

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: 05-28-2013 TIME: 15:36
 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 01/01/2012 AND ENDING 12/31/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		251,496	196,368		9,311,570	1
2 SUBPROVIDER - IPF		10,961			37,413	2
3 SUBPROVIDER - IRF		5,966			67,437	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			849			10
10.01 HEALTH CLINIC - RHC II			7,130			10.01
10.02 HEALTH CLINIC - RHC III						10.02
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		268,423	204,347		9,416,420	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 OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 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:

0	COMPONENT	1	CCN	CBSA	PROV	DATE	PAYMENT SYSTEM											
							NUMBER	NUMBER	TYPE	CERTIFIED	(P, T, O, OR N)	V	XVIII	XIX				
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
3	HOSPITAL	SOUTHEAST MISSOURI HOSPITAL	26-0110	16020	1	06/30/1966	N	P	O									3
4	SUBPROVIDER - IPF	PSYCHIATRIC UNIT	26-S110	16020	4	12/23/1992	N	P	O									4
5	SUBPROVIDER - IRF	COMPREHENSIVE REHAB UNIT	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 OLTG																	11
12	HOSPITAL-BASED HHA	SOUTHEAST MO HOSP REG HOME HEA	26-7121	16020		06/30/1985	N	P		N								12
13	SEPARATELY CERTIFIED ASC																	13
14	HOSPITAL-BASED HOSPICE	SOUTHEAST HOSPICE	26-1537	16020		07/21/1993												14
15	HOSPITAL-BASED HEALTH CLINIC - RHC	PLAZA PRIMARY CARE	26-8656	16020		02/01/2011	N	O		N								15
15.01	HOSPITAL-BASED HEALTH CLINIC - RHC II	PLAZA PRIMARY CARE WEST	26-8657	16020		02/01/2011	N	O		N								15.01
15.02	HOSPITAL-BASED HEALTH CLINIC - RHC III	SOUTHEAST PEDIATRICS	26-8674	16020		07/16/2012	N	O		N								15.02
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: 01/01/2012				TO: 12/31/2012												20
21	TYPE OF CONTROL																	21

INPATIENT PPS INFORMATION

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

		1	2	3	4	5	6	OUT-OF STATE		
								MEDICAID	OTHER	
		PAID	UNPAID	PAID	UNPAID	PAID	UNPAID	MEDICAID	MEDICAID	
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	5,401	645	210	309	13			24	
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	98	112						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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				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	
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)								1 N	2 N

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

'N' FOR NO.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			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

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

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)				64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)				66

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.			V 1 XIX 2 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 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL SICAL ATIONAL	RESPI- RATORY RATORY 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 2,321,115 PAID LOSSES: 115,000 SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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 N	2	140
-----	--	--------	---	-----

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

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	
	1	2	3	
			XIX	
	4			
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? N 165
ENTER 'Y' FOR YES OR 'N' FOR NO.

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)	1 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.	1 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.	1 Y	2 A	3 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?	1 Y	2 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	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.		Y	15
PART A				
		Y/N	DATE	
PS&R REPORT DATA				
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 Y	2 04/04/2013	3 4 16
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		17
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		18
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		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- | | Y/N | DATE | |
|--|-----|------|--|
| | 1 | 2 | |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|-------------------------------------|--|----------------|----|
| 41 FIRST NAME: MARK | LAST NAME: DALLAS | TITLE: PARTNER | 41 |
| 42 EMPLOYER: KERBER, ECK & BRAECKEL | | | 42 |
| 43 PHONE NUMBER: 618-529-1040 | E-MAIL ADDRESS: 1116 W. MAIN ST. CARBONDALE, I | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	112,599,676	112,599,676	4,169,216.00	27.01	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE		166,820	166,820	1,603.00	104.07	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B		3,563,510	3,563,510	22,450.00	158.73	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		35,630,730	609,180	36,239,910	789,472.00	45.90
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		354,894	354,894	2,477.00	143.28	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		20,644,926	20,644,926			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		7,101,829	7,101,829			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		25,348	25,348			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B		498,831	498,831			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		635,696	635,696	21,843.00	29.10	26
27	ADMINISTRATIVE & GENERAL		12,380,627	-81,000	12,299,627	541,704.00	22.71
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		938,494		938,494	7,332.00	128.00
29	MAINTENANCE & REPAIRS		1,647,665		1,647,665	82,652.00	19.93
30	OPERATION OF PLANT		290,581		290,581	17,871.00	16.26
31	LAUNDRY & LINEN SERVICE		328,516		328,516	29,618.00	11.09
32	HOUSEKEEPING		2,439,375		2,439,375	200,803.00	12.15
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,330,186		1,330,186	106,072.00	12.54
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		2,964,949	-38,550	2,926,399	105,005.00	27.87
39	CENTRAL SERVICES AND SUPPLY		740,653		740,653	47,631.00	15.55
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						41
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	109,974,660		109,974,660	4,154,098.00	26.47	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	35,630,730	609,180	36,239,910	789,472.00	45.90	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	74,343,930	-609,180	73,734,750	3,364,626.00	21.91	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	354,894		354,894	2,477.00	143.28	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	20,670,274		20,670,274		28.03%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	95,369,098	-609,180	94,759,918	3,367,103.00	28.14	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	23,696,742	-119,550	23,577,192	1,160,531.00	20.32	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	5,165,824	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		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	10,376	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	15,267,766	8
9 PRESCRIPTION DRUG PLAN	56	9
10 DENTAL, HEARING AND VISION PLAN	51,433	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	-10,554	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	461,943	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE		15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	7,384,496	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	127,671	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	37,336	20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT		23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	28,496,347	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/28/2013 15:36

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
14.02	HOSPITAL-BASED HEALTH CLINIC - RHC III		14.02
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		252		28	280	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		308.00		196.00		2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)		2.83	2.83	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		1.17	1.17	4
5 OTHER ADMINISTRATIVE PERSONNEL				5
6 DIRECT NURSING SERVICE		6.79	6.79	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		2.80	2.80	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		0.68	0.68	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE		0.04	0.04	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		0.58	0.58	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		0.27	0.27	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 DIETICIAN		0.08	0.08	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	1,509		82	52	1,643	21
22 SKILLED NURSING VISIT CHARGES	225,210		12,239	7,761	245,210	22
23 PHYSICAL THERAPY VISITS	1,233		32	36	1,301	23
24 PHYSICAL THERAPY VISIT CHARGES	312,566		8,112	9,126	329,804	24
25 OCCUPATIONAL THERAPY VISITS	200		3	9	212	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	50,700		761	2,282	53,743	26
27 SPEECH PATHOLOGY VISITS	38			5	43	27
28 SPEECH PATHOLOGY VISIT CHARGES	9,633			1,268	10,901	28
29 MEDICAL SOCIAL SERVICE VISITS	23			1	24	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	3,686			160	3,846	30
31 HOME HEALTH AIDE VISITS	194		3	17	214	31
32 HOME HEALTH AIDE VISIT CHARGES	10,476		162	918	11,556	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	3,197		120	120	3,437	33
34 OTHER CHARGES	64,587		4,800	1,479	70,866	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	676,858		26,074	22,994	725,926	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	261		37	9	307	36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

RHC I
 COMPONENT NO: 26-8656

WORKSHEET S-8

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

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? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.
 IF YES, INDICATE THE NUMBER OF OTHER OPERATIONS IN COLUMN 2.

		1	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	1630	0800	1630	0800	1630	0800	1630	0800	1630			11

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

12	HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?	1	2	
		N		12
13	IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)?			
	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: _____

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

RHC II
 COMPONENT NO: 26-8657

WORKSHEET S-8

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

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 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? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. 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	1630	0800	1630	0800	1630	0800	1630	0800	1630		

(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 IN COLUMN 1. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED IN COLUMN 1. IF YES, ENTER IN 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS AND RESIDENTS FOR TITLES V, XVIII, AND XIX, AS APPLICABLE. (SEE INSTRUCTIONS) Y/N V XVIII XIX TOTAL 15
 N

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/28/2013 15:36

RHC III
COMPONENT NO: 26-8674

WORKSHEET S-8

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

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 25 DOCTORS PARK 1
2 CITY: CAPE GIRARDEAU STATE: MISSOURI ZIP CODE: 63703-4927 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? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. 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	1630	0800	1630	0800	1630	0800	1630	0800	1630		

(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 IN COLUMN 1. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED IN COLUMN 1. IF YES, ENTER IN 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS AND RESIDENTS FOR TITLES V, XVIII, AND XIX, AS APPLICABLE. (SEE INSTRUCTIONS) Y/N V XVIII XIX TOTAL 15
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	18,887	849		1,486	21,222
3	INPATIENT RESPITE CARE	57	3		4	64
4	GENERAL INPATIENT CARE	19	1		1	21
5	TOTAL HOSPICE DAYS	18,963	853		1,491	21,307

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	302	14		24	340
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	62.79	60.93		62.13	62.67
9	UNDUPLICATED CENSUS COUNT					

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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.260376	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				18,124,226	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				10,120,729	5
6	MEDICAID CHARGES				100,768,274	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				26,237,640	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					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)					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 FACILITY	18,597,334	4,972,656	23,569,990		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,842,299	1,294,760	6,137,059		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0		22
23	COST OF CHARITY CARE	4,842,299	1,294,760	6,137,059		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)			31,307,464		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,235,108		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			30,072,356		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			7,830,120		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			13,967,179		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			13,967,179		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		161,658	161,658		1
1.01	00101		185,607	185,607		1.01
1.02	00102		439,220	439,220		1.02
1.03	00103		222,018	222,018		1.03
1.04	00104					1.04
1.05	00105		147,686	147,686		1.05
1.06	00106		428,344	428,344		1.06
1.07	00107		879,587	879,587		1.07
1.08	00108		10,373,582	10,373,582	5,856,596	1.08
1.09	00109					1.09
1.10	00110					1.10
2	00200		4,416,074	4,416,074		2
3	00300					3
4	00400	635,696	13,292,570	13,928,266		4
5.01	01160	279,489	592,434	871,923		5.01
5.02	00550	821,776	1,951,429	2,773,205	-87,197	5.02
5.03	00560	545,556	131,269	676,825		5.03
5.04	00570	1,761,406	857,402	2,618,808		5.04
5.05	00580	1,937,059	3,475,619	5,412,678		5.05
5.06	00590	7,035,341	29,216,763	36,252,104	-1,079,709	5.06
6	00600	1,647,665	1,207,275	2,854,940		6
7	00700	290,581	4,512,676	4,803,257	10,418	7
8	00800	328,516	396,299	724,815		8
9	00900	2,439,375	982,672	3,422,047		9
10	01000	1,330,186	1,734,347	3,064,533		10
11	01100					11
12	01200					12
13	01300	2,964,949	850,854	3,815,803	-38,550	13
14	01400	740,653	660,955	1,401,608		14
15	01500					15
16	01600					16
17	01700					17
19	01900					19
20	02000	1,502,855	559,148	2,062,003		20
20.01	02001	149,191	48,613	197,804		20.01
20.02	02002	44,721	16,655	61,376		20.02
20.03	02003	182,157	41,273	223,430		20.03
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	12,786,414	2,793,827	15,580,241		30
33.01	03301	2,428,152	784,914	3,213,066		33.01
34.01	03401	1,357,887	329,575	1,687,462		34.01
35	02060					35
40	04000	1,393,754	304,225	1,697,979		40
41	04100	1,027,722	197,978	1,225,700		41
43	04300	674,735	137,011	811,746		43
ANCILLARY SERVICE COST CENTERS						
50	05000	5,315,068	13,777,861	19,092,929	-8,851,391	50
52	05200	1,020,523	393,057	1,413,580		52
53	05300	476,659	2,155,513	2,632,172		53
54	05400	2,013,704	1,061,522	3,075,226	-5,017	54
54.01	05401	592,269	146,249	738,518		54.01
54.03	05403	1,564,180	5,854,475	7,418,655	-4,533,715	54.03
55	05500	1,325,539	1,061,864	2,387,403	-140,370	55
55.01	05501	514,575	165,215	679,790	135,133	55.01
56.01	05601	511,432	1,389,944	1,901,376		56.01
57	05700	587,480	897,552	1,485,032		57
58	05800	375,732	577,508	953,240	-2,266	58
60	06000	2,776,712	5,085,892	7,862,604		60
62.30	06250					62.30
63	06300	1,054	873,838	874,892		63
65	06500	1,547,828	753,244	2,301,072	-306,851	65
66	06600	932,090	162,505	1,094,595	-394	66
66.01	06601	2,036,021	384,422	2,420,443		66.01
66.02	06602					66.02
67	06700	209,247	46,131	255,378		67
68	06800	178,064	24,974	203,038		68
69.01	06901	862,570	928,663	1,791,233	82,428	69.01
69.02	06902					69.02
70.01	07001	531,912	513,922	1,045,834	-6,269	70.01
71	07100		12,076,395	12,076,395	-2,294,001	71
72	07200				15,956,233	72
73	07300	2,041,757	19,950,891	21,992,648	-35,407	73
76	03950	359,277	58,995	418,272		76

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
88	08800	900,731	209,267	1,109,998		88
88.01	08801	1,313,245	333,052	1,646,297		88.01
88.02	08802	494,798	365,958	860,756	-465,655	88.02
90.01	09001	821,922	431,755	1,253,677	-250,614	90.01
90.02	09002	172,292	33,512	205,804		90.02
91	09100	6,819,498	2,590,060	9,409,558		91
91.01	09101	667,331	730,480	1,397,811		91.01
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,000,269	243,280	1,243,549	31,313	101
SPECIAL PURPOSE COST CENTERS						
113	11300		4,868,398	4,868,398	-4,788,925	113
116	11600	1,185,042	815,118	2,000,160	19,275	116
118		83,454,657	161,291,071	244,745,728	-794,935	118
NONREIMBURSABLE COST CENTERS						
190	19000	-5,320	5,320			190
191.01	19101					191.01
193.01	19301					193.01
193.02	19302				1,887	193.02
193.03	19303					193.03
193.04	19304	30,192	43,279	73,471		193.04
193.05	19305					193.05
193.06	19306	26,780,445	11,293,238	38,073,683	793,048	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	1,046,780	4,604,080	5,650,860		193.11
193.13	19313	1,321,837	762,461	2,084,298		193.13
193.14	19314					193.14
194	07950					194
194.01	07951	-28,915	28,915			194.01
200		112,599,676	178,028,364	290,628,040		200
TOTAL (SUM OF LINES 118-199)						

