TO PATIENT	12,473	13,482	58,484		
73 DRUGS CHARGED TO PATIENTS	20,637	22,308	71,615	2,471	8,581

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING	CREDIT & C	OTHER ADMI	MAIN-	OPERATION	
	5.04	OLLECTIONS	NISTRATIVE	TENANCE &	OF PLANT	
		5.05	& GENERAL	REPAIRS	7	
			5.06	6		
76 CARDIAC REHAB	169	183	1,471	1,145	1,241	76
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)	305	330	5,504	898	12,233	88
88.01 RHC II	362	391	7,404	2,718	13,280	88.01
90.01 HYPERBARIC WOUND CLINIC	643	696	4,470			90.01
90.02 DIABETES CENTER	24	26	1,336	225	8,621	90.02
91 EMERGENCY	6,549	7,079	31,151	24,930	21,040	91
91.01 G.I. LABORATORY	2,426	2,623	7,966	5,660	14,273	91.01
92 OBSERVATION BEDS						92
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	273	295	6,566	876	8,497	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	645	697	7,764	112	8,498	116
118 SUBTOTALS (SUM OF LINES 1-117)	171,876	185,987	667,994	414,602	713,891	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			150	337	3,890	190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			273		5,643	193.02
193.03 LACEY'S RESTAURANT			277	2,426	6,724	193.03
193.04 COMMUNITY WELLNESS			1,624	45		193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC			122,328	21,673	99,333	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY			11,821	921	2,997	193.08
193.09 OUTREACH LAB			10,212	1,348	2,514	193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING			26,493	2,920	6,748	193.11
193.13 HEALTHPOINT			12,635	3,841	90,536	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT			254		874	194
194.01 FOUNDATION OFFICE			143	180	3,448	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	171,876	185,987	854,204	448,293	936,598	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINISTRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	130,365					8
9 HOUSEKEEPING	12,239	224,362				9
10 DIETARY	34	5,427	442,168			10
11 CAFETERIA			297,182	297,182		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,950		12,081	512,226	13
14 CENTRAL SERVICES & SUPPLY	9,953	1,652		6,725		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		5,896		6,167		20
20.01 SCHOOL OF MEDICAL TECHNOLOGY		423		754		20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY		401		244		20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY		918		731		20.03
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	24,681	37,986	114,153	71,730	313,499	30
33.01 ADULT SPECIAL CARE	2,599	4,460	6,099	11,928	52,073	33.01
34.01 CARDIOTHORACIC ICU	2,360	7,566	3,653	7,361	31,881	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	2,678	2,195	11,312	5,010	22,317	40
41 SUBPROVIDER - IRF	3,063	3,357	8,234	4,764	21,254	41
43 NURSERY	2,473	592		1,968	8,502	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,639	17,489	784	11,783		50
52 DELIVERY ROOM & LABOR ROOM		2,044		4,349		52
53 ANESTHESIOLOGY		3,440		2,696		53
54 RADIOLOGY-DIAGNOSTIC	2,120	1,645	8	10,372		54
54.01 ULTRASOUND	1,943	1,227		2,345		54.01
54.03 CARDIOVASCULAR LAB	3,270	6,485	8	4,531		54.03
55 RADIOLOGY-THERAPEUTIC	1,842	11,046		4,465		55
55.01 CHEMOTHERAPY	1,804	8,961	158	2,593		55.01
56.01 NUCLEAR MEDICINE		838	134	1,250		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,061		2,504		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,580	2,807		1,805		58
60 LABORATORY		4,208		23,658		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				61		62.30
63 BLOOD STORING, PROCESSING & TRANS.		138		61		63
65 RESPIRATORY THERAPY		698		8,524		65
66 PHYSICAL THERAPY	1,741	732		3,670		66
66.01 SOUTHEAST OUTPATIENT REHAB		6,442		9,749		66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY		151		1,071		67
68 SPEECH PATHOLOGY		75	148	521		68
69.01 CV DIAGNOSTIC		738		2,334		69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY		1,893	23	2,540		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT				14,583		72
73 DRUGS CHARGED TO PATIENTS		2,083		6,663		73

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8	9	10	11	13	
76 CARDIAC REHAB		301		1,417	6,376	76
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)		2,969		3,817		88
88.01 RHC II		3,223		4,442		88.01
90.01 HYPERBARIC WOUND CLINIC	1,094		1	2,774		90.01
90.02 DIABETES CENTER		2,093		777	3,188	90.02
91 EMERGENCY	37,018	5,107	270	24,475		91
91.01 G.I. LABORATORY	3,234	3,464	1	3,641		91.01
92 OBSERVATION BEDS						92
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		2,062			18,066	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		2,063			21,254	116
118 SUBTOTALS (SUM OF LINES 1-117)	130,365	170,306	442,168	292,873	498,410	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		944		625		190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE		1,370				193.02
193.03 LACEY'S RESTAURANT		1,632				193.03
193.04 COMMUNITY WELLNESS						193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC		24,111			1,063	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY		727				193.08
193.09 OUTREACH LAB		610		3,684		193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING		1,638				193.11
193.13 HEALTHPOINT		21,975			12,753	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT		212				194
194.01 FOUNDATION OFFICE		837				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	130,365	224,362	442,168	297,182	512,226	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	NURSING SCHOOL 20	SCHOOL OF MEDICAL TECHNOLOGY 20.01	SCHOOL OF SURGICAL TECHNOLOGY 20.02	SCHOOL OF RADIOLOGY TECHNOLOGY 20.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
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	257,705					14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		320,888				20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			24,653			20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY				21,130		20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY					55,612	20.03
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	5,213					30
33.01 ADULT SPECIAL CARE	3,533					33.01
34.01 CARDIOTHORACIC ICU	854					34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	25					40
41 SUBPROVIDER - IRF	232					41
43 NURSERY	486					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	90,191					50
52 DELIVERY ROOM & LABOR ROOM	773					52
53 ANESTHESIOLOGY	4,306					53
54 RADIOLOGY-DIAGNOSTIC	6,288					54
54.01 ULTRASOUND	314					54.01
54.03 CARDIOVASCULAR LAB	25,839					54.03
55 RADIOLOGY-THERAPEUTIC	401					55
55.01 CHEMOTHERAPY	648					55.01
56.01 NUCLEAR MEDICINE	3					56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,342					57
58 MAGNETIC RESONANCE IMAGING (MRI)	121					58
60 LABORATORY	16					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	97					63
65 RESPIRATORY THERAPY	309					65
66 PHYSICAL THERAPY	46					66
66.01 SOUTHEAST OUTPATIENT REHAB	4					66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69.01 CV DIAGNOSTIC	93					69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	68					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	108,463					72
73 DRUGS CHARGED TO PATIENTS	71					73

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	NURSING SCHOOL 20	SCHOOL OF MEDICAL TECHNOLOGY 20.01	SCHOOL OF SURGICAL TECHNOLOGY 20.02	SCHOOL OF RADIOLOGY TECHNOLOGY 20.03	
76 CARDIAC REHAB	3					76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 RURAL HEALTH CLINIC (RHC)	5					88
88.01 RHC II	88					88.01
90.01 HYPERBARIC WOUND CLINIC	123					90.01
90.02 DIABETES CENTER						90.02
91 EMERGENCY	4,832					91
91.01 G.I. LABORATORY	2,496					91.01
92 OBSERVATION BEDS						92
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	153					101
113 INTEREST EXPENSE						113
116 HOSPICE	26					116
118 SUBTOTALS (SUM OF LINES 1-117)	257,462					118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE						193.02
193.03 LACEY'S RESTAURANT						193.03
193.04 COMMUNITY WELLNESS						193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	243					193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY						193.08
193.09 OUTREACH LAB						193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING						193.11
193.13 HEALTHPOINT						193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT						194
194.01 FOUNDATION OFFICE						194.01
200 CROSS FOOT ADJUSTMENTS		320,888	24,653	21,130	55,612	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	257,705	320,888	24,653	21,130	55,612	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
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2				1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3				1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4				1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5				1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6				1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7				1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8				1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9				1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10				1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11				1.10
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 COMMUNICATIONS				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING				5.03
5.04 ADMITTING				5.04
5.05 CREDIT & COLLECTIONS				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL				5.06
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
20.01 SCHOOL OF MEDICAL TECHNOLOGY				20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY				20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY				20.03
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	3,821,374		3,821,374	30
33.01 ADULT SPECIAL CARE	537,183		537,183	33.01
34.01 CARDIOTHORACIC ICU	616,698		616,698	34.01
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF	245,291		245,291	40
41 SUBPROVIDER - IRF	269,478		269,478	41
43 NURSERY	103,131		103,131	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	2,605,580		2,605,580	50
52 DELIVERY ROOM & LABOR ROOM	146,635		146,635	52
53 ANESTHESIOLOGY	361,717		361,717	53
54 RADIOLOGY-DIAGNOSTIC	721,212		721,212	54
54.01 ULTRASOUND	133,751		133,751	54.01
54.03 CARDIOVASCULAR LAB	739,334		739,334	54.03
55 RADIOLOGY-THERAPEUTIC	1,525,101		1,525,101	55
55.01 CHEMOTHERAPY	474,401		474,401	55.01
56.01 NUCLEAR MEDICINE	245,422		245,422	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	590,693		590,693	57
58 MAGNETIC RESONANCE IMAGING (MRI)	347,954		347,954	58
60 LABORATORY	666,591		666,591	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	36,781		36,781	63
65 RESPIRATORY THERAPY	204,538		204,538	65
66 PHYSICAL THERAPY	81,926		81,926	66
66.01 SOUTHEAST OUTPATIENT REHAB	435,705		435,705	66.01
66.02 PHYSIATRY				66.02
67 OCCUPATIONAL THERAPY	16,644		16,644	67
68 SPEECH PATHOLOGY	9,866		9,866	68
69.01 CV DIAGNOSTIC	246,921		246,921	69.01
69.02 ELECTROPHYSIOLOGY LAB				69.02
70.01 NEUROPHYSIOLOGY	213,141		213,141	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	171,540		171,540	71
72 .IMPL. DEV. CHARGED TO PATIENT	358,839		358,839	72
73 DRUGS CHARGED TO PATIENTS	435,573		435,573	73

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
76	CARDIAC REHAB	39,956		39,956	76
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)	188,193		188,193	88
88.01	RHC II	212,166		212,166	88.01
90.01	HYPERBARIC WOUND CLINIC	59,496		59,496	90.01
90.02	DIABETES CENTER	110,792		110,792	90.02
91	EMERGENCY	703,751		703,751	91
91.01	G.I. LABORATORY	409,982		409,982	91.01
92	OBSERVATION BEDS				92
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	223,641		223,641	101
SPECIAL PURPOSE COST CENTERS					
113	INTEREST EXPENSE				113
116	HOSPICE	170,561		170,561	116
118	SUBTOTALS (SUM OF LINES 1-117)	18,481,558		18,481,558	118
NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,743		48,743	190
191.01	RESPIRE CARE				191.01
193.01	VENDING MACHINES				193.01
193.02	SUNSET GUEST HOUSE	65,240		65,240	193.02
193.03	LACEY'S RESTAURANT	88,389		88,389	193.03
193.04	COMMUNITY WELLNESS	13,000		13,000	193.04
193.05	HOME INFUSION				193.05
193.06	SE HOSP PHYSICIANS LLC	1,687,535		1,687,535	193.06
193.07	GENERATIONS				193.07
193.08	RETAIL PHARMACY	83,381		83,381	193.08
193.09	OUTREACH LAB	97,870		97,870	193.09
193.10	FOOT CLINIC				193.10
193.11	MARKETING	275,493		275,493	193.11
193.13	HEALTHPOINT	1,270,207		1,270,207	193.13
193.14	DOCTORS PARK				193.14
194	JAZZMAN'S RESTAURANT	16,374		16,374	194
194.01	FOUNDATION OFFICE	44,074		44,074	194.01
200	CROSS FOOT ADJUSTMENTS	422,283		422,283	200
201	NEGATIVE COST CENTER				201
202	TOTAL (SUM OF LINES 118-201)	22,594,147		22,594,147	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET
	1	1.01	1.02	1.03	1.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	16,786					1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2		54,065				1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3			46,042			1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4				45,494		1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6					8,700	1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		725			1,299	4
5.01 COMMUNICATIONS	192					5.01
5.02 DATA PROCESSING		738	138		1,777	5.02
5.03 PURCHASING		1,200	4,032			5.03
5.04 ADMITTING		3,097		2,496		5.04
5.05 CREDIT & COLLECTIONS	620			1,009		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	2,728	3,311		7,049		5.06
6 MAINTENANCE & REPAIRS			1,056	5,288		6
7 OPERATION OF PLANT	1,144	2,330	3,294	1,970	1,944	7
8 LAUNDRY & LINEN SERVICE		329	300	160		8
9 HOUSEKEEPING		1,710	538	350	340	9
10 DIETARY		3,826		9,142		10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,215	2,900			3,340	13
14 CENTRAL SERVICES & SUPPLY		200				14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
20.01 SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY						20.03
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	2,356	13,490	31,056	12,475		30
33.01 ADULT SPECIAL CARE						33.01
34.01 CARDIOTHORACIC ICU						34.01
35 NEONATOLOGY			5,244			35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF		8,021				41
43 NURSERY				1,414		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM		2,786		2,097		52
53 ANESTHESIOLOGY		1,024				53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.03 CARDIOVASCULAR LAB						54.03
55 RADIOLOGY-THERAPEUTIC						55
55.01 CHEMOTHERAPY						55.01
56.01 NUCLEAR MEDICINE						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 SOUTHEAST OUTPATIENT REHAB						66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69.01 CV DIAGNOSTIC						69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	3,411					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET				
	1	1.01	1.02	1.03	1.05	
73 DRUGS CHARGED TO PATIENTS	4,120					73
76 CARDIAC REHAB				720		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS						88
88.01 RURAL HEALTH CLINIC (RHC)						88.01
90.01 HYPERBARIC WOUND CLINIC						90.01
90.02 DIABETES CENTER						90.02
91 EMERGENCY						91
91.01 G.I. LABORATORY		8,278				91.01
92 OBSERVATION BEDS						92
99.10 OTHER REIMBURSABLE COST CENTERS						99.10
99.20 CORF						99.20
99.30 OUTPATIENT PHYSICAL THERAPY						99.30
99.40 OUTPATIENT OCCUPATIONAL THERAPY						99.40
101 HOME HEALTH AGENCY						101
116 SPECIAL PURPOSE COST CENTERS						116
118 HOSPICE						118
118 SUBTOTALS (SUM OF LINES 1-117)	16,786	53,965	45,658	44,170	8,700	118
190 NONREIMBURSABLE COST CENTERS						190
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			204			190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE						193.02
193.03 LACEY'S RESTAURANT						193.03
193.04 COMMUNITY WELLNESS						193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC		100	180	1,324		193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY						193.08
193.09 OUTREACH LAB						193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING						193.11
193.13 HEALTHPOINT						193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT						194
194.01 FOUNDATION OFFICE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	213,690	219,392	519,169	262,431	191,067	202
203 UNIT COST MULT-WS B PT I	12.730251	4.057930	11.275987	5.768475	21.961724	203
204 COST TO BE ALLOC PER B PT II						204
205 UNIT COST MULT-WS B PT II						205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET 1.06	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET 1.07	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET 1.08	CAP MOVABLE EQUIPMENT DIRECT COSTS 2	EMPLOYEE BENEFITS GROSS SALARIES 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7	95,656					1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8		83,754				1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9			629,086			1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP				9,284,628		2
4 EMPLOYEE BENEFITS				10,056	106,903,424	4
5.01 COMMUNICATIONS	468			660	339,663	5.01
5.02 DATA PROCESSING	1,524			4,177	911,435	5.02
5.03 PURCHASING				5,232	6,188	5.03
5.04 ADMITTING				5,593	20,007	5.04
5.05 CREDIT & COLLECTIONS				1,835	96,444	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,762	314	19,970	152,835	8,321,130	5.06
6 MAINTENANCE & REPAIRS		8,764	15,108	55,829	1,686,747	6
7 OPERATION OF PLANT	15,840		31,269	65,698	282,141	7
8 LAUNDRY & LINEN SERVICE	64	128	3,781	24,779	319,932	8
9 HOUSEKEEPING	160	230	3,328	54,424	2,542,424	9
10 DIETARY			12,968	66,365	1,300,260	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	358		9,438	130,428	2,844,298	13
14 CENTRAL SERVICES & SUPPLY			3,948	128,531	893,682	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			14,088	21,896	1,425,008	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			1,011	1,503	181,138	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY			957	1,607	42,349	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY			2,193	10,252	167,321	20.03
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	30,198		90,765	479,453	12,894,334	30
33.01 ADULT SPECIAL CARE	10,658		10,658	122,257	2,562,960	33.01
34.01 CARDIOTHORACIC ICU		18,080	18,080	95,448	1,269,846	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF			5,244	7,333	1,241,991	40
41 SUBPROVIDER - IRF			8,021	11,418	932,568	41
43 NURSERY			1,414	40,764	559,667	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,962	21,083	41,790	1,213,690	2,551,687	50
52 DELIVERY ROOM & LABOR ROOM			4,883		972,463	52
53 ANESTHESIOLOGY		7,195	8,219	122,768	458,384	53
54 RADIOLOGY-DIAGNOSTIC		2,147	3,930	534,509	2,061,009	54
54.01 ULTRASOUND		1,500	2,932	44,834	636,354	54.01
54.03 RADIOVASCULAR LAB	4,584	5,634	15,496	275,896	992,170	54.03
55 RADIOLOGY-THERAPEUTIC			26,395	935,837	1,222,859	55
55.01 CHEMOTHERAPY			21,413	23,119	612,804	55.01
56.01 NUCLEAR MEDICINE		2,002	2,002	171,566	383,441	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,104	2,536	480,044	578,599	57
58 MAGNETIC RESONANCE IMAGING (MRI)			6,707	183,641	434,486	58
60 LABORATORY	8,337	1,022	10,056	232,747	2,776,430	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	330		330	7,697	977	63
65 RESPIRATORY THERAPY		1,667	1,667	109,808	1,533,113	65
66 PHYSICAL THERAPY	1,748		1,748	12,266	921,325	66
66.01 SOUTHEAST OUTPATIENT REHAB			15,394	78,053	1,972,268	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	360		360	1,014	192,217	67
68 SPEECH PATHOLOGY	180		180	1,448	142,809	68
69.01 CV DIAGNOSTIC	880	521	1,763	176,046	559,296	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	499		4,523	54,540	504,720	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT					3,183,293	72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	CAP MOVABLE EQUIPMENT DIRECT COSTS	EMPLOYEE BENEFITS GROSS SALARIES	
	1.06	1.07	1.08	2	4	
73 DRUGS CHARGED TO PATIENTS		160	4,977	14,332	2,034,111	73
76 CARDIAC REHAB			720	7,173	359,408	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)			7,095	24,273	903,395	88
88.01 RHC II			7,702	28,257	1,261,604	88.01
90.01 HYPERBARIC WOUND CLINIC				39,250	720,987	90.01
90.02 DIABETES CENTER			5,000	3,539	166,836	90.02
91 EMERGENCY		12,203	12,203	196,467	8,057,859	91
91.01 G.I. LABORATORY			8,278	166,252	810,062	91.01
92 OBSERVATION BEDS						92
99.10 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			4,928	84,759	1,158,178	101
101 SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			4,929	25,012	1,195,350	116
118 SUBTOTALS (SUM OF LINES 1-117)	94,912	83,754	499,918	8,557,317	84,091,198	118
118 NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			2,256	576		190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			3,273			193.02
193.03 LACEY'S RESTAURANT			3,900	8,130		193.03
193.04 COMMUNITY WELLNESS				7,260	222,735	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC			57,612	373,728	20,092,816	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY			1,738	10,846		193.08
193.09 OUTREACH LAB	744		1,458	28,272		193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING			3,914	111,331	1,114,889	193.11
193.13 HEALTHPOINT			52,510	177,672	1,381,786	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT			507	5,558		194
194.01 FOUNDATION OFFICE			2,000	3,938		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	506,314	372,564	11,028,434	9,281,086	24,894,308	202
203 UNIT COST MULT-WS B PT I	5.293071	4.448313	17.530884	0.999619	0.232867	203
204 COST TO BE ALLOC PER B PT II					77,005	204
205 UNIT COST MULT-WS B PT II					0.000720	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	COMMUNICAT	RECON-	DATA PROCE	PURCHASING	ADMITTING	
	IONS	CILIATION	SSING			
	NONPATIENT		ACCUM	SUPPLY	GROSS	
	5.01	5A.02	COST	COSTS	REVENUES	
			5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS						
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
2						2
4						4
5.01	2,436					5.01
5.02	43	-3,910,799	243,605,079			5.02
5.03	22		1,121,838	18,775,915		5.03
5.04	82		3,160,322	37,308	818,049,684	5.04
5.05	80		5,469,474	24,498		5.05
5.06	254		32,529,589	119,813		5.06
6	30		3,946,840	192,710		6
7	2		5,867,555	166,258		7
8	8		982,844	75,106		8
9	11		4,035,060	372,455		9
10	25		2,836,641	52,031		10
11						11
12						12
13	52		4,588,620	111,655		13
14	15		2,095,199	625,382		14
15						15
16						16
17						17
19						19
20	42		1,096,654	23,921		20
20.01			208,882	14,610		20.01
20.02			28,245	684		20.02
20.03			124,007	3,806		20.03
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	242		22,035,440	934,607	29,056,018	30
33.01	40		4,493,314	410,787	8,257,684	33.01
34.01	28		2,415,419	131,055	3,967,129	34.01
35						35
40	17		1,627,344	13,628	2,715,788	40
41	21		1,548,721	42,982	1,511,895	41
43	10		966,384	64,240	1,104,483	43
ANCILLARY SERVICE COST CENTERS						
50	134		14,154,197	2,759,743	98,299,299	50
52	26		1,609,739	92,442	5,107,761	52
53	27		1,592,906	547,236	22,536,414	53
54	90		4,198,893	550,363	23,638,321	54
54.01	11		1,105,855	44,002	11,147,399	54.01
54.03	28		2,836,660	2,304,688	29,220,766	54.03
55	28		4,102,123	70,096	20,170,096	55
55.01	18		1,436,717	103,756	6,081,794	55.01
56.01	7		1,545,558	3,793	13,721,711	56.01
57	10		1,988,134	134,108	56,403,495	57
58	19		1,602,711	23,062	15,687,955	58
60	69		8,293,748	2,590,209	82,298,692	60
62.30						62.30
63	6		1,255,420	172,220	10,837,611	63
65	22		2,407,883	330,334	27,368,699	65
66	13		1,331,214	8,958	5,644,201	66
66.01	77		3,221,188	25,646	10,313,145	66.01
66.02						66.02
67			386,672	4,291	2,211,987	67
68	2		228,965	968	1,220,202	68
69.01	51		1,336,234	19,621	17,490,423	69.01
69.02						69.02
70.01	29		1,095,038	54,184	12,591,086	70.01
71			12,072,952		87,510,831	71
72			16,009,604	3,823,616	59,393,862	72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	COMMUNICAT	RECON-	DATA PROCE	PURCHASING	ADMITTING	
	IONS	CILIATION	SSING			
	NONPATIENT		ACCUM	SUPPLY	GROSS	
	5.01	5A.02	COST	COSTS	REVENUES	
			5.02	5.03	5.04	
73 DRUGS CHARGED TO PATIENTS	22		19,606,825	124,539	98,270,966	73
76 CARDIAC REHAB	13		415,401	5,932	806,140	76
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)	45		1,571,110	12,938	1,454,238	88
88.01 RHC II	14		2,115,159	27,980	1,723,683	88.01
90.01 HYPERBARIC WOUND CLINIC	17		1,254,582	36,011	3,064,268	90.01
90.02 DIABETES CENTER	13		383,983	2,849	113,847	90.02
91 EMERGENCY	77		8,612,383	694,198	31,184,809	91
91.01 G.I. LABORATORY	24		2,159,098	270,581	11,553,028	91.01
92 OBSERVATION BEDS						92
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	33		1,877,971	31,184	1,300,810	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	37		2,206,049	9,821	3,069,148	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,986	-3,910,799	225,193,364	18,296,905	818,049,684	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2		43,190			190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			78,657			193.02
193.03 LACEY'S RESTAURANT	9		79,934			193.03
193.04 COMMUNITY WELLNESS	10		466,709	27,009		193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	289	-35,817,734		312,845		193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY	25		3,408,931			193.08
193.09 OUTREACH LAB	8		2,944,901			193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING	32		7,637,603	33,809		193.11
193.13 HEALTHPOINT	67		3,637,329	105,347		193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT	2		73,172			194
194.01 FOUNDATION OFFICE	6		41,289			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	930,317		3,910,799	1,139,848	3,213,323	202
203 UNIT COST MULT-WS B PT I	381.903530		0.016054	0.060708	0.003928	203
204 COST TO BE ALLOC PER B PT II	67,468		1,780,299	157,452	171,876	204
205 UNIT COST MULT-WS B PT II	27.696223		0.007308	0.008386	0.000210	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CREDIT & COLLECTIONS	RECON-CILIATION	OTHER ADMINISTRATIONAL & GENERAL ACCUM COST	MAINTENANCE & REPAIRS REQUISITIO	OPERATION OF PLANT	SQUARE FEET
	ADJUSTED GROSS REVE					
	5.05		5.06	6	7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10						1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11						1.10
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CREDIT & COLLECTIONS	818,049,684					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		-33,059,055	250,274,557			5.06
6 MAINTENANCE & REPAIRS			4,021,902	998,001		6
7 OPERATION OF PLANT			5,971,846	130,850	543,218	7
8 LAUNDRY & LINEN SERVICE			1,003,183	32,400	3,781	8
9 HOUSEKEEPING			4,122,450	45,550	3,328	9
10 DIETARY			2,885,339	44,000	12,968	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			4,669,064	33,350	9,438	13
14 CENTRAL SERVICES & SUPPLY			2,166,801	11,250	3,948	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			1,115,712	3,250	14,088	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			213,122		1,011	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY			28,740	250	957	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY			126,229		2,193	20.03
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	29,056,018		22,757,503	189,700	90,765	30
33.01 ADULT SPECIAL CARE	8,257,684		4,678,935	30,800	10,658	33.01
34.01 CARDIOTHORACIC ICU	3,967,129		2,504,692	18,550	18,080	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	2,715,788		1,683,418	31,200	5,244	40
41 SUBPROVIDER - IRF	1,511,895		1,592,405	24,800	8,021	41
43 NURSERY	1,104,483		997,641	1,800	1,414	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	98,299,299		15,603,174	90,200	41,790	50
52 DELIVERY ROOM & LABOR ROOM	5,107,761		1,695,964	150	4,883	52
53 ANESTHESIOLOGY	22,536,414		1,893,359	1,150	8,219	53
54 RADIOLOGY-DIAGNOSTIC	23,638,321		4,553,186	35,850	3,930	54
54.01 ULTRASOUND	11,147,399		1,245,813	3,650	2,932	54.01
54.03 CARDIOVASCULAR LAB	29,220,766		3,335,447	22,282	15,496	54.03
55 RADIOLOGY-THERAPEUTIC	20,170,096		4,388,517	16,955	26,395	55
55.01 CHEMOTHERAPY	6,081,794		1,531,296	10,295	21,413	55.01
56.01 NUCLEAR MEDICINE	13,721,711		1,717,738	1,300	2,002	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	56,403,495		2,633,008	4,900	2,536	57
58 MAGNETIC RESONANCE IMAGING (MRI)	15,687,955		1,798,063	7,100	6,707	58
60 LABORATORY	82,298,692		9,466,631	20,550	10,056	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	10,837,611		1,402,242	850	330	63
65 RESPIRATORY THERAPY	27,368,699		2,760,067	5,050	1,667	65
66 PHYSICAL THERAPY	5,644,201		1,413,651	5,450	1,748	66
66.01 SOUTHEAST OUTPATIENT REHAB	10,313,145		3,385,046	3,800	15,394	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	2,211,987		416,859	400	360	67
68 SPEECH PATHOLOGY	1,220,202		245,784	100	180	68
69.01 CV DIAGNOSTIC	17,490,423		1,546,426	4,869	1,763	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	12,591,086		1,250,921	3,450	4,523	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	87,510,831		13,205,150			71
72 IMPL. DEV. CHARGED TO PATIENT	59,393,862		17,135,630			72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CREDIT & COLLECTIONS	RECON-CILIATION	OTHER ADMINISTRATIVE & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS REQUISITIO	OPERATION OF PLANT	SQUARE FEET	
	AJUSTED GROSS REVE						
	5.05		5.06	6	7		
73 DRUGS CHARGED TO PATIENTS	98,270,966		20,982,913	5,500	4,977		73
76 CARDIAC REHAB	806,140		431,075	2,550	720		76
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)	1,454,238		1,612,712	2,000	7,095		88
88.01 RHC II	1,723,683		2,169,298	6,050	7,702		88.01
90.01 HYPERBARIC WOUND CLINIC	3,064,268		1,309,767				90.01
90.02 DIABETES CENTER	113,847		391,541	500	5,000		90.02
91 EMERGENCY	31,184,809		9,127,184	55,500	12,203		91
91.01 G.I. LABORATORY	11,553,028		2,334,069	12,600	8,278		91.01
92 OBSERVATION BEDS							92
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	1,300,810		1,923,962	1,950	4,928		101
SPECIAL PURPOSE COST CENTERS							
116 HOSPICE	3,069,148		2,274,972	250	4,929		116
118 SUBTOTALS (SUM OF LINES 1-117)	818,049,684	-33,059,055	195,720,447	923,001	414,050		118
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			43,883	750	2,256		190
191.01 RESPITE CARE							191.01
193.01 VENDING MACHINES							193.01
193.02 SUNSET GUEST HOUSE			79,920		3,273		193.02
193.03 LACEY'S RESTAURANT			81,217	5,400	3,900		193.03
193.04 COMMUNITY WELLNESS			475,842	100			193.04
193.05 HOME INFUSION							193.05
193.06 SE HOSP PHYSICIANS LLC			35,836,726	48,250	57,612		193.06
193.07 GENERATIONS							193.07
193.08 RETAIL PHARMACY			3,463,658	2,050	1,738		193.08
193.09 OUTREACH LAB			2,992,178	3,000	1,458		193.09
193.10 FOOT CLINIC							193.10
193.11 MARKETING			7,762,269	6,500	3,914		193.11
193.13 HEALTHPOINT			3,702,118	8,550	52,510		193.13
193.14 DOCTORS PARK							193.14
194 JAZZMAN'S RESTAURANT			74,347		507		194
194.01 FOUNDATION OFFICE			41,952	400	2,000		194.01
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	5,558,768		33,059,055	4,553,159	7,357,647		202
203 UNIT COST MULT-WS B PT I	0.006795		0.132091	4.562279	13.544557		203
204 COST TO BE ALLOC PER B PT II	185,987		854,204	448,293	936,598		204
205 UNIT COST MULT-WS B PT II	0.000227		0.003413	0.449191	1.724166		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	NURSING ADMINISTRATION FTE'S SERVICE 13	
GENERAL SERVICE COST CENTERS						
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
2						2
4						4
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
8	2,066,314					8
9	193,993	536,109				9
10	534	12,968	405,168			10
11			272,315	165,925		11
12						12
13		9,438		6,745	482	13
14	157,762	3,948		3,755		14
15						15
16						16
17						17
19						19
20		14,088		3,443		20
20.01		1,011		421		20.01
20.02		957		136		20.02
20.03		2,193		408		20.03
21						21
22						22
23						23
30	391,200	90,765	104,601	40,049	295	30
33.01	41,200	10,658	5,589	6,660	49	33.01
34.01	37,400	18,080	3,347	4,110	30	34.01
35						35
40	42,450	5,244	10,365	2,797	21	40
41	48,550	8,021	7,545	2,660	20	41
43	39,200	1,414		1,099	8	43
ANCILLARY SERVICE COST CENTERS						
50	232,034	41,790	718	6,579		50
52		4,883		2,428		52
53		8,219		1,505		53
54	33,600	3,930	7	5,791		54
54.01	30,800	2,932		1,309		54.01
54.03	51,830	15,496	7	2,530		54.03
55	29,200	26,395		2,493		55
55.01	28,600	21,413	145	1,448		55.01
56.01		2,002	123	698		56.01
57		2,536		1,398		57
58	25,050	6,707		1,008		58
60		10,056		13,209		60
62.30						62.30
63		330		34		63
65		1,667		4,759		65
66	27,600	1,748		2,049		66
66.01		15,394		5,443		66.01
66.02						66.02
67		360		598		67
68		180	136	291		68
69.01		1,763		1,303		69.01
69.02						69.02
70.01		4,523	21	1,418		70.01
71						71
72				8,142		72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	NURSING ADMINISTRATION FTE'S SERVICE 13	
73	DRUGS CHARGED TO PATIENTS		4,977		3,720		73
76	CARDIAC REHAB		720		791	6	76
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)		7,095		2,131		88
88.01	RHC II		7,702		2,480		88.01
90.01	HYPERBARIC WOUND CLINIC	17,342		1	1,549		90.01
90.02	DIABETES CENTER		5,000		434	3	90.02
91	EMERGENCY	586,713	12,203	247	13,665		91
91.01	G.I. LABORATORY	51,256	8,278	1	2,033		91.01
92	OBSERVATION BEDS						92
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		4,928			17	101
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE		4,929			20	116
118	SUBTOTALS (SUM OF LINES 1-117)	2,066,314	406,941	405,168	163,519	469	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,256		349		190
191.01	RESPIRE CARE						191.01
193.01	VENDING MACHINES						193.01
193.02	SUNSET GUEST HOUSE		3,273				193.02
193.03	LACEY'S RESTAURANT		3,900				193.03
193.04	COMMUNITY WELLNESS						193.04
193.05	HOME INFUSION						193.05
193.06	SE HOSP PHYSICIANS LLC		57,612			1	193.06
193.07	GENERATIONS						193.07
193.08	RETAIL PHARMACY		1,738				193.08
193.09	OUTREACH LAB		1,458		2,057		193.09
193.10	FOOT CLINIC						193.10
193.11	MARKETING		3,914				193.11
193.13	HEALTHPOINT		52,510			12	193.13
193.14	DOCTORS PARK						193.14
194	JAZZMAN'S RESTAURANT		507				194
194.01	FOUNDATION OFFICE		2,000				194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,334,724	5,045,186	3,765,236	2,530,631	5,757,482	202
203	UNIT COST MULT-WS B PT I	0.645944	9.410747	9.293024	15.251656	11,944.983402	203
204	COST TO BE ALLOC PER B PT II	130,365	224,362	442,168	297,182	512,226	204
205	UNIT COST MULT-WS B PT II	0.063091	0.418501	1.091320	1.791062	1,062.709544	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTS 14	NURSING SCHOOL ASSIGNED TIME 20	SCHOOL OF MEDICAL TECHNOLOGY TIME SPENT 20.01	SCHOOL OF SURGICAL TECHNOLOGY TIME SPENT 20.02	SCHOOL OF RADIOLOGY TECHNOLOGY TIME SPENT 20.03
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2					1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3					1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4					1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5					1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6					1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7					1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8					1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9					1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #10					1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #11					1.10
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CREDIT & COLLECTIONS					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
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	22,604,842				14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		18,355			20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			2,268		20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY				560	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY					20.03
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	457,302	14,222			30
33.01 ADULT SPECIAL CARE	309,941	272			33.01
34.01 CARDIOTHORACIC ICU	74,952	76			34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF	2,216	1,703			40
41 SUBPROVIDER - IRF	20,310	466			41
43 NURSERY	42,615				43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	7,911,449	255		560	50
52 DELIVERY ROOM & LABOR ROOM	67,847				52
53 ANESTHESIOLOGY	377,717				53
54 RADIOLOGY-DIAGNOSTIC	551,608				54
54.01 ULTRASOUND	27,555				54.01
54.03 CARDIOVASCULAR LAB	2,266,536				54.03
55 RADIOLOGY-THERAPEUTIC	35,152				55
55.01 CHEMOTHERAPY	56,850				55.01
56.01 NUCLEAR MEDICINE	239				56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	117,754				57
58 MAGNETIC RESONANCE IMAGING (MRI)	10,628				58
60 LABORATORY	1,395		2,052		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	8,480				63
65 RESPIRATORY THERAPY	27,078				65
66 PHYSICAL THERAPY	4,054				66
66.01 SOUTHEAST OUTPATIENT REHAB	374				66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY	4				67
68 SPEECH PATHOLOGY					68
69.01 CV DIAGNOSTIC	8,163				69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY	5,993				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT	9,513,371				72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CENTRAL SERVICES & SUPPLY COSTS 14	NURSING SCHOOL ASSIGNED TIME 20	SCHOOL OF MEDICAL TE CHNOLOGY TIME SPENT 20.01	SCHOOL OF SURGICAL T ECHNOLOGY TIME SPENT 20.02	SCHOOL OF RADIOLOGY TECHNOLOGY TIME SPENT 20.03	
73	DRUGS CHARGED TO PATIENTS	6,204					73
76	CARDIAC REHAB	284					76
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)	455					88
88.01	RHC II	7,680					88.01
90.01	HYPERBARIC WOUND CLINIC	10,785					90.01
90.02	DIABETES CENTER	10					90.02
91	EMERGENCY	423,886	639				91
91.01	G.I. LABORATORY	218,937					91.01
92	OBSERVATION BEDS						92
	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	13,439	60				101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	2,273	662				116
118	SUBTOTALS (SUM OF LINES 1-117)	22,583,536	18,355	2,052	560	2,024	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.01	RESPIRE CARE						191.01
193.01	VENDING MACHINES						193.01
193.02	SUNSET GUEST HOUSE						193.02
193.03	LACEY'S RESTAURANT						193.03
193.04	COMMUNITY WELLNESS						193.04
193.05	HOME INFUSION						193.05
193.06	SE HOSP PHYSICIANS LLC	21,306					193.06
193.07	GENERATIONS						193.07
193.08	RETAIL PHARMACY						193.08
193.09	OUTREACH LAB			216			193.09
193.10	FOOT CLINIC						193.10
193.11	MARKETING						193.11
193.13	HEALTHPOINT						193.13
193.14	DOCTORS PARK						193.14
194	JAZZMAN'S RESTAURANT						194
194.01	FOUNDATION OFFICE						194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,754,145	1,653,821	270,902	57,719	199,467	202
203	UNIT COST MULT-WS B PT I	0.121839	90.101934	119.445326	103.069643	98.550889	203
204	COST TO BE ALLOC PER B PT II	257,705	320,888	24,653	21,130	55,612	204
205	UNIT COST MULT-WS B PT II	0.011400	17.482321	10.869929	37.732143	27.476285	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #10	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #11	1.10
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5.01	COMMUNICATIONS	5.01
5.02	DATA PROCESSING	5.02
5.03	PURCHASING	5.03
5.04	ADMITTING	5.04
5.05	CREDIT & COLLECTIONS	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	5.06
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
20.01	SCHOOL OF MEDICAL TECHNOLOGY	20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY	20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY	20.03
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	30
33.01	ADULT SPECIAL CARE	33.01
34.01	CARDIOTHORACIC ICU	34.01
35	NEONATOLOGY	35
40	SUBPROVIDER - IPF	40
41	SUBPROVIDER - IRF	41
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.01	ULTRASOUND	54.01
54.03	CARDIOVASCULAR LAB	54.03
55	RADIOLOGY-THERAPEUTIC	55
55.01	CHEMOTHERAPY	55.01
56.01	NUCLEAR MEDICINE	56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
58	MAGNETIC RESONANCE IMAGING (MRI)	58
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63	BLOOD STORING, PROCESSING & TRANS.	63
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
66.01	SOUTHEAST OUTPATIENT REHAB	66.01
66.02	PHYSIATRY	66.02
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69.01	CV DIAGNOSTIC	69.01
69.02	ELECTROPHYSIOLOGY LAB	69.02
70.01	NEUROPHYSIOLOGY	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