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	161,658		161,658	1
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	185,607		185,607	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	439,220		439,220	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	222,018		222,018	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5				1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	147,686		147,686	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	428,344		428,344	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	879,587	305,249	1,184,836	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	16,230,178		16,230,178	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	4,416,074	-3,737	4,412,337	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	13,928,266	3,817,622	17,745,888	4
5.01	01160	COMMUNICATIONS	871,923	-45,265	826,658	5.01
5.02	00550	DATA PROCESSING	2,686,008		2,686,008	5.02
5.03	00560	PURCHASING	676,825	-31,136	645,689	5.03
5.04	00570	ADMITTING	2,618,808		2,618,808	5.04
5.05	00580	CREDIT & COLLECTIONS	5,412,678	-11,700	5,400,978	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	35,172,395	-2,160,886	33,011,509	5.06
6	00600	MAINTENANCE & REPAIRS	2,854,940	-22,526	2,832,414	6
7	00700	OPERATION OF PLANT	4,813,675	-101,780	4,711,895	7
8	00800	LAUNDRY & LINEN SERVICE	724,815		724,815	8
9	00900	HOUSEKEEPING	3,422,047	-80,570	3,341,477	9
10	01000	DIETARY	3,064,533	-887,219	2,177,314	10
11	01100	CAFETERIA				11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	3,777,253	-495,933	3,281,320	13
14	01400	CENTRAL SERVICES & SUPPLY	1,401,608	-2,145	1,399,463	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	2,062,003	-1,664,434	397,569	20
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	197,804	-171,249	26,555	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	61,376	-69,985	-8,609	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	223,430	-243,242	-19,812	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	15,580,241	-1,300	15,578,941	30
33.01	03301	ADULT SPECIAL CARE	3,213,066		3,213,066	33.01
34.01	03401	CARDIOTHORACIC ICU	1,687,462		1,687,462	34.01
35	02060	NEONATOLOGY				35
40	04000	SUBPROVIDER - IPF	1,697,979	-540,597	1,157,382	40
41	04100	SUBPROVIDER - IRF	1,225,700	-44,943	1,180,757	41
43	04300	NURSERY	811,746		811,746	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	10,241,538	-42,716	10,198,822	50
52	05200	DELIVERY ROOM & LABOR ROOM	1,413,580		1,413,580	52
53	05300	ANESTHESIOLOGY	2,632,172	-1,514,216	1,117,956	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,070,209	-248	3,069,961	54
54.01	05401	ULTRASOUND	738,518		738,518	54.01
54.03	05403	CARDIOVASCULAR LAB	2,884,940	12,462	2,897,402	54.03
55	05500	RADIOLOGY-THERAPEUTIC	2,247,033	-11,996	2,235,037	55
55.01	05501	CHEMOTHERAPY	814,923		814,923	55.01
56.01	05601	NUCLEAR MEDICINE	1,901,376		1,901,376	56.01
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,485,032		1,485,032	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	950,974		950,974	58
60	06000	LABORATORY	7,862,604	-2,239	7,860,365	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	874,892		874,892	63
65	06500	RESPIRATORY THERAPY	1,994,221	-17,082	1,977,139	65
66	06600	PHYSICAL THERAPY	1,094,201	-2,248	1,091,953	66
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,420,443	-1,906	2,418,537	66.01
66.02	06602	PHYSIATRY				66.02
67	06700	OCCUPATIONAL THERAPY	255,378	-567	254,811	67
68	06800	SPEECH PATHOLOGY	203,038		203,038	68
69.01	06901	CV DIAGNOSTIC	1,873,661	-174,337	1,699,324	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB				69.02
70.01	07001	NEUROPHYSIOLOGY	1,039,565	-304,979	734,586	70.01
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	9,782,394	-189	9,782,205	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	15,956,233		15,956,233	72
73	07300	DRUGS CHARGED TO PATIENTS	21,957,241	-205,655	21,751,586	73
76	03950	CARDIAC REHAB	418,272	-77,640	340,632	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				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
88	08800	1,109,998	-158	1,109,840	88
88.01	08801	1,646,297		1,646,297	88.01
88.02	08802	395,101		395,101	88.02
90.01	09001	1,003,063	-689	1,002,374	90.01
90.02	09002	205,804		205,804	90.02
91	09100	9,409,558	-3,469,411	5,940,147	91
91.01	09101	1,397,811		1,397,811	91.01
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
101	10100	1,274,862	-2,670	1,272,192	101
SPECIAL PURPOSE COST CENTERS					
113	11300	79,473	-79,473		113
116	11600	2,019,435	-168,975	1,850,460	116
118		243,950,793	-8,520,708	235,430,085	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
191.01	19101				191.01
193.01	19301				193.01
193.02	19302	1,887		1,887	193.02
193.03	19303				193.03
193.04	19304	73,471		73,471	193.04
193.05	19305				193.05
193.06	19306	38,866,731	-793,283	38,073,448	193.06
193.07	19307				193.07
193.08	19308		7,219,288	7,219,288	193.08
193.09	19309		2,593,808	2,593,808	193.09
193.10	19310				193.10
193.11	19311	5,650,860	-222,812	5,428,048	193.11
193.13	19313	2,084,298	-9,305	2,074,993	193.13
193.14	19314				193.14
194	07950		76,662	76,662	194
194.01	07951				194.01
200		290,628,040	343,650	290,971,690	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER
	1	2	LINE #	4	5
1 TO RECLASS INSURANCE EXPENSE	A	NEW CAP-REL CSTS-BLDGS & FIX	1.08		1,088,051 1
2		HOME HEALTH AGENCY	101		12,038 2
500 TOTAL RECLASSIFICATIONS					1,100,089 500
CODE LETTER - A					
1 TO RECLASS INTEREST EXPENSE	B	NEW CAP-REL CSTS-BLDGS & FIX	1.08		4,768,545 1
2		OTHER ADMINISTRATIVE & GENERA	5.06		20,380 2
500 TOTAL RECLASSIFICATIONS					4,788,925 500
CODE LETTER - B					
1 TO RECLASS LACEY GUEST HOUSE	C	SUNSET GUEST HOUSE	193.02		1,887 1
500 TOTAL RECLASSIFICATIONS					1,887 500
CODE LETTER - C					
1 TO RECLASS SUPPLY EXPENSE	D	MEDICAL SUPPLIES CHRGED TO PA	71		365,177 1
500 TOTAL RECLASSIFICATIONS					365,177 500
CODE LETTER - D					
1 TO RECLASS SUPPLY EXPENSE	E	MEDICAL SUPPLIES CHRGED TO PA	71		6,269 1
500 TOTAL RECLASSIFICATIONS					6,269 500
CODE LETTER - E					
1 TO RECLASS SUPPLY EXPENSE	F	MEDICAL SUPPLIES CHRGED TO PA	71		306,851 1
500 TOTAL RECLASSIFICATIONS					306,851 500
CODE LETTER - F					
1 TO RECLASS SUPPLY EXPENSE	G	MEDICAL SUPPLIES CHRGED TO PA	71		394 1
500 TOTAL RECLASSIFICATIONS					394 500
CODE LETTER - G					
1 TO RECLASS SUPPLY EXPENSE	H	MEDICAL SUPPLIES CHRGED TO PA	71		35,407 1
500 TOTAL RECLASSIFICATIONS					35,407 500
CODE LETTER - H					
1 TO RECLASS SUPPLY EXPENSE	I	MEDICAL SUPPLIES CHRGED TO PA	71		76,257 1
500 TOTAL RECLASSIFICATIONS					76,257 500
CODE LETTER - I					
1 TO RECLASS SUPPLY EXPENSE	J	MEDICAL SUPPLIES CHRGED TO PA	71		2,266 1
500 TOTAL RECLASSIFICATIONS					2,266 500
CODE LETTER - J					
1 TO RECLASS SUPPLY EXPENSE	K	MEDICAL SUPPLIES CHRGED TO PA	71		3,767 1
500 TOTAL RECLASSIFICATIONS					3,767 500
CODE LETTER - K					
1 TO RECLASS IMPLANTABLE DEVICES	L	IMPL. DEV. CHARGED TO PATIENT	72		15,956,233 1
2					2
3					3
4					4
5					5
500 TOTAL RECLASSIFICATIONS					15,956,233 500
CODE LETTER - L					
1 TO RECLASS DIRECTORS SALARY	M	HOME HEALTH AGENCY	101	19,275	1
2		HOSPICE	116	19,275	2
500 TOTAL RECLASSIFICATIONS				38,550	500
CODE LETTER - M					
1 TO RECLASS ADMIN EXPENSE	N	CV DIAGNOSTIC	69.01	67,533	14,895 1
500 TOTAL RECLASSIFICATIONS				67,533	14,895 500
CODE LETTER - N					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 TO RECLASS ADMIN EXPENSE	O	CHEMOTHERAPY	55.01		98,683	36,450 1
500 TOTAL RECLASSIFICATIONS					98,683	36,450 500
CODE LETTER - O						
1 TO RECLASS WEST CAMPUS MOB	P	OPERATION OF PLANT	7			10,418 1
500 TOTAL RECLASSIFICATIONS						10,418 500
CODE LETTER - P						
1 TO RECLASS PARTIAL YEAR EXPENSE	Q	SE HOSP PHYSICIANS LLC	193.06		267,678	197,977 1
500 TOTAL RECLASSIFICATIONS					267,678	197,977 500
CODE LETTER - Q						
1 TO RECLASS PHYS SALARY & EXPENSE	R	SE HOSP PHYSICIANS LLC	193.06		221,952	28,662 1
500 TOTAL RECLASSIFICATIONS					221,952	28,662 500
CODE LETTER - R						
1 TO RECLASS PHYS SALARY & EXPENSE	S	SE HOSP PHYSICIANS LLC	193.06		81,000	6,197 1
500 TOTAL RECLASSIFICATIONS					81,000	6,197 500
CODE LETTER - S						
GRAND TOTAL (INCREASES)					775,396	22,938,121

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 TO RECLASS INSURANCE EXPENSE	A	OTHER ADMINISTRATIVE & GENERA	5.06		1,100,089	12 1
2						2
500 TOTAL RECLASSIFICATIONS					1,100,089	500
CODE LETTER - A						
1 TO RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	113		4,788,925	11 1
2						2
500 TOTAL RECLASSIFICATIONS					4,788,925	500
CODE LETTER - B						
1 TO RECLASS LACEY GUEST HOUSE	C	RADIOLOGY-THERAPEUTIC	55		1,887	1
500 TOTAL RECLASSIFICATIONS					1,887	500
CODE LETTER - C						
1 TO RECLASS SUPPLY EXPENSE	D	OPERATING ROOM	50		365,177	10 1
500 TOTAL RECLASSIFICATIONS					365,177	500
CODE LETTER - D						
1 TO RECLASS SUPPLY EXPENSE	E	NEUROPHYSIOLOGY	70.01		6,269	1
500 TOTAL RECLASSIFICATIONS					6,269	500
CODE LETTER - E						
1 TO RECLASS SUPPLY EXPENSE	F	RESPIRATORY THERAPY	65		306,851	1
500 TOTAL RECLASSIFICATIONS					306,851	500
CODE LETTER - F						
1 TO RECLASS SUPPLY EXPENSE	G	PHYSICAL THERAPY	66		394	1
500 TOTAL RECLASSIFICATIONS					394	500
CODE LETTER - G						
1 TO RECLASS SUPPLY EXPENSE	H	DRUGS CHARGED TO PATIENTS	73		35,407	1
500 TOTAL RECLASSIFICATIONS					35,407	500
CODE LETTER - H						
1 TO RECLASS SUPPLY EXPENSE	I	CARDIOVASCULAR LAB	54.03		76,257	1
500 TOTAL RECLASSIFICATIONS					76,257	500
CODE LETTER - I						
1 TO RECLASS SUPPLY EXPENSE	J	MAGNETIC RESONANCE IMAGING (M	58		2,266	1
500 TOTAL RECLASSIFICATIONS					2,266	500
CODE LETTER - J						
1 TO RECLASS SUPPLY EXPENSE	K	RADIOLOGY-DIAGNOSTIC	54		3,767	1
500 TOTAL RECLASSIFICATIONS					3,767	500
CODE LETTER - K						
1 TO RECLASS IMPLANTABLE DEVICES	L	OPERATING ROOM	50		8,486,214	1
2		RADIOLOGY-THERAPEUTIC	55		3,350	2
3		MEDICAL SUPPLIES CHRGED TO PA	71		3,090,389	3
4		CARDIOVASCULAR LAB	54.03		4,375,030	4
5		RADIOLOGY-DIAGNOSTIC	54		1,250	5
500 TOTAL RECLASSIFICATIONS					15,956,233	500
CODE LETTER - L						
1 TO RECLASS DIRECTORS SALARY	M	NURSING ADMINISTRATION	13	38,550		1
2						2
500 TOTAL RECLASSIFICATIONS				38,550		500
CODE LETTER - M						
1 TO RECLASS ADMIN EXPENSE	N	CARDIOVASCULAR LAB	54.03	67,533	14,895	1
500 TOTAL RECLASSIFICATIONS				67,533	14,895	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 TO RECLASS ADMIN EXPENSE	O	RADIOLOGY-THERAPEUTIC	55	98,683	36,450	1
500 TOTAL RECLASSIFICATIONS				98,683	36,450	500
CODE LETTER - O						
1 TO RECLASS WEST CAMPUS MOB	P	SE HOSP PHYSICIANS LLC	193.06		10,418	1
500 TOTAL RECLASSIFICATIONS					10,418	500
CODE LETTER - P						
1 TO RECLASS PARTIAL YEAR EXPENSE	Q	RHC III	88.02	267,678	197,977	1
500 TOTAL RECLASSIFICATIONS				267,678	197,977	500
CODE LETTER - Q						
1 TO RECLASS PHYS SALARY & EXPENSE	R	HYPERBARIC WOUND CLINIC	90.01	221,952	28,662	1
500 TOTAL RECLASSIFICATIONS				221,952	28,662	500
CODE LETTER - R						
1 TO RECLASS PHYS SALARY & EXPENSE	S	DATA PROCESSING	5.02	81,000	6,197	1
500 TOTAL RECLASSIFICATIONS				81,000	6,197	500
CODE LETTER - S						
GRAND TOTAL (DECREASES)				775,396	22,938,121	

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	284,000		284,000		14,797,231		1
2 LAND IMPROVEMENTS	12,107,577	754,718		754,718		12,862,295		2
3 BUILDINGS AND FIXTURES	187,771,420	3,706,172		3,706,172	56,275	191,421,317		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	91,629,175	10,589,164		10,589,164	1,542,194	100,676,145		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	306,021,403	15,334,054		15,334,054	1,598,469	319,756,988		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	306,021,403	15,334,054		15,334,054	1,598,469	319,756,988		10

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

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(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	161,658						161,658 1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2	185,607						185,607 1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3	439,220						439,220 1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4	222,018						222,018 1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5							1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6	147,686						147,686 1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7	428,344						428,344 1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8	879,587						879,587 1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9	10,373,582						10,373,582 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	4,416,074						4,416,074 2
3 TOTAL (SUM OF LINES 1-2)	17,253,776						17,253,776 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS OF GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	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	161,658						161,658 1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2	185,607						185,607 1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3	439,220						439,220 1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4	222,018						222,018 1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5							1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6	147,686						147,686 1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7	428,344						428,344 1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8	879,587		305,249				1,184,836 1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9	10,373,582		4,768,545	1,088,051			16,230,178 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	4,416,074		-3,737				4,412,337 2
3 TOTAL	17,253,776		5,070,057	1,088,051			23,411,884 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 REF
			COST CENTER	LINE NO.		
	1	2	3	4	5	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)						1
1.07 INV INC-BLDGS AND FIXT	B	-331,101	CAP REL COSTS-BLDG & FIXT NEW CAP-REL CSTS-BLDGS & FIX #8	1 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)	B	-118,482	OTHER ADMINISTRATIVE & GENERAL	5.06		5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)						6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-45,265	COMMUNICATIONS	5.01		7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)						8
9 PARKING LOT (CHAPTER 21)	B	-1,036	OTHER ADMINISTRATIVE & GENERAL	5.06		9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,562,278				10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1					12
13 LAUNDRY AND LINEN SERVICE						13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-825,097	DIETARY	10		14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-189	MEDICAL SUPPLIES CHRGD TO PATI	71		16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-205,655	DRUGS CHARGED TO PATIENTS	73		17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-83,219	OTHER ADMINISTRATIVE & GENERAL	5.06		18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-1,664,434	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		RESPIRATORY THERAPY	65		23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66		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	-3,737	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		OCCUPATIONAL THERAPY	67		30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32 CAH HIT ADJ FOR DEPRECIATION AND CAPITALIZED INTEREST	A	636,350	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	11	32
33 PROVIDER BASED PHYSICIAN ADJUSTMEN	A	-168,882	HOSPICE	116		33
34 CRNA	A	-1,514,216	ANESTHESIOLOGY	53		34
35 SUPPLIES SOLD	B	-19,284	OPERATING ROOM	50		35
36 MEDICARE PART B BILLINGS	A	-11,700	CREDIT & COLLECTIONS	5.05		36
37 NON-ALLOWABLE BUSINESS EXPENSE	A	-112,565	OTHER ADMINISTRATIVE & GENERAL	5.06		37
38 NON-ALLOWABLE BUSINESS EXPENSE	A	-96,926	OPERATION OF PLANT	7		38
39 NON-ALLOWABLE BUSINESS EXPENSE	A	-1,906	SOUTHEAST OUTPATIENT REHAB	66.01		39
40 NON-ALLOWABLE BUSINESS EXPENSE	A	-158	RURAL HEALTH CLINIC (RHC)	88		40
41 NON-ALLOWABLE BUSINESS EXPENSE	A	-689	HYPERBARIC WOUND CLINIC	90.01		41
42 NON-ALLOWABLE BUSINESS EXPENSE	A	-731,298	SE HOSP PHYSICIANS LLC	193.06		42
43 NON-ALLOWABLE BUSINESS EXPENSE	A	-222,812	MARKETING	193.11		43
44 NON-ALLOWABLE BUSINESS EXPENSE	A	-9,305	HEALTHPOINT	193.13		44
45 RETAIL PHARMACY	A	4,060,457	RETAIL PHARMACY	193.08		45
45.01 MAIN ST PHARMACY	A	1,538,324	RETAIL PHARMACY	193.08		45.01
45.02 L-T CARE PHARMACY	A	423,871	RETAIL PHARMACY	193.08		45.02
45.03 SEH PHARM #817	A	1,196,636	RETAIL PHARMACY	193.08		45.03
45.04 OUTREACH LAB	A	2,593,808	OUTREACH LAB	193.09		45.04
45.05 LACEY'S RESTAURANT	A	23,824	OTHER ADMINISTRATIVE & GENERAL	5.06		45.05
45.06 AHA DUES USED FOR LOBBYING	A	-29,258	OTHER ADMINISTRATIVE & GENERAL	5.06		45.06
45.07 RETIREMENT HEALTH CARE	A	3,837,467	EMPLOYEE BENEFITS	4		45.07
45.38 MGMT OF RIPLEY	A	-416,018	OTHER ADMINISTRATIVE & GENERAL	5.06		45.38
45.44 JAZZMAN'S RESTAURANT	A	76,662	JAZZMAN'S RESTAURANT	194		45.44
46 INTEREST EXPENSE	A	-79,473	INTEREST EXPENSE	113		46
47 COPY FEE REVENUE	B	-143	RADIOLOGY-DIAGNOSTIC	54		47
48 SPECIALIST FEES	A	-1,300	ADULTS & PEDIATRICS	30		48
49.01 SPECIALIST FEES	A	-14,479	SUBPROVIDER - IRF	41		49.01
49.02 SPECIALIST FEES	A	-97,250	SUBPROVIDER - IPF	40		49.02

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	
49.03 SPECIALIST FEES	A	-412,465	EMERGENCY	91	49.03
49.04 SPECIALIST FEES	A	-23,432	OPERATING ROOM	50	49.04
49.05 SPECIALIST FEES	A	-2,340	LABORATORY	60	49.05
49.06 SPECIALIST FEES	A	-304,979	NEUROPHYSIOLOGY	70.01	49.06
49.07 SPECIALIST FEES	A	-17,082	RESPIRATORY THERAPY	65	49.07
49.08 SPECIALIST FEES	A	-142,816	CV DIAGNOSTIC	69.01	49.08
49.09 SPECIALIST FEES	A	-11,996	RADIOLOGY-THERAPEUTIC	55	49.09
49.10 CONTRA HEALTH INSURANCE	A	2,831	EMPLOYEE BENEFITS	4	49.10
49.11 INTERNAL RENT	A	20,725	OTHER ADMINISTRATIVE & GENERAL	5.06	49.11
49.12 OCCUPENCY EXPENSE	A	-2,824	OPERATION OF PLANT	7	49.12
49.13 GUEST CAFETERIA	B	12,462	CARDIOVASCULAR LAB	54.03	49.13
49.14 MISCELLANEOUS RECEIPTS	B	-5	OCCUPATIONAL THERAPY	67	49.14
49.15 MISCELLANEOUS RECEIPTS	B	-379	HOME HEALTH AGENCY	101	49.15
49.16 MISCELLANEOUS RECEIPTS	B	-93	HOSPICE	116	49.16
49.17 MISCELLANEOUS RECEIPTS	B	-58	PURCHASING	5.03	49.17
49.18 EMPLOYEE CAFETERIA	B	-425	OTHER ADMINISTRATIVE & GENERAL	5.06	49.18
49.19 MISCELLANEOUS RECEIPTS	B	-4,161	NURSING ADMINISTRATION	13	49.19
49.20 RADIOLOGY FILM SALES	B	-105	RADIOLOGY-DIAGNOSTIC	54	49.20
49.21 MISCELLANEOUS RECEIPTS	B	-12,659	MAINTENANCE & REPAIRS	6	49.21
49.22 HOUSEKEEPING REVENUE	B	-32,295	HOUSEKEEPING	9	49.22
49.23 PRISONER MEALS	B	-62,025	DIETARY	10	49.23
49.24 STERILIZING REVENUE	B	-2,145	CENTRAL SERVICES & SUPPLY	14	49.24
49.25 MISCELLANEOUS RECEIPTS	B	-61,985	SE HOSP PHYSICIANS LLC	193.06	49.25
49.26 SCHOOL OF RAD TECH TUITION	B	-243,242	SCHOOL OF RADIOLOGICAL TECHNOLO	20.03	49.26
49.27 SCHOOL OF SURG TECH TUITION	A	-69,985	SCHOOL OF SURGICAL TECHNOLOGY	20.02	49.27
49.28 SCHOOL OF MED TECH TUITION	B	-171,249	SCHOOL OF MEDICAL TECHNOLOGY	20.01	49.28
49.29 MEALS ON WHEELS	B	-97	DIETARY	10	49.29
49.30 INSURANCE DIVIDEND	B	-1,211,700	OTHER ADMINISTRATIVE & GENERAL	5.06	49.30
49.31 INTEREST INCOME	B	-198,956	OTHER ADMINISTRATIVE & GENERAL	5.06	49.31
49.32 DISCOUNTS ON AP PAYMENTS	B	-31,078	PURCHASING	5.03	49.32
49.33 RECEIPT FOR RENT/CLEANING BUILDING	B	-2,030	OPERATION OF PLANT	7	49.33
49.34 MOB HSKPG & RENG	B	-48,275	HOUSEKEEPING	9	49.34
49.35 NSF CHECK CLEARING	B	934	OTHER ADMINISTRATIVE & GENERAL	5.06	49.35
49.36 HOME HEALTH NON PT REV	B	-2,291	HOME HEALTH AGENCY	101	49.36
49.37 CARDIAC REHAB OUTREACH	B	-77,640	CARDIAC REHAB	76	49.37
49.38 RADIOLOGY FILM SALES	B	-37	OTHER ADMINISTRATIVE & GENERAL	5.06	49.38
49.39 ASSOCIATION DUES	B	-9,741	OTHER ADMINISTRATIVE & GENERAL	5.06	49.39
49.40 MO DISCOUNT FOR HIGH VOL PAYROLL	B	-22,676	EMPLOYEE BENEFITS	4	49.40
49.41 MISCELLANEOUS REVENUE	B	-24,932	OTHER ADMINISTRATIVE & GENERAL	5.06	49.41
49.42 LAB CLINICAL STUDIES	B	101	LABORATORY	60	49.42
49.43 WELLNESS PROGRAM REVENUE	B	-1,775	NURSING ADMINISTRATION	13	49.43
49.44 OT OUTREACH REVENUE	B	-562	OCCUPATIONAL THERAPY	67	49.44
49.45 PT OUTREACH REVENUE	B	-2,248	PHYSICAL THERAPY	66	49.45
49.46 BIOMED OUTREACH	B	-9,867	MAINTENANCE & REPAIRS	6	49.46
49.47 PRE NAT HVP	B	-489,997	NURSING ADMINISTRATION	13	49.47
50 TOTAL (SUM OF LINES 1 THRU 49)		343,650			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						1
2						2
3						3
4						4
5	TOTALS (SUM OF LINES 1-4)					5
	TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6						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	443,347	443,347					1
2	41	SUBPROVIDER - IRF	ALL OTHERS	85,242	25,242	60,000	159,800	713	54,778	2,739
3	69.01	CV DIAGNOSTIC	AGGREGATE	31,521	31,521					3
4	91	EMERGENCY	KOLDA AND OTHER	3,180,100	3,013,280	166,820	159,800	1,603	123,154	6,158
200		TOTAL		3,740,210	3,513,390	226,820		2,316	177,932	8,897