73	DRUGS CHARGED TO PATIENTS	73
76	CARDIAC REHAB	76
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
88.01	RHC II	88.01
90.01	HYPERBARIC WOUND CLINIC	90.01
90.02	DIABETES CENTER	90.02
91	EMERGENCY	91
91.01	G.I. LABORATORY	91.01
92	OBSERVATION BEDS	92
	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	101
	SPECIAL PURPOSE COST CENTERS	
116	HOSPICE	116
118	SUBTOTALS (SUM OF LINES 1-117)	118
	NONREIMBURSABLE COST CENTERS	
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
191.01	RESPIRE CARE	191.01
193.01	VENDING MACHINES	193.01
193.02	SUNSET GUEST HOUSE	193.02
193.03	LACEY'S RESTAURANT	193.03
193.04	COMMUNITY WELLNESS	193.04
193.05	HOME INFUSION	193.05
193.06	SE HOSP PHYSICIANS LLC	193.06
193.07	GENERATIONS	193.07
193.08	RETAIL PHARMACY	193.08
193.09	OUTREACH LAB	193.09
193.10	FOOT CLINIC	193.10
193.11	MARKETING	193.11
193.13	HEALTHPOINT	193.13
193.14	DOCTORS PARK	193.14
194	JAZZMAN'S RESTAURANT	194
194.01	FOUNDATION OFFICE	194.01
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	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	35,409,039		35,409,039		35,409,039	30
33.01 ADULT SPECIAL CARE	6,509,859		6,509,859		6,509,859	33.01
34.01 CARDIOTHORACIC ICU	3,827,477		3,827,477		3,827,477	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	2,739,463		2,739,463		2,739,463	40
41 SUBPROVIDER - IRF	2,525,426		2,525,426	5,222	2,530,648	41
43 NURSERY	1,312,926		1,312,926		1,312,926	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,336,545		20,336,545		20,336,545	50
52 DELIVERY ROOM & LABOR ROOM	2,078,058		2,078,058		2,078,058	52
53 ANESTHESIOLOGY	2,406,347		2,406,347		2,406,347	53
54 RADIOLOGY-DIAGNOSTIC	5,785,158		5,785,158		5,785,158	54
54.01 ULTRASOUND	1,537,547		1,537,547		1,537,547	54.01
54.03 CARDIOVASCULAR LAB	4,581,685		4,581,685		4,581,685	54.03
55 RADIOLOGY-THERAPEUTIC	5,712,627		5,712,627		5,712,627	55
55.01 CHEMOTHERAPY	2,320,909		2,320,909		2,320,909	55.01
56.01 NUCLEAR MEDICINE	2,008,341		2,008,341		2,008,341	56.01
57 COMPUTED TOMOGRAPHY (CT) SC	3,097,044		3,097,044		3,097,044	57
58 MAGNETIC RESONANCE IMAGING	2,254,774		2,254,774		2,254,774	58
60 LABORATORY	11,488,412		11,488,412		11,488,412	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,600,472		1,600,472		1,600,472	63
65 RESPIRATORY THERAPY	3,261,836		3,261,836		3,261,836	65
66 PHYSICAL THERAPY	1,714,945		1,714,945		1,714,945	66
66.01 SOUTHEAST OUTPATIENT REHAB	4,285,952		4,285,952		4,285,952	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	491,131		491,131		491,131	67
68 SPEECH PATHOLOGY	288,540		288,540		288,540	68
69.01 CV DIAGNOSTIC	1,834,247		1,834,247		1,834,247	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	1,558,275		1,558,275		1,558,275	70.01
71 MEDICAL SUPPLIES CHRGD TO	14,949,431		14,949,431		14,949,431	71
72 IMPL. DEV. CHARGED TO PATIE	20,682,366		20,682,366		20,682,366	72
73 DRUGS CHARGED TO PATIENTS	23,951,400		23,951,400		23,951,400	73
76 CARDIAC REHAB	599,947		599,947		599,947	76
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)	2,030,286		2,030,286		2,030,286	88
88.01 RHC II	2,699,007		2,699,007		2,699,007	88.01
90.01 HYPERBARIC WOUND CLINIC	1,518,925		1,518,925		1,518,925	90.01
90.02 DIABETES CENTER	602,773		602,773		602,773	90.02
91 EMERGENCY	11,565,046		11,565,046	68,516	11,633,562	91
91.01 G.I. LABORATORY	2,980,688		2,980,688		2,980,688	91.01
92 OBSERVATION BEDS	4,184,048		4,184,048		4,184,048	92
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	2,510,228		2,510,228		2,510,228	101
113 INTEREST EXPENSE						113
116 HOSPICE	2,988,587		2,988,587		2,988,587	116
200 SUBTOTAL (SEE INSTRUCTIONS)	222,229,767		222,229,767	73,738	222,303,505	200
201 LESS OBSERVATION BEDS	4,184,048		4,184,048		4,184,048	201
202 TOTAL (SEE INSTRUCTIONS)	218,045,719		218,045,719		218,119,457	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	29,056,018		29,056,018			30
33.01 ADULT SPECIAL CARE	8,257,684		8,257,684			33.01
34.01 CARDIOTHORACIC ICU	3,967,129		3,967,129			34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	2,715,788		2,715,788			40
41 SUBPROVIDER - IRF	1,511,895		1,511,895			41
43 NURSERY	1,104,483		1,104,483			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	48,470,950	49,828,349	98,299,299	0.206884	0.206884	0.206884 50
52 DELIVERY ROOM & LABOR ROOM	4,224,728	883,033	5,107,761	0.406843	0.406843	0.406843 52
53 ANESTHESIOLOGY	12,117,256	10,419,158	22,536,414	0.106776	0.106776	0.106776 53
54 RADIOLOGY-DIAGNOSTIC	9,025,727	14,612,594	23,638,321	0.244736	0.244736	0.244736 54
54.01 ULTRASOUND	3,308,775	7,838,624	11,147,399	0.137929	0.137929	0.137929 54.01
54.03 CARDIOVASCULAR LAB	13,837,916	15,382,850	29,220,766	0.156796	0.156796	0.156796 54.03
55 RADIOLOGY-THERAPEUTIC	453,055	19,717,041	20,170,096	0.283223	0.283223	0.283223 55
55.01 CHEMOTHERAPY	38,627	6,043,167	6,081,794	0.381616	0.381616	0.381616 55.01
56.01 NUCLEAR MEDICINE	3,718,552	10,003,159	13,721,711	0.146362	0.146362	0.146362 56.01
57 COMPUTED TOMOGRAPHY (CT) SC	13,908,376	42,495,119	56,403,495	0.054909	0.054909	0.054909 57
58 MAGNETIC RESONANCE IMAGING	3,560,408	12,127,547	15,687,955	0.143726	0.143726	0.143726 58
60 LABORATORY	41,853,015	40,445,677	82,298,692	0.139594	0.139594	0.139594 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	8,459,408	2,378,203	10,837,611	0.147678	0.147678	0.147678 63
65 RESPIRATORY THERAPY	23,397,291	3,971,408	27,368,699	0.119181	0.119181	0.119181 65
66 PHYSICAL THERAPY	5,427,820	216,381	5,644,201	0.303842	0.303842	0.303842 66
66.01 SOUTHEAST OUTPATIENT REHAB		10,313,145	10,313,145	0.415581	0.415581	0.415581 66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	2,185,699	26,288	2,211,987	0.222032	0.222032	0.222032 67
68 SPEECH PATHOLOGY	1,137,757	82,445	1,220,202	0.236469	0.236469	0.236469 68
69.01 CV DIAGNOSTIC	9,013,100	8,477,323	17,490,423	0.104872	0.104872	0.104872 69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	4,134,777	8,456,309	12,591,086	0.123760	0.123760	0.123760 70.01
71 MEDICAL SUPPLIES CHRGD TO	46,879,812	40,631,019	87,510,831	0.170829	0.170829	0.170829 71
72 IMPL. DEV. CHARGED TO PATIE	38,682,734	20,711,128	59,393,862	0.348224	0.348224	0.348224 72
73 DRUGS CHARGED TO PATIENTS	53,410,807	44,860,159	98,270,966	0.243728	0.243728	0.243728 73
76 CARDIAC REHAB	50,111	756,029	806,140	0.744222	0.744222	0.744222 76
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)		1,454,238	1,454,238			88
88.01 RHC II		1,723,683	1,723,683			88.01
90.01 HYPERBARIC WOUND CLINIC	229,932	2,834,336	3,064,268	0.495689	0.495689	0.495689 90.01
90.02 DIABETES CENTER		113,847	113,847	5.294588	5.294588	5.294588 90.02
91 EMERGENCY	7,459,919	23,724,890	31,184,809	0.370855	0.370855	0.373052 91
91.01 G.I. LABORATORY	3,173,817	8,379,211	11,553,028	0.258001	0.258001	0.258001 91.01
92 OBSERVATION BEDS	550,002	3,116,680	3,666,682	1.141099	1.141099	1.141099 92
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						101
113 INTEREST EXPENSE						113
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	405,323,368	412,023,040	817,346,408			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	405,323,368	412,023,040	817,346,408			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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,821,374		3,821,374	37,846	100.97	19,166	1,935,191	30
31 INTENSIVE CARE UNIT								31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
33.01 ADULT SPECIAL CARE	537,183		537,183	3,863	139.06	2,275	316,362	33.01
34 SURGICAL INTENSIVE CARE UNIT								34
34.01 CARDIOTHORACIC ICU	616,698		616,698	1,852	332.99	1,000	332,990	34.01
35 NEONATOLOGY								35
40 SUBPROVIDER - IPF	245,291		245,291	2,994	81.93	953	78,079	40
41 SUBPROVIDER - IRF	269,478		269,478	2,549	105.72	1,472	155,620	41
42 SUBPROVIDER I								42
43 NURSERY	103,131		103,131	2,404	42.90			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	5,593,155		5,593,155	51,508		24,866	2,818,242	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 (26-0110) [] 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	2,605,580	98,299,299	0.026507	28,407,761	753,005				50
52	DELIVERY ROOM & LABOR ROOM	146,635	5,107,761	0.028708	83,151	2,387				52
53	ANESTHESIOLOGY	361,717	22,536,414	0.016050	5,808,166	93,221				53
54	RADIOLOGY-DIAGNOSTIC	721,212	23,638,321	0.030510	4,632,084	141,325				54
54.01	ULTRASOUND	133,751	11,147,399	0.011998	934,134	11,208				54.01
54.03	CARDIOVASCULAR LAB	739,334	29,220,766	0.025302	6,137,664	155,295				54.03
55	RADIOLOGY-THERAPEUTIC	1,525,101	20,170,096	0.075612	179,127	13,544				55
55.01	CHEMOTHERAPY	474,401	6,081,794	0.078003	10,231	798				55.01
56.01	NUCLEAR MEDICINE	245,422	13,721,711	0.017886	2,362,380	42,254				56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	590,693	56,403,495	0.010473	8,846,159	92,646				57
58	MAGNETIC RESONANCE IMAGING (M	347,954	15,687,955	0.022180	1,967,430	43,638				58
60	LABORATORY	666,591	82,298,692	0.008100	29,868,283	241,933				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA									62.30
63	BLOOD STORING, PROCESSING & T	36,781	10,837,611	0.003394	3,230,854	10,966				63
65	RESPIRATORY THERAPY	204,538	27,368,699	0.007473	11,747,514	87,789				65
66	PHYSICAL THERAPY	81,926	5,644,201	0.014515	2,895,099	42,022				66
66.01	SOUTHEAST OUTPATIENT REHAB	435,705	10,313,145	0.042248						66.01
66.02	PHYSIATRY									66.02
67	OCCUPATIONAL THERAPY	16,644	2,211,987	0.007524	525,330	3,953				67
68	SPEECH PATHOLOGY	9,866	1,220,202	0.008086	574,311	4,644				68
69.01	CV DIAGNOSTIC	246,921	17,490,423	0.014117	7,101,408	100,251				69.01
69.02	ELECTROPHYSIOLOGY LAB									69.02
70.01	NEUROPHYSIOLOGY	213,141	12,591,086	0.016928	348,625	5,902				70.01
71	MEDICAL SUPPLIES CHRGD TO PA	171,540	87,510,831	0.001960	26,995,127	52,910				71
72	IMPL. DEV. CHARGED TO PATIENT	358,839	59,393,862	0.006042	20,206,138	122,085				72
73	DRUGS CHARGED TO PATIENTS	435,573	98,270,966	0.004432	29,228,263	129,540				73
76	CARDIAC REHAB	39,956	806,140	0.049565	24,984	1,238				76
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)	188,193	1,454,238	0.129410						88
88.01	RHC II	212,166	1,723,683	0.123089						88.01
90.01	HYPERBARIC WOUND CLINIC	59,496	3,064,268	0.019416	165,043	3,204				90.01
90.02	DIABETES CENTER	110,792	113,847	0.973166						90.02
91	EMERGENCY	703,751	31,184,809	0.022567	4,129,442	93,189				91
91.01	G.I. LABORATORY	409,982	11,553,028	0.035487	1,960,330	69,566				91.01
92	OBSERVATION BEDS	451,547	3,666,682	0.123149	339,029	41,751				92
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)	12,945,748	770,733,411	770,733,411	198,708,067	2,360,264				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	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	1,281,429				1,281,429	30
31 INTENSIVE CARE UNIT						31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
33.01 ADULT SPECIAL CARE	24,508				24,508	33.01
34 SURGICAL INTENSIVE CARE UNIT						34
34.01 CARDIOTHORACIC ICU	6,848				6,848	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	153,444				153,444	40
41 SUBPROVIDER - IRF	41,988				41,988	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	1,508,217				1,508,217	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	37,846	33.86	19,166	648,961	30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
33.01 ADULT SPECIAL CARE	3,863	6.34	2,275	14,424	33.01
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 CARDIOTHORACIC ICU	1,852	3.70	1,000	3,700	34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF	2,994	51.25	953	48,841	40
41 SUBPROVIDER - IRF	2,549	16.47	1,472	24,244	41
42 SUBPROVIDER I					42
43 NURSERY	2,404				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	51,508		24,866	740,170	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (26-0110)	[] 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		80,695		80,695	80,695	50
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC		199,467		199,467	199,467	54
54.01	ULTRASOUND						54.01
54.03	CARDIOVASCULAR LAB						54.03
55	RADIOLOGY-THERAPEUTIC						55
55.01	CHEMOTHERAPY						55.01
56.01	NUCLEAR MEDICINE						56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN						57
58	MAGNETIC RESONANCE IMAGING (M						58
60	LABORATORY		245,102		245,102	245,102	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
66.01	SOUTHEAST OUTPATIENT REHAB						66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69.01	CV DIAGNOSTIC						69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY						70.01
71	MEDICAL SUPPLIES CHRGD TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76	CARDIAC REHAB						76
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
88.01	RHC II						88.01
90.01	HYPERBARIC WOUND CLINIC						90.01
90.02	DIABETES CENTER						90.02
91	EMERGENCY		57,575		57,575	57,575	91
91.01	G.I. LABORATORY						91.01
92	OBSERVATION BEDS		151,417		151,417	151,417	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)		734,256		734,256	734,256	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (26-0110)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS			
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA			
BOXES	[] TITLE XIX	[] IRF	[] NF					
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	98,299,299	0.000821	0.000821	28,407,761	23,323	17,589,772	14,441	50
52 DELIVERY ROOM & LABOR ROOM	5,107,761			83,151		250,933		52
53 ANESTHESIOLOGY	22,536,414			5,808,166		3,204,768		53
54 RADIOLOGY-DIAGNOSTIC	23,638,321	0.008438	0.008438	4,632,084	39,086	8,102,699	68,371	54
54.01 ULTRASOUND	11,147,399			934,134		894,486		54.01
54.03 CARDIOVASCULAR LAB	29,220,766			6,137,664		6,681,256		54.03
55 RADIOLOGY-THERAPEUTIC	20,170,096			179,127		8,242,015		55
55.01 CHEMOTHERAPY	6,081,794			10,231		201,145		55.01
56.01 NUCLEAR MEDICINE	13,721,711			2,362,380		4,338,261		56.01
57 COMPUTED TOMOGRAPHY (CT) SCA	56,403,495			8,846,159		16,442,587		57
58 MAGNETIC RESONANCE IMAGING (	15,687,955			1,967,430		3,927,663		58
60 LABORATORY	82,298,692	0.002978	0.002978	29,868,283	88,948	2,587,064	7,704	60
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
63 BLOOD STORING, PROCESSING &	10,837,611			3,230,854		808,388		63
65 RESPIRATORY THERAPY	27,368,699			11,747,514		1,478,545		65
66 PHYSICAL THERAPY	5,644,201			2,895,099				66
66.01 SOUTHEAST OUTPATIENT REHAB	10,313,145					28,098		66.01
66.02 PHYSIATRY								66.02
67 OCCUPATIONAL THERAPY	2,211,987			525,330				67
68 SPEECH PATHOLOGY	1,220,202			574,311				68
69.01 CV DIAGNOSTIC	17,490,423			7,101,408		5,462,079		69.01
69.02 ELECTROPHYSIOLOGY LAB								69.02
70.01 NEUROPHYSIOLOGY	12,591,086			348,625		2,492,711		70.01
71 MEDICAL SUPPLIES CHRGD TO P	87,510,831			26,995,127		15,363,141		71
72 IMPL. DEV. CHARGED TO PATIEN	59,393,862			20,206,138		11,716,603		72
73 DRUGS CHARGED TO PATIENTS	98,270,966			29,228,263		17,781,004		73
76 CARDIAC REHAB	806,140			24,984		368,378		76
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)	1,454,238							88
88.01 RHC II	1,723,683							88.01
90.01 HYPERBARIC WOUND CLINIC	3,064,268			165,043		1,176,145		90.01
90.02 DIABETES CENTER	113,847							90.02
91 EMERGENCY	31,184,809	0.001846	0.001846	4,129,442	7,623	4,714,166	8,702	91
91.01 G.I. LABORATORY	11,553,028			1,960,330		3,177,871		91.01
92 OBSERVATION BEDS	3,666,682	0.041295	0.041295	339,029	14,000	1,468,200	60,629	92
OTHER REIMBURSABLE COST CENTERS								
200 TOTAL (SUM OF LINES 50-199)	770,733,411			198,708,067	172,980	138,497,978	159,847	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0110) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF
 BOXES [] TITLE XIX - O/P [] IRF [] NF