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 05/28/2013 15:36

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT		
LINE NO.	11		12	13	14	15	16	17	18		
1	40	SUBPROVIDER - IPF	AGGREGATE							443,347	1
2	41	SUBPROVIDER - IRF	ALL OTHERS				54,778	5,222		30,464	2
3	69.01	CV DIAGNOSTIC	AGGREGATE							31,521	3
4	91	EMERGENCY	KOLDA AND OTHER				123,154	43,666		3,056,946	4
200		TOTAL					177,932	48,888		3,562,278	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	161,658	161,658				1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2	185,607		185,607			1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3	439,220			439,220		1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4	222,018				222,018	1.03
1.04 NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 NEW CAP-REL CSTS-BLDGS & FIX #6	147,686					1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7	428,344					1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8	1,184,836					1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9	16,230,178					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	4,412,337					2
4 EMPLOYEE BENEFITS	17,745,888		2,465			4
5.01 COMMUNICATIONS	826,658	1,634				5.01
5.02 DATA PROCESSING	2,686,008		2,509	1,322		5.02
5.03 PURCHASING	645,689		4,080	38,635		5.03
5.04 ADMITTING	2,618,808		10,531		12,180	5.04
5.05 CREDIT & COLLECTIONS	5,400,978	5,277			4,924	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	33,011,509	23,218	11,258		34,399	5.06
6 MAINTENANCE & REPAIRS	2,832,414			10,119	25,805	6
7 OPERATION OF PLANT	4,711,895	9,737	7,923	31,563	9,613	7
8 LAUNDRY & LINEN SERVICE	724,815		1,119	2,875	781	8
9 HOUSEKEEPING	3,341,477		5,815	5,155	1,708	9
10 DIETARY	2,177,314		13,010		44,612	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,281,320	18,852	9,861			13
14 CENTRAL SERVICES & SUPPLY	1,399,463		680			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	397,569					20
20.01 SCHOOL OF MEDICAL TECHNOLOGY	26,555					20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY	-8,609					20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY	-19,812					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	15,578,941	20,052	42,034	297,578	56,745	30
33.01 ADULT SPECIAL CARE	3,213,066					33.01
34.01 CARDIOTHORACIC ICU	1,687,462					34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	1,157,382			50,248		40
41 SUBPROVIDER - IRF	1,180,757		27,274			41
43 NURSERY	811,746				6,900	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,198,822					50
52 DELIVERY ROOM & LABOR ROOM	1,413,580		13,309		14,376	52
53 ANESTHESIOLOGY	1,117,956		3,482			53
54 RADIOLOGY-DIAGNOSTIC	3,069,961					54
54.01 ULTRASOUND	738,518					54.01
54.03 CARDIOVASCULAR LAB	2,897,402					54.03
55 RADIOLOGY-THERAPEUTIC	2,235,037					55
55.01 CHEMOTHERAPY	814,923					55.01
56.01 NUCLEAR MEDICINE	1,901,376					56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,485,032					57
58 MAGNETIC RESONANCE IMAGING (MRI)	950,974					58
60 LABORATORY	7,860,365					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	874,892					63
65 RESPIRATORY THERAPY	1,977,139					65
66 PHYSICAL THERAPY	1,091,953					66
66.01 SOUTHEAST OUTPATIENT REHAB	2,418,537					66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	254,811					67
68 SPEECH PATHOLOGY	203,038					68
69.01 CV DIAGNOSTIC	1,699,324					69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	734,586	29,031				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	9,782,205					71
72 IMPL. DEV. CHARGED TO PATIENT	15,956,233					72
73 DRUGS CHARGED TO PATIENTS	21,751,586	35,065				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	340,632				3,514	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 RURAL HEALTH CLINIC (RHC)	1,109,840					88
88.01 RHC II	1,646,297					88.01
88.02 RHC III	395,101					88.02
90.01 HYPERBARIC WOUND CLINIC	1,002,374					90.01
90.02 DIABETES CENTER	205,804					90.02
91 EMERGENCY	5,940,147					91
91.01 G.I. LABORATORY	1,397,811		28,148			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	1,272,192					101
113 INTEREST EXPENSE						113
116 HOSPICE	1,850,460					116
118 SUBTOTALS (SUM OF LINES 1-117)	235,430,085	142,866	183,498	437,495	215,557	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	1,887					193.02
193.03 LACEY'S RESTAURANT						193.03
193.04 COMMUNITY WELLNESS	73,471					193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	38,073,448		1,313	1,725	6,461	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY	7,219,288					193.08
193.09 OUTREACH LAB	2,593,808					193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING	5,428,048	18,792	796			193.11
193.13 HEALTHPOINT	2,074,993					193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT	76,662					194
194.01 FOUNDATION OFFICE						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	290,971,690	161,658	185,607	439,220	222,018	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	147,686					1.05
1.06 NEW CAP-REL CSTS-BLDGS & FIX #7		428,344				1.06
1.07 NEW CAP-REL CSTS-BLDGS & FIX #8			1,184,836			1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9				16,230,178		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					4,412,337	2
4 EMPLOYEE BENEFITS	22,051			51,458	34,431	4
5.01 COMMUNICATIONS		2,096		16,780	29,425	5.01
5.02 DATA PROCESSING	30,165	6,824		106,195	919,748	5.02
5.03 PURCHASING				133,017	43,821	5.03
5.04 ADMITTING				142,195	4,617	5.04
5.05 CREDIT & COLLECTIONS				46,653	33,580	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		7,890	3,537	388,068	153,279	5.06
6 MAINTENANCE & REPAIRS			98,716	384,102	34,175	6
7 OPERATION OF PLANT	33,000	70,931		794,976	60,892	7
8 LAUNDRY & LINEN SERVICE		287	1,442	96,127	11,024	8
9 HOUSEKEEPING	5,772	716	2,591	84,610	21,604	9
10 DIETARY				329,695	20,668	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	56,698	1,603		239,950	42,755	13
14 CENTRAL SERVICES & SUPPLY				100,373	41,118	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL				358,170	6,636	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY				25,703	573	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY				24,331	279	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY				55,754	2,704	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		135,225		2,257,327	154,253	30
33.01 ADULT SPECIAL CARE		47,726		270,967	39,589	33.01
34.01 CARDIOTHORACIC ICU			203,649	459,662	21,954	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF				133,322	3,107	40
41 SUBPROVIDER - IRF				203,924	3,159	41
43 NURSERY				35,949	10,784	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		75,955	237,474	1,062,459	427,863	50
52 DELIVERY ROOM & LABOR ROOM				174,407		52
53 ANESTHESIOLOGY			81,043	208,958	57,098	53
54 RADIOLOGY-DIAGNOSTIC			24,183	99,915	219,960	54
54.01 ULTRASOUND			16,896	74,542	21,989	54.01
54.03 CARDIOVASCULAR LAB		20,527	63,460	393,967	111,280	54.03
55 RADIOLOGY-THERAPEUTIC			241,449	1,216,070	405,337	55
55.01 CHEMOTHERAPY				544,374	15,510	55.01
56.01 NUCLEAR MEDICINE			22,550	50,898	75,594	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN			12,435	64,475	303,673	57
58 MAGNETIC RESONANCE IMAGING (MRI)				170,517	123,552	58
60 LABORATORY		37,333	11,512	255,661	99,010	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,478		8,390	2,216	63
65 RESPIRATORY THERAPY			18,777	42,381	47,023	65
66 PHYSICAL THERAPY		7,827		44,441	4,406	66
66.01 SOUTHEAST OUTPATIENT REHAB				391,373	24,256	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY		1,612		9,153	283	67
68 SPEECH PATHOLOGY		806		4,576	389	68
69.01 CV DIAGNOSTIC		3,941	5,868	35,619	80,379	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY		2,235		114,992	20,353	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			1,802	126,534	8,551	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	
	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	MOVABLE EQUIPMENT 2	
76 CARDIAC REHAB				18,305	2,374	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)				180,382	6,824	88
88.01 RHC II				195,814	6,717	88.01
88.02 RHC III				40,068	1,451	88.02
90.01 HYPERBARIC WOUND CLINIC					27,151	90.01
90.02 DIABETES CENTER					772	90.02
91 EMERGENCY			137,452	310,246	72,747	91
91.01 G.I. LABORATORY				210,458	72,605	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				125,288	26,996	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				125,314	4,293	116
118 SUBTOTALS (SUM OF LINES 1-117)	147,686	425,012	1,184,836	13,166,004	3,964,827	118
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				83,212		193.02
193.03 LACEY'S RESTAURANT						193.03
193.04 COMMUNITY WELLNESS					1,778	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC				1,441,121	338,852	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY						193.08
193.09 OUTREACH LAB		3,332				193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING				204,839	33,811	193.11
193.13 HEALTHPOINT				1,335,002	73,069	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)	147,686	428,344	1,184,836	16,230,178	4,412,337	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	17,856,293					4
5.01 COMMUNICATIONS	44,782	921,375				5.01
5.02 DATA PROCESSING	118,693	15,962	3,887,426	3,887,426		5.02
5.03 PURCHASING	87,413	7,472	960,127	15,377	975,504	5.03
5.04 ADMITTING	282,227	27,848	3,098,406	49,624	1,239	5.04
5.05 CREDIT & COLLECTIONS	310,371	27,169	5,828,952	93,356	1,041	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,127,259	86,941	34,847,358	558,110	4,220	5.06
6 MAINTENANCE & REPAIRS	264,002	10,188	3,659,521	58,611	5,857	6
7 OPERATION OF PLANT	46,559	679	5,777,768	92,537	6,597	7
8 LAUNDRY & LINEN SERVICE	52,637	2,717	893,824	14,315	2,944	8
9 HOUSEKEEPING	390,856	3,736	3,864,040	61,886	12,183	9
10 DIETARY	213,133	8,490	2,806,922	44,956	2,185	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	468,891	17,660	4,137,590	66,268	2,855	13
14 CENTRAL SERVICES & SUPPLY	118,673	5,094	1,665,401	26,673	22,819	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	240,799	14,264	1,017,438	16,295	1,274	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY	23,905		76,736	1,229	909	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY	7,166		23,167	371	92	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY	29,187		67,833	1,086	45	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	2,038,444	138,226	20,718,825	331,833	35,590	30
33.01 ADULT SPECIAL CARE	373,593	13,585	3,958,526	63,400	22,138	33.01
34.01 CARDIOTHORACIC ICU	202,802	9,509	2,585,038	41,402	7,141	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	223,318	5,773	1,573,150	25,196	516	40
41 SUBPROVIDER - IRF	164,637	11,207	1,590,958	25,481	1,614	41
43 NURSEY	108,111	3,396	976,886	15,646	1,958	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	398,730	45,508	12,446,811	199,348	158,192	50
52 DELIVERY ROOM & LABOR ROOM	163,516	8,830	1,788,018	28,637	9,940	52
53 ANESTHESIOLOGY	76,374	9,170	1,554,081	24,890	31,758	53
54 RADIOLOGY-DIAGNOSTIC	313,031	30,565	3,757,615	60,182	38,232	54
54.01 ULTRASOUND	91,637	3,736	947,318	15,172	2,761	54.01
54.03 CARDIOVASCULAR LAB	171,083	10,188	3,667,907	58,745	157,524	54.03
55 RADIOLOGY-THERAPEUTIC	192,329	9,509	4,299,731	68,864	2,395	55
55.01 CHEMOTHERAPY	98,261	6,113	1,479,181	23,691	4,568	55.01
56.01 NUCLEAR MEDICINE	81,946	4,075	2,136,439	34,217	6,240	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	94,131	3,396	1,963,142	31,442	7,554	57
58 MAGNETIC RESONANCE IMAGING (MRI)	60,203	6,453	1,311,699	21,008	796	58
60 LABORATORY	444,907	23,433	8,732,221	139,855	93,587	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	169	2,038	889,183	14,241	6,245	63
65 RESPIRATORY THERAPY	226,554	7,472	2,319,346	37,147	10,280	65
66 PHYSICAL THERAPY	147,615	4,415	1,300,657	20,831	342	66
66.01 SOUTHEAST OUTPATIENT REHAB	326,228	26,150	3,186,544	51,036	952	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	33,527		299,386	4,795	111	67
68 SPEECH PATHOLOGY	28,531	679	238,019	3,812	19	68
69.01 CV DIAGNOSTIC	149,029	18,339	1,992,499	31,912	1,928	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	85,227	9,849	996,273	15,956	2,517	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			9,782,205	156,672		71
72 IMPL. DEV. CHARGED TO PATIENT	529,089		16,485,322	264,029	238,189	72
73 DRUGS CHARGED TO PATIENTS	327,147	7,472	22,258,157	356,487	1,706	73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE	COMMUNICAT	SUBTOTAL	DATA PROCE	PURCHASING	
	BENEFFITS	IONS		SSING		
	4	5.01	(COLS.0-4) 4A	5.02	5.03	
76 CARDIAC REHAB	57,566	4,415	426,806	6,836	134	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)	144,322	15,283	1,456,651	23,330	450	88
88.01 RHC II	210,419	9,509	2,068,756	33,133	2,106	88.01
88.02 RHC III	36,391	2,377	475,388	7,614	558	88.02
90.01 HYPERBARIC WOUND CLINIC	96,132	8,151	1,133,808	18,159	1,655	90.01
90.02 DIABETES CENTER	27,606	4,415	365,716	5,857	151	90.02
91 EMERGENCY	1,077,081	26,150	7,563,823	121,142	26,339	91
91.01 G.I. LABORATORY	106,925	8,151	1,824,098	29,215	11,024	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	163,359	11,207	1,599,042	25,610	911	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	192,965	12,566	2,185,598	35,005	1,036	116
118 SUBTOTALS (SUM OF LINES 1-117)	13,089,488	749,530	226,947,332	3,572,522	953,417	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		679	679	11		190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			85,099	1,363		193.02
193.03 LACEY'S RESTAURANT		3,057	3,057	49		193.03
193.04 COMMUNITY WELLNESS	4,838	3,396	83,483	1,337	71	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	4,382,449	117,167	44,362,536		17,219	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY		8,490	7,227,778	115,760		193.08
193.09 OUTREACH LAB		2,717	2,599,857	41,639		193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING	167,723	10,868	5,864,877	93,932	1,482	193.11
193.13 HEALTHPOINT	211,795	22,754	3,717,613	59,541	3,315	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT		679	77,341	1,239		194
194.01 FOUNDATION OFFICE		2,038	2,038	33		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	17,856,293	921,375	290,971,690	3,887,426	975,504	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING 5.04	CREDIT & C COLLECTIONS 5.05	SUBTOTAL (COLS. 0-4)	OTHER ADMI NISTRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 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	3,149,269					5.04
5.05 CREDIT & COLLECTIONS		5,923,349				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			35,409,688	35,409,688		5.06
6 MAINTENANCE & REPAIRS			3,723,989	515,981	4,239,970	6
7 OPERATION OF PLANT			5,876,902	814,280	890,835	7
8 LAUNDRY & LINEN SERVICE			911,083	126,236	110,633	8
9 HOUSEKEEPING			3,938,109	545,649	185,350	9
10 DIETARY			2,854,063	395,448	268,726	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			4,206,713	582,865	261,992	13
14 CENTRAL SERVICES & SUPPLY			1,714,893	237,609	48,101	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			1,035,007	143,406	39,443	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			78,874	10,928	19,241	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY			23,630	3,274		20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY			68,964	9,555	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	119,812	225,357	21,431,417	2,969,451	610,887	30
33.01 ADULT SPECIAL CARE	29,305	55,120	4,128,489	572,027	106,464	33.01
34.01 CARDIOTHORACIC ICU	16,175	30,425	2,680,181	371,355	56,760	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	11,295	21,245	1,631,402	226,041	44,253	40
41 SUBPROVIDER - IRF	6,645	12,499	1,637,197	226,843	75,679	41
43 NURSERY	6,147	11,561	1,012,198	140,246	34,954	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	356,968	671,430	13,832,749	1,916,610	258,785	50
52 DELIVERY ROOM & LABOR ROOM	20,889	39,291	1,886,775	261,424	23,409	52
53 ANESTHESIOLOGY	84,141	158,264	1,853,134	256,763	7,055	53
54 RADIOLOGY-DIAGNOSTIC	88,375	166,227	4,110,631	569,553	50,025	54
54.01 ULTRASOUND	33,130	62,315	1,060,696	146,966	4,489	54.01
54.03 CARDIOVASCULAR LAB	121,116	227,811	4,233,103	586,522	79,527	54.03
55 RADIOLOGY-THERAPEUTIC	77,321	145,435	4,593,746	636,491	14,110	55
55.01 CHEMOTHERAPY	25,718	48,375	1,581,533	219,131	33,671	55.01
56.01 NUCLEAR MEDICINE	93,055	175,030	2,444,981	338,767	1,924	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	136,620	256,973	2,395,731	331,943	24,692	57
58 MAGNETIC RESONANCE IMAGING (MRI)	51,475	96,821	1,481,799	205,312	25,013	58
60 LABORATORY	306,125	575,799	9,847,587	1,364,442	144,625	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	37,448	70,436	1,017,553	140,988		63
65 RESPIRATORY THERAPY	94,199	177,182	2,638,154	365,532	14,110	65
66 PHYSICAL THERAPY	20,252	38,092	1,380,174	191,231	13,468	66
66.01 SOUTHEAST OUTPATIENT REHAB	37,827	71,150	3,347,509	463,817	962	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	8,366	15,735	328,393	45,501	962	67
68 SPEECH PATHOLOGY	5,759	10,832	258,441	35,809	321	68
69.01 CV DIAGNOSTIC	110,375	207,608	2,344,322	324,820	26,616	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	55,410	104,223	1,174,379	162,717	14,430	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	325,351	611,961	10,876,189	1,506,961		71
72 IMPL. DEV. CHARGED TO PATIENT	250,713	471,574	17,709,827	2,453,803		72
73 DRUGS CHARGED TO PATIENTS	396,033	744,710	23,757,093	3,291,688	23,089	73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING 5.04	CREDIT & C OLLECTIONS 5.05	SUBTOTAL (COLS.0-4)	OTHER ADMI NISTRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	
76 CARDIAC REHAB	2,886	5,429	442,091	61,254	81,772	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 RURAL HEALTH CLINIC (RHC)	6,197	11,657	1,498,285	207,596	17,958	88
88.01 RHC II	10,246	19,272	2,133,513	295,611	52,270	88.01
88.02 RHC III	2,227	4,190	489,977	67,889	6,734	88.02
90.01 HYPERBARIC WOUND CLINIC	28,130	52,910	1,234,662	171,070	8,338	90.01
90.02 DIABETES CENTER	407	765	372,896	51,667	1,283	90.02
91 EMERGENCY	119,429	224,638	8,055,371	1,116,120	143,663	91
91.01 G.I. LABORATORY	37,210	69,988	1,971,535	273,168	35,916	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	4,311	8,108	1,637,982	226,952	10,582	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	12,181	22,911	2,256,731	312,684	1,924	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,149,269	5,923,349	226,610,341	26,491,996	3,875,362	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			690	96	31,747	190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			86,462	11,980		193.02
193.03 LACEY'S RESTAURANT			3,106	430	60,608	193.03
193.04 COMMUNITY WELLNESS			84,891	11,762	1,283	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC			44,379,755	6,149,122	168,034	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY			7,343,538	1,017,491	7,696	193.08
193.09 OUTREACH LAB			2,641,496	365,995	25,333	193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING			5,960,291	825,834	23,409	193.11
193.13 HEALTHPOINT			3,780,469	523,807	44,574	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT			78,580	10,888		194
194.01 FOUNDATION OFFICE			2,071	287	1,924	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,149,269	5,923,349	290,971,690	35,409,688	4,239,970	202