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SVCES NOT SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.206884	17,589,772			3,639,042		50
52 DELIVERY ROOM & LABOR ROOM	0.406843	250,933			102,090		52
53 ANESTHESIOLOGY	0.106776	3,204,768			342,192		53
54 RADIOLOGY-DIAGNOSTIC	0.244736	8,102,699			1,983,022		54
54.01 ULTRASOUND	0.137929	894,486			123,376		54.01
54.03 CARDIOVASCULAR LAB	0.156796	6,681,256			1,047,594		54.03
55 RADIOLOGY-THERAPEUTIC	0.283223	8,242,015			2,334,328		55
55.01 CHEMOTHERAPY	0.381616	201,145			76,760		55.01
56.01 NUCLEAR MEDICINE	0.146362	4,338,261			634,957		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909	16,442,587			902,846		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726	3,927,663			564,507		58
60 LABORATORY	0.139594	2,587,064			361,139		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.147678	808,388			119,381		63
65 RESPIRATORY THERAPY	0.119181	1,478,545			176,214		65
66 PHYSICAL THERAPY	0.303842						66
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581	28,098			11,677		66.01
66.02 PHYSIATRY							66.02
67 OCCUPATIONAL THERAPY	0.222032						67
68 SPEECH PATHOLOGY	0.236469						68
69.01 CV DIAGNOSTIC	0.104872	5,462,079			572,819		69.01
69.02 ELECTROPHYSIOLOGY LAB							69.02
70.01 NEUROPHYSIOLOGY	0.123760	2,492,711			308,498		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829	15,363,141			2,624,470		71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224	11,716,603			4,080,002		72
73 DRUGS CHARGED TO PATIENTS	0.243728	17,781,004			4,333,729		73
76 CARDIAC REHAB	0.744222	368,378			274,155		76
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
88.01 RHC II							88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689	1,176,145			583,002		90.01
90.02 DIABETES CENTER	5.294588						90.02
91 EMERGENCY	0.370855	4,714,166			1,748,272		91
91.01 G.I. LABORATORY	0.258001	3,177,871			819,894		91.01
92 OBSERVATION BEDS	1.141099	1,468,200			1,675,362		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		138,497,978			29,439,328		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		138,497,978			29,439,328		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 (26-S110) [] 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	2,605,580	98,299,299	0.026507	8,873	235	50
52	DELIVERY ROOM & LABOR ROOM	146,635	5,107,761	0.028708			52
53	ANESTHESIOLOGY	361,717	22,536,414	0.016050			53
54	RADIOLOGY-DIAGNOSTIC	721,212	23,638,321	0.030510			54
54.01	ULTRASOUND	133,751	11,147,399	0.011998	28,608	873	54.01
54.03	CARDIOVASCULAR LAB	739,334	29,220,766	0.025302	11,973	144	54.03
55	RADIOLOGY-THERAPEUTIC	1,525,101	20,170,096	0.075612			55
55.01	CHEMOTHERAPY	474,401	6,081,794	0.078003			55.01
56.01	NUCLEAR MEDICINE	245,422	13,721,711	0.017886	9,240	165	56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	590,693	56,403,495	0.010473	50,381	528	57
58	MAGNETIC RESONANCE IMAGING (M	347,954	15,687,955	0.022180	18,447	409	58
60	LABORATORY	666,591	82,298,692	0.008100	446,910	3,620	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	36,781	10,837,611	0.003394			63
65	RESPIRATORY THERAPY	204,538	27,368,699	0.007473	50,420	377	65
66	PHYSICAL THERAPY	81,926	5,644,201	0.014515	145,845	2,117	66
66.01	SOUTHEAST OUTPATIENT REHAB	435,705	10,313,145	0.042248			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	16,644	2,211,987	0.007524	2,362	18	67
68	SPEECH PATHOLOGY	9,866	1,220,202	0.008086	1,512	12	68
69.01	CV. DIAGNOSTIC	246,921	17,490,423	0.014117	53,333	753	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	213,141	12,591,086	0.016928	3,482	59	70.01
71	MEDICAL SUPPLIES CHRGED TO PA	171,540	87,510,831	0.001960	26,752	52	71
72	IMPL. DEV. CHARGED TO PATIENT	358,839	59,393,862	0.006042			72
73	DRUGS CHARGED TO PATIENTS	435,573	98,270,966	0.004432	240,324	1,065	73
76	CARDIAC REHAB	39,956	806,140	0.049565			76
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)	188,193	1,454,238	0.129410			88
88.01	RHC II	212,166	1,723,683	0.123089			88.01
90.01	HYPERBARIC WOUND CLINIC	59,496	3,064,268	0.019416	891	17	90.01
90.02	DIABETES CENTER	110,792	113,847	0.973166			90.02
91	EMERGENCY	703,751	31,184,809	0.022567	97,638	2,203	91
91.01	G.I. LABORATORY	409,982	11,553,028	0.035487	24,525	870	91.01
92	OBSERVATION BEDS	451,547	3,666,682	0.123149			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,945,748	770,733,411	770,733,411	1,221,516	13,517	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 (26-S110)	[] 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		80,695		80,695	50
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC		199,467		199,467	54
54.01	ULTRASOUND					54.01
54.03	CARDIOVASCULAR LAB					54.03
55	RADIOLOGY-THERAPEUTIC					55
55.01	CHEMOTHERAPY					55.01
56.01	NUCLEAR MEDICINE					56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY		245,102		245,102	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
66.01	SOUTHEAST OUTPATIENT REHAB					66.01
66.02	PHYSIATRY					66.02
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69.01	CV DIAGNOSTIC					69.01
69.02	ELECTROPHYSIOLOGY LAB					69.02
70.01	NEUROPHYSIOLOGY					70.01
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
76	CARDIAC REHAB					76
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
88.01	RHC II					88.01
90.01	HYPERBARIC WOUND CLINIC					90.01
90.02	DIABETES CENTER					90.02
91	EMERGENCY		57,575		57,575	91
91.01	G.I. LABORATORY					91.01
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		582,839		582,839	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 (26-S110) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	98,299,299	0.000821	0.000821	8,873	7		50
52 DELIVERY ROOM & LABOR ROOM	5,107,761						52
53 ANESTHESIOLOGY	22,536,414						53
54 RADIOLOGY-DIAGNOSTIC	23,638,321	0.008438	0.008438	28,608	241		54
54.01 ULTRASOUND	11,147,399			11,973			54.01
54.03 CARDIOVASCULAR LAB	29,220,766						54.03
55 RADIOLOGY-THERAPEUTIC	20,170,096						55
55.01 CHEMOTHERAPY	6,081,794						55.01
56.01 NUCLEAR MEDICINE	13,721,711			9,240			56.01
57 COMPUTED TOMOGRAPHY (CT) SCA	56,403,495			50,381			57
58 MAGNETIC RESONANCE IMAGING (	15,687,955			18,447			58
60 LABORATORY	82,298,692	0.002978	0.002978	446,910	1,331		60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	10,837,611						63
65 RESPIRATORY THERAPY	27,368,699			50,420			65
66 PHYSICAL THERAPY	5,644,201			145,845			66
66.01 SOUTHEAST OUTPATIENT REHAB	10,313,145						66.01
66.02 PHYSIATRY							66.02
67 OCCUPATIONAL THERAPY	2,211,987			2,362			67
68 SPEECH PATHOLOGY	1,220,202			1,512			68
69.01 CV DIAGNOSTIC	17,490,423			53,333			69.01
69.02 ELECTROPHYSIOLOGY LAB							69.02
70.01 NEUROPHYSIOLOGY	12,591,086			3,482			70.01
71 MEDICAL SUPPLIES CHRGD TO P	87,510,831			26,752			71
72 IMPL. DEV. CHARGED TO PATIEN	59,393,862						72
73 DRUGS CHARGED TO PATIENTS	98,270,966			240,324			73
76 CARDIAC REHAB	806,140						76
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)	1,454,238						88
88.01 RHC II	1,723,683						88.01
90.01 HYPERBARIC WOUND CLINIC	3,064,268			891			90.01
90.02 DIABETES CENTER	113,847						90.02
91 EMERGENCY	31,184,809	0.001846	0.001846	97,638	180		91
91.01 G.I. LABORATORY	11,553,028			24,525			91.01
92 OBSERVATION BEDS	3,666,682						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	770,733,411			1,221,516	1,759		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 (26-S110) [] 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 SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.206884							50
52 DELIVERY ROOM & LABOR ROOM	0.406843							52
53 ANESTHESIOLOGY	0.106776							53
54 RADIOLOGY-DIAGNOSTIC	0.244736							54
54.01 ULTRASOUND	0.137929							54.01
54.03 CARDIOVASCULAR LAB	0.156796							54.03
55 RADIOLOGY-THERAPEUTIC	0.283223							55
55.01 CHEMOTHERAPY	0.381616							55.01
56.01 NUCLEAR MEDICINE	0.146362							56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909							57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726							58
60 LABORATORY	0.139594							60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.147678							63
65 RESPIRATORY THERAPY	0.119181							65
66 PHYSICAL THERAPY	0.303842							66
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581							66.01
66.02 PHYSIATRY								66.02
67 OCCUPATIONAL THERAPY	0.222032							67
68 SPEECH PATHOLOGY	0.236469							68
69.01 CV DIAGNOSTIC	0.104872							69.01
69.02 ELECTROPHYSIOLOGY LAB								69.02
70.01 NEUROPHYSIOLOGY	0.123760							70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829							71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224							72
73 DRUGS CHARGED TO PATIENTS	0.243728							73
76 CARDIAC REHAB	0.744222							76
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
88.01 RHC II								88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689							90.01
90.02 DIABETES CENTER	5.294588							90.02
91 EMERGENCY	0.370855							91
91.01 G.I. LABORATORY	0.258001							91.01
92 OBSERVATION BEDS	1.141099							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)								200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)								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 [] IPF [XX] IRF (26-T110)	[] 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	2,605,580	98,299,299	0.026507	67,791	1,797	50
52	DELIVERY ROOM & LABOR ROOM	146,635	5,107,761	0.028708			52
53	ANESTHESIOLOGY	361,717	22,536,414	0.016050	5,269	85	53
54	RADIOLOGY-DIAGNOSTIC	721,212	23,638,321	0.030510	41,188	1,257	54
54.01	ULTRASOUND	133,751	11,147,399	0.011998	12,404	149	54.01
54.03	CARDIOVASCULAR LAB	739,334	29,220,766	0.025302	1,357	34	54.03
55	RADIOLOGY-THERAPEUTIC	1,525,101	20,170,096	0.075612			55
55.01	CHEMOTHERAPY	474,401	6,081,794	0.078003	4,463	348	55.01
56.01	NUCLEAR MEDICINE	245,422	13,721,711	0.017886	14,098	252	56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	590,693	56,403,495	0.010473	55,831	585	57
58	MAGNETIC RESONANCE IMAGING (M	347,954	15,687,955	0.022180	18,797	417	58
60	LABORATORY	666,591	82,298,692	0.008100	409,046	3,313	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	36,781	10,837,611	0.003394	27,248	92	63
65	RESPIRATORY THERAPY	204,538	27,368,699	0.007473	174,882	1,307	65
66	PHYSICAL THERAPY	81,926	5,644,201	0.014515	734,609	10,663	66
66.01	SOUTHEAST OUTPATIENT REHAB	435,705	10,313,145	0.042248			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	16,644	2,211,987	0.007524	813,835	6,123	67
68	SPEECH PATHOLOGY	9,866	1,220,202	0.008086	208,069	1,682	68
69.01	CV DIAGNOSTIC	246,921	17,490,423	0.014117	49,012	692	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	213,141	12,591,086	0.016928	18,238	309	70.01
71	MEDICAL SUPPLIES CHRGD TO PA	171,540	87,510,831	0.001960	155,240	304	71
72	IMPL. DEV. CHARGED TO PATIENT	358,839	59,393,862	0.006042	21,574	130	72
73	DRUGS CHARGED TO PATIENTS	435,573	98,270,966	0.004432	511,166	2,265	73
76	CARDIAC REHAB	39,956	806,140	0.049565			76
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)	188,193	1,454,238	0.129410			88
88.01	RHC II	212,166	1,723,683	0.123089			88.01
90.01	HYPERBARIC WOUND CLINIC	59,496	3,064,268	0.019416	4,937	96	90.01
90.02	DIABETES CENTER	110,792	113,847	0.973166			90.02
91	EMERGENCY	703,751	31,184,809	0.022567	7,795	176	91
91.01	G.I. LABORATORY	409,982	11,553,028	0.035487	10,504	373	91.01
92	OBSERVATION BEDS	451,547	3,666,682	0.123149			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,945,748	770,733,411	770,733,411	3,367,353	32,449	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 [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (26-T110) [] 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		80,695			80,695	80,695	50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC		199,467			199,467	199,467	54
54.01 ULTRASOUND							54.01
54.03 CARDIOVASCULAR LAB							54.03
55 RADIOLOGY-THERAPEUTIC							55
55.01 CHEMOTHERAPY							55.01
56.01 NUCLEAR MEDICINE							56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M		245,102			245,102	245,102	58
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
66.01 SOUTHEAST OUTPATIENT REHAB							66.01
66.02 PHYSIATRY							66.02
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69.01 CV DIAGNOSTIC							69.01
69.02 ELECTROPHYSIOLOGY LAB							69.02
70.01 NEUROPHYSIOLOGY							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
76 CARDIAC REHAB							76
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
88.01 RHC II							88.01
90.01 HYPERBARIC WOUND CLINIC							90.01
90.02 DIABETES CENTER							90.02
91 EMERGENCY		57,575			57,575	57,575	91
91.01 G.I. LABORATORY							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		582,839			582,839	582,839	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	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[XX] IRF (26-T110)	[] 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 CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
COST CENTER DESCRIPTION	7	8	9	10	11	12
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	98,299,299	0.000821	0.000821	67,791	50
52	DELIVERY ROOM & LABOR ROOM	5,107,761				52
53	ANESTHESIOLOGY	22,536,414			5,269	53
54	RADIOLOGY-DIAGNOSTIC	23,638,321	0.008438	0.008438	41,188	54
54.01	ULTRASOUND	11,147,399			12,404	54.01
54.03	CARDIOVASCULAR LAB	29,220,766			1,357	54.03
55	RADIOLOGY-THERAPEUTIC	20,170,096				55
55.01	CHEMOTHERAPY	6,081,794			4,463	55.01
56.01	NUCLEAR MEDICINE	13,721,711			14,098	56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	56,403,495			55,831	57
58	MAGNETIC RESONANCE IMAGING (	15,687,955			18,797	58
60	LABORATORY	82,298,692	0.002978	0.002978	409,046	60
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
63	BLOOD STORING, PROCESSING &	10,837,611			27,248	63
65	RESPIRATORY THERAPY	27,368,699			174,882	65
66	PHYSICAL THERAPY	5,644,201			734,609	66
66.01	SOUTHEAST OUTPATIENT REHAB	10,313,145				66.01
66.02	PHYSIATRY					66.02
67	OCCUPATIONAL THERAPY	2,211,987			813,835	67
68	SPEECH PATHOLOGY	1,220,202			208,069	68
69.01	CV DIAGNOSTIC	17,490,423			49,012	69.01
69.02	ELECTROPHYSIOLOGY LAB					69.02
70.01	NEUROPHYSIOLOGY	12,591,086			18,238	70.01
71	MEDICAL SUPPLIES CHRGED TO P	87,510,831			155,240	71
72	IMPL. DEV. CHARGED TO PATIEN	59,393,862			21,574	72
73	DRUGS CHARGED TO PATIENTS	98,270,966			511,166	73
76	CARDIAC REHAB	806,140				76
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)	1,454,238				88
88.01	RHC II	1,723,683				88.01
90.01	HYPERBARIC WOUND CLINIC	3,064,268			4,937	90.01
90.02	DIABETES CENTER	113,847				90.02
91	EMERGENCY	31,184,809	0.001846	0.001846	7,795	91
91.01	G.I. LABORATORY	11,553,028			10,504	91.01
92	OBSERVATION BEDS	3,666,682				92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	770,733,411			3,367,353	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 [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (26-T110) [] 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. SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.206884							50
52 DELIVERY ROOM & LABOR ROOM	0.406843							52
53 ANESTHESIOLOGY	0.106776							53
54 RADIOLOGY-DIAGNOSTIC	0.244736							54
54.01 ULTRASOUND	0.137929							54.01
54.03 CARDIOVASCULAR LAB	0.156796							54.03
55 RADIOLOGY-THERAPEUTIC	0.283223							55
55.01 CHEMOTHERAPY	0.381616							55.01
56.01 NUCLEAR MEDICINE	0.146362							56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909							57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726							58
60 LABORATORY	0.139594							60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.147678							63
65 RESPIRATORY THERAPY	0.119181							65
66 PHYSICAL THERAPY	0.303842							66
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581							66.01
66.02 PHYSIATRY								66.02
67 OCCUPATIONAL THERAPY	0.222032							67
68 SPEECH PATHOLOGY	0.236469							68
69.01 CV DIAGNOSTIC	0.104872							69.01
69.02 ELECTROPHYSIOLOGY LAB								69.02
70.01 NEUROPHYSIOLOGY	0.123760							70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829							71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224							72
73 DRUGS CHARGED TO PATIENTS	0.243728							73
76 CARDIAC REHAB	0.744222							76
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
88.01 RHC II								88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689							90.01
90.02 DIABETES CENTER	5.294588							90.02
91 EMERGENCY	0.370855							91
91.01 G.I. LABORATORY	0.258001							91.01
92 OBSERVATION BEDS	1.141099							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)								200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)								202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
30 INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,821,374		37,846	100.97	5,144	519,390	30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
33.01 ADULT SPECIAL CARE	537,183		3,863	139.06	1,588	220,827	33.01
34 SURGICAL INTENSIVE CARE UNIT							34
34.01 CARDIOTHORACIC ICU	616,698		1,852	332.99	193	64,267	34.01
35 NEONATOLOGY							35
40 SUBPROVIDER - IPF	245,291		2,994	81.93	977	80,046	40
41 SUBPROVIDER - IRF	269,478		2,549	105.72	69	7,295	41
42 SUBPROVIDER I							42
43 NURSERY	103,131		2,404	42.90	24	1,030	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,593,155	5,593,155	51,508		7,995	892,855	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (26-0110) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER			
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	COST CENTER DESCRIPTION	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,605,580	98,299,299	0.026507	3,811,388	101,028	50
52	DELIVERY ROOM & LABOR ROOM	146,635	5,107,761	0.028708	1,643,385	47,178	52
53	ANESTHESIOLOGY	361,717	22,536,414	0.016050	1,015,914	16,305	53
54	RADIOLOGY-DIAGNOSTIC	721,212	23,638,321	0.030510	789,579	24,090	54
54.01	ULTRASOUND	133,751	11,147,399	0.011998	279,434	3,353	54.01
54.03	CARDIOVASCULAR LAB	739,334	29,220,766	0.025302	1,404,545	35,538	54.03
55	RADIOLOGY-THERAPEUTIC	1,525,101	20,170,096	0.075612	61,807	4,673	55
55.01	CHEMOTHERAPY	474,401	6,081,794	0.078003	768	60	55.01
56.01	NUCLEAR MEDICINE	245,422	13,721,711	0.017886	423,069	7,567	56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	590,693	56,403,495	0.010473	1,643,487	17,212	57
58	MAGNETIC RESONANCE IMAGING (M LABORATORY	347,954	15,687,955	0.022180	313,374	6,951	58
60		666,591	82,298,692	0.008100	6,190,876	50,146	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	36,781	10,837,611	0.003394	415,020	1,409	63
65	RESPIRATORY THERAPY	204,538	27,368,699	0.007473	2,902,484	21,690	65
66	PHYSICAL THERAPY	81,926	5,644,201	0.014515	276,886	4,019	66
66.01	SOUTHEAST OUTPATIENT REHAB	435,705	10,313,145	0.042248			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	16,644	2,211,987	0.007524	92,456	696	67
68	SPEECH PATHOLOGY	9,866	1,220,202	0.008086	167,926	1,358	68
69.01	CV DIAGNOSTIC	246,921	17,490,423	0.014117	1,245,726	17,586	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	213,141	12,591,086	0.016928	136,407	2,309	70.01
71	MEDICAL SUPPLIES CHRGD TO PA	171,540	87,510,831	0.001960	4,108,227	8,052	71
72	IMPL. DEV. CHARGED TO PATIENT	358,839	59,393,862	0.006042	1,879,331	11,355	72
73	DRUGS CHARGED TO PATIENTS	435,573	98,270,966	0.004432	7,260,319	32,178	73
76	CARDIAC REHAB	39,956	806,140	0.049565	6,751	335	76
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)	188,193	1,454,238	0.129410			88
88.01	RHC II	212,166	1,723,683	0.123089			88.01
90.01	HYPERBARIC WOUND CLINIC	59,496	3,064,268	0.019416	10,039	195	90.01
90.02	DIABETES CENTER	110,792	113,847	0.973166			90.02
91	EMERGENCY	703,751	31,184,809	0.022567	1,103,431	24,901	91
91.01	G.I. LABORATORY	409,982	11,553,028	0.035487	302,313	10,728	91.01
92	OBSERVATION BEDS	451,547	3,666,682	0.123149	87,005	10,715	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	12,945,748	770,733,411	770,733,411	37,571,947	461,627	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	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	1,281,429				1,281,429	30
31 INTENSIVE CARE UNIT						31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
33.01 ADULT SPECIAL CARE	24,508				24,508	33.01
34 SURGICAL INTENSIVE CARE UNIT						34
34.01 CARDIOTHORACIC ICU	6,848				6,848	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	153,444				153,444	40
41 SUBPROVIDER - IRF	41,988				41,988	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	1,508,217				1,508,217	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	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	37,846	33.86	5,144	174,176	30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
33.01	ADULT SPECIAL CARE	3,863	6.34	1,588	10,068	33.01
34	SURGICAL INTENSIVE CARE UNIT					34
34.01	CARDIOTHORACIC ICU	1,852	3.70	193	714	34.01
35	NEONATOLOGY					35
40	SUBPROVIDER - IPF	2,994	51.25	977	50,071	40
41	SUBPROVIDER - IRF	2,549	16.47	69	1,136	41
42	SUBPROVIDER I					42
43	NURSERY	2,404		24		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	51,508		7,995	236,165	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (26-0110)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF	[] TEFRA	[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF	[XX] OTHER	[XX] OTHER		
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		80,695		80,695	80,695	50
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC		199,467		199,467	199,467	54
54.01	ULTRASOUND						54.01
54.03	CARDIOVASCULAR LAB						54.03
55	RADIOLOGY-THERAPEUTIC						55
55.01	CHEMOTHERAPY						55.01
56.01	NUCLEAR MEDICINE						56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN						57
58	MAGNETIC RESONANCE IMAGING (M						58
60	LABORATORY		245,102		245,102	245,102	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
66.01	SOUTHEAST OUTPATIENT REHAB						66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69.01	CV DIAGNOSTIC						69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY						70.01
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76	CARDIAC REHAB						76
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
88.01	RHC II						88.01
90.01	HYPERBARIC WOUND CLINIC						90.01
90.02	DIABETES CENTER						90.02
91	EMERGENCY		57,575		57,575	57,575	91
91.01	G.I. LABORATORY						91.01
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)		582,839		582,839	582,839	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (26-0110) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
		ANCILLARY SERVICE COST CENTERS										
50						98,299,299	0.000821	0.000821	3,811,388	3,129		50
52						5,107,761			1,643,385			52
53						22,536,414			1,015,914			53
54						23,638,321	0.008438	0.008438	789,579	6,662		54
54.01						11,147,399			279,434			54.01
54.03						29,220,766			1,404,545			54.03
55						20,170,096			61,807			55
55.01						6,081,794			768			55.01
56.01						13,721,711			423,069			56.01
57						56,403,495			1,643,487			57
58						15,687,955			313,374			58
60						82,298,692	0.002978	0.002978	6,190,876	18,436		60
62.30												62.30
63						10,837,611			415,020			63
65						27,368,699			2,902,484			65
66						5,644,201			276,886			66
66.01						10,313,145						66.01
66.02												66.02
67						2,211,987			92,456			67
68						1,220,202			167,926			68
69.01						17,490,423			1,245,726			69.01
69.02												69.02
70.01						12,591,086			136,407			70.01
71						87,510,831			4,108,227			71
72						59,393,862			1,879,331			72
73						98,270,966			7,260,319			73
76						806,140			6,751			76
76.97												76.97
76.98												76.98
76.99												76.99
		OUTPATIENT SERVICE COST CENTERS										
88						1,454,238						88
88.01						1,723,683						88.01
90.01						3,064,268			10,039			90.01
90.02						113,847						90.02
91						31,184,809	0.001846	0.001846	1,103,431	2,037		91
91.01						11,553,028			302,313			91.01
92						3,666,682			87,005			92
		OTHER REIMBURSABLE COST CENTERS										
200						770,733,411			37,571,947	30,264		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK APPLICABLE BOXES	[] TITLE V - O/P [] TITLE XVIII-PT B [XX] TITLE XIX - O/P	[XX] HOSPITAL (26-0110) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] S/B-SNF [] S/B-NF [] ICF/MR	PROGRAM CHARGES			PROGRAM COSTS		
COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7			
50	ANCILLARY SERVICE COST CENTERS									
	OPERATING ROOM	0.206884	8,220,108			1,700,609				50
52	DELIVERY ROOM & LABOR ROOM	0.406843	112,902			45,933				52
53	ANESTHESIOLOGY	0.106776	1,969,170			210,260				53
54	RADIOLOGY-DIAGNOSTIC	0.244736	2,611,715			639,181				54
54.01	ULTRASOUND	0.137929	1,060,323			146,249				54.01
54.03	CARDIOVASCULAR LAB	0.156796	975,847			153,009				54.03
55	RADIOLOGY-THERAPEUTIC	0.283223	1,274,631			361,005				55
55.01	CHEMOTHERAPY	0.381616	374,672			142,981				55.01
56.01	NUCLEAR MEDICINE	0.146362	714,092			104,516				56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.054909	4,656,035			255,658				57
58	MAGNETIC RESONANCE IMAGING (MRI)	0.143726	724,626			104,148				58
60	LABORATORY	0.139594	7,040,028			982,746				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	BLOOD STORING, PROCESSING & TRA	0.147678	120,826			17,843				63
65	RESPIRATORY THERAPY	0.119181	740,745			88,283				65
66	PHYSICAL THERAPY	0.303842								66
66.01	SOUTHEAST OUTPATIENT REHAB	0.415581	1,580,762			656,935				66.01
66.02	PHYSIATRY									66.02
67	OCCUPATIONAL THERAPY	0.222032								67
68	SPEECH PATHOLOGY	0.236469								68
69.01	CV DIAGNOSTIC	0.104872	1,126,338			118,121				69.01
69.02	ELECTROPHYSIOLOGY LAB									69.02
70.01	NEUROPHYSIOLOGY	0.123760	1,179,602			145,988				70.01
71	MEDICAL SUPPLIES CHRGD TO PATI	0.170829	4,314,655			737,068				71
72	IMPL. DEV. CHARGED TO PATIENT	0.348224	1,438,136			500,793				72
73	DRUGS CHARGED TO PATIENTS	0.243728	5,581,582			1,360,388				73
76	CARDIAC REHAB	0.744222	37,553			27,948				76
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
88	OUTPATIENT SERVICE COST CENTERS									88
88.01	RURAL HEALTH CLINIC (RHC)									88.01
90.01	RHC II									90.01
90.01	HYPERBARIC WOUND CLINIC	0.495689	271,443			134,551				90.01
90.02	DIABETES CENTER	5.294588								90.02
91	EMERGENCY	0.370855	5,372,067			1,992,258				91
91.01	G.I. LABORATORY	0.258001	724,022			186,798				91.01
92	OBSERVATION BEDS	1.141099	358,535			409,124				92
	OTHER REIMBURSABLE COST CENTERS									
200	SUBTOTAL (SEE INSTRUCTIONS)		52,580,415			11,222,393				200
201	LESS PBP CLINIC LAB SERVICES									201
202	NET CHARGES (LINE 200 - LINE 201)		52,580,415			11,222,393				202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (26-S110) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER			
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	2,605,580	98,299,299	0.026507	1,956	52	50
52	DELIVERY ROOM & LABOR ROOM	146,635	5,107,761	0.028708			52
53	ANESTHESIOLOGY	361,717	22,536,414	0.016050			53
54	RADIOLOGY-DIAGNOSTIC	721,212	23,638,321	0.030510	5,164	158	54
54.01	ULTRASOUND	133,751	11,147,399	0.011998	5,058	61	54.01
54.03	CARDIOVASCULAR LAB	739,334	29,220,766	0.025302			54.03
55	RADIOLOGY-THERAPEUTIC	1,525,101	20,170,096	0.075612			55
55.01	CHEMOTHERAPY	474,401	6,081,794	0.078003			55.01
56.01	NUCLEAR MEDICINE	245,422	13,721,711	0.017886			56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	590,693	56,403,495	0.010473	9,502	100	57
58	MAGNETIC RESONANCE IMAGING (M	347,954	15,687,955	0.022180	18,959	421	58
60	LABORATORY	666,591	82,298,692	0.008100	274,288	2,222	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	36,781	10,837,611	0.003394			63
65	RESPIRATORY THERAPY	204,538	27,368,699	0.007473	45,904	343	65
66	PHYSICAL THERAPY	81,926	5,644,201	0.014515	3,670	53	66
66.01	SOUTHEAST OUTPATIENT REHAB	435,705	10,313,145	0.042248			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	16,644	2,211,987	0.007524	745	6	67
68	SPEECH PATHOLOGY	9,866	1,220,202	0.008086	952	8	68
69.01	CV DIAGNOSTIC	246,921	17,490,423	0.014117	44,491	628	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	213,141	12,591,086	0.016928	5,598	95	70.01
71	MEDICAL SUPPLIES CHRGD TO PA	171,540	87,510,831	0.001960	23,283	46	71
72	IMPL. DEV. CHARGED TO PATIENT	358,839	59,393,862	0.006042			72
73	DRUGS CHARGED TO PATIENTS	435,573	98,270,966	0.004432	192,066	851	73
76	CARDIAC REHAB	39,956	806,140	0.049565			76
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)	188,193	1,454,238	0.129410			88
88.01	RHC II	212,166	1,723,683	0.123089			88.01
90.01	HYPERBARIC WOUND CLINIC	59,496	3,064,268	0.019416	441	9	90.01
90.02	DIABETES CENTER	110,792	113,847	0.973166			90.02
91	EMERGENCY	703,751	31,184,809	0.022567	9,188	207	91
91.01	G.I. LABORATORY	409,982	11,553,028	0.035487	7,692	273	91.01
92	OBSERVATION BEDS	451,547	3,666,682	0.123149			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,945,748	770,733,411	770,733,411	648,957	5,533	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[XX] IPF (26-S110)	[] SNF	[] TEFRA	[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF	[XX] OTHER	[XX] OTHER		
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		80,695		80,695	80,695	50
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC		199,467		199,467	199,467	54
54.01	ULTRASOUND						54.01
54.03	CARDIOVASCULAR LAB						54.03
55	RADIOLOGY-THERAPEUTIC						55
55.01	CHEMOTHERAPY						55.01
56.01	NUCLEAR MEDICINE						56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN						57
58	MAGNETIC RESONANCE IMAGING (M						58
60	LABORATORY		245,102		245,102	245,102	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
66.01	SOUTHEAST OUTPATIENT REHAB						66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69.01	CV DIAGNOSTIC						69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY						70.01
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76	CARDIAC REHAB						76
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
88.01	RHC II						88.01
90.01	HYPERBARIC WOUND CLINIC						90.01
90.02	DIABETES CENTER						90.02
91	EMERGENCY		57,575		57,575	57,575	91
91.01	G.I. LABORATORY						91.01
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)		582,839		582,839	582,839	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL IPF (26-S110) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						98,299,299	0.000821	0.000821	1,956	2		50
52						5,107,761						52
53						22,536,414						53
54						23,638,321	0.008438	0.008438	5,164	44		54
54.01						11,147,399			5,058			54.01
54.03						29,220,766						54.03
55						20,170,096						55
55.01						6,081,794						55.01
56.01						13,721,711						56.01
57						56,403,495			9,502			57
58						15,687,955			18,959			58
60						82,298,692	0.002978	0.002978	274,288	817		60
62.30						10,837,611						62.30
63						27,368,699			45,904			63
65						5,644,201			3,670			65
66						10,313,145						66
66.01												66.01
66.02												66.02
67						2,211,987			745			67
68						1,220,202			952			68
69.01						17,490,423			44,491			69.01
69.02												69.02
70.01						12,591,086			5,598			70.01
71						87,510,831			23,283			71
72						59,393,862						72
73						98,270,966			192,066			73
76						806,140						76
76.97												76.97
76.98												76.98
76.99												76.99
OUTPATIENT SERVICE COST CENTERS												
88						1,454,238						88
88.01						1,723,683						88.01
90.01						3,064,268			441			90.01
90.02						113,847						90.02
91						31,184,809	0.001846	0.001846	9,188	17		91
91.01						11,553,028			7,692			91.01
92						3,666,682						92
OTHER REIMBURSABLE COST CENTERS												
200						770,733,411			648,957	880		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 [] TITLE XVIII-PT B [XX] IPF (26-S110) [] SNF [] S/B-NF
 BOXES [XX] 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. SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS		
		1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.206884							50
52 DELIVERY ROOM & LABOR ROOM	0.406843							52
53 ANESTHESIOLOGY	0.106776							53
54 RADIOLOGY-DIAGNOSTIC	0.244736							54
54.01 ULTRASOUND	0.137929							54.01
54.03 CARDIOVASCULAR LAB	0.156796							54.03
55 RADIOLOGY-THERAPEUTIC	0.283223							55
55.01 CHEMOTHERAPY	0.381616							55.01
56.01 NUCLEAR MEDICINE	0.146362							56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909							57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726							58
60 LABORATORY	0.139594							60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.147678							63
65 RESPIRATORY THERAPY	0.119181							65
66 PHYSICAL THERAPY	0.303842							66
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581							66.01
66.02 PHYSIATRY								66.02
67 OCCUPATIONAL THERAPY	0.222032							67
68 SPEECH PATHOLOGY	0.236469							68
69.01 CV DIAGNOSTIC	0.104872							69.01
69.02 ELECTROPHYSIOLOGY LAB								69.02
70.01 NEUROPHYSIOLOGY	0.123760							70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829							71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224							72
73 DRUGS CHARGED TO PATIENTS	0.243728							73
76 CARDIAC REHAB	0.744222							76
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
RURAL HEALTH CLINIC (RHC)								
88 RHC II								88
88.01 RHC II								88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689							90.01
90.02 DIABETES CENTER	5.294588							90.02
91 EMERGENCY	0.370855							91
91.01 G.I. LABORATORY	0.258001							91.01
92 OBSERVATION BEDS	1.141099							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)								200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)								202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (26-T110)	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER			
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	2,605,580	98,299,299	0.026507	2,985	79	50
52	DELIVERY ROOM & LABOR ROOM	146,635	5,107,761	0.028708			52
53	ANESTHESIOLOGY	361,717	22,536,414	0.016050			53
54	RADIOLOGY-DIAGNOSTIC	721,212	23,638,321	0.030510			54
54.01	ULTRASOUND	133,751	11,147,399	0.011998	339	10	54.01
54.03	CARDIOVASCULAR LAB	739,334	29,220,766	0.025302	313	4	54.03
55	RADIOLOGY-THERAPEUTIC	1,525,101	20,170,096	0.075612			55
55.01	CHEMOTHERAPY	474,401	6,081,794	0.078003	442	34	55.01
56.01	NUCLEAR MEDICINE	245,422	13,721,711	0.017886			56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	590,693	56,403,495	0.010473	1,964	21	57
58	MAGNETIC RESONANCE IMAGING (M LABORATORY	347,954 666,591	15,687,955 82,298,692	0.022180 0.008100			58
62.30	BLOOD CLOTTING FOR HEMOPHILIA				22,112	179	60
63	BLOOD STORING, PROCESSING & T	36,781	10,837,611	0.003394	2,279	8	62.30
65	RESPIRATORY THERAPY	204,538	27,368,699	0.007473	2,806	21	63
66	PHYSICAL THERAPY	81,926	5,644,201	0.014515	36,973	537	65
66.01	SOUTHEAST OUTPATIENT REHAB	435,705	10,313,145	0.042248			66
66.02	PHYSIATRY						66.01
67	OCCUPATIONAL THERAPY	16,644	2,211,987	0.007524	39,987	301	66.02
68	SPEECH PATHOLOGY	9,866	1,220,202	0.008086	5,698	46	67
69.01	CV DIAGNOSTIC	246,921	17,490,423	0.014117	597	8	68
69.02	ELECTROPHYSIOLOGY LAB						69.01
70.01	NEUROPHYSIOLOGY	213,141	12,591,086	0.016928			69.02
71	MEDICAL SUPPLIES CHRGD TO PA	171,540	87,510,831	0.001960	6,746	13	70.01
72	IMPL. DEV. CHARGED TO PATIENT	358,839	59,393,862	0.006042	428	3	71
73	DRUGS CHARGED TO PATIENTS	435,573	98,270,966	0.004432	21,785	97	72
76	CARDIAC REHAB	39,956	806,140	0.049565			73
76.97	CARDIAC REHABILITATION						76
76.98	HYPERBARIC OXYGEN THERAPY						76.97
76.99	LITHOTRIPSY						76.98
OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC (RHC)	188,193	1,454,238	0.129410			76.99
88.01	RHC II	212,166	1,723,683	0.123089			88
90.01	HYPERBARIC WOUND CLINIC	59,496	3,064,268	0.019416	882	17	88.01
90.02	DIABETES CENTER	110,792	113,847	0.973166			90.01
91	EMERGENCY	703,751	31,184,809	0.022567	1,388	31	90.02
91.01	G.I. LABORATORY	409,982	11,553,028	0.035487			91
92	OBSERVATION BEDS	451,547	3,666,682	0.123149			91.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,945,748	770,733,411	770,733,411	147,724	1,409	92

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (26-T110)	[] NF		[XX] OTHER		
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		80,695		80,695	80,695	50
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC		199,467		199,467	199,467	54
54.01	ULTRASOUND						54.01
54.03	CARDIOVASCULAR LAB						54.03
55	RADIOLOGY-THERAPEUTIC						55
55.01	CHEMOTHERAPY						55.01
56.01	NUCLEAR MEDICINE						56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN						57
58	MAGNETIC RESONANCE IMAGING (M						58
60	LABORATORY		245,102		245,102	245,102	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
66.01	SOUTHEAST OUTPATIENT REHAB						66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69.01	CV DIAGNOSTIC						69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY						70.01
71	MEDICAL SUPPLIES CHRGD TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76	CARDIAC REHAB						76
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
88.01	RHC II						88.01
90.01	HYPERBARIC WOUND CLINIC						90.01
90.02	DIABETES CENTER						90.02
91	EMERGENCY		57,575		57,575	57,575	91
91.01	G.I. LABORATORY						91.01
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)		582,839		582,839	582,839	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (26-T110)	[] NF		[XX] OTHER		
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 CHARGES	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	98,299,299	0.000821	0.000821	2,985	2	50
52	DELIVERY ROOM & LABOR ROOM	5,107,761					52
53	ANESTHESIOLOGY	22,536,414					53
54	RADIOLOGY-DIAGNOSTIC	23,638,321	0.008438	0.008438	339	3	54
54.01	ULTRASOUND	11,147,399			313		54.01
54.03	CARDIOVASCULAR LAB	29,220,766					54.03
55	RADIOLOGY-THERAPEUTIC	20,170,096					55
55.01	CHEMOTHERAPY	6,081,794			442		55.01
56.01	NUCLEAR MEDICINE	13,721,711					56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	56,403,495			1,964		57
58	MAGNETIC RESONANCE IMAGING (	15,687,955					58
60	LABORATORY	82,298,692	0.002978	0.002978	22,112	66	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	10,837,611			2,279		63
65	RESPIRATORY THERAPY	27,368,699			2,806		65
66	PHYSICAL THERAPY	5,644,201			36,973		66
66.01	SOUTHEAST OUTPATIENT REHAB	10,313,145					66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	2,211,987			39,987		67
68	SPEECH PATHOLOGY	1,220,202			5,698		68
69.01	CV DIAGNOSTIC	17,490,423			597		69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	12,591,086					70.01
71	MEDICAL SUPPLIES CHRGED TO P	87,510,831			6,746		71
72	IMPL. DEV. CHARGED TO PATIEN	59,393,862			428		72
73	DRUGS CHARGED TO PATIENTS	98,270,966			21,785		73
76	CARDIAC REHAB	806,140					76
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)	1,454,238					88
88.01	RHC II	1,723,683					88.01
90.01	HYPERBARIC WOUND CLINIC	3,064,268			882		90.01
90.02	DIABETES CENTER	113,847					90.02
91	EMERGENCY	31,184,809	0.001846	0.001846	1,388	3	91
91.01	G.I. LABORATORY	11,553,028					91.01
92	OBSERVATION BEDS	3,666,682					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	770,733,411			147,724	74	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 [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (26-T110) [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.206884						50	
52 DELIVERY ROOM & LABOR ROOM	0.406843						52	
53 ANESTHESIOLOGY	0.106776						53	
54 RADIOLOGY-DIAGNOSTIC	0.244736						54	
54.01 ULTRASOUND	0.137929						54.01	
54.03 CARDIOVASCULAR LAB	0.156796						54.03	
55 RADIOLOGY-THERAPEUTIC	0.283223						55	
55.01 CHEMOTHERAPY	0.381616						55.01	
56.01 NUCLEAR MEDICINE	0.146362						56.01	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909						57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726						58	
60 LABORATORY	0.139594						60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63 BLOOD STORING, PROCESSING & TRA	0.147678						63	
65 RESPIRATORY THERAPY	0.119181						65	
66 PHYSICAL THERAPY	0.303842						66	
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581						66.01	
66.02 PHYSIATRY							66.02	
67 OCCUPATIONAL THERAPY	0.222032						67	
68 SPEECH PATHOLOGY	0.236469						68	
69.01 CV DIAGNOSTIC	0.104872						69.01	
69.02 ELECTROPHYSIOLOGY LAB							69.02	
70.01 NEUROPHYSIOLOGY	0.123760						70.01	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.348224						72	
73 DRUGS CHARGED TO PATIENTS	0.243728						73	
76 CARDIAC REHAB	0.744222						76	
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	
88.01 RHC II							88.01	
90.01 HYPERBARIC WOUND CLINIC	0.495689						90.01	
90.02 DIABETES CENTER	5.294588						90.02	
91 EMERGENCY	0.370855						91	
91.01 G.I. LABORATORY	0.258001						91.01	
92 OBSERVATION BEDS	1.141099						92	
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 I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (26-0110) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] 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)	37,846	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	37,846	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,415	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,431	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)	19,166	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)	35,409,039	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	35,409,039	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45,189,196	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,236,651	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37,952,545	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.783573	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	768.63	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,334.90	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)	35,409,039	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (26-0110) [] 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) 935.61 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 17,931,901 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) 17,931,901 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
45.01 ADULT SPECIAL CARE	6,509,859	3,863	1,685.18	2,275	3,833,785	45.01
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 CARDIOTHORACIC ICU	3,827,477	1,852	2,066.67	1,000	2,066,670	46.01
47 NEONATOLOGY						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						39,196,578 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)						63,028,934 49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)						3,251,628 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)						2,533,244 51
52 TOTAL PROGRAM EXCLUDABLE COST						5,784,872 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)						57,244,062 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) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 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) 4,472 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 935.61 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,184,048 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) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,821,374	35,409,039	0.107921	4,184,048	451,547	90
91 NURSING SCHOOL COST	1,281,429	35,409,039	0.036189	4,184,048	151,417	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 (26-S110) [] 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)	2,994	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,994	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,994	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)	953	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)	2,739,463	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	2,739,463	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,715,788	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,715,788	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.008718	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)	907.08	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)	2,739,463	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 (26-S110) [] 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)	914.98 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	871,976 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)	871,976 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	243,209 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,115,185 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	126,920 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	15,276 51
52	TOTAL PROGRAM EXCLUDABLE COST	142,196 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	972,989 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 COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE 0	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 INSTRUMENT TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUMENT TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	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

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 [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (26-T110) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	2,549	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,549	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,549	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)	1,472	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)	2,530,648	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	2,530,648	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,511,895	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,511,895	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.673825	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)	593.13	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)	2,530,648	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (26-T110) [] 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)	992.80 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,461,402 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)	1,461,402 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	745,276 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,206,678 49
	PASS-THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	179,864 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	34,085 51
52	TOTAL PROGRAM EXCLUDABLE COST	213,949 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,992,729 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)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (26-0110) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	37,846	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	37,846	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,415	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,431	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)	5,144	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)	2,404	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	24	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)	35,409,039	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	35,409,039	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45,189,196	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,236,651	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37,952,545	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.783573	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	768.63	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,334.90	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)	35,409,039	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (26-0110) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] 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) 935.61 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,812,778 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) 4,812,778 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)	1,312,926	2,404	546.14	24	13,107 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
45.01 ADULT SPECIAL CARE	6,509,859	3,863	1,685.18	1,588	2,676,066 45.01
46 SURGICAL INTENSIVE CARE UNIT					46
46.01 CARDIOTHORACIC ICU	3,827,477	1,852	2,066.67	193	398,867 46.01
47 NEONATOLOGY					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					7,518,174 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					15,418,992 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 990,472 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 491,891 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,482,363 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 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) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 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) 4,472 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 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) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST					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 [] PFS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (26-S110) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	2,994	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,994	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,994	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)	977	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)	2,739,463	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	2,739,463	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,715,788	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,715,788	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.008718	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)	907.08	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)	2,739,463	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (26-S110)			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF			[XX]	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)	914.98 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	893,935 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)	893,935 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	112,638 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,006,573 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	130,117 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	6,413 51
52	TOTAL PROGRAM EXCLUDABLE COST	136,530 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	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)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	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

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX-INPT	<input checked="" type="checkbox"/>	IRF (26-T110)	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input checked="" type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)									2,549 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)									2,549 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)									3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)									2,549 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)									69 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)									2,525,426 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									2,525,426 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)									1,511,895 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)									29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)									1,511,895 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)									1.670371 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)									593.13 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)									2,525,426 37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]		[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (26-T110)			[XX]	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)	990.75 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	68,362 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)	68,362 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	33,864 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	102,226 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	8,431 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	1,483 51
52	TOTAL PROGRAM EXCLUDABLE COST	9,914 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	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)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] 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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		15,532,575		30
33.01 ADULT SPECIAL CARE		4,216,511		33.01
34.01 CARDIOTHORACIC ICU		1,442,511		34.01
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206884	28,407,761	5,877,111	50
52 DELIVERY ROOM & LABOR ROOM	0.406843	83,151	33,829	52
53 ANESTHESIOLOGY	0.106776	5,808,166	620,173	53
54 RADIOLOGY-DIAGNOSTIC	0.244736	4,632,084	1,133,638	54
54.01 ULTRASOUND	0.137929	934,134	128,844	54.01
54.03 CARDIOVASCULAR LAB	0.156796	6,137,664	962,361	54.03
55 RADIOLOGY-THERAPEUTIC	0.283223	179,127	50,733	55
55.01 CHEMOTHERAPY	0.381616	10,231	3,904	55.01
56.01 NUCLEAR MEDICINE	0.146362	2,362,380	345,763	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909	8,846,159	485,734	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726	1,967,430	282,771	58
60 LABORATORY	0.139594	29,868,283	4,169,433	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.147678	3,230,854	477,126	63
65 RESPIRATORY THERAPY	0.119181	11,747,514	1,400,080	65
66 PHYSICAL THERAPY	0.303842	2,895,099	879,653	66
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581			66.01
66.02 PHYSIATRY				66.02
67 OCCUPATIONAL THERAPY	0.222032	525,330	116,640	67
68 SPEECH PATHOLOGY	0.236469	574,311	135,807	68
69.01 CV DIAGNOSTIC	0.104872	7,101,408	744,739	69.01
69.02 ELECTROPHYSIOLOGY LAB				69.02
70.01 NEUROPHYSIOLOGY	0.123760	348,625	43,146	70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829	26,995,127	4,611,551	71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224	20,206,138	7,036,262	72
73 DRUGS CHARGED TO PATIENTS	0.243728	29,228,263	7,123,746	73
76 CARDIAC REHAB	0.744222	24,984	18,594	76
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
88.01 RHC II				88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689	165,043	81,810	90.01
90.02 DIABETES CENTER	5.294588			90.02
91 EMERGENCY	0.373052	4,129,442	1,540,497	91
91.01 G.I. LABORATORY	0.258001	1,960,330	505,767	91.01
92 OBSERVATION BEDS	1.141099	339,029	386,866	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		198,708,067	39,196,578	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		198,708,067		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 (26-S110) [] 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
33.01 ADULT SPECIAL CARE				33.01
34.01 CARDIOTHORACIC ICU				34.01
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF		728,357		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206884	8,873	1,836	50
52 DELIVERY ROOM & LABOR ROOM	0.406843			52
53 ANESTHESIOLOGY	0.106776			53
54 RADIOLOGY-DIAGNOSTIC	0.244736			54
54.01 ULTRASOUND	0.137929	28,608	7,001	54.01
54.03 CARDIOVASCULAR LAB	0.156796	11,973	1,651	54.03
55 RADIOLOGY-THERAPEUTIC	0.283223			55
55.01 CHEMOTHERAPY	0.381616			55.01
56.01 NUCLEAR MEDICINE	0.146362	9,240	1,352	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909	50,381	2,766	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726	18,447	2,651	58
60 LABORATORY	0.139594	446,910	62,386	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0.147678			62.30
63 BLOOD STORING, PROCESSING & TRA	0.119181	50,420	6,009	63
65 RESPIRATORY THERAPY	0.303842	145,845	44,314	65
66 PHYSICAL THERAPY	0.415581			66
66.01 SOUTHEAST OUTPATIENT REHAB				66.01
66.02 PHYSIATRY				66.02
67 OCCUPATIONAL THERAPY	0.222032	2,362	524	67
68 SPEECH PATHOLOGY	0.236469	1,512	358	68
69.01 CV DIAGNOSTIC	0.104872	53,333	5,593	69.01
69.02 ELECTROPHYSIOLOGY LAB				69.02
70.01 NEUROPHYSIOLOGY	0.123760	3,482	431	70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829	26,752	4,570	71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224			72
73 DRUGS CHARGED TO PATIENTS	0.243728	240,324	58,574	73
76 CARDIAC REHAB	0.744222			76
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
88.01 RHC II				88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689	891	442	90.01
90.02 DIABETES CENTER	5.294588			90.02
91 EMERGENCY	0.373052	97,638	36,424	91
91.01 G.I. LABORATORY	0.258001	24,525	6,327	91.01
92 OBSERVATION BEDS	1.141099			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,221,516	243,209	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,221,516		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 [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (26-T110) [] 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
33.01 ADULT SPECIAL CARE				33.01
34.01 CARDIOTHORACIC ICU				34.01
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		874,879		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206884	67,791	14,025	50
52 DELIVERY ROOM & LABOR ROOM	0.406843			52
53 ANESTHESIOLOGY	0.106776	5,269	563	53
54 RADIOLOGY-DIAGNOSTIC	0.244736	41,188	10,080	54
54.01 ULTRASOUND	0.137929	12,404	1,711	54.01
54.03 CARDIOVASCULAR LAB	0.156796	1,357	213	54.03
55 RADIOLOGY-THERAPEUTIC	0.283223			55
55.01 CHEMOTHERAPY	0.381616	4,463	1,703	55.01
56.01 NUCLEAR MEDICINE	0.146362	14,098	2,063	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909	55,831	3,066	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726	18,797	2,702	58
60 LABORATORY	0.139594	409,046	57,100	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.147678	27,248	4,024	63
65 RESPIRATORY THERAPY	0.119181	174,882	20,843	65
66 PHYSICAL THERAPY	0.303842	734,609	223,205	66
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581			66.01
66.02 PHYSIATRY				66.02
67 OCCUPATIONAL THERAPY	0.222032	813,835	180,697	67
68 SPEECH PATHOLOGY	0.236469	208,069	49,202	68
69.01 CV DIAGNOSTIC	0.104872	49,012	5,140	69.01
69.02 ELECTROPHYSIOLOGY LAB				69.02
70.01 NEUROPHYSIOLOGY	0.123760	18,238	2,257	70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829	155,240	26,519	71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224	21,574	7,513	72
73 DRUGS CHARGED TO PATIENTS	0.243728	511,166	124,585	73
76 CARDIAC REHAB	0.744222			76
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
88.01 RHC II				88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689	4,937	2,447	90.01
90.02 DIABETES CENTER	5.294588			90.02
91 EMERGENCY	0.373052	7,795	2,908	91
91.01 G.I. LABORATORY	0.258001	10,504	2,710	91.01
92 OBSERVATION BEDS	1.141099			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,367,353	745,276	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,367,353		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] 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		2,900,287		30
33.01 ADULT SPECIAL CARE		855,809		33.01
34.01 CARDIOTHORACIC ICU		264,301		34.01
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206884	3,811,388	788,515	50
52 DELIVERY ROOM & LABOR ROOM	0.406843	1,643,385	668,600	52
53 ANESTHESIOLOGY	0.106776	1,015,914	108,475	53
54 RADIOLOGY-DIAGNOSTIC	0.244736	789,579	193,238	54
54.01 ULTRASOUND	0.137929	279,434	38,542	54.01
54.03 CARDIOVASCULAR LAB	0.156796	1,404,545	220,227	54.03
55 RADIOLOGY-THERAPEUTIC	0.283223	61,807	17,505	55
55.01 CHEMOTHERAPY	0.381616	768	293	55.01
56.01 NUCLEAR MEDICINE	0.146362	423,069	61,921	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909	1,643,487	90,242	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726	313,374	45,040	58
60 LABORATORY	0.139594	6,190,876	864,209	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.147678	415,020	61,289	63
65 RESPIRATORY THERAPY	0.119181	2,902,484	345,921	65
66 PHYSICAL THERAPY	0.303842	276,886	84,130	66
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581			66.01
66.02 PHYSIATRY				66.02
67 OCCUPATIONAL THERAPY	0.222032	92,456	20,528	67
68 SPEECH PATHOLOGY	0.236469	167,926	39,709	68
69.01 CV DIAGNOSTIC	0.104872	1,245,726	130,642	69.01
69.02 ELECTROPHYSIOLOGY LAB				69.02
70.01 NEUROPHYSIOLOGY	0.123760	136,407	16,882	70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829	4,108,227	701,804	71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224	1,879,331	654,428	72
73 DRUGS CHARGED TO PATIENTS	0.243728	7,260,319	1,769,543	73
76 CARDIAC REHAB	0.744222	6,751	5,024	76
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
88.01 RHC II				88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689	10,039	4,976	90.01
90.02 DIABETES CENTER	5.294588			90.02
91 EMERGENCY	0.370855	1,103,431	409,213	91
91.01 G.I. LABORATORY	0.258001	302,313	77,997	91.01
92 OBSERVATION BEDS	1.141099	87,005	99,281	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		37,571,947	7,518,174	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		37,571,947		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) S/B SNF PPS
 APPLICABLE TITLE XVIII-PT A IPF (26-S110) 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
33.01 ADULT SPECIAL CARE				33.01
34.01 CARDIOTHORACIC ICU				34.01
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF		833,882		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206884	1,956	405	50
52 DELIVERY ROOM & LABOR ROOM	0.406843			52
53 ANESTHESIOLOGY	0.106776			53
54 RADIOLOGY-DIAGNOSTIC	0.244736	5,164	1,264	54
54.01 ULTRASOUND	0.137929	5,058	698	54.01
54.03 CARDIOVASCULAR LAB	0.156796			54.03
55 RADIOLOGY-THERAPEUTIC	0.283223			55
55.01 CHEMOTHERAPY	0.381616			55.01
56.01 NUCLEAR MEDICINE	0.146362			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909	9,502	522	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726	18,959	2,725	58
60 LABORATORY	0.139594	274,288	38,289	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.147678			63
65 RESPIRATORY THERAPY	0.119181	45,904	5,471	65
66 PHYSICAL THERAPY	0.303842	3,670	1,115	66
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581			66.01
66.02 PHYSIATRY				66.02
67 OCCUPATIONAL THERAPY	0.222032	745	165	67
68 SPEECH PATHOLOGY	0.236469	952	225	68
69.01 CV DIAGNOSTIC	0.104872	44,491	4,666	69.01
69.02 ELECTROPHYSIOLOGY LAB				69.02
70.01 NEUROPHYSIOLOGY	0.123760	5,598	693	70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829	23,283	3,977	71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224			72
73 DRUGS CHARGED TO PATIENTS	0.243728	192,066	46,812	73
76 CARDIAC REHAB	0.744222			76
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
88.01 RHC II				88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689	441	219	90.01
90.02 DIABETES CENTER	5.294588			90.02
91 EMERGENCY	0.370855	9,188	3,407	91
91.01 G.I. LABORATORY	0.258001	7,692	1,985	91.01
92 OBSERVATION BEDS	1.141099			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		648,957	112,638	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		648,957		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (26-T110) [] NF [] ICF/MR [XX] 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
33.01 ADULT SPECIAL CARE				33.01
34.01 CARDIOTHORACIC ICU				34.01
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		44,492		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.206884	2,985	618	50
52 DELIVERY ROOM & LABOR ROOM	0.406843			52
53 ANESTHESIOLOGY	0.106776			53
54 RADIOLOGY-DIAGNOSTIC	0.244736	339	83	54
54.01 ULTRASOUND	0.137929	313	43	54.01
54.03 CARDIOVASCULAR LAB	0.156796			54.03
55 RADIOLOGY-THERAPEUTIC	0.283223			55
55.01 CHEMOTHERAPY	0.381616	442	169	55.01
56.01 NUCLEAR MEDICINE	0.146362			56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.054909	1,964	108	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.143726			58
60 LABORATORY	0.139594	22,112	3,087	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.147678	2,279	337	63
65 RESPIRATORY THERAPY	0.119181	2,806	334	65
66 PHYSICAL THERAPY	0.303842	36,973	11,234	66
66.01 SOUTHEAST OUTPATIENT REHAB	0.415581			66.01
66.02 PHYSIATRY				66.02
67 OCCUPATIONAL THERAPY	0.222032	39,987	8,878	67
68 SPEECH PATHOLOGY	0.236469	5,698	1,347	68
69.01 CV DIAGNOSTIC	0.104872	597	63	69.01
69.02 ELECTROPHYSIOLOGY LAB				69.02
70.01 NEUROPHYSIOLOGY	0.123760			70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.170829	6,746	1,152	71
72 IMPL. DEV. CHARGED TO PATIENT	0.348224	428	149	72
73 DRUGS CHARGED TO PATIENTS	0.243728	21,785	5,310	73
76 CARDIAC REHAB	0.744222			76
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
88.01 RHC II				88.01
90.01 HYPERBARIC WOUND CLINIC	0.495689	882	437	90.01
90.02 DIABETES CENTER	5.294588			90.02
91 EMERGENCY	0.370855	1,388	515	91
91.01 G.I. LABORATORY	0.258001			91.01
92 OBSERVATION BEDS	1.141099			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		147,724	33,864	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		147,724		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (26-0110)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	36,725,162	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,158,024	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	178.75	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
30	DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0806	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31	0.0806	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0968	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,554,996	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)	42,438,182	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS))		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	42,438,182	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,263,670	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK HOSPITAL (26-0110)
 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	667,085	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	172,980	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	46,541,917	59
60	PRIMARY PAYER PAYMENTS	17,952	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	46,523,965	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,648,772	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	87,660	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,043,752	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	730,626	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	939,667	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	43,518,159	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
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	43,518,159	71
72	INTERIM PAYMENTS	43,193,146	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	325,013	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	267,412	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: HOSPITAL (26-0110) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	29,279,481	2
3	PPS PAYMENTS	23,150,501	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	159,847	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)	23,310,348	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	4,904,320	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	18,406,028	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)	18,406,028	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	18,406,028	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)	216,378	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	151,465	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	97,474	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	18,557,493	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)	18,557,493	40
41	INTERIM PAYMENTS	18,477,172	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	80,321	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL IPF (26-s110) IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)		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)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		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)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (26-T110)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL (LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)		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)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		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)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		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 APPLICABLE BOX:	[XX] HOSPITAL (26-0110) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] SWING BED SNF	INPATIENT PART A		PART B		
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			42,720,346		18,477,172	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.			NONE		NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .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	03/30/2011 09/14/2011 04/03/2012	1,153,600 166,400 847,200		NONE NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
	SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)			472,800			
4	TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)			43,193,146		18,477,172	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.	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					5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM					6.01 6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)						7
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 IPF SNF
 BOX: TRF (26-T110) SWING BED SNF