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	
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	7,582,017					7
8 LAUNDRY & LINEN SERVICE	50,110	1,198,062				8
9 HOUSEKEEPING	44,107	93,597	4,806,812			9
10 DIETARY	171,868		110,331	3,800,436		10
11 CAFETERIA				2,457,890	2,457,890	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	125,084		80,298		110,685	13
14 CENTRAL SERVICES & SUPPLY	52,324		33,589		52,562	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	186,712		119,860		50,773	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY	13,399		8,602		4,043	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY	12,683		8,142		2,014	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY	29,064		18,658		6,057	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	1,176,733	225,279	755,401	1,033,531	616,738	30
33.01 ADULT SPECIAL CARE	141,253	27,950	90,678	56,445	86,741	33.01
34.01 CARDIOTHORACIC ICU	239,619	27,175	153,824	37,699	60,829	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	69,500	23,887	44,616	115,866	46,399	40
41 SUBPROVIDER - IRF	106,304	34,155	68,242	85,456	41,905	41
43 NURSERY	18,740	24,135	12,030		13,993	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	553,853	148,807	355,547	7,722	91,852	50
52 DELIVERY ROOM & LABOR ROOM	90,917	25,438	58,365		35,442	52
53 ANESTHESIOLOGY	108,928		69,927		20,096	53
54 RADIOLOGY-DIAGNOSTIC	52,085	20,400	33,436	54	86,200	54
54.01 ULTRASOUND	38,858	20,995	24,945		16,308	54.01
54.03 CARDIOVASCULAR LAB	205,372		131,839	153	36,885	54.03
55 RADIOLOGY-THERAPEUTIC	633,929	18,315	406,952		40,207	55
55.01 CHEMOTHERAPY	283,778	18,017	182,172		19,450	55.01
56.01 NUCLEAR MEDICINE	26,533		17,033	722	28,573	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	33,610		21,576		20,562	57
58 MAGNETIC RESONANCE IMAGING (MRI)	88,889	3,946	57,063		10,521	58
60 LABORATORY	133,275		85,556		196,299	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,374		2,808		105	63
65 RESPIRATORY THERAPY	22,093		14,183		69,787	65
66 PHYSICAL THERAPY	23,167	14,741	14,872		30,722	66
66.01 SOUTHEAST OUTPATIENT REHAB	204,020		130,971		73,710	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	4,771		3,063		5,892	67
68 SPEECH PATHOLOGY	2,386		1,531	929	4,194	68
69.01 CV DIAGNOSTIC	18,568	33,950	11,920		33,864	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	59,944		38,481	90	20,607	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT					119,959	72
73 DRUGS CHARGED TO PATIENTS	65,961		42,344		61,746	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	9,542		6,126		9,484	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 RURAL HEALTH CLINIC (RHC)	94,032		60,364		23,658	88
88.01 RHC II	102,076		65,528		33,518	88.01
88.02 RHC III	20,887		13,409		7,575	88.02
90.01 HYPERBARIC WOUND CLINIC					20,246	90.01
90.02 DIABETES CENTER	66,266		42,540		4,524	90.02
91 EMERGENCY	161,729	405,112	103,822	3,879	189,821	91
91.01 G.I. LABORATORY	109,710	32,163	70,429		28,378	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	65,312		41,927			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	65,325		41,936			116
118 SUBTOTALS (SUM OF LINES 1-117)	5,787,690	1,198,062	3,654,936	3,800,436	2,432,924	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,899		19,194			190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE	43,378		27,847			193.02
193.03 LACEY'S RESTAURANT	51,688		33,181			193.03
193.04 COMMUNITY WELLNESS						193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	751,246		482,265			193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY	23,034		14,787			193.08
193.09 OUTREACH LAB	19,323		12,405		24,966	193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING	106,781		68,549			193.11
193.13 HEALTHPOINT	695,927		446,752			193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT	6,719		4,314			194
194.01 FOUNDATION OFFICE	66,332		42,582			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,582,017	1,198,062	4,806,812	3,800,436	2,457,890	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 TECHNOLOGY 20.01	SCHOOL OF SURGICAL TECHNOLOGY 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	5,367,637					13
14 CENTRAL SERVICES & SUPPLY		2,139,078				14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			1,575,201			20
20.01 SCHOOL OF MEDICAL TECHNOLOGY				135,087		20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY					49,743	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	3,407,669	31,100	1,108,190			30
33.01 ADULT SPECIAL CARE	478,856	28,885	31,882			33.01
34.01 CARDIOTHORACIC ICU	334,085	7,973				34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	256,132	130	129,397			40
41 SUBPROVIDER - IRF	233,860	1,310	92,202			41
43 NURSEY	77,953	1,963	113,358			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		722,194	7,085		49,743	50
52 DELIVERY ROOM & LABOR ROOM		12,918				52
53 ANESTHESIOLOGY		41,863				53
54 RADIOLOGY-DIAGNOSTIC		56,590				54
54.01 ULTRASOUND		3,292				54.01
54.03 CARDIOVASCULAR LAB		235,362				54.03
55 RADIOLOGY-THERAPEUTIC		3,255				55
55.01 CHEMOTHERAPY		5,375				55.01
56.01 NUCLEAR MEDICINE		7,855				56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		10,914				57
58 MAGNETIC RESONANCE IMAGING (MRI)		775				58
60 LABORATORY		341		127,991		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		552				63
65 RESPIRATORY THERAPY		2,148				65
66 PHYSICAL THERAPY		230				66
66.01 SOUTHEAST OUTPATIENT REHAB		51				66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY		7				67
68 SPEECH PATHOLOGY						68
69.01 CV DIAGNOSTIC		459				69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY		3,341				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT		909,744				72
73 DRUGS CHARGED TO PATIENTS		548				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 TECHNOLOGY 20.01	SCHOOL OF SURGICAL TECHNOLOGY 20.02	
76 CARDIAC REHAB	55,681		2			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)			13			88
88.01 RHC II			663			88.01
88.02 RHC III			125			88.02
90.01 HYPERBARIC WOUND CLINIC			202			90.01
90.02 DIABETES CENTER	22,272		3			90.02
91 EMERGENCY			25,757	81,082		91
91.01 G.I. LABORATORY			14,788			91.01
92 OBSERVATION BEDS						92
99 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	167,043	664	5,314			101
113 SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	222,724	661				116
118 SUBTOTALS (SUM OF LINES 1-117)	5,256,275	2,132,053	1,568,510	127,991	49,743	118
190 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	11,136	7,025				193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY						193.08
193.09 OUTREACH LAB				7,096		193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING						193.11
193.13 HEALTHPOINT	100,226		6,691			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)	5,367,637	2,139,078	1,575,201	135,087	49,743	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SCHOOL OF RADIOLOGICAL TECH 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	132,619				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		33,366,396		33,366,396	30
33.01 ADULT SPECIAL CARE		5,749,670		5,749,670	33.01
34.01 CARDIOTHORACIC ICU		3,969,500		3,969,500	34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF		2,587,623		2,587,623	40
41 SUBPROVIDER - IRF		2,603,153		2,603,153	41
43 NURSERY		1,449,570		1,449,570	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		17,944,947		17,944,947	50
52 DELIVERY ROOM & LABOR ROOM		2,394,688		2,394,688	52
53 ANESTHESIOLOGY		2,357,766		2,357,766	53
54 RADIOLOGY-DIAGNOSTIC	132,619	5,111,593		5,111,593	54
54.01 ULTRASOUND		1,316,549		1,316,549	54.01
54.03 CARDIOVASCULAR LAB		5,508,763		5,508,763	54.03
55 RADIOLOGY-THERAPEUTIC		6,347,005		6,347,005	55
55.01 CHEMOTHERAPY		2,343,127		2,343,127	55.01
56.01 NUCLEAR MEDICINE		2,866,388		2,866,388	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,839,028		2,839,028	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,873,318		1,873,318	58
60 LABORATORY		11,900,116		11,900,116	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,166,380		1,166,380	63
65 RESPIRATORY THERAPY		3,126,007		3,126,007	65
66 PHYSICAL THERAPY		1,668,605		1,668,605	66
66.01 SOUTHEAST OUTPATIENT REHAB		4,221,040		4,221,040	66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY		388,589		388,589	67
68 SPEECH PATHOLOGY		303,611		303,611	68
69.01 CV DIAGNOSTIC		2,794,519		2,794,519	69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY		1,473,989		1,473,989	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		12,383,150		12,383,150	71
72 IMPL. DEV. CHARGED TO PATIENT		21,193,333		21,193,333	72
73 DRUGS CHARGED TO PATIENTS		27,242,469		27,242,469	73

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SCHOOL OF	SUBTOTAL	I&R COST &	TOTAL	
	RADIOL TECH		POST STEP- DOWN ADJS		
	20.03	24	25	26	
76 CARDIAC REHAB		665,952		665,952	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)		1,901,906		1,901,906	88
88.01 RHC II		2,683,179		2,683,179	88.01
88.02 RHC III		606,596		606,596	88.02
90.01 HYPERBARIC WOUND CLINIC		1,434,518		1,434,518	90.01
90.02 DIABETES CENTER		561,451		561,451	90.02
91 EMERGENCY		10,286,356		10,286,356	91
91.01 G.I. LABORATORY		2,536,087		2,536,087	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		2,155,776		2,155,776	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE		2,901,985		2,901,985	116
118 SUBTOTALS (SUM OF LINES 1-117)	132,619	214,224,698		214,224,698	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		81,626		81,626	190
191.01 RESPITE CARE					191.01
193.01 VENDING MACHINES					193.01
193.02 SUNSET GUEST HOUSE		169,667		169,667	193.02
193.03 LACEY'S RESTAURANT		149,013		149,013	193.03
193.04 COMMUNITY WELLNESS		97,936		97,936	193.04
193.05 HOME INFUSION					193.05
193.06 SE HOSP PHYSICIANS LLC		51,948,583		51,948,583	193.06
193.07 GENERATIONS					193.07
193.08 RETAIL PHARMACY		8,406,546		8,406,546	193.08
193.09 OUTREACH LAB		3,096,614		3,096,614	193.09
193.10 FOOT CLINIC					193.10
193.11 MARKETING		6,984,864		6,984,864	193.11
193.13 HEALTHPOINT		5,598,446		5,598,446	193.13
193.14 DOCTORS PARK					193.14
194 JAZZMAN'S RESTAURANT		100,501		100,501	194
194.01 FOUNDATION OFFICE		113,196		113,196	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	132,619	290,971,690		290,971,690	202

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	
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			2,465			4
5.01 COMMUNICATIONS		1,634				5.01
5.02 DATA PROCESSING			2,509	1,322		5.02
5.03 PURCHASING			4,080	38,635		5.03
5.04 ADMITTING			10,531		12,180	5.04
5.05 CREDIT & COLLECTIONS		5,277			4,924	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		23,218	11,258		34,399	5.06
6 MAINTENANCE & REPAIRS				10,119	25,805	6
7 OPERATION OF PLANT		9,737	7,923	31,563	9,613	7
8 LAUNDRY & LINEN SERVICE			1,119	2,875	781	8
9 HOUSEKEEPING			5,815	5,155	1,708	9
10 DIETARY			13,010		44,612	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		18,852	9,861			13
14 CENTRAL SERVICES & SUPPLY			680			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		20,052	42,034	297,578	56,745	30
33.01 ADULT SPECIAL CARE						33.01
34.01 CARDIOTHORACIC ICU						34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF				50,248		40
41 SUBPROVIDER - IRF			27,274			41
43 NURSERY					6,900	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM			13,309		14,376	52
53 ANESTHESIOLOGY			3,482			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		29,031				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		35,065				73

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					3,514	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 OUTPATIENT SERVICE COST CENTERS RURAL HEALTH CLINIC (RHC)						88
88.01 RHC II						88.01
88.02 RHC III						88.02
90.01 HYPERBARIC WOUND CLINIC						90.01
90.02 DIABETES CENTER						90.02
91 EMERGENCY						91
91.01 G.I. LABORATORY			28,148			91.01
92 OBSERVATION BEDS						92
99.10 OTHER REIMBURSABLE COST CENTERS 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 SPECIAL PURPOSE COST CENTERS						101
113 INTEREST EXPENSE						113
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS		142,866	183,498	437,495	215,557	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			1,313	1,725	6,461	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		18,792	796			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)		161,658	185,607	439,220	222,018	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 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	22,051			51,458	34,431	4
5.01 COMMUNICATIONS		2,096		16,780	29,425	5.01
5.02 DATA PROCESSING	30,165	6,824		106,195	919,748	5.02
5.03 PURCHASING				133,017	43,821	5.03
5.04 ADMITTING				142,195	4,617	5.04
5.05 CREDIT & COLLECTIONS				46,653	33,580	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		7,890	3,537	388,068	153,279	5.06
6 MAINTENANCE & REPAIRS			98,716	384,102	34,175	6
7 OPERATION OF PLANT	33,000	70,931		794,976	60,892	7
8 LAUNDRY & LINEN SERVICE		287	1,442	96,127	11,024	8
9 HOUSEKEEPING	5,772	716	2,591	84,610	21,604	9
10 DIETARY				329,695	20,668	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	56,698	1,603		239,950	42,755	13
14 CENTRAL SERVICES & SUPPLY				100,373	41,118	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL				358,170	6,636	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY				25,703	573	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY				24,331	279	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY				55,754	2,704	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		135,225		2,257,327	154,253	30
33.01 ADULT SPECIAL CARE		47,726		270,967	39,589	33.01
34.01 CARDIOTHORACIC ICU			203,649	459,662	21,954	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF				133,322	3,107	40
41 SUBPROVIDER - IRF				203,924	3,159	41
43 NURSERY				35,949	10,784	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		75,955	237,474	1,062,459	427,863	50
52 DELIVERY ROOM & LABOR ROOM				174,407		52
53 ANESTHESIOLOGY			81,043	208,958	57,098	53
54 RADIOLOGY-DIAGNOSTIC			24,183	99,915	219,960	54
54.01 ULTRASOUND			16,896	74,542	21,989	54.01
54.03 CARDIOVASCULAR LAB		20,527	63,460	393,967	111,280	54.03
55 RADIOLOGY-THERAPEUTIC			241,449	1,216,070	405,337	55
55.01 CHEMOTHERAPY				544,374	15,510	55.01
56.01 NUCLEAR MEDICINE			22,550	50,898	75,594	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN			12,435	64,475	303,673	57
58 MAGNETIC RESONANCE IMAGING (MRI)				170,517	123,552	58
60 LABORATORY		37,333	11,512	255,661	99,010	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,478		8,390	2,216	63
65 RESPIRATORY THERAPY			18,777	42,381	47,023	65
66 PHYSICAL THERAPY		7,827		44,441	4,406	66
66.01 SOUTHEAST OUTPATIENT REHAB				391,373	24,256	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY		1,612		9,153	283	67
68 SPEECH PATHOLOGY		806		4,576	389	68
69.01 CV DIAGNOSTIC		3,941	5,868	35,619	80,379	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY		2,235		114,992	20,353	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			1,802	126,534	8,551	73

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	CAP	
	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	MOVABLE EQUIPMENT 2	
76 CARDIAC REHAB				18,305	2,374	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)				180,382	6,824	88
88.01 RHC II				195,814	6,717	88.01
88.02 RHC III				40,068	1,451	88.02
90.01 HYPERBARIC WOUND CLINIC					27,151	90.01
90.02 DIABETES CENTER					772	90.02
91 EMERGENCY			137,452	310,246	72,747	91
91.01 G.I. LABORATORY				210,458	72,605	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				125,288	26,996	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				125,314	4,293	116
118 SUBTOTALS (SUM OF LINES 1-117)	147,686	425,012	1,184,836	13,166,004	3,964,827	118
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				83,212		193.02
193.03 LACEY'S RESTAURANT						193.03
193.04 COMMUNITY WELLNESS					1,778	193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC				1,441,121	338,852	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY						193.08
193.09 OUTREACH LAB		3,332				193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING				204,839	33,811	193.11
193.13 HEALTHPOINT				1,335,002	73,069	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)	147,686	428,344	1,184,836	16,230,178	4,412,337	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 2A	EMPLOYEE	COMMUNICAT	DATA PROCE	PURCHASING	
		BENEFITS	IONS	SSING	5.03	
		4	5.01	5.02		
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	110,405	110,405				4
5.01 COMMUNICATIONS	49,935	277	50,212			5.01
5.02 DATA PROCESSING	1,066,763	734	870	1,068,367		5.02
5.03 PURCHASING	219,553	541	407	4,226	224,727	5.03
5.04 ADMITTING	169,523	1,746	1,518	13,639	285	5.04
5.05 CREDIT & COLLECTIONS	90,434	1,920	1,481	25,659	240	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	621,649	6,972	4,738	153,305	972	5.06
6 MAINTENANCE & REPAIRS	552,917	1,633	555	16,109	1,349	6
7 OPERATION OF PLANT	1,018,635	288	37	25,434	1,520	7
8 LAUNDRY & LINEN SERVICE	113,655	326	148	3,935	678	8
9 HOUSEKEEPING	127,971	2,417	204	17,010	2,806	9
10 DIETARY	407,985	1,318	463	12,356	503	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	369,719	2,900	962	18,214	658	13
14 CENTRAL SERVICES & SUPPLY	142,171	734	278	7,331	5,257	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	364,806	1,489	777	4,479	294	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY	26,276	148		338	209	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY	24,610	44		102	21	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY	58,458	181		299	10	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	2,963,214	12,608	7,531	91,204	8,199	30
33.01 ADULT SPECIAL CARE	358,282	2,311	740	17,425	5,100	33.01
34.01 CARDIOTHORACIC ICU	685,265	1,254	518	11,379	1,645	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	186,677	1,381	315	6,925	119	40
41 SUBPROVIDER - IRF	234,357	1,018	611	7,003	372	41
43 NURSERY	53,633	669	185	4,300	451	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,803,751	2,466	2,480	54,791	36,442	50
52 DELIVERY ROOM & LABOR ROOM	202,092	1,011	481	7,871	2,290	52
53 ANESTHESIOLOGY	350,581	472	500	6,841	7,316	53
54 RADIOLOGY-DIAGNOSTIC	344,058	1,936	1,666	16,541	8,807	54
54.01 ULTRASOUND	113,427	567	204	4,170	636	54.01
54.03 CARDIOVASCULAR LAB	589,234	1,058	555	16,146	36,289	54.03
55 RADIOLOGY-THERAPEUTIC	1,862,856	1,190	518	18,927	552	55
55.01 CHEMOTHERAPY	559,884	608	333	6,511	1,052	55.01
56.01 NUCLEAR MEDICINE	149,042	507	222	9,405	1,438	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	380,583	582	185	8,642	1,740	57
58 MAGNETIC RESONANCE IMAGING (MRI)	294,069	372	352	5,774	183	58
60 LABORATORY	403,516	2,752	1,277	38,439	21,559	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	12,084	1	111	3,914	1,439	63
65 RESPIRATORY THERAPY	108,181	1,401	407	10,210	2,368	65
66 PHYSICAL THERAPY	56,674	913	241	5,725	79	66
66.01 SOUTHEAST OUTPATIENT REHAB	415,629	2,018	1,425	14,027	219	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	11,048	207		1,318	26	67
68 SPEECH PATHOLOGY	5,771	176	37	1,048	4	68
69.01 CV DIAGNOSTIC	125,807	922	999	8,771	444	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	166,611	527	537	4,386	580	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				43,061		71
72 IMPL. DEV. CHARGED TO PATIENT		3,272		72,568	54,873	72
73 DRUGS CHARGED TO PATIENTS	171,952	2,023	407	97,980	393	73