INPATIENT
 PART A
 PART B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,872,057		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	.01	NONE		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		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 E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,872,057		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.				
	PROGRAM .01			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			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				
	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .01			6.01
	TO .02			6.02
	PROGRAM .01			6.01
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (26-0110) [] 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	10,165 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	22,441 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	39,089 4
5	TOTAL HOSPITAL CHARGES FROM WKST C; PART I, COLUMN 8, LINE 200	817,346,408 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	38,907,660 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30 30
31	OTHER ADJUSTMENTS (SPECIFY)	31 31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32 32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IPF (26-S110)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	713,202	1
2	NET IPF PPS OUTLIER PAYMENT	22,622	2
3	NET IPF PPS ECT PAYMENT		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)	8.202740	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)	735,824	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)	735,824	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	735,824	18
19	DEDUCTIBLES	147,474	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	588,350	20
21	COINSURANCE	5,144	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	583,206	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	15,470	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10,829	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	5,870	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	594,035	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	50,600	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	644,635	31
32	INTERIM PAYMENTS	583,206	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	61,429	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IRF (26-T110)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,749,983	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.024600	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	19,729	3
4	OUTLIER PAYMENTS	65,796	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	6.983562	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	1,835,508	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	1,835,508	17
18	PRIMARY PAYER PAYMENTS	18,847	18
19	SUBTOTAL LINE 17b LESS LINE 18)	1,816,661	19
20	DEDUCTIBLES	9,135	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	1,807,526	21
22	COINSURANCE	18,842	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	1,788,684	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	5,404	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,783	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,132	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	1,792,467	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	25,880	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,818,347	32
33	INTERIM PAYMENTS	1,872,057	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-53,710	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	15,418,992 1
2	MEDICAL AND OTHER SERVICES	11,222,393 2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	26,641,385 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	26,641,385 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	4,020,397 8
9	ANCILLARY SERVICE CHARGES	90,152,362 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	94,172,759 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	94,172,759 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	67,531,374 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	26,641,385 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	26,641,385 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	26,641,385 31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	26,641,385 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	26,641,385 38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	26,641,385 40
41	INTERIM PAYMENTS	16,006,425 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	10,634,960 42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (26-S110) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,006,573 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,006,573 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,006,573 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	840,826 8
9	ANCILLARY SERVICE CHARGES	648,957 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	1,489,783 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,489,783 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	483,210 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	1,006,573 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	1,006,573 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	1,006,573 31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	1,006,573 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	1,006,573 38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	1,006,573 40
41	INTERIM PAYMENTS	884,887 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	121,686 42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (26-T110) [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	102,226 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	102,226 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	102,226 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	44,492 8
9	ANCILLARY SERVICE CHARGES	147,724 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	192,216 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	192,216 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	89,990 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	102,226 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	102,226 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	102,226 31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	102,226 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	102,226 38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	102,226 40
41	INTERIM PAYMENTS	66,439 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	35,787 42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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	1,667,596			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	65,833,532			4
5	OTHER RECEIVABLES	13,345,785			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-16,264,725			6
7	INVENTORY	10,280,833			7
8	PREPAID EXPENSES	3,959,007			8
9	OTHER CURRENT ASSETS	1,768,430			9
10	DUE FROM OTHER FUNDS	5,928,069			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	86,518,527			11
FIXED ASSETS					
12	LAND	14,513,231			12
13	LAND IMPROVEMENTS	12,107,578			13
14	ACCUMULATED DEPRECIATION	-5,869,892			14
15	BUILDINGS	187,771,420			15
16	ACCUMULATED DEPRECIATION	-82,017,571			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	10,293,657			19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	91,629,175			23
24	ACCUMULATED DEPRECIATION	-50,836,775			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	177,590,823			30
OTHER ASSETS					
31	INVESTMENTS	87,861,744			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	7,631,471			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	95,493,215			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	359,602,565			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	18,913,401			37
38	SALARIES, WAGES & FEES PAYABLE	13,525,467			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	2,649,158			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	6,777,878			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	41,865,904			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	108,068,377			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	4,870,082			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	112,938,459			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	154,804,363			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	204,798,202			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)	204,798,202			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	359,602,565			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		206,373,075							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-1,574,873							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		204,798,202							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									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)		204,798,202							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		204,798,202							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	45,189,196		45,189,196	1
2 SUBPROVIDER IPF	3,337,855		3,337,855	2
3 SUBPROVIDER IRF	1,511,895		1,511,895	3
5 SWING BED - SNF				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)	50,038,946		50,038,946	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT				11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
13.01 ADULT SPECIAL CARE	8,494,599		8,494,599	13.01
14 SURGICAL INTENSIVE CARE UNIT				14
14.01 CARDIOTHORACIC ICU	4,272,461		4,272,461	14.01
15 NEONATOLOGY				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	12,767,060		12,767,060	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	62,806,006		62,806,006	17
18 ANCILLARY SERVICES	360,584,254	455,680,912	816,265,166	18
19 OUTPATIENT SERVICES				19
20 RHC		1,454,238	1,454,238	20
20.01 RHC II		1,723,683	1,723,683	20.01
21 FQHC				21
22 HOME HEALTH AGENCY		1,300,810	1,300,810	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE		3,069,148	3,069,148	26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	423,390,260	463,228,791	886,619,051	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		333,335,713	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			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)		333,335,713	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	886,619,051	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	565,220,235	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	321,398,816	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	333,335,713	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-11,936,897	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1,779,927	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	907,664	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	203,836	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	91,126	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	1,919,559	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	15,417	21
22	RENTAL OF HOSPITAL SPACE	903,559	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (DIETARY CONSULTATION)	155,089	24
24.01	OTHER (HOUSEKEEPING OUTREACH)	81,408	24.01
24.02	OTHER (MAIN STREET FITNESS)	721,910	24.02
24.03	OTHER (LAUNDRY OUTREACH)		24.03
24.04	OTHER (CARDIAC REHAB OUTREACH)	125,560	24.04
24.05	OTHER (ASSOCIATION DUES)	10,871	24.05
24.06	OTHER (WELLNESS PROGRAM)	72,522	24.06
24.07	OTHER (CAN CTR SVC LINE ADM MISCE)	5,000	24.07
24.08	OTHER (02 DEBT SERVICE INCOME)	1,177,887	24.08
24.09	OTHER (NSG EDUC SEMINARS)	18,429	24.09
24.10	OTHER (NET OUTREACH)	1,146,133	24.10
24.11	OTHER (MISCELLANEOUS)	1,295,251	24.11
24.12	OTHER (PRE NAT/CHILD HVP)	476,250	24.12
24.13	OTHER (07 DEBT SVC INCOME)	465,309	24.13
24.14	OTHER (PLAZA PHARMACY)	608,771	24.14
24.15	OTHER (HEALTHPOINT-CAPE)	2,464,533	24.15
24.16	OTHER (HEALTHPOINT-SPECIAL PROGRAMS)	237,059	24.16
24.17	OTHER (MAIN STREET PHARMACY)	15,305	24.17
24.18	OTHER (GAIN ON INVESTMENTS)	1,625,297	24.18
24.19	OTHER (CONTRIBUTIONS OF PROPERTY & EQUIPME)	52,246	24.19
24.20	OTHER (LONG TERM CARE PHARMACY)	44,682	24.20
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	16,620,600	25
26	TOTAL (LINE 5 PLUS LINE 25)	4,683,703	26
27	OTHER EXPENSES (LOSS ON EQUIPMENT DISPOSAL)	564,105	27
27.01	OTHER EXPENSES (CHNGE IN UNREL GAIN OTHER THAN TRAD)	5,486,716	27.01
27.02	OTHER EXPENSES (LACEY'S RESTAURANT)	18,399	27.02
27.03	OTHER EXPENSES (SOUTHEAST PHARM #817)	154,349	27.03
27.04	OTHER EXPENSES (JAZZMAN'S RESTAURANT)	34,035	27.04
27.05	OTHER EXPENSES (LAUNDRY OUTREACH)	972	27.05
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	6,258,576	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-1,574,873	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7121

WORKSHEET H

	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (SEE INSTR.)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	TOTAL (SUM OF (COLS.1-5))
	1	2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	160,266	22,801	366	25	83,679	267,137 5
6 SKILLED NURSING CARE	596,809	84,381	4,389			685,579 6
7 PHYSICAL THERAPY	252,711	35,734	1,919			290,364 7
8 OCCUPATIONAL THERAPY	73,257	10,358	942			84,557 8
9 SPEECH PATHOLOGY	4,180	591	424			5,195 9
10 MEDICAL SOCIAL SERVICES	24,781	3,504				28,285 10
11 HOME HEALTH AIDE	9,697	1,445	606			11,748 11
12 SUPPLIES (SEE INSTRUCTIONS)						12
13 DRUGS						13
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
24 TOTAL (SUM OF LINES 1-23)	1,121,701	158,814	8,646	25	83,679	1,372,865 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO. : 26-7121

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	53,757	320,894	-2,074	318,820	5
6		685,579		685,579	6
7		290,364		290,364	7
8		84,557		84,557	8
9		5,195		5,195	9
10		28,285		28,285	10
11		11,748		11,748	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	53,757	1,426,622	-2,074	1,424,548	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 26-7121

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				
1									1
2									2
3									3
4									4
5		318,820				318,820	318,820		5
6		685,579				685,579	197,676	883,255	6
7		290,364				290,364	83,722	374,086	7
8		84,557				84,557	24,381	108,938	8
9		5,195				5,195	1,498	6,693	9
10		28,285				28,285	8,156	36,441	10
11		11,748				11,748	3,387	15,135	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		1,424,548				1,424,548		1,424,548	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVEL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-318,820	1,105,728	5
6 SKILLED NURSING CARE						685,579	6
7 PHYSICAL THERAPY						290,364	7
8 OCCUPATIONAL THERAPY						84,557	8
9 SPEECH PATHOLOGY						5,195	9
10 MEDICAL SOCIAL SERVICES						28,285	10
11 HOME HEALTH AIDE						11,748	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-318,820	1,105,728	24
25 COST TO BE ALLOC (PER W/S H)						318,820	25
26 UNIT COST MULTIPLIER						0.288335	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7121

WORKSHEET H-2
 PART I

HHA COST CENTER	HHA TRIAL BALANCE	CAP BLDGS & FIXTURES	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #
	0	1	1.01	1.02	1.03	1.04	1.05	1.06
1 ADMINISTRATIVE AND GENERAL								
2 SKILLED NURSING CARE	883,255							
3 PHYSICAL THERAPY	374,086							
4 OCCUPATIONAL THERAPY	108,938							
5 SPEECH PATHOLOGY	6,693							
6 MEDICAL SOCIAL SERVICES	36,441							
7 HOME HEALTH AIDE	15,135							
8 SUPPLIES								
9 DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SERVICES								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROMOTION ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DELIVERED MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHERS								
20 TOTAL (SUM OF LINES 1-19)	1,424,548							
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.								

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7121

WORKSHEET H-2
 PART I

HHA COST CENTER	NEW CAP-RE L CSTS-BLD GS & FIX # 1.07	NEW CAP-RE L CSTS-BLD GS & FIX # 1.08	NEW CAP-RE L CSTS-BLD GS & FIX # 1.09	NEW CAP-RE L CSTS-BLD GS & FIX # 1.10	CAP MOVABLE EQUIPMENT 2	OTHER CAP REL COSTS 3	EMPLOYEE BENEFITS 4	COMMUNICAT IONS 5.01	
1 ADMINISTRATIVE AND GENERAL		86,392			84,727		45,815	12,603	1
2 SKILLED NURSING CARE							138,977		2
3 PHYSICAL THERAPY							58,848		3
4 OCCUPATIONAL THERAPY							17,059		4
5 SPEECH PATHOLOGY							973		5
6 MEDICAL SOCIAL SERVICES							5,771		6
7 HOME HEALTH AIDE							2,258		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
20 TOTAL (SUM OF LINES 1-19)		86,392			84,727		269,701	12,603	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.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7121

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (COLS.0-4) 4A	DATA PROCE SSING 5.02	PURCHASING 5.03	ADMITTING 5.04	CREDIT & C OLLECTIONS 5.05	SUBTOTAL (COLS.0-4)	OTHER ADMI NISTRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	
1 ADMINISTRATIVE AND GENERAL	229,537	3,685	1,893	5,110	8,839	249,064	32,899	8,896	1
2 SKILLED NURSING CARE	1,022,232	16,411				1,038,643	137,196		2
3 PHYSICAL THERAPY	432,934	6,950				439,884	58,105		3
4 OCCUPATIONAL THERAPY	125,997	2,023				128,020	16,910		4
5 SPEECH PATHOLOGY	7,666	123				7,789	1,029		5
6 MEDICAL SOCIAL SERVICES	42,212	678				42,890	5,665		6
7 HOME HEALTH AIDE	17,393	279				17,672	2,334		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
20 TOTAL (SUM OF LINES 1-19)	1,877,971	30,149	1,893	5,110	8,839	1,923,962	254,138	8,896	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.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7121

WORKSHEET H-2
 PART I

HHA COST CENTER	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	
1 ADMINISTRATIVE AND GENERAL	66,748		46,376				203,065	1,637	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
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)	66,748		46,376				203,065	1,637	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.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7121

WORKSHEET H-2
 PART I

HHA COST CENTER	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	NONPHYSIC. ANESTHET. 19	NURSING SCHOOL 20	SCHOOL OF MEDICAL TE CHNOLOGY 20.01	SCHOOL OF SURGICAL T ECHNOLOGY 20.02	SCHOOL OF RADIOLOGY TECHNOLOGY 20.03	
1 ADMINISTRATIVE AND GENERAL					5,406				1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
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)					5,406				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.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 26-7121

WORKSHEET H-2
 PART I

HHA COST CENTER	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	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				614,091		614,091			1
2 SKILLED NURSING CARE				1,175,839		1,175,839	380,812	1,556,651	2
3 PHYSICAL THERAPY				497,989		497,989	161,281	659,270	3
4 OCCUPATIONAL THERAPY				144,930		144,930	46,938	191,868	4
5 SPEECH PATHOLOGY				8,818		8,818	2,856	11,674	5
6 MEDICAL SOCIAL SERVICES				48,555		48,555	15,725	64,280	6
7 HOME HEALTH AIDE				20,006		20,006	6,479	26,485	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
20 TOTAL (SUM OF LINES 1-19)				2,510,228		2,510,228	614,091	2,510,228	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.							0.323864		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET							
	1	1.01	1.02	1.03	1.04	1.05	1.06	1.07	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
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)									20
21 TOTAL COST TO BE ALLOCATED									21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER									22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE T	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE T	CAP MOVABLE EQUIPMENT DIRECT COSTS	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT IONS NONPATIENT	RECON- CILIATION
	1.08	1.09	1.10	2	3	4	5.01	4A.02
1 ADMINISTRATIVE AND GENERAL	4,928			84,759		196,743	33	1
2 SKILLED NURSING CARE						596,809		2
3 PHYSICAL THERAPY						252,711		3
4 OCCUPATIONAL THERAPY						73,257		4
5 SPEECH PATHOLOGY						4,180		5
6 MEDICAL SOCIAL SERVICES						24,781		6
7 HOME HEALTH AIDE						9,697		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)	4,928			84,759		1,158,178	33	20
22 UNIT COST MULTIPLIER	17.530844			0.999622		0.232867	381.909091	22
22 UNIT COST MULTIPLIER								22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-2
 PART II

HHA COST CENTER	DATA PROC	PURCHASING	ADMITTING	CREDIT & C	RECON-	OTHER ADMI	MAIN-	OPERATION	
	SSING			OLLECTIONS	CILIATION	NISTRATIVE	TENANCE &	OF PLANT	
	ACCUM	SUPPLY	GROSS	AJUSTED		& GENERAL	REPAIRS	SQUARE	
	COST	COSTS	REVENUES	GROSS REVE		ACCUM	REQUISITIO	FEET	
	5.02	5.03	5.04	5.05		5.06	6	7	
1 ADMINISTRATIVE AND GENERAL	229,537	31,184	1,300,810	1,300,810		249,064	1,950	4,928	1
2 SKILLED NURSING CARE	1,022,232					1,038,643			2
3 PHYSICAL THERAPY	432,934					439,884			3
4 OCCUPATIONAL THERAPY	125,997					128,020			4
5 SPEECH PATHOLOGY	7,666					7,789			5
6 MEDICAL SOCIAL SERVICES	42,212					42,890			6
7 HOME HEALTH AIDE	17,393					17,672			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)	1,877,971	31,184	1,300,810	1,300,810		1,923,962	1,950	4,928	20
21 TOTAL COST TO BE ALLOCATED	30,149	1,893	5,110	8,839		254,138	8,896	66,748	21
22 UNIT COST MULTIPLIER	0.016054		0.003928				4.562051		22
22 UNIT COST MULTIPLIER		0.060704		0.006795		0.132091		13.544643	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS-TRATION FTE'S SERVICE	CENTRAL SERVICES & SUPPLY COSTS	PHARMACY COSTED REQUIS.
	8	9	10	11	12	13	14	15
1 ADMINISTRATIVE AND GENERAL		4,928				17	13,439	
2 SKILLED NURSING CARE								
3 PHYSICAL THERAPY								
4 OCCUPATIONAL THERAPY								
5 SPEECH PATHOLOGY								
6 MEDICAL SOCIAL SERVICES								
7 HOME HEALTH AIDE								
8 SUPPLIES								
9 DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SERVICES								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROMOTION ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DELIVERED MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHERS								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF LINES 1-19)		4,928				17	13,439	
21 TOTAL COST TO BE ALLOCATED		46,376				203,065	1,637	
22 UNIT COST MULTIPLIER							0.121810	
22 UNIT COST MULTIPLIER		9.410714				11,945.000000		

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-2
 PART II

HHA COST CENTER	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	SCHOOL OF MEDICAL TECHNOLOGY TIME SPENT	SCHOOL OF SURGICAL TECHNOLOGY TIME SPENT	SCHOOL OF RADIOLOGY TECHNOLOGY TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME
	16	17	19	20	20.01	20.02	20.03	21
1 ADMINISTRATIVE AND GENERAL				60				
2 SKILLED NURSING CARE								
3 PHYSICAL THERAPY								
4 OCCUPATIONAL THERAPY								
5 SPEECH PATHOLOGY								
6 MEDICAL SOCIAL SERVICES								
7 HOME HEALTH AIDE								
8 SUPPLIES								
9 DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SERVICES								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROMOTION ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DELIVERED MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHERS								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF LINES 1-19)				60				
21 TOTAL COST TO BE ALLOCATED				5,406				
22 UNIT COST MULTIPLIER				90.100000				
22 UNIT COST MULTIPLIER								

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-2
 PART II

HHA COST CENTER	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	
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
19.50			19.50
20			20
21			21
22			22
22			22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 26-7121

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 COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	COLS. 1+2) 3	4	(COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	1,556,651		1,556,651	3,631	428.71	1
2	PHYSICAL THERAPY	3	659,270		659,270	2,230	295.64	2
3	OCCUPATIONAL THERAPY	4	191,868		191,868	277	692.66	3
4	SPEECH PATHOLOGY	5	11,674		11,674	33	353.76	4
5	MEDICAL SOCIAL SERVICES	6	64,280		64,280	60	1,071.33	5
6	HOME HEALTH AIDE	7	26,485		26,485	373	71.01	6
7	TOTAL (SUM OF LINES 1-6)		2,510,228		2,510,228	6,604		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 COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	COLS. 1+2) 3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 26-7121

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 ----- ----- PART B -----			COST OF SERVICES ----- ----- PART B -----			TOTAL PROGRAM COST (SUM OF COLS.9-10) 12	
PATIENT SERVICES		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST (SUM OF COLS.9-10)			
	PART A 6	7	8	PART A 9	10	11	12		
1	SKILLED NURSING CARE	1,338	579	573,614	248,223		821,837	1	
2	PHYSICAL THERAPY	854	415	252,477	122,691		375,168	2	
3	OCCUPATIONAL THERAPY	200	45	138,532	31,170		169,702	3	
4	SPEECH PATHOLOGY	29	2	10,259	708		10,967	4	
5	MEDICAL SOCIAL SERVICES	14	21	14,999	22,498		37,497	5	
6	HOME HEALTH AIDE	247	139	17,539	9,870		27,409	6	
7	TOTAL (SUM OF LINES 1-6)	2,682	1,201	1,007,420	435,160		1,442,580	7	

PATIENT SERVICES		CBSA NO.	PROGRAM VISITS ----- ----- PART B -----		
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		
	1	2	3	4	
8	SKILLED NURSING CARE	16020	1,338	579	8
9	PHYSICAL THERAPY	16020	854	415	9
10	OCCUPATIONAL THERAPY	16020	200	45	10
11	SPEECH PATHOLOGY	16020	29	2	11
12	MEDICAL SOCIAL SERVICES	16020	14	21	12
13	HOME HEALTH AIDE	16020	247	139	13
14	TOTAL (SUM OF LINES 8-13)	2,682	1,201		14

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES ---- ----- PART B -----			COST OF SERVICES ----- ----- PART B -----			
OTHER PATIENT SERVICES		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
	PART A 6	7	8	PART A 9	10	11		
15	COST OF MEDICAL SUPPLIES						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	1	2	3	4	
1	PHYSICAL THERAPY	0.303842		COL 2, LINE 2	1
1.01	SOUTHEAST OUTPATIENT REHAB	0.415581		COL 2, LINE 2	1.01
1.02	PHYSIATRY	0.222032		COL 2, LINE 2	1.02
2	OCCUPATIONAL THERAPY	0.236469		COL 2, LINE 3	2
3	SPEECH PATHOLOGY	0.170829		COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHRGED TO PAT	0.243728		COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS			COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 26-7121

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 A 1	PART B		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES				3
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				4
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)				5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				6
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				8
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				9
10 PRIMARY PAYER PAYMENTS				10

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	433,237	202,806	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	4,873	2,546	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	11,201	1,876	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)	449,311	207,228	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	449,311	207,228	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	449,311	207,228	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)	449,311	207,228	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	449,311	207,228	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	449,311	207,228	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.: 26-7121

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		449,311		207,228	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF 'NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		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		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 H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		449,311		207,228	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				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				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 .01				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:			CONTRACTOR NUMBER:		DATE:

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 26-1537

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6
1						1
2						2
3						3
4						4
5						5
6	147,727	22,956			60,488	231,171
7				347,897		347,897
8	5,959					5,959
9	193,910	24,676				218,586
10	639,002	82,075	29,878			750,955
11						11
12						12
13						13
14						14
15	104,601	13,311				117,912
16	35,007	4,455				39,462
17						17
18						18
19						19
20						20
21						21
22					128,174	128,174
23						23
24						24
25						25
26					106,184	106,184
27					1,458	1,458
28						28
29						29
30						30
31					581	581
32						32
33						33
34						34
35	22,963					22,963
36	9,704					9,704
37						37
38						38
39	1,158,873	147,473	29,878	347,897	296,885	1,981,006

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 26-1537

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6	36,477	267,648		267,648	6
7		347,897		347,897	7
8		5,959		5,959	8
9		218,586	-215,334	3,252	9
10		750,955		750,955	10
11					11
12					12
13					13
14					14
15		117,912		117,912	15
16		39,462		39,462	16
17					17
18					18
19					19
20					20
21					21
22		128,174		128,174	22
23					23
24					24
25					25
26		106,184		106,184	26
27		1,458		1,458	27
28					28
29					29
30					30
31		581		581	31
32					32
33					33
34					34
35		22,963		22,963	35
36		9,704		9,704	36
37					37
38					38
39	72,954	2,017,483	-430,668	1,802,149	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 26-1537

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL	84,844						62,883	147,727
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE				5,959				5,959
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES							193,910	193,910
13	NURSING CARE				589,983		49,019		639,002
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES							104,601	104,601
19	SPIRITUAL COUNSELING							35,007	35,007
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								22
26	DRUGS, BIOL. & INFUS. THER.								23
27	ANALGESICS								24
28	SEDATIVES / HYPNOTICS								25
29	OTHER - SPECIFY								26
30	DURABLE MED. EQUIP./OXYGEN								27
31	PATIENT TRANSPORTATION								28
32	IMAGING SERVICES								29
33	LABS AND DIAGNOSTICS								30
34	MEDICAL SUPPLIES								31
35	OUTPAT.SERV.(INCL.E/R DEPT.)								32
36	RADIATION THERAPY								33
37	CHEMOTHERAPY								34
38	OTHER								35
39	HOSPICE NONREIMBURSABLE SERVICE								36
35	BEREAVEMENT PROGRAM COSTS		22,963						22,963
36	VOLUNTEER PROGRAM COSTS		9,704						9,704
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	TOTAL (SUM OF LINES 1-38)	84,844	32,667		595,942		49,019	396,401	1,158,873

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 26-1537

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL	10,797						12,159	22,956
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE								8
10	INPATIENT - RESPITE CARE								9
11	VISITING SERVICES							24,676	24,676
12	PHYSICIAN SERVICES								10
13	NURSING CARE				75,837		6,238		82,075
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES							13,311	13,311
19	SPIRITUAL COUNSELING							4,455	4,455
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOME MAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								22
26	DRUGS, BIOL. & INFUS. THER.								23
27	ANALGESICS								24
28	SEDATIVES / HYPNOTICS								25
29	OTHER - SPECIFY								26
30	DURABLE MED. EQUIP./OXYGEN								27
31	PATIENT TRANSPORTATION								28
32	IMAGING SERVICES								29
33	LABS AND DIAGNOSTICS								30
34	MEDICAL SUPPLIES								31
35	OUTPAT.SERV.(INCL.E/R DEPT.)								32
36	RADIATION THERAPY								33
37	CHEMOTHERAPY								34
38	OTHER								35
39	HOSPICE NONREIMBURSABLE SERVICE								36
40	BEREAVEMENT PROGRAM COSTS								37
41	VOLUNTEER PROGRAM COSTS								38
42	FUNDRAISING								39
43	OTHER PROGRAM COSTS								40
44	TOTAL (SUM OF LINES 1-38)	10,797			75,837		6,238	54,601	147,473

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE NO.: 26-1537

WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE				347,897				347,897
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOME MAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)				347,897				347,897

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 26-1537

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS 1	CAP REL BLDG COSTS EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7	
1	GENERAL SERVICE COST CENTER									1
2	CAP REL COSTS-BLDG AND FIXT.									2
3	CAP REL COSTS-MOVABLE EQUIP.									3
4	PLANT OPERATION & MAINT.									4
5	TRANSPORTATION - STAFF									5
6	VOLUNTEER SERVICE COORD.									6
7	ADMINISTRATIVE AND GENERAL	267,648					267,648	267,648		
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE	347,897					347,897	60,680	408,577	7
10	INPATIENT - RESPITE CARE	5,959					5,959	1,039	6,998	8
11	VISITING SERVICES									
12	PHYSICIAN SERVICES	3,252					3,252	567	3,819	9
13	NURSING CARE	750,955					750,955	130,983	881,938	10
14	NURSING CARE-CONTINUOUS HOME									11
15	PHYSICAL THERAPY									12
16	OCCUPATIONAL THERAPY									13
17	SPEECH/LANGUAGE PATHOLOGY									14
18	MEDICAL SOCIAL SERVICES	117,912					117,912	20,566	138,478	15
19	SPIRITUAL COUNSELING	39,462					39,462	6,883	46,345	16
20	DIETARY COUNSELING									17
21	COUNSELING - OTHER									18
22	HH AIDE AND HOME MAKER									19
23	HH AIDE & HMKR-CONT. HOME CA									20
24	OTHER									21
25	OTHER HOSPICE SERVICE COSTS									
26	DRUGS, BIOL. & INFUS. THER.	128,174					128,174	22,356	150,530	22
27	ANALGESICS									23
28	SEDATIVES / HYPNOTICS									24
29	OTHER - SPECIFY									25
30	DURABLE MED. EQUIP./OXYGEN	106,184					106,184	18,521	124,705	26
31	PATIENT TRANSPORTATION	1,458					1,458	254	1,712	27
32	IMAGING SERVICES									28
33	LABS AND DIAGNOSTICS									29
34	MEDICAL SUPPLIES									30
35	OUTPAT.SERV.(INCL.E/R DEPT.)	581					581	101	682	31
36	RADIATION THERAPY									32
37	CHEMOTHERAPY									33
38	OTHER									34
39	HOSPICE NONREIMBURSABLE SERV.									
40	BEREAVEMENT PROGRAM COSTS	22,963					22,963	4,005	26,968	35
41	VOLUNTEER PROGRAM COSTS	9,704					9,704	1,693	11,397	36
42	FUNDRAISING									37
43	OTHER PROGRAM COSTS									38
44	TOTAL (SUM OF LINES 1-38)	1,802,149					1,802,149		1,802,149	39

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5			
1	GENERAL SERVICE COST CENTER							1
2	CAP REL COSTS-BLDG AND FIXT.							2
3	CAP REL COSTS-MOVABLE EQUIP.							3
4	PLANT OPERATION & MAINT.							4
5	TRANSPORTATION - STAFF							5
6	VOLUNTEER SERVICE COORD.							6
7	ADMINISTRATIVE AND GENERAL					-267,648	1,534,501	7
8	INPATIENT CARE SERVICE							8
9	INPATIENT - GENERAL CARE						347,897	9
10	INPATIENT - RESPITE CARE						5,959	10
11	VISITING SERVICES							11
12	PHYSICIAN SERVICES						3,252	12
13	NURSING CARE						750,955	13
14	NURSING CARE-CONTINUOUS HOME							14
15	PHYSICAL THERAPY							15
16	OCCUPATIONAL THERAPY							16
17	SPEECH/LANGUAGE PATHOLOGY							17
18	MEDICAL SOCIAL SERVICES						117,912	18
19	SPIRITUAL COUNSELING						39,462	19
20	DIETARY COUNSELING							20
21	COUNSELING - OTHER							21
22	HH AIDE AND HOMEMAKER							22
23	HH AIDE & HMKR-CONT. HOME CA							23
24	OTHER							24
25	OTHER HOSPICE SERVICE COSTS							25
26	DRUGS, BIOL. & INFUS. THER.						128,174	26
27	ANALGESICS							27
28	SEDATIVES / HYPNOTICS							28
29	OTHER - SPECIFY							29
30	DURABLE MED. EQUIP./OXYGEN						106,184	30
31	PATIENT TRANSPORTATION						1,458	31
32	IMAGING SERVICES							32
33	LABS AND DIAGNOSTICS							33
34	MEDICAL SUPPLIES							34
35	OUTPAT.SERV.(INCL.E/R DEPT.)						581	35
36	RADIATION THERAPY							36
37	CHEMOTHERAPY							37
38	OTHER							38
39	HOSPICE NONREIMBURSABLE SERVICE						22,963	39
40	BEREAVEMENT PROGRAM COSTS						9,704	40
	VOLUNTEER PROGRAM COSTS							41
	FUNDRAISING							42
	OTHER PROGRAM COSTS							43
	COST TO BE ALLOCATED						267,648	44
	UNIT COST MULTIPLIER						0.174420	45

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	HOSPICE TRIAL BALANCE	CAP BLDGS & FIXTURES	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #
1 ADMINISTRATIVE AND GENERAL		1	1.01	1.02	1.03	1.04	1.05	1.06
2 INPATIENT - GENERAL CARE	408,577							
3 INPATIENT - RESPITE CARE	6,998							
4 PHYSICIAN SERVICES	3,819							
5 NURSING CARE	881,938							
6 NURSING CARE-CONTINUOUS HOM								
7 PHYSICAL THERAPY								
8 OCCUPATIONAL THERAPY								
9 SPEECH/LANGUAGE PATHOLOGY								
10 MEDICAL SOCIAL SERV. - DIRE	138,478							
11 SPIRITUAL COUNSELING	46,345							
12 DIETARY COUNSELING								
13 COUNSELING - OTHER								
14 HOME HLTH AIDE & HOMEMAKERS								
15 HH AIDE & HMKR-CONT. HOME C								
16 OTHER								
17 DRUGS,BIOLOGICALS & INFUSIO	150,530							
18 ANALGESICS								
19 SEDATIVES / HYPNOTICS								
20 OTHER - SPECIFY								
21 DURABLE MED. EQUIP./OXYGEN	124,705							
22 PATIENT TRANSPORTATION	1,712							
23 IMAGING SERVICES								
24 LABS AND DIAGNOSTICS								
25 MEDICAL SUPPLIES								
26 OUTPAT. SERV.(INCL.E/R DEPT	682							
27 RADIATION THERAPY								
28 CHEMOTHERAPY								
29 OTHER								
30 BEREAVEMENT PROGRAM COSTS	26,968							
31 VOLUNTEER PROGRAM COSTS	11,397							
32 FUNDRAISING								
33 OTHER PROGRAM COSTS								
34 TOTALS (SUM OF LINES 1-33)	1,802,149							
35 UNIT COST MULTIPLIER								

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	CAP	OTHER	EMPLOYEE	COMMUNICAT	
	L CSTS-BLD GS & FIX #	MOVABLE EQUIPMENT	CAP REL COSTS	BENEFITS	IONS				
	1.07	1.08	-1.09	1.10	2	3	4	5.01	
1 ADMINISTRATIVE AND GENERAL		86,410			25,002		42,895	14,130	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPIRE CARE							1,388		3
4 PHYSICIAN SERVICES							45,155		4
5 NURSING CARE							148,803		5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE							24,358		10
11 SPIRITUAL COUNSELING							8,152		11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS, BIOLOGICALS & INFUSIO									17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV. (INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS							5,347		30
31 VOLUNTEER PROGRAM COSTS							2,260		31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)		86,410			25,002		278,358	14,130	34
35 UNIT COST MULTIPLIER									35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL 4A	DATA PROC	PURCHASING	ADMITTING	CREDIT & C	SUBTOTAL	OTHER ADMI	MAIN-	
		SSING	5.03	5.04	OLLECTIONS		NISTRATIVE	TENANCE &	
		5.02			5.05		& GENERAL	REPAIRS	
							5.06	6	
1 ADMINISTRATIVE AND GENERAL	168,437	2,704	596	12,056	20,855	204,648	27,032	1,141	1
2 INPATIENT - GENERAL CARE	408,577	6,559				415,136	54,836		2
3 INPATIENT - RESPITE CARE	8,386	135				8,521	1,126		3
4 PHYSICIAN SERVICES	48,974	786				49,760	6,573		4
5 NURSING CARE	1,030,741	16,548				1,047,289	138,336		5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE	162,836	2,614				165,450	21,854		10
11 SPIRITUAL COUNSELING	54,497	875				55,372	7,314		11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO	150,530	2,417				152,947	20,203		17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN	124,705	2,002				126,707	16,737		21
22 PATIENT TRANSPORTATION	1,712	27				1,739	230		22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV.(INCL.E/R DEPT	682	11				693	92		26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS	32,315	519				32,834	4,337		30
31 VOLUNTEER PROGRAM COSTS	13,657	219				13,876	1,833		31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	2,206,049	35,416	596	12,056	20,855	2,274,972	300,503	1,141	34
35 UNIT COST MULTIPLIER									35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
	7	8	9	10	11	12	13	14	
1 ADMINISTRATIVE AND GENERAL	66,761		46,386				238,900	277	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE									5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE									10
11 SPIRITUAL COUNSELING									11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO									17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	66,761		46,386				238,900	277	34
35 UNIT COST MULTIPLIER									35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGY TECHNOLOGY
	15	16	17	19	20	20.01	20.02	20.03
1 ADMINISTRATIVE AND GENERAL					59,647			
2 INPATIENT - GENERAL CARE								
3 INPATIENT - RESPITE CARE								
4 PHYSICIAN SERVICES								
5 NURSING CARE								
6 NURSING CARE-CONTINUOUS HOM								
7 PHYSICAL THERAPY								
8 OCCUPATIONAL THERAPY								
9 SPEECH/LANGUAGE PATHOLOGY								
10 MEDICAL SOCIAL SERV. - DIRE								
11 SPIRITUAL COUNSELING								
12 DIETARY COUNSELING								
13 COUNSELING - OTHER								
14 HOME HLTH AIDE & HOMEMAKERS								
15 HH AIDE & HMKR-CONT. HOME C								
16 OTHER								
17 DRUGS,BIOLOGICALS & INFUSIO								
18 ANALGESICS								
19 SEDATIVES / HYPNOTICS								
20 OTHER - SPECIFY								
21 DURABLE MED. EQUIP./OXYGEN								
22 PATIENT TRANSPORTATION								
23 IMAGING SERVICES								
24 LABS AND DIAGNOSTICS								
25 MEDICAL SUPPLIES								
26 OUTPAT. SERV.(INCL.E/R DEPT								
27 RADIATION THERAPY								
28 CHEMOTHERAPY								
29 OTHER								
30 BEREAVEMENT PROGRAM COSTS								
31 VOLUNTEER PROGRAM COSTS								
32 FUNDRAISING								
33 OTHER PROGRAM COSTS								
34 TOTALS (SUM OF LINES 1-33)					59,647			
35 UNIT COST MULTIPLIER								

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL				644,792		644,792			1
2 INPATIENT - GENERAL CARE				469,972		469,972	129,292	599,264	2
3 INPATIENT - RESPITE CARE				9,647		9,647	2,654	12,301	3
4 PHYSICIAN SERVICES				56,333		56,333	15,498	71,831	4
5 NURSING CARE				1,185,625		1,185,625	326,172	1,511,797	5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE				187,304		187,304	51,528	238,832	10
11 SPIRITUAL COUNSELING				62,686		62,686	17,245	79,931	11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO				173,150		173,150	47,635	220,785	17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN				143,444		143,444	39,462	182,906	21
22 PATIENT TRANSPORTATION				1,969		1,969	542	2,511	22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV.(INCL.E/R DEPT				785		785	216	1,001	26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS				37,171		37,171	10,226	47,397	30
31 VOLUNTEER PROGRAM COSTS				15,709		15,709	4,322	20,031	31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)				2,988,587		2,988,587		2,988,587	34
35 UNIT COST MULTIPLIER							0.275106		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET
	1	1.01	1.02	1.03	1.04	1.05	1.06	1.07
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)								34
35 TOTAL COST TO BE ALLOCATED								35
36 UNIT COST MULTIPLIER								36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE T	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE T	CAP MOVABLE EQUIPMENT DIRECT COSTS	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT IONS NONPATIENT	RECON- CILIATION 4A.02
	1.08	1.09	1.10	2	3	4	5.01	4A.02
1 ADMINISTRATIVE AND GENERAL	4,929			25,012		184,204	37	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE						5,959		3
4 PHYSICIAN SERVICES						193,910		4
5 NURSING CARE						639,002		5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE						104,601		10
11 SPIRITUAL COUNSELING						35,007		11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS						22,963		30
31 VOLUNTEER PROGRAM COSTS						9,704		31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	4,929			25,012		1,195,350	37	34
35 TOTAL COST TO BE ALLOCATED	86,410			25,002		278,358	14,130	35
31 VOLUNTEER PROGRAM COSTS	17.530939			0.999600		0.232867	381.891892	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	DATA PROC	PURCHASING	ADMITTING	CREDIT & C	RECON- CILIATION	OTHER ADMI	MAIN-	OPERATION	
	SSING			OLLECTIONS		NISTRATIVE	TENANCE &	OF PLANT	
	ACCUM	SUPPLY	GROSS	AJUSTED		& GENERAL	REPAIRS	SQUARE	
	COST	COSTS	REVENUES	GROSS REVE		ACCUM	REQUISITIO	FEET	
	5.02	5.03	5.04	5.05		5.06	6	7	
1 ADMINISTRATIVE AND GENERAL	168,437	9,821	3,069,148	3,069,148		204,648	250	4,929	1
2 INPATIENT - GENERAL CARE	408,577					415,136			2
3 INPATIENT - RESPITE CARE	8,386					8,521			3
4 PHYSICIAN SERVICES	48,974					49,760			4
5 NURSING CARE	1,030,741					1,047,289			5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE	162,836					165,450			10
11 SPIRITUAL COUNSELING	54,497					55,372			11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS, BIOLOGICALS & INFUSIO	150,530					152,947			17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN	124,705					126,707			21
22 PATIENT TRANSPORTATION	1,712					1,739			22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV. (INCL.E/R DEPT	682					693			26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS	32,315					32,834			30
31 VOLUNTEER PROGRAM COSTS	13,657					13,876			31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	2,206,049	9,821	3,069,148	3,069,148		2,274,972	250	4,929	34
35 TOTAL COST TO BE ALLOCATED	35,416	596	12,056	20,855		300,503	1,141	66,761	35
36 UNIT COST MULTIPLIER	0.016054	0.060686	0.003928	0.006795		0.132091	4.564000	13.544532	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINISTRATION FTE'S SERVICE 13	CENTRAL SERVICES & SUPPLY COSTS 14	PHARMACY COSTED REQUIS. 15
1 ADMINISTRATIVE AND GENERAL		4,929		2,696		20	2,273	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV. (INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		4,929		2,696		20	2,273	34
35 TOTAL COST TO BE ALLOCATED		46,386				238,900	277	35
36 UNIT COST MULTIPLIER		9.410834				11,945.0000	0.121865	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	SCHOOL OF MEDICAL TE CHNOLOGY TIME SPENT	SCHOOL OF SURGICAL T ECHNOLOGY TIME SPENT	SCHOOL OF RADIOLOGY TECHNOLOGY TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME
	16	17	19	20	20.01	20.02	20.03	21
1 ADMINISTRATIVE AND GENERAL				662				
2 INPATIENT - GENERAL CARE								
3 INPATIENT - RESPITE CARE								
4 PHYSICIAN SERVICES								
5 NURSING CARE								
6 NURSING CARE-CONTINUOUS HOM								
7 PHYSICAL THERAPY								
8 OCCUPATIONAL THERAPY								
9 SPEECH/LANGUAGE PATHOLOGY								
10 MEDICAL SOCIAL SERV. - DIRE								
11 SPIRITUAL COUNSELING								
12 DIETARY COUNSELING								
13 COUNSELING - OTHER								
14 HOME HLTH AIDE & HOMEMAKERS								
15 HH AIDE & HMKR-CONT. HOME C								
16 OTHER								
17 DRUGS,BIOLOGICALS & INFUSIO								
18 ANALGESICS								
19 SEDATIVES / HYPNOTICS								
20 OTHER - SPECIFY								
21 DURABLE MED. EQUIP./OXYGEN								
22 PATIENT TRANSPORTATION								
23 IMAGING SERVICES								
24 LABS AND DIAGNOSTICS								
25 MEDICAL SUPPLIES								
26 OUTPAT. SERV.(INCL.E/R DEPT								
27 RADIATION THERAPY								
28 CHEMOTHERAPY								
29 OTHER								
30 BEREAVEMENT PROGRAM COSTS								
31 VOLUNTEER PROGRAM COSTS								
32 FUNDRAISING								
33 OTHER PROGRAM COSTS								
34 TOTALS (SUM OF LINES 1-33)				662				
35 TOTAL COST TO BE ALLOCATED				59,647				
36 UNIT COST MULTIPLIER				90.101208				

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	I&R PROGRAM COSTS ASSIGNED TIME	22	PARAMED EDUCATION ASSIGNED TIME	23	
1	ADMINISTRATIVE AND GENERAL				1
2	INPATIENT - GENERAL CARE				2
3	INPATIENT - RESPITE CARE				3
4	PHYSICIAN SERVICES				4
5	NURSING CARE				5
6	NURSING CARE-CONTINUOUS HOM				6
7	PHYSICAL THERAPY				7
8	OCCUPATIONAL THERAPY				8
9	SPEECH/LANGUAGE PATHOLOGY				9
10	MEDICAL SOCIAL SERV. - DIRE				10
11	SPIRITUAL COUNSELING				11
12	DIETARY COUNSELING				12
13	COUNSELING - OTHER				13
14	HOME HLTH AIDE & HOMEMAKERS				14
15	HH AIDE & HMKR-CONT. HOME C				15
16	OTHER				16
17	DRUGS, BIOLOGICALS & INFUSIO				17
18	ANALGESICS				18
19	SEDATIVES / HYPNOTICS				19
20	OTHER - SPECIFY				20
21	DURABLE MED. EQUIP./OXYGEN				21
22	PATIENT TRANSPORTATION				22
23	IMAGING SERVICES				23
24	LABS AND DIAGNOSTICS				24
25	MEDICAL SUPPLIES				25
26	OUTPAT. SERV. (INCL.E/R DEPT				26
27	RADIATION THERAPY				27
28	CHEMOTHERAPY				28
29	OTHER				29
30	BEREAVEMENT PROGRAM COSTS				30
31	VOLUNTEER PROGRAM COSTS				31
32	FUNDRAISING				32
33	OTHER PROGRAM COSTS				33
34	TOTALS (SUM OF LINES 1-33)				34
35	TOTAL COST TO BE ALLOCATED				35
36	UNIT COST MULTIPLIER				36

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 26-1537

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.303842		1
1.01	SOUTHEAST OUTPATIENT REHAB	66.01	0.415581		1.01
1.02	PHYSIATRY	66.02			1.02
2	OCCUPATIONAL THERAPY	67	0.222032		2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.236469		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.243728		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.139594		6
7	MEDICAL SUPPLIES	71	0.170829		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.283223		9
9.01	CHEMOTHERAPY	55.01	0.381616		9.01
10	CARDIAC REHAB	76	0.744222		10
10.97	CARDIAC REHABILITATION	76.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/29/2012 10:19

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 26-1537

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1	TOTAL COST (SEE INSTRUCTIONS)				2,988,587	1
2	TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				54,797	2
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				54.54	3
4	UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	47,673				4
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,600,085				5
6	UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		2,740			6
7	AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		149,440			7
8	UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10	UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11	AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12	OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			4,384		12
13	AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			239,103		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((26-011) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER		2,954,700	1
3	CAPITAL DRG OUTLIER PAYMENTS		260,217	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		107.09	3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		0.0806	7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)			8
10	SUM OF LINES 7 AND 8		0.0806	9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		0.0165	10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		48,753	11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		3,263,670	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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #					1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #					1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #					1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #					1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #					1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #					1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #					1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #					1.08
1.09 NEW CAP-REL CSTS-BLDGS & FIX #					1.09
1.10 NEW CAP-REL CSTS-BLDGS & FIX #					1.10
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CREDIT & COLLECTIONS					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
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
20.01 SCHOOL OF MEDICAL TECHNOLOGY					20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY					20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOL					20.03
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
33.01 ADULT SPECIAL CARE					33.01
34.01 CARDIOTHORACIC ICU					34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.03 CARDIOVASCULAR LAB					54.03
55 RADIOLOGY-THERAPEUTIC					55
55.01 CHEMOTHERAPY					55.01
56.01 NUCLEAR MEDICINE					56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 SOUTHEAST OUTPATIENT REHAB					66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69.01 CV DIAGNOSTIC					69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY					70.01
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
76 CARDIAC REHAB					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
88 RURAL HEALTH CLINIC (RHC)					88
88.01 RHC II					88.01
OUTPATIENT SERVICE COST CENTERS					
90.01 HYPERBARIC WOUND CLINIC					90.01
90.02 DIABETES CENTER					90.02
91 EMERGENCY					91
91.01 G.I. LABORATORY					91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS.					
113 INTEREST EXPENSE					113
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
191.01 RESPITE CARE					191.01
193.01 VENDING MACHINES					193.01
193.02 SUNSET GUEST HOUSE					193.02
193.03 LACEY'S RESTAURANT					193.03
193.04 COMMUNITY WELLNESS					193.04
193.05 HOME INFUSION					193.05
193.06 SE HOSP PHYSICIANS LLC					193.06
193.07 GENERATIONS					193.07
193.08 RETAIL PHARMACY					193.08
193.09 OUTREACH LAB					193.09
193.10 FOOT CLINIC					193.10
193.11 MARKETING					193.11
193.13 HEALTHPOINT					193.13
193.14 DOCTORS PARK					193.14
194 JAZZMAN'S RESTAURANT					194
194.01 FOUNDATION OFFICE					194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204

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

RHC I
 COMPONENT NO: 26-8656

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	540,869	540,869		540,869		540,869	1
2	PHYSICIAN ASSISTANT							2
3	NURSE PRACTITIONER	39,329	39,329		39,329		39,329	3
4	VISITING NURSE							4
5	OTHER NURSE	190,086	190,086		190,086		190,086	5
6	CLINICAL PSYCHOLOGIST							6
7	CLINICAL SOCIAL WORKER							7
8	LABORATORY TECHNICIAN	16,407	16,407		16,407		16,407	8
9	OTHER FACILITY HEALTH CARE STAFF COSTS	116,704	116,704		116,704		116,704	9
10	SUBTOTAL (SUM OF LINES 1-9)	903,395	903,395		903,395		903,395	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		27,341	27,341	27,341		27,341	15
16	TRANSPORTATION (HEALTH CARE STAFF)		4,835	4,835	4,835		4,835	16
17	DEPRECIATION-MEDICAL EQUIPMENT							17
18	PROFESSIONAL LIABILITY INSURANCE		18,775	18,775	18,775		18,775	18
19	OTHER HEALTH CARE COSTS		12,965	12,965	12,965		12,965	19
20	ALLOWABLE GME COSTS							20
21	SUBTOTAL (SUM OF LINES 15-20)		63,916	63,916	63,916		63,916	21
22	TOTAL COSTS OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	903,395	63,916	967,311	967,311		967,311	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							29
30	ADMINISTRATIVE COSTS		227,596	227,596	227,596		227,596	30
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		227,596	227,596	227,596		227,596	31
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	903,395	291,512	1,194,907	1,194,907		1,194,907	32

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

RHC I
 COMPONENT NO: 26-8656

WORKSHEET M-2

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	3.17	10,538	4,200	13,314	1
2	PHYSICIAN ASSISTANTS			2,100		2
3	NURSE PRACTITIONERS	0.60	1,352	2,100	1,260	3
4	SUBTOTAL (SUM OF LINES 1-3)	3.77	11,890		14,574	4
5	VISITING NURSE					5
6	CLINICAL PSYCHOLOGIST					6
7	CLINICAL SOCIAL WORKER					7
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3.77	11,890		14,574	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)				967,311	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)				967,311	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)				227,596	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)				835,379	15
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)				1,062,975	16
17	ALLOWABLE DIRECT GME OVERHEAD (SEE INSTRUCTIONS)					17
18	SUBTRACT LINE 17 FROM LINE 16				1,062,975	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 x LINE 18)				1,062,975	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)				2,030,286	20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