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		SUBTOTAL 2A	EMPLOYEE BENEFITS 4	COMMUNICAT IONS 5.01	DATA PROCE SSING 5.02	PURCHASING 5.03	
76	CARDIAC REHAB	24,193	356	241	1,879	31	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
88	OUTPATIENT SERVICE COST CENTERS RURAL HEALTH CLINIC (RHC)	187,206	893	833	6,412	104	88
88.01	RHC II	202,531	1,301	518	9,107	485	88.01
88.02	RHC III	41,519	225	130	2,093	129	88.02
90.01	HYPERBARIC WOUND CLINIC	27,151	595	444	4,991	381	90.01
90.02	DIABETES CENTER	127,891	171	241	1,610	35	90.02
91	EMERGENCY	520,445	6,662	1,425	33,296	6,068	91
91.01	G.I. LABORATORY	311,211	661	444	8,030	2,540	91.01
92	OBSERVATION BEDS						92
99.10	OTHER REIMBURSABLE COST CENTERS 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 SPECIAL PURPOSE COST CENTERS	152,284	1,010	611	7,039	210	101
113	INTEREST EXPENSE						113
116	HOSPICE	129,607	1,193	685	9,621	239	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	19,867,781	80,957	40,847	981,816	219,639	118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			37	3		190
191.01	RESPIRE CARE						191.01
193.01	VENDING MACHINES						193.01
193.02	SUNSET GUEST HOUSE	83,212			375		193.02
193.03	LACEY'S RESTAURANT			167	13		193.03
193.04	COMMUNITY WELLNESS	1,778	30	185	367	16	193.04
193.05	HOME INFUSION						193.05
193.06	SE HOSP PHYSICIANS LLC	1,789,472	27,071	6,385		3,967	193.06
193.07	GENERATIONS						193.07
193.08	RETAIL PHARMACY			463	31,817		193.08
193.09	OUTREACH LAB	3,332		148	11,445		193.09
193.10	FOOT CLINIC						193.10
193.11	MARKETING	258,238	1,037	592	25,817	341	193.11
193.13	HEALTHPOINT	1,408,071	1,310	1,240	16,365	764	193.13
193.14	DOCTORS PARK						193.14
194	JAZZMAN'S RESTAURANT			37	340		194
194.01	FOUNDATION OFFICE			111	9		194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	23,411,884	110,405	50,212	1,068,367	224,727	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	
		5.05	& GENERAL	REPAIRS		7
			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	186,711					5.04
5.05 CREDIT & COLLECTIONS		119,734				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			787,636			5.06
6 MAINTENANCE & REPAIRS			11,477	584,040		6
7 OPERATION OF PLANT			18,113	122,708	1,186,735	7
8 LAUNDRY & LINEN SERVICE			2,808	15,239	7,843	8
9 HOUSEKEEPING			12,137	25,531	6,904	9
10 DIETARY			8,796	37,016	26,901	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			12,965	36,088	19,578	13
14 CENTRAL SERVICES & SUPPLY			5,285	6,626	8,190	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			3,190	5,433	29,224	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			243	2,650	2,097	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY			73		1,985	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY			213	44	4,549	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	7,118	4,558	66,052	84,147	184,183	30
33.01 ADULT SPECIAL CARE	1,741	1,115	12,724	14,665	22,109	33.01
34.01 CARDIOTHORACIC ICU	961	615	8,260	7,818	37,505	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	671	430	5,028	6,096	10,878	40
41 SUBPROVIDER - IRF	395	253	5,046	10,425	16,639	41
43 NURSERY	365	234	3,120	4,815	2,933	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,206	13,579	42,633	35,647	86,689	50
52 DELIVERY ROOM & LABOR ROOM	1,241	795	5,815	3,225	14,230	52
53 ANESTHESIOLOGY	4,999	3,201	5,711	972	17,049	53
54 RADIOLOGY-DIAGNOSTIC	5,250	3,362	12,669	6,891	8,152	54
54.01 ULTRASOUND	1,968	1,260	3,269	618	6,082	54.01
54.03 CARDIOVASCULAR LAB	7,195	4,607	13,046	10,955	32,145	54.03
55 RADIOLOGY-THERAPEUTIC	4,593	2,941	14,158	1,944	99,222	55
55.01 CHEMOTHERAPY	1,528	978	4,874	4,638	44,417	55.01
56.01 NUCLEAR MEDICINE	5,528	3,540	7,535	265	4,153	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,116	5,197	7,384	3,401	5,261	57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,058	1,958	4,567	3,445	13,913	58
60 LABORATORY	18,186	11,645	30,350	19,921	20,860	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,225	1,425	3,136		685	63
65 RESPIRATORY THERAPY	5,596	3,583	8,131	1,944	3,458	65
66 PHYSICAL THERAPY	1,203	770	4,254	1,855	3,626	66
66.01 SOUTHEAST OUTPATIENT REHAB	2,247	1,439	10,317	133	31,933	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	497	318	1,012	133	747	67
68 SPEECH PATHOLOGY	342	219	797	44	373	68
69.01 CV DIAGNOSTIC	6,557	4,199	7,225	3,666	2,906	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	3,292	2,108	3,619	1,988	9,382	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	19,328	12,377	33,520			71
72 IMPL. DEV. CHARGED TO PATIENT	14,894	9,537	54,582			72
73 DRUGS CHARGED TO PATIENTS	23,151	15,000	73,219	3,180	10,324	73

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	171	110	1,363	11,264	1,494	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)	368	236	4,618	2,474	14,718	88
88.01 RHC II	609	390	6,575	7,200	15,977	88.01
88.02 RHC III	132	85	1,510	928	3,269	88.02
90.01 HYPERBARIC WOUND CLINIC	1,671	1,070	3,805	1,148		90.01
90.02 DIABETES CENTER	24	15	1,149	177	10,372	90.02
91 EMERGENCY	7,095	4,543	24,827	19,789	25,314	91
91.01 G.I. LABORATORY	2,210	1,415	6,076	4,947	17,172	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	256	164	5,048	1,458	10,223	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	724	463	6,955	265	10,225	116
118 SUBTOTALS (SUM OF LINES 1-117)	186,711	119,734	589,279	533,816	905,889	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			2	4,373	4,680	190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			266		6,789	193.02
193.03 LACEY'S RESTAURANT			10	8,348	8,090	193.03
193.04 COMMUNITY WELLNESS			262	177		193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC			136,774	23,146	117,585	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY			22,633	1,060	3,605	193.08
193.09 OUTREACH LAB			8,141	3,490	3,024	193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING			18,370	3,225	16,713	193.11
193.13 HEALTHPOINT			11,651	6,140	108,926	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT			242		1,052	194
194.01 FOUNDATION OFFICE			6	265	10,382	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	186,711	119,734	787,636	584,040	1,186,735	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	144,632					8
9 HOUSEKEEPING	11,299	206,279				9
10 DIETARY		4,735	500,073			10
11 CAFETERIA			323,417	323,417		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,446		14,564	479,094	13
14 CENTRAL SERVICES & SUPPLY		1,441		6,916		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		5,144		6,681		20
20.01 SCHOOL OF MEDICAL TECHNOLOGY		369		532		20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY		349		265		20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY		801		797		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	27,196	32,417	135,995	81,151	304,155	30
33.01 ADULT SPECIAL CARE	3,374	3,891	7,427	11,414	42,741	33.01
34.01 CARDIOTHORACIC ICU	3,281	6,601	4,961	8,004	29,819	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	2,884	1,915	15,246	6,105	22,861	40
41 SUBPROVIDER - IRF	4,123	2,929	11,245	5,514	20,873	41
43 NURSERY	2,914	516		1,841	6,958	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,964	15,258	1,016	12,086		50
52 DELIVERY ROOM & LABOR ROOM	3,071	2,505		4,664		52
53 ANESTHESIOLOGY		3,001		2,644		53
54 RADIOLOGY-DIAGNOSTIC	2,463	1,435	7	11,343		54
54.01 ULTRASOUND	2,535	1,070		2,146		54.01
54.03 CARDIOVASCULAR LAB		5,658	20	4,853		54.03
55 RADIOLOGY-THERAPEUTIC	2,211	17,464		5,291		55
55.01 CHEMOTHERAPY	2,175	7,818		2,559		55.01
56.01 NUCLEAR MEDICINE		731	95	3,760		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		926		2,706		57
58 MAGNETIC RESONANCE IMAGING (MRI)	476	2,449		1,384		58
60 LABORATORY		3,672		25,830		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		120		14		63
65 RESPIRATORY THERAPY		609		9,183		65
66 PHYSICAL THERAPY	1,780	638		4,043		66
66.01 SOUTHEAST OUTPATIENT REHAB		5,620		9,699		66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY		131		775		67
68 SPEECH PATHOLOGY		66	122	552		68
69.01 CV DIAGNOSTIC	4,099	512		4,456		69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY		1,651	12	2,712		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT				15,785		72
73 DRUGS CHARGED TO PATIENTS		1,817		8,125		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		263		1,248	4,970	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)		2,590		3,113		88
88.01 RHC II		2,812		4,410		88.01
88.02 RHC III		575		997		88.02
90.01 HYPERBARIC WOUND CLINIC				2,664		90.01
90.02 DIABETES CENTER		1,826		595	1,988	90.02
91 EMERGENCY	48,904	4,455	510	24,977		91
91.01 G.I. LABORATORY	3,883	3,022		3,734		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		1,799			14,910	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		1,800			19,879	116
118 SUBTOTALS (SUM OF LINES 1-117)	144,632	156,847	500,073	320,132	469,154	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		824				190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE		1,195				193.02
193.03 LACEY'S RESTAURANT		1,424				193.03
193.04 COMMUNITY WELLNESS						193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC		20,696			994	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY		635				193.08
193.09 OUTREACH LAB		532		3,285		193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING		2,942				193.11
193.13 HEALTHPOINT		19,172			8,946	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT		185				194
194.01 FOUNDATION OFFICE		1,827				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	144,632	206,279	500,073	323,417	479,094	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 RADIOLOGICAL TECH 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	184,229					14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		421,517				20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			32,862			20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY				23,399		20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY					56,858	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	2,679					30
33.01 ADULT SPECIAL CARE	2,488					33.01
34.01 CARDIOTHORACIC ICU	687					34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	11					40
41 SUBPROVIDER - IRF	113					41
43 NURSERY	169					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,201					50
52 DELIVERY ROOM & LABOR ROOM	1,113					52
53 ANESTHESIOLOGY	3,606					53
54 RADIOLOGY-DIAGNOSTIC	4,874					54
54.01 ULTRASOUND	284					54.01
54.03 CARDIOVASCULAR LAB	20,271					54.03
55 RADIOLOGY-THERAPEUTIC	280					55
55.01 CHEMOTHERAPY	463					55.01
56.01 NUCLEAR MEDICINE	677					56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	940					57
58 MAGNETIC RESONANCE IMAGING (MRI)	67					58
60 LABORATORY	29					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	48					63
65 RESPIRATORY THERAPY	185					65
66 PHYSICAL THERAPY	20					66
66.01 SOUTHEAST OUTPATIENT REHAB	4					66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	1					67
68 SPEECH PATHOLOGY						68
69.01 CV DIAGNOSTIC	40					69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	288					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	78,347					72
73 DRUGS CHARGED TO PATIENTS	47					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 RADIOL TECH 20.03	
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)	1					88
88.01 RHC II	57					88.01
88.02 RHC III	11					88.02
90.01 HYPERBARIC WOUND CLINIC	17					90.01
90.02 DIABETES CENTER						90.02
91 EMERGENCY	2,218					91
91.01 G.I. LABORATORY	1,274					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	57					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	57					116
118 SUBTOTALS (SUM OF LINES 1-117)	183,624					118
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	605					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		421,517	32,862	23,399	56,858	200
201 NEGATIVE COST CENTER				4,050	8,494	201
202 TOTAL (SUM OF LINES 118-201)	184,229	421,517	32,862	27,449	65,352	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	4,012,407		4,012,407	30
33.01 ADULT SPECIAL CARE	507,547		507,547	33.01
34.01 CARDIOTHORACIC ICU	808,573		808,573	34.01
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF	267,542		267,542	40
41 SUBPROVIDER - IRF	320,916		320,916	41
43 NURSERY	83,103		83,103	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	2,208,209		2,208,209	50
52 DELIVERY ROOM & LABOR ROOM	250,404		250,404	52
53 ANESTHESIOLOGY	406,893		406,893	53
54 RADIOLOGY-DIAGNOSTIC	429,454		429,454	54
54.01 ULTRASOUND	138,236		138,236	54.01
54.03 CARDIOVASCULAR LAB	742,032		742,032	54.03
55 RADIOLOGY-THERAPEUTIC	2,032,147		2,032,147	55
55.01 CHEMOTHERAPY	637,838		637,838	55.01
56.01 NUCLEAR MEDICINE	186,898		186,898	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	425,663		425,663	57
58 MAGNETIC RESONANCE IMAGING (MRI)	332,067		332,067	58
60 LABORATORY	598,036		598,036	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	25,202		25,202	63
65 RESPIRATORY THERAPY	155,256		155,256	65
66 PHYSICAL THERAPY	81,821		81,821	66
66.01 SOUTHEAST OUTPATIENT REHAB	494,710		494,710	66.01
66.02 PHYSIATRY				66.02
67 OCCUPATIONAL THERAPY	16,213		16,213	67
68 SPEECH PATHOLOGY	9,551		9,551	68
69.01 CV DIAGNOSTIC	170,603		170,603	69.01
69.02 ELECTROPHYSIOLOGY LAB				69.02
70.01 NEUROPHYSIOLOGY	197,693		197,693	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	108,286		108,286	71
72 IMPL. DEV. CHARGED TO PATIENT	303,858		303,858	72
73 DRUGS CHARGED TO PATIENTS	407,618		407,618	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	47,583		47,583	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)	223,566		223,566	88
88.01 RHC II	251,972		251,972	88.01
88.02 RHC III	51,603		51,603	88.02
90.01 HYPERBARIC WOUND CLINIC	43,937		43,937	90.01
90.02 DIABETES CENTER	146,094		146,094	90.02
91 EMERGENCY	730,528		730,528	91
91.01 G.I. LABORATORY	366,619		366,619	91.01
92 OBSERVATION BEDS				92
99 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	195,069		195,069	101
113 SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
116 HOSPICE	181,713		181,713	116
118 SUBTOTALS (SUM OF LINES 1-117)	18,597,460		18,597,460	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,919		9,919	190
191.01 RESPITE CARE				191.01
193.01 VENDING MACHINES				193.01
193.02 SUNSET GUEST HOUSE	91,837		91,837	193.02
193.03 LACEY'S RESTAURANT	18,052		18,052	193.03
193.04 COMMUNITY WELLNESS	2,815		2,815	193.04
193.05 HOME INFUSION				193.05
193.06 SE HOSP PHYSICIANS LLC	2,126,695		2,126,695	193.06
193.07 GENERATIONS				193.07
193.08 RETAIL PHARMACY	60,213		60,213	193.08
193.09 OUTREACH LAB	33,397		33,397	193.09
193.10 FOOT CLINIC				193.10
193.11 MARKETING	327,275		327,275	193.11
193.13 HEALTHPOINT	1,582,585		1,582,585	193.13
193.14 DOCTORS PARK				193.14
194 JAZZMAN'S RESTAURANT	1,856		1,856	194
194.01 FOUNDATION OFFICE	12,600		12,600	194.01
200 CROSS FOOT ADJUSTMENTS	534,636		534,636	200
201 NEGATIVE COST CENTER	12,544		12,544	201
202 TOTAL (SUM OF LINES 118-201)	23,411,884		23,411,884	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET 1.01	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET 1.02	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET 1.03	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET 1.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	18,994					1
1.01 NEW CAP-REL CSTS-BLDGS & FIX #2		54,585				1.01
1.02 NEW CAP-REL CSTS-BLDGS & FIX #3			45,838			1.02
1.03 NEW CAP-REL CSTS-BLDGS & FIX #4				45,496		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		5.02
5.03 PURCHASING		1,200		4,032		5.03
5.04 ADMITTING		3,097				5.04
5.05 CREDIT & COLLECTIONS	620				2,496	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	7
8 LAUNDRY & LINEN SERVICE		329	300		160	8
9 HOUSEKEEPING		1,710	538		350	9
10 DIETARY		3,826			9,142	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,215	2,900				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	12,362	31,056		11,628	30
33.01 ADULT SPECIAL CARE						33.01
34.01 CARDIOTHORACIC ICU						34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF			5,244			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		3,914		2,946		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	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	73
	BLDGS & FIXTURES SQUARE FEET	L CSTS-BLD GS & FIX # SQUARE FEET	L CSTS-BLD GS & FIX # SQUARE FEET	L CSTS-BLD GS & FIX # SQUARE FEET	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
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)						88
88.01 RHC II						88.01
88.02 RHC III						88.02
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
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)	16,786	53,965	45,658	44,172	8,700	118
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		386	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	2,208	234				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	161,658	185,607	439,220	222,018	147,686	202
203 UNIT COST MULT-WS B PT I	8.511003	3.400330	9.582006	4.879945	16.975402	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		105,190				1.07
1.08 NEW CAP-REL CSTS-BLDGS & FIX #9			638,386			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				4,416,075		2
4 EMPLOYEE BENEFITS			2,024	34,460	111,442,774	4
5.01 COMMUNICATIONS	468		660	29,450	279,489	5.01
5.02 DATA PROCESSING	1,524		4,177	920,526	740,776	5.02
5.03 PURCHASING			5,232	43,858	545,556	5.03
5.04 ADMITTING			5,593	4,621	1,761,406	5.04
5.05 CREDIT & COLLECTIONS			1,835	33,608	1,937,059	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	1,762	314	15,264	153,409	7,035,341	5.06
6 MAINTENANCE & REPAIRS		8,764	15,108	34,204	1,647,665	6
7 OPERATION OF PLANT	15,840		31,269	60,944	290,581	7
8 LAUNDRY & LINEN SERVICE	64	128	3,781	11,033	328,516	8
9 HOUSEKEEPING	160	230	3,328	21,622	2,439,375	9
10 DIETARY			12,968	20,686	1,330,186	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	358		9,438	42,791	2,926,399	13
14 CENTRAL SERVICES & SUPPLY			3,948	41,153	740,653	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			14,088	6,642	1,502,855	20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			1,011	573	149,191	20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY			957	279	44,721	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY			2,193	2,706	182,157	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		88,788	154,384	12,722,145	30
33.01 ADULT SPECIAL CARE	10,658		10,658	39,623	2,331,636	33.01
34.01 CARDIOTHORACIC ICU		18,080	18,080	21,973	1,265,710	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF			5,244	3,110	1,393,754	40
41 SUBPROVIDER - IRF			8,021	3,162	1,027,517	41
43 NURSERY			1,414	10,793	674,735	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,962	21,083	41,790	428,225	2,488,515	50
52 DELIVERY ROOM & LABOR ROOM			6,860		1,020,523	52
53 ANESTHESIOLOGY		7,195	8,219	57,146	476,659	53
54 RADIOLOGY-DIAGNOSTIC		2,147	3,930	220,146	1,953,662	54
54.01 ULTRASOUND		1,500	2,932	22,008	571,917	54.01
54.03 CARDIOVASCULAR LAB	4,584	5,634	15,496	111,374	1,067,749	54.03
55 RADIOLOGY-THERAPEUTIC		21,436	47,832	405,680	1,200,345	55
55.01 CHEMOTHERAPY			21,412	15,523	613,258	55.01
56.01 NUCLEAR MEDICINE		2,002	2,002	75,658	511,432	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,104	2,536	303,930	587,480	57
58 MAGNETIC RESONANCE IMAGING (MRI)			6,707	123,657	375,732	58
60 LABORATORY	8,337	1,022	10,056	99,094	2,776,712	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	330		330	2,218	1,054	63
65 RESPIRATORY THERAPY		1,667	1,667	47,063	1,413,945	65
66 PHYSICAL THERAPY	1,748		1,748	4,410	921,278	66
66.01 SOUTHEAST OUTPATIENT REHAB			15,394	24,277	2,036,021	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	360		360	283	209,247	67
68 SPEECH PATHOLOGY	180		180	389	178,064	68
69.01 CV DIAGNOSTIC	880	521	1,401	80,447	930,103	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	499		4,523	20,370	531,912	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT					3,302,099	72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-RE	NEW CAP-RE	NEW CAP-RE	CAP	EMPLOYEE	GROSS	
	L CSTS-BLD	L CSTS-BLD	L CSTS-BLD	MOVABLE				BENEFITS
	GS & FIX #	GS & FIX #	GS & FIX #	EQUIPMENT		SALARIES	
	SQUARE	SQUARE	SQUARE	DIRECT			
	FEET	FEET	FEET	COSTS			
	1.06	1.07	1.08	2		4	
73 DRUGS CHARGED TO PATIENTS		160	4,977	8,558	2,041,757	73	
76 CARDIAC REHAB			720	2,376	359,277	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	6,830	900,731	88	
88.01 RHC II			7,702	6,723	1,313,245	88.01	
88.02 RHC III			1,576	1,452	227,120	88.02	
90.01 HYPERBARIC WOUND CLINIC				27,174	599,970	90.01	
90.02 DIABETES CENTER			5,000	773	172,292	90.02	
91 EMERGENCY		12,203	12,203	72,809	6,722,176	91	
91.01 G.I. LABORATORY			8,278	72,666	667,331	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	27,019	1,019,544	101	
SPECIAL PURPOSE COST CENTERS							
116 HOSPICE			4,929	4,297	1,204,317	116	
118 SUBTOTALS (SUM OF LINES 1-117)	94,912	105,190	517,862	3,968,185	81,692,890	118	
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			3,273			193.02	
193.03 LACEY'S RESTAURANT						193.03	
193.04 COMMUNITY WELLNESS				1,780	30,192	193.04	
193.05 HOME INFUSION						193.05	
193.06 SE HOSP PHYSICIANS LLC			56,684	339,139	27,351,075	193.06	
193.07 GENERATIONS						193.07	
193.08 RETAIL PHARMACY						193.08	
193.09 OUTREACH LAB	744					193.09	
193.10 FOOT CLINIC						193.10	
193.11 MARKETING			8,057	33,840	1,046,780	193.11	
193.13 HEALTHPOINT			52,510	73,131	1,321,837	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	428,344	1,184,836	16,230,178	4,412,337	17,856,293	202	
203 UNIT COST MULT-WS B PT I	4.477963	11.263770	25.423769	0.999154	0.160228	203	
204 COST TO BE ALLOC PER B PT II					110,405	204	
205 UNIT COST MULT-WS B PT II					0.000991	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 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	2,713					5.01
5.02 DATA PROCESSING	47	-3,887,426	242,721,728			5.02
5.03 PURCHASING	22		960,127	17,094,521		5.03
5.04 ADMITTING	82		3,098,406	21,707	820,531,230	5.04
5.05 CREDIT & COLLECTIONS	80		5,828,952	18,251		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	256		34,847,358	73,958		5.06
6 MAINTENANCE & REPAIRS	30		3,659,521	102,631		6
7 OPERATION OF PLANT	2		5,777,768	115,599		7
8 LAUNDRY & LINEN SERVICE	8		893,824	51,590		8
9 HOUSEKEEPING	11		3,864,040	213,486		9
10 DIETARY	25		2,806,922	38,282		10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	52		4,137,590	50,031		13
14 CENTRAL SERVICES & SUPPLY	15		1,665,401	399,870		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	42		1,017,438	22,328		20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			76,736	15,926		20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY			23,167	1,615		20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY			67,833	789		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	407		20,718,825	623,671	31,217,271	30
33.01 ADULT SPECIAL CARE	40		3,958,526	387,951	7,635,410	33.01
34.01 CARDIOTHORACIC ICU	28		2,585,038	125,142	4,214,508	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	17		1,573,150	9,045	2,942,920	40
41 SUBPROVIDER - IRF	33		1,590,958	28,278	1,731,450	41
43 NURSERY	10		976,886	34,304	1,601,527	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	134		12,446,811	2,772,129	93,008,759	50
52 DELIVERY ROOM & LABOR ROOM	26		1,788,018	174,189	5,442,655	52
53 ANESTHESIOLOGY	27		1,554,081	556,532	21,923,258	53
54 RADIOLOGY-DIAGNOSTIC	90		3,757,615	669,975	23,026,265	54
54.01 ULTRASOUND	11		947,318	48,387	8,632,015	54.01
54.03 CARDIOVASCULAR LAB	30		3,667,907	2,760,428	31,557,172	54.03
55 RADIOLOGY-THERAPEUTIC	28		4,299,731	41,965	20,146,195	55
55.01 CHEMOTHERAPY	18		1,479,181	80,046	6,701,002	55.01
56.01 NUCLEAR MEDICINE	12		2,136,439	109,355	24,245,724	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	10		1,963,142	132,368	35,596,732	57
58 MAGNETIC RESONANCE IMAGING (MRI)	19		1,311,699	13,952	13,411,941	58
60 LABORATORY	69		8,732,221	1,640,001	79,761,596	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6		889,183	109,432	9,757,077	63
65 RESPIRATORY THERAPY	22		2,319,346	180,143	24,543,867	65
66 PHYSICAL THERAPY	13		1,300,657	5,996	5,276,578	66
66.01 SOUTHEAST OUTPATIENT REHAB	77		3,186,544	16,681	9,855,946	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY			299,386	1,944	2,179,697	67
68 SPEECH PATHOLOGY	2		238,019	334	1,500,500	68
69.01 CV DIAGNOSTIC	54		1,992,499	33,788	28,758,587	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	29		996,273	44,100	14,437,321	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			9,782,205		84,770,856	71
72 IMPL. DEV. CHARGED TO PATIENT			16,485,322	4,173,944	65,323,945	72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	COMMUNICAT	RECON- CILIATION	DATA PROCE	PURCHASING	ADMITTING	
	IONS		SSING			
	NONPATIENT		ACCUM	SUPPLY	GROSS	
	5.01	5A.02	COST	COSTS	REVENUES	
			5.02	5.03	5.04	
73 DRUGS CHARGED TO PATIENTS	22		22,258,157	29,897	103,169,094	73
76 CARDIAC REHAB	13		426,806	2,351	752,008	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		1,456,651	7,886	1,614,700	88
88.01 RHC II	28		2,068,756	36,906	2,669,679	88.01
88.02 RHC III	7		475,388	9,775	580,351	88.02
90.01 HYPERBARIC WOUND CLINIC	24		1,133,808	29,004	7,329,258	90.01
90.02 DIABETES CENTER	13		365,716	2,646	105,971	90.02
91 EMERGENCY	77		7,563,823	461,559	31,117,538	91
91.01 G.I. LABORATORY	24		1,824,098	193,180	9,695,024	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		1,599,042	15,962	1,123,161	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	37		2,185,598	18,158	3,173,672	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,207	-3,887,426	223,059,906	16,707,467	820,531,230	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2		679			190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			85,099			193.02
193.03 LACEY'S RESTAURANT	9		3,057			193.03
193.04 COMMUNITY WELLNESS	10		83,483	1,251		193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC	345	-44,362,536		301,743		193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY	25		7,227,778			193.08
193.09 OUTREACH LAB	8		2,599,857			193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING	32		5,864,877	25,970		193.11
193.13 HEALTHPOINT	67		3,717,613	58,090		193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT	2		77,341			194
194.01 FOUNDATION OFFICE	6		2,038			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	921,375		3,887,426	975,504	3,149,269	202
203 UNIT COST MULT-WS B PT I	339.614818		0.016016	0.057065	0.003838	203
204 COST TO BE ALLOC PER B PT II	50,212		1,068,367	224,727	186,711	204
205 UNIT COST MULT-WS B PT II	18.507925		0.004402	0.013146	0.000228	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CREDIT & COLLECTIONS	RECON- CILIATION	OTHER ADMI	MAIN-	OPERATION
	AJUSTED GROSS REVE 5.05		NISTRATIVE & GENERAL ACCUM COST 5.06	TENANCE & REPAIRS REQUISITIO 6	OF PLANT SQUARE FEET 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	820,531,230				5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		-35,409,688	255,562,002		5.06
6 MAINTENANCE & REPAIRS			3,723,989	13,222	6
7 OPERATION OF PLANT			5,876,902	2,778	572,088
8 LAUNDRY & LINEN SERVICE			911,083	345	3,781
9 HOUSEKEEPING			3,938,109	578	3,328
10 DIETARY			2,854,063	838	12,968
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION			4,206,713	817	9,438
14 CENTRAL SERVICES & SUPPLY			1,714,893	150	3,948
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL			1,035,007	123	14,088
20.01 SCHOOL OF MEDICAL TECHNOLOGY			78,874	60	1,011
20.02 SCHOOL OF SURGICAL TECHNOLOGY			23,630		957
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY			68,964	1	2,193
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	31,217,271		21,431,417	1,905	88,788
33.01 ADULT SPECIAL CARE	7,635,410		4,128,489	332	10,658
34.01 CARDIOTHORACIC ICU	4,214,508		2,680,181	177	18,080
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF	2,942,920		1,631,402	138	5,244
41 SUBPROVIDER - IRF	1,731,450		1,637,197	236	8,021
43 NURSERY	1,601,527		1,012,198	109	1,414
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	93,008,759		13,832,749	807	41,790
52 DELIVERY ROOM & LABOR ROOM	5,442,655		1,886,775	73	6,860
53 ANESTHESIOLOGY	21,923,258		1,853,134	22	8,219
54 RADIOLOGY-DIAGNOSTIC	23,026,265		4,110,631	156	3,930
54.01 ULTRASOUND	8,632,015		1,060,696	14	2,932
54.03 CARDIOVASCULAR LAB	31,557,172		4,233,103	248	15,496
55 RADIOLOGY-THERAPEUTIC	20,146,195		4,593,746	44	47,832
55.01 CHEMOTHERAPY	6,701,002		1,581,533	105	21,412
56.01 NUCLEAR MEDICINE	24,245,724		2,444,981	6	2,002
57 COMPUTED TOMOGRAPHY (CT) SCAN	35,596,732		2,395,731	77	2,536
58 MAGNETIC RESONANCE IMAGING (MRI)	13,411,941		1,481,799	78	6,707
60 LABORATORY	79,761,596		9,847,587	451	10,056
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	9,757,077		1,017,553		330
65 RESPIRATORY THERAPY	24,543,867		2,638,154	44	1,667
66 PHYSICAL THERAPY	5,276,578		1,380,174	42	1,748
66.01 SOUTHEAST OUTPATIENT REHAB	9,855,946		3,347,509	3	15,394
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY	2,179,697		328,393	3	360
68 SPEECH PATHOLOGY	1,500,500		258,441	1	180
69.01 CV DIAGNOSTIC	28,758,587		2,344,322	83	1,401
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY	14,437,321		1,174,379	45	4,523
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	84,770,856		10,876,189		71
72 IMPL. DEV. CHARGED TO PATIENT	65,323,945		17,709,827		72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CREDIT & C	RECON- CILIATION	OTHER ADMI	MAIN-	OPERATION	
	OLLECTIONS		NISTRATIVE	TENANCE &	OF PLANT	
	AJUSTED		& GENERAL	REPAIRS	SQUARE	
	GROSS REVE		ACCUM	REQUISITIO	FEET	
	5.05		COST	6	7	
73 DRUGS CHARGED TO PATIENTS	103,169,094		23,757,093	72	4,977	73
76 CARDIAC REHAB	752,008		442,091	255	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)	1,614,700		1,498,285	56	7,095	88
88.01 RHC II	2,669,679		2,133,513	163	7,702	88.01
88.02 RHC III	580,351		489,977	21	1,576	88.02
90.01 HYPERBARIC WOUND CLINIC	7,329,258		1,234,662	26		90.01
90.02 DIABETES CENTER	105,971		372,896	4	5,000	90.02
91 EMERGENCY	31,117,538		8,055,371	448	12,203	91
91.01 G.I. LABORATORY	9,695,024		1,971,535	112	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	1,123,161		1,637,982	33	4,928	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	3,173,672		2,256,731	6	4,929	116
118 SUBTOTALS (SUM OF LINES 1-117)	820,531,230	-35,409,688	191,200,653	12,085	436,700	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			690	99	2,256	190
191.01 RESPITE CARE						191.01
193.01 VENDING MACHINES						193.01
193.02 SUNSET GUEST HOUSE			86,462		3,273	193.02
193.03 LACEY'S RESTAURANT			3,106	189	3,900	193.03
193.04 COMMUNITY WELLNESS			84,891	4		193.04
193.05 HOME INFUSION						193.05
193.06 SE HOSP PHYSICIANS LLC			44,379,755	524	56,684	193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY			7,343,538	24	1,738	193.08
193.09 OUTREACH LAB			2,641,496	79	1,458	193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING			5,960,291	73	8,057	193.11
193.13 HEALTHPOINT			3,780,469	139	52,510	193.13
193.14 DOCTORS PARK						193.14
194 JAZZMAN'S RESTAURANT			78,580		507	194
194.01 FOUNDATION OFFICE			2,071	6	5,005	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,923,349		35,409,688	4,239,970	7,582,017	202
203 UNIT COST MULT-WS B PT I	0.007219		0.138556	320.675390	13.253236	203
204 COST TO BE ALLOC PER B PT II	119,734		787,636	584,040	1,186,735	204
205 UNIT COST MULT-WS B PT II	0.000146		0.003082	44.171835	2.074392	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINIS-TRATION FTE'S SERVICE	
	8	9	10	11	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	1,931,014					8
9 HOUSEKEEPING	150,857	564,979				9
10 DIETARY		12,968	421,286			10
11 CAFETERIA			272,462	163,526		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,438		7,364	482	13
14 CENTRAL SERVICES & SUPPLY		3,948		3,497		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		14,088		3,378		20
20.01 SCHOOL OF MEDICAL TECHNOLOGY		1,011		269		20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY		957		134		20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY		2,193		403		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	363,100	88,788	114,569	41,032	306	30
33.01 ADULT SPECIAL CARE	45,050	10,658	6,257	5,771	43	33.01
34.01 CARDIOTHORACIC ICU	43,800	18,080	4,179	4,047	30	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	38,500	5,244	12,844	3,087	23	40
41 SUBPROVIDER - IRF	55,050	8,021	9,473	2,788	21	41
43 NURSERY	38,900	1,414		931	7	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	239,844	41,790	856	6,111		50
52 DELIVERY ROOM & LABOR ROOM	41,000	6,860		2,358		52
53 ANESTHESIOLOGY		8,219		1,337		53
54 RADIOLOGY-DIAGNOSTIC	32,880	3,930	6	5,735		54
54.01 ULTRASOUND	33,840	2,932		1,085		54.01
54.03 CARDIOVASCULAR LAB		15,496	17	2,454		54.03
55 RADIOLOGY-THERAPEUTIC	29,520	47,832		2,675		55
55.01 CHEMOTHERAPY	29,040	21,412		1,294		55.01
56.01 NUCLEAR MEDICINE		2,002	80	1,901		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,536		1,368		57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,360	6,707		700		58
60 LABORATORY		10,056		13,060		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		330		7		63
65 RESPIRATORY THERAPY		1,667		4,643		65
66 PHYSICAL THERAPY	23,760	1,748		2,044		66
66.01 SOUTHEAST OUTPATIENT REHAB		15,394		4,904		66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY		360		392		67
68 SPEECH PATHOLOGY		180	103	279		68
69.01 CV DIAGNOSTIC	54,720	1,401		2,253		69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY		4,523	10	1,371		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT				7,981		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		4,108		73
76	CARDIAC REHAB		720		631	5	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		1,574		88
88.01	RHC II		7,702		2,230		88.01
88.02	RHC III		1,576		504		88.02
90.01	HYPERBARIC WOUND CLINIC				1,347		90.01
90.02	DIABETES CENTER		5,000		301	2	90.02
91	EMERGENCY	652,953	12,203	430	12,629		91
91.01	G.I. LABORATORY	51,840	8,278		1,888		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			15	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE		4,929			20	116
118	SUBTOTALS (SUM OF LINES 1-117)	1,931,014	429,591	421,286	161,865	472	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,256				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		56,684			1	193.06
193.07	GENERATIONS						193.07
193.08	RETAIL PHARMACY		1,738				193.08
193.09	OUTREACH LAB		1,458		1,661		193.09
193.10	FOOT CLINIC						193.10
193.11	MARKETING		8,057				193.11
193.13	HEALTHPOINT		52,510			9	193.13
193.14	DOCTORS PARK						193.14
194	JAZZMAN'S RESTAURANT		507				194
194.01	FOUNDATION OFFICE		5,005				194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,198,062	4,806,812	3,800,436	2,457,890	5,367,637	202
203	UNIT COST MULT-WS B PT I	0.620432	8.507948	9.021036	15.030576	11,136.176349	203
204	COST TO BE ALLOC PER B PT II	144,632	206,279	500,073	323,417	479,094	204
205	UNIT COST MULT-WS B PT II	0.074900	0.365109	1.187015	1.977771	993.970954	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTS	NURSING SCHOOL ASSIGNED TIME	SCHOOL OF MEDICAL TECHNOLOGY TIME SPENT	SCHOOL OF SURGICAL TECHNOLOGY TIME SPENT	SCHOOL OF RADIOLOGICAL TECHNOLOGY TIME SPENT
	14	20	20.01	20.02	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	24,792,456				14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		16,008			20
20.01 SCHOOL OF MEDICAL TECHNOLOGY			3,084		20.01
20.02 SCHOOL OF SURGICAL TECHNOLOGY				571	20.02
20.03 SCHOOL OF RADIOLOGICAL TECHNOLOGY					2,072
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	360,454	11,262			30
33.01 ADULT SPECIAL CARE	334,783	324			33.01
34.01 CARDIOTHORACIC ICU	92,405				34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF	1,505	1,315			40
41 SUBPROVIDER - IRF	15,182	937			41
43 NURSERY	22,757	1,152			43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	8,370,452	72		571	50
52 DELIVERY ROOM & LABOR ROOM	149,726				52
53 ANESTHESIOLOGY	485,209				53
54 RADIOLOGY-DIAGNOSTIC	655,897				2,072
54.01 ULTRASOUND	38,158				54.01
54.03 CARDIOVASCULAR LAB	2,727,918				54.03
55 RADIOLOGY-THERAPEUTIC	37,722				55
55.01 CHEMOTHERAPY	62,293				55.01
56.01 NUCLEAR MEDICINE	91,043				56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	126,492				57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,987				58
60 LABORATORY	3,948		2,922		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,403				63
65 RESPIRATORY THERAPY	24,897				65
66 PHYSICAL THERAPY	2,670				66
66.01 SOUTHEAST OUTPATIENT REHAB	596				66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY	81				67
68 SPEECH PATHOLOGY					68
69.01 CV DIAGNOSTIC	5,323				69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY	38,727				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT	10,544,109				72