RHC I
 COMPONENT NO: 26-8656

WORKSHEET M-3

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WKST M-2, LINE 20)	2,030,286	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 15)	9,021	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,021,265	3
4	TOTAL VISITS (FROM WKST M-2, COL. 5, LINE 8)	14,574	4
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WKST M-2, COL. 5, LINE 9)		5
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	14,574	6
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	138.69	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)	78.07	8
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	78.07	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)	5,186	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 x LINE 10)	404,871	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES (LINE 9 x LINE 12)		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (SEE INSTRUCTIONS)		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)	404,871	16
16.01	TOTAL PROGRAM CHARGES (SEE INSTRUCTIONS) (FROM CONTRACTOR'S RECORDS)	598,152	16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (SEE INSTRUCTIONS) (FROM PROVIDER'S RECORDS)	4,329	16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS ((LINE 16.02/LINE 16.01) TIMES LINE 16)	2,930	16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS ((LINE 16 MINUS LINE 16.03) TIMES 80%)	310,398	16.04
16.05	TOTAL PROGRAM COST (SEE INSTRUCTIONS)	313,328	16.05
17	PRIMARY PAYOR PAYMENTS		17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)	13,943	18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)	116,842	19
20	NET MEDICARE COST EXCLUDING VACCINES (SEE INSTRUCTIONS)	313,328	20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 16)	3,816	21
22	TOTAL REIMBURSABLE PROGRAM COST (LINE 20 PLUS LINE 21)	317,144	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)	317,144	26
27	INTERIM PAYMENTS	310,166	27
28	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		28
29	BALANCE DUE COMPONENT/PROGRAM (LINE 26 MINUS LINES 27 AND 28)	6,978	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.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

RHC I
 COMPONENT NO: 26-8656

WORKSHEET M-4

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	
1 HEALTH CARE STAFF COST (FROM WKST M-1, COL. 7, LINE 10)	903,395	903,395	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000166	0.001121	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 x LINE 2)	150	1,013	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (FROM YOUR RECORDS)	1,205	1,930	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,355	2,943	5
6 TOTAL DIRECT COST OF THE FACILITY (FROM WKST M-1, COL. 7, LINE 22)	967,311	967,311	6
7 TOTAL OVERHEAD (FROM WKST M-2, LINE 16)	1,062,975	1,062,975	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	0.001401	0.003042	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 x LINE 8)	1,489	3,234	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (SUM OF LINES 5 AND 9)	2,844	6,177	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	22	163	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10/ LINE 11)	129.27	37.90	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	9	70	13
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (LINE 12 x LINE 13)	1,163	2,653	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)		9,021	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)		3,816	16

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

RHC II
 COMPONENT NO: 26-8657

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	909,208	909,208		909,208		909,208	1
2	PHYSICIAN ASSISTANT							2
3	NURSE PRACTITIONER	69,278	69,278		69,278		69,278	3
4	VISITING NURSE							4
5	OTHER NURSE	161,806	161,806		161,806		161,806	5
6	CLINICAL PSYCHOLOGIST							6
7	CLINICAL SOCIAL WORKER							7
8	LABORATORY TECHNICIAN							8
9	OTHER FACILITY HEALTH CARE STAFF COSTS	121,312	121,312		121,312		121,312	9
10	SUBTOTAL (SUM OF LINES 1-9)	1,261,604	1,261,604		1,261,604		1,261,604	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		60,296	60,296	60,296		60,296	15
16	TRANSPORTATION (HEALTH CARE STAFF)		9,638	9,638	9,638		9,638	16
17	DEPRECIATION-MEDICAL EQUIPMENT							17
18	PROFESSIONAL LIABILITY INSURANCE		22,903	22,903	22,903		22,903	18
19	OTHER HEALTH CARE COSTS		5,572	5,572	5,572		5,572	19
20	ALLOWABLE GME COSTS							20
21	SUBTOTAL (SUM OF LINES 15-20)		98,409	98,409	98,409		98,409	21
22	TOTAL COSTS OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,261,604	98,409	1,360,013	1,360,013		1,360,013	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							29
30	ADMINISTRATIVE COSTS		292,744	292,744	292,744		292,744	30
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		292,744	292,744	292,744		292,744	31
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,261,604	391,153	1,652,757	1,652,757		1,652,757	32

RHC II
 COMPONENT NO: 26-8657

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	4.49	9,978	4,200	18,858	1
2	PHYSICIAN ASSISTANTS			2,100		2
3	NURSE PRACTITIONERS	1.00	1,266	2,100	2,100	3
4	SUBTOTAL (SUM OF LINES 1-3)	5.49	11,244		20,958	4
5	VISITING NURSE					5
6	CLINICAL PSYCHOLOGIST					6
7	CLINICAL SOCIAL WORKER					7
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5.49	11,244		20,958	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)				1,360,013	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)				1,360,013	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)				292,744	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)				1,046,250	15
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)				1,338,994	16
17	ALLOWABLE DIRECT GME OVERHEAD (SEE INSTRUCTIONS)					17
18	SUBTRACT LINE 17 FROM LINE 16				1,338,994	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 x LINE 18)				1,338,994	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)				2,699,007	20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

RHC II
 COMPONENT NO: 26-8657

WORKSHEET M-3

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WKST M-2, LINE 20)	2,699,007	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 15)	16,445	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,682,562	3
4	TOTAL VISITS (FROM WKST M-2, COL. 5, LINE 8)	20,958	4
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WKST M-2, COL. 5, LINE 9)		5
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	20,958	6
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	128.00	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)	78.07	8
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	78.07	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)	4,891	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 x LINE 10)	381,840	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES (LINE 9 x LINE 12)		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (SEE INSTRUCTIONS)		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)	381,840	16
16.01	TOTAL PROGRAM CHARGES (SEE INSTRUCTIONS) (FROM CONTRACTOR'S RECORDS)	706,752	16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (SEE INSTRUCTIONS) (FROM PROVIDER'S RECORDS)	7,958	16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS ((LINE 16.02/LINE 16.01) TIMES LINE 16)	4,300	16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS ((LINE 16 MINUS LINE 16.03) TIMES 80%)	293,950	16.04
16.05	TOTAL PROGRAM COST (SEE INSTRUCTIONS)	298,250	16.05
17	PRIMARY PAYOR PAYMENTS		17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)	10,103	18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)	123,527	19
20	NET MEDICARE COST EXCLUDING VACCINES (SEE INSTRUCTIONS)	298,250	20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 16)	5,982	21
22	TOTAL REIMBURSABLE PROGRAM COST (LINE 20 PLUS LINE 21)	304,232	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)	304,232	26
27	INTERIM PAYMENTS	263,215	27
28	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		28
29	BALANCE DUE COMPONENT/PROGRAM (LINE 26 MINUS LINES 27 AND 28)	41,017	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.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

RHC II
 COMPONENT NO: 26-8657

WORKSHEET M-4

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	
1 HEALTH CARE STAFF COST (FROM WKST M-1, COL. 7, LINE 10)	1,261,604	1,261,604	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000522	0.001470	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 x LINE 2)	659	1,855	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (FROM YOUR RECORDS)	3,559	2,214	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	4,218	4,069	5
6 TOTAL DIRECT COST OF THE FACILITY (FROM WKST M-1, COL. 7, LINE 22)	1,360,013	1,360,013	6
7 TOTAL OVERHEAD (FROM WKST M-2, LINE 16)	1,338,994	1,338,994	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	0.003101	0.002992	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 x LINE 8)	4,152	4,006	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (SUM OF LINES 5 AND 9)	8,370	8,075	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	65	187	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10/ LINE 11)	128.77	43.18	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	26	61	13
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (LINE 12 x LINE 13)	3,348	2,634	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)		16,445	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)		5,982	16

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL PARTY	THIRD UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
30 ADULTS & PEDIATRICS	50.64		13.59				64.23	30
33.01 ADULT SPECIAL CARE	58.89		41.11				100.00	33.01
34.01 CARDIOTHORACIC ICU	54.00		10.42				64.42	34.01
43 NURSERY			1.00				1.00	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	28.90	17.89	3.88	8.36			59.03	50
52 DELIVERY ROOM & LABOR ROOM	1.63	4.91	32.17	2.21			40.92	52
53 ANESTHESIOLOGY	25.77	14.22	4.51	8.74			53.24	53
54 RADIOLOGY-DIAGNOSTIC	19.60	34.28	3.34	11.05			68.27	54
54.01 ULTRASOUND	8.38	8.02	2.51	9.51			28.42	54.01
54.03 CARDIOVASCULAR LAB	21.00	22.86	4.81	3.34			52.01	54.03
55 RADIOLOGY-THERAPEUTIC	0.89	40.86	0.31	6.32			48.38	55
55.01 CHEMOTHERAPY	0.17	3.31	0.01	6.16			9.65	55.01
56.01 NUCLEAR MEDICINE	17.22	31.62	3.08	5.20			57.12	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	15.68	29.15	2.91	8.25			55.99	57
58 MAGNETIC RESONANCE IMAGING (MRI)	12.54	25.04	2.00	4.62			44.20	58
60 LABORATORY	36.29	3.14	7.52	8.55			55.50	60
63 BLOOD STORING, PROCESSING & TRA	29.81	7.46	3.83	1.11			42.21	63
65 RESPIRATORY THERAPY	42.92	5.40	10.61	2.71			61.64	65
66 PHYSICAL THERAPY	51.29		4.91				56.20	66
66.01 SOUTHEAST OUTPATIENT REHAB		0.27		15.33			15.60	66.01
67 OCCUPATIONAL THERAPY	23.75		4.18				27.93	67
68 SPEECH PATHOLOGY	47.07		13.76				60.83	68
69.01 CV DIAGNOSTIC	40.60	31.23	7.12	6.44			85.39	69.01
70.01 NEUROPHYSIOLOGY	2.77	19.80	1.08	9.37			33.02	70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	30.85	17.56	4.69	4.93			58.03	71
72 IMPL. DEV. CHARGED TO PATIENT	34.02	19.73	3.16	2.42			59.33	72
73 DRUGS CHARGED TO PATIENTS	29.74	18.09	7.39	5.68			60.90	73
76 CARDIAC REHAB	3.10	45.70	0.84	4.66			54.30	76
90.01 HYPERBARIC WOUND CLINIC	5.39	38.38	0.33	8.86			52.96	90.01
91 EMERGENCY	13.24	15.12	3.54	17.23			49.13	91
91.01 G.I. LABORATORY	16.97	27.51	2.62	6.27			53.37	91.01
92 OBSERVATION BEDS	9.25	40.04	2.37	9.78			61.44	92
200 TOTAL CHARGES	25.78	17.97	4.87	6.82			55.44	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	31.83		32.63				64.46 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.01						0.01 50
54 RADIOLOGY-DIAGNOSTIC	0.12		0.02				0.14 54
54.01 ULTRASOUND	0.11		0.05				0.16 54.01
56.01 NUCLEAR MEDICINE	0.07						0.07 56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.09		0.02				0.11 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.12		0.12				0.24 58
60 LABORATORY	0.54		0.33				0.87 60
65 RESPIRATORY THERAPY	0.18		0.17				0.35 65
66 PHYSICAL THERAPY	2.58		0.07				2.65 66
67 OCCUPATIONAL THERAPY	0.11		0.03				0.14 67
68 SPEECH PATHOLOGY	0.12		0.08				0.20 68
69.01 CV DIAGNOSTIC	0.30		0.25				0.55 69.01
70.01 NEUROPHYSIOLOGY	0.03		0.04				0.07 70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.03		0.03				0.06 71
73 DRUGS CHARGED TO PATIENTS	0.24		0.20				0.44 73
90.01 HYPERBARIC WOUND CLINIC	0.03		0.01				0.04 90.01
91 EMERGENCY	0.31		0.03				0.34 91
91.01 G.I. LABORATORY	0.21		0.07				0.28 91.01
200 TOTAL CHARGES	0.16		0.08				0.24 200

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

SUBPROVIDER-IRF

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							
41 SUBPROVIDER - IRF	57.75		2.71				60.46 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.07						0.07 50
53 ANESTHESIOLOGY	0.02						0.02 53
54 RADIOLOGY-DIAGNOSTIC	0.17						0.17 54
54.01 ULTRASOUND	0.11						0.11 54.01
55.01 CHEMOTHERAPY	0.07		0.01				0.08 55.01
56.01 NUCLEAR MEDICINE	0.10						0.10 56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.10						0.10 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.12						0.12 58
60 LABORATORY	0.50		0.03				0.53 60
63 BLOOD STORING, PROCESSING & TRA	0.25		0.02				0.27 63
65 RESPIRATORY THERAPY	0.64		0.01				0.65 65
66 PHYSICAL THERAPY	13.02		0.66				13.68 66
67 OCCUPATIONAL THERAPY	36.79		1.81				38.60 67
68 SPEECH PATHOLOGY	17.05		0.47				17.52 68
69.01 CV DIAGNOSTIC	0.28						0.28 69.01
70.01 NEUROPHYSIOLOGY	0.14						0.14 70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.18		0.01				0.19 71
72 IMPL. DEV. CHARGED TO PATIENT	0.04						0.04 72
73 DRUGS CHARGED TO PATIENTS	0.52		0.02				0.54 73
90.01 HYPERBARIC WOUND CLINIC	0.16		0.03				0.19 90.01
91 EMERGENCY	0.02						0.02 91
91.01 G.I. LABORATORY	0.09						0.09 91.01
200 TOTAL CHARGES	0.44		0.02				0.46 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---	
	AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	213,690	0.08	-213,690	-0.20	1
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	219,392	0.08	-219,392	-0.20	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	519,169	0.18	-519,169	-0.48	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	262,431	0.09	-262,431	-0.24	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5					1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	191,067	0.07	-191,067	-0.18	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	506,314	0.18	-506,314	-0.47	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	372,564	0.13	-372,564	-0.34	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	11,028,434	3.89	-11,028,434	-10.16	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1					1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1					1.10
2	CAP REL COSTS-MVBLE EQUIP	9,281,086	3.28	-9,281,086	-8.55	2
3	OTHER CAPITAL RELATED COSTS					3
4	EMPLOYEE BENEFITS	24,817,303	8.76	-24,817,303	-22.86	4
5.01	COMMUNICATIONS	783,998	0.28	-783,998	-0.72	5.01
5.02	DATA PROCESSING	1,903,682	0.67	-1,903,682	-1.75	5.02
5.03	PURCHASING	835,292	0.29	-835,292	-0.77	5.03
5.04	ADMITTING	2,601,584	0.92	-2,601,584	-2.40	5.04
5.05	CREDIT & COLLECTIONS	4,874,258	1.72	-4,874,258	-4.49	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	29,892,451	10.55	-29,892,451	-27.54	5.06
6	MAINTENANCE & REPAIRS	3,140,534	1.11	-3,140,534	-2.89	6
7	OPERATION OF PLANT	4,988,183	1.76	-4,988,183	-4.60	7
8	LAUNDRY & LINEN SERVICE	807,684	0.29	-807,684	-0.74	8
9	HOUSEKEEPING	3,301,705	1.17	-3,301,705	-3.04	9
10	DIETARY	2,162,363	0.76	-2,162,363	-1.99	10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION	3,495,371	1.23	-3,495,371	-3.22	13
14	CENTRAL SERVICES & SUPPLY	1,682,855	0.59	-1,682,855	-1.55	14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL	479,914	0.17	-479,914	-0.44	20
20.01	SCHOOL OF MEDICAL TECHNOLOGY	147,475	0.05	-147,475	-0.14	20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY					20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLO	36,350	0.01	-36,350	-0.03	20.03
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	16,203,172	5.72	19,205,867	17.69	35,409,039
33.01	ADULT SPECIAL CARE	3,515,741	1.24	2,994,118	2.76	6,509,859
34.01	CARDIOTHORACIC ICU	1,616,226	0.57	2,211,251	2.04	3,827,477
35	NEONATOLOGY					
40	SUBPROVIDER - IPF	1,173,240	0.41	1,566,223	1.44	2,739,463
41	SUBPROVIDER - IRF	1,138,959	0.40	1,386,467	1.28	2,525,426
43	NURSERY	758,543	0.27	554,383	0.51	1,312,926
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	11,379,410	4.02	8,957,135	8.25	20,336,545
52	DELIVERY ROOM & LABOR ROOM	1,264,351	0.45	813,707	0.75	2,078,058
53	ANESTHESIOLOGY	1,172,884	0.41	1,233,463	1.14	2,406,347
54	RADIOLOGY-DIAGNOSTIC	3,071,829	1.08	2,713,329	2.50	5,785,158
54.01	ULTRASOUND	850,578	0.30	686,969	0.63	1,537,547
54.03	CARDIOVASCULAR LAB	1,998,148	0.71	2,583,537	2.38	4,581,685
55	RADIOLOGY-THERAPEUTIC	2,408,458	0.85	3,304,169	3.04	5,712,627
55.01	CHEMOTHERAPY	888,642	0.31	1,432,267	1.32	2,320,909
56.01	NUCLEAR MEDICINE	1,238,090	0.44	770,251	0.71	2,008,341
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,320,348	0.47	1,776,696	1.64	3,097,044
58	MAGNETIC RESONANCE IMAGING (MRI	1,193,127	0.42	1,061,647	0.98	2,254,774
60	LABORATORY	7,163,235	2.53	4,325,177	3.98	11,488,412
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					
63	BLOOD STORING, PROCESSING & TRA	1,237,675	0.44	362,797	0.33	1,600,472
65	RESPIRATORY THERAPY	1,896,065	0.67	1,365,771	1.26	3,261,836
66	PHYSICAL THERAPY	1,059,546	0.37	655,399	0.60	1,714,945
66.01	SOUTHEAST OUTPATIENT REHAB	2,384,612	0.84	1,901,340	1.75	4,285,952
66.02	PSYIATRY					
67	OCCUPATIONAL THERAPY	332,680	0.12	158,451	0.15	491,131
68	SPEECH PATHOLOGY	189,389	0.07	99,151	0.09	288,540
69.01	CV DIAGNOSTIC	972,653	0.34	861,594	0.79	1,834,247
69.02	ELECTROPHYSIOLOGY LAB					
70.01	NEUROPHYSIOLOGY	786,555	0.28	771,720	0.71	1,558,275
71	MEDICAL SUPPLIES CHRGD TO PATI	12,072,952	4.26	2,876,479	2.65	14,949,431
72	IMPL. DEV. CHARGED TO PATIENT	15,268,320	5.39	5,414,046	4.99	20,682,366
73	DRUGS CHARGED TO PATIENTS	18,970,007	6.70	4,981,393	4.59	23,951,400
76	CARDIAC REHAB	302,797	0.11	297,150	0.27	599,947

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
88 RURAL HEALTH CLINIC (RHC)	1,194,907	0.42	835,379	0.77	2,030,286	0.72	88
88.01 RHC II	1,652,757	0.58	1,046,250	0.96	2,699,007	0.95	88.01
90.01 HYPERBARIC WOUND CLINIC	1,040,961	0.37	477,964	0.44	1,518,925	0.54	90.01
90.02 DIABETES CENTER	248,975	0.09	353,798	0.33	602,773	0.21	90.02
91 EMERGENCY	6,241,963	2.20	5,323,083	4.90	11,565,046	4.08	91
91.01 G.I. LABORATORY	1,616,393	0.57	1,364,295	1.26	2,980,688	1.05	91.01
92 OBSERVATION BEDS							92
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	1,424,548	0.50	1,085,680	1.00	2,510,228	0.89	101
SPECIAL PURPOSE COST CENTERS							
116 HOSPICE	1,802,149	0.64	1,186,438	1.09	2,988,587	1.05	116
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CAN			110,213	0.10	110,213	0.04	190
191.01 RESPITE CARE							191.01
193.01 VENDING MACHINES							193.01
193.02 SUNSET GUEST HOUSE	21,278	0.01	144,331	0.13	165,609	0.06	193.02
193.03 LACEY'S RESTAURANT			206,107	0.19	206,107	0.07	193.03
193.04 COMMUNITY WELLNESS	403,765	0.14	135,387	0.12	539,152	0.19	193.04
193.05 HOME INFUSION							193.05
193.06 SE HOSP PHYSICIANS LLC	29,634,738	10.46	12,492,907	11.51	42,127,645	14.87	193.06
193.07 GENERATIONS							193.07
193.08 RETAIL PHARMACY	3,358,072	1.19	612,353	0.56	3,970,425	1.40	193.08
193.09 OUTREACH LAB	2,884,087	1.02	607,660	0.56	3,491,747	1.23	193.09
193.10 FOOT CLINIC							193.10
193.11 MARKETING	7,185,856	2.54	1,721,241	1.59	8,907,097	3.14	193.11
193.13 HEALTHPOINT	2,191,818	0.77	3,387,046	3.12	5,578,864	1.97	193.13
193.14 DOCTORS PARK							193.14
194 JAZZMAN'S RESTAURANT	57,964	0.02	37,842	0.03	95,806	0.03	194
194.01 FOUNDATION OFFICE			95,228	0.09	95,228	0.03	194.01
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	283,333,612	100.00			283,333,612	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		COST TO		INPATIENT	
	COSTS	CHARGES	CHARGES	PROGRAM	PPS CAPITAL	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,605,580	98,299,299	0.026507	28,407,761	753,005	50
52 DELIVERY ROOM & LABOR ROOM	146,635	5,107,761	0.028708	83,151	2,387	52
53 ANESTHESIOLOGY	361,717	22,536,414	0.016050	5,808,166	93,221	53
54 RADIOLOGY-DIAGNOSTIC	721,212	23,638,321	0.030510	4,632,084	141,325	54
54.01 ULTRASOUND	133,751	11,147,399	0.011998	934,134	11,208	54.01
54.03 CARDIOVASCULAR LAB	739,334	29,220,766	0.025302	6,137,664	155,295	54.03
55 RADIOLOGY-THERAPEUTIC	1,525,101	20,170,096	0.075612	179,127	13,544	55
55.01 CHEMOTHERAPY	474,401	6,081,794	0.078003	10,231	798	55.01
56.01 NUCLEAR MEDICINE	245,422	13,721,711	0.017886	2,362,380	42,254	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	590,693	56,403,495	0.010473	8,846,159	92,646	57
58 MAGNETIC RESONANCE IMAGING (MRI)	347,954	15,687,955	0.022180	1,967,430	43,638	58
60 LABORATORY	666,591	82,298,692	0.008100	29,868,283	241,933	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	36,781	10,837,611	0.003394	3,230,854	10,966	63
65 RESPIRATORY THERAPY	204,538	27,368,699	0.007473	11,747,514	87,789	65
66 PHYSICAL THERAPY	81,926	5,644,201	0.014515	2,895,099	42,022	66
66.01 SOUTHEAST OUTPATIENT REHAB	435,705	10,313,145	0.042248			66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	16,644	2,211,987	0.007524	525,330	3,953	67
68 SPEECH PATHOLOGY	9,866	1,220,202	0.008086	574,311	4,644	68
69.01 CV DIAGNOSTIC	246,921	17,490,423	0.014117	7,101,408	100,251	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	213,141	12,591,086	0.016928	348,625	5,902	70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	171,540	87,510,831	0.001960	26,995,127	52,910	71
72 IMPL. DEV. CHARGED TO PATIENT	358,839	59,393,862	0.006042	20,206,138	122,085	72
73 DRUGS CHARGED TO PATIENTS	435,573	98,270,966	0.004432	29,228,263	129,540	73
76 CARDIAC REHAB	39,956	806,140	0.049565	24,984	1,238	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 RURAL HEALTH CLINIC (RHC)	188,193	1,454,238	0.129410			88
88.01 RHC II	212,166	1,723,683	0.123089			88.01
OUTPATIENT SERVICE COST CENTERS						
90.01 HYPERBARIC WOUND CLINIC	59,496	3,064,268	0.019416	165,043	3,204	90.01
90.02 DIABETES CENTER	110,792	113,847	0.973166			90.02
91 EMERGENCY	703,751	31,184,809	0.022567	4,129,442	93,189	91
91.01 G.I. LABORATORY	409,982	11,553,028	0.035487	1,960,330	69,566	91.01
92 OBSERVATION BEDS	451,547	3,666,682	0.123149	339,029	41,751	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	12,945,748	770,733,411		198,708,067	2,360,264	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	3,821,374		3,821,374	37,846	100.97	19,166	1,935,191	30
33.01	ADULT SPECIAL CARE	537,183		537,183	3,863	139.06	2,275	316,362	33.01
34.01	CARDIOTHORACIC ICU	616,698		616,698	1,852	332.99	1,000	332,990	34.01
35	NEONATOLOGY								35
200	TOTAL	4,975,255		4,975,255	43,561		22,441	2,584,543	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								2,584,543	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								2,360,264	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								4,944,807	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								4,526	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								22,441	
PER DISCHARGE CAPITAL COSTS								1,092.53	
PER DIEM CAPITAL COSTS								220.35	

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)	57,244,062
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	219,899,664
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.260

COST TO CHARGE RATIO FOR REHAB 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))	2,180,798
2.	TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	4,242,250
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.514

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))	1,064,585
2.	TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	1,949,873
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.546

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)	4,944,807
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.022

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 (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	29,267,803
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)	138,469,880
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.211