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTS	NURSING SCHOOL ASSIGNED TIME	SCHOOL OF MEDICAL TECHNOLOGY TIME SPENT	SCHOOL OF SURGICAL TECHNOLOGY TIME SPENT	SCHOOL OF RADIOLOG TECH TIME SPENT	
	14	20	20.01	20.02	20.03	
73 DRUGS CHARGED TO PATIENTS	6,347					73
76 CARDIAC REHAB	22					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)	145					88
88.01 RHC II	7,680					88.01
88.02 RHC III	1,443					88.02
90.01 HYPERBARIC WOUND CLINIC	2,337					90.01
90.02 DIABETES CENTER	34					90.02
91 EMERGENCY	298,531	824				91
91.01 G.I. LABORATORY	171,399					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	7,691	54				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	7,664					116
118 SUBTOTALS (SUM OF LINES 1-117)	24,711,030	15,940	2,922	571	2,072	118
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	81,426					193.06
193.07 GENERATIONS						193.07
193.08 RETAIL PHARMACY						193.08
193.09 OUTREACH LAB			162			193.09
193.10 FOOT CLINIC						193.10
193.11 MARKETING						193.11
193.13 HEALTHPOINT		68				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	2,139,078	1,575,201	135,087	49,743	132,619	202
203 UNIT COST MULT-WS B PT I	0.086279	98.400862	43.802529	87.115587	64.005309	203
204 COST TO BE ALLOC PER B PT II	184,229	421,517	32,862	23,399	56,858	204
205 UNIT COST MULT-WS B PT II	0.007431	26.331647	10.655642	40.978984	27.441120	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
88.02	RHC III	88.02
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	33,366,396		33,366,396		33,366,396	30
33.01 ADULT SPECIAL CARE	5,749,670		5,749,670		5,749,670	33.01
34.01 CARDIOTHORACIC ICU	3,969,500		3,969,500		3,969,500	34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	2,587,623		2,587,623		2,587,623	40
41 SUBPROVIDER - IRF	2,603,153		2,603,153	5,222	2,608,375	41
43 NURSERY	1,449,570		1,449,570		1,449,570	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,944,947		17,944,947		17,944,947	50
52 DELIVERY ROOM & LABOR ROOM	2,394,688		2,394,688		2,394,688	52
53 ANESTHESIOLOGY	2,357,766		2,357,766		2,357,766	53
54 RADIOLOGY-DIAGNOSTIC	5,111,593		5,111,593		5,111,593	54
54.01 ULTRASOUND	1,316,549		1,316,549		1,316,549	54.01
54.03 CARDIOVASCULAR LAB	5,508,763		5,508,763		5,508,763	54.03
55 RADIOLOGY-THERAPEUTIC	6,347,005		6,347,005		6,347,005	55
55.01 CHEMOTHERAPY	2,343,127		2,343,127		2,343,127	55.01
56.01 NUCLEAR MEDICINE	2,866,388		2,866,388		2,866,388	56.01
57 COMPUTED TOMOGRAPHY (CT) SC	2,839,028		2,839,028		2,839,028	57
58 MAGNETIC RESONANCE IMAGING	1,873,318		1,873,318		1,873,318	58
60 LABORATORY	11,900,116		11,900,116		11,900,116	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,166,380		1,166,380		1,166,380	63
65 RESPIRATORY THERAPY	3,126,007		3,126,007		3,126,007	65
66 PHYSICAL THERAPY	1,668,605		1,668,605		1,668,605	66
66.01 SOUTHEAST OUTPATIENT REHAB	4,221,040		4,221,040		4,221,040	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	388,589		388,589		388,589	67
68 SPEECH PATHOLOGY	303,611		303,611		303,611	68
69.01 CV DIAGNOSTIC	2,794,519		2,794,519		2,794,519	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	1,473,989		1,473,989		1,473,989	70.01
71 MEDICAL SUPPLIES CHRGD TO	12,383,150		12,383,150		12,383,150	71
72 IMPL. DEV. CHARGED TO PATIE	21,193,333		21,193,333		21,193,333	72
73 DRUGS CHARGED TO PATIENTS	27,242,469		27,242,469		27,242,469	73
76 CARDIAC REHAB	665,952		665,952		665,952	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)	1,901,906		1,901,906		1,901,906	88
88.01 RHC II	2,683,179		2,683,179		2,683,179	88.01
88.02 RHC III	606,596		606,596		606,596	88.02
90.01 HYPERBARIC WOUND CLINIC	1,434,518		1,434,518		1,434,518	90.01
90.02 DIABETES CENTER	561,451		561,451		561,451	90.02
91 EMERGENCY	10,286,356		10,286,356	43,666	10,330,022	91
91.01 G.I. LABORATORY	2,536,087		2,536,087		2,536,087	91.01
92 OBSERVATION BEDS	4,399,050		4,399,050		4,399,050	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	2,155,776		2,155,776		2,155,776	101
113 INTEREST EXPENSE						113
116 HOSPICE	2,901,985		2,901,985		2,901,985	116
200 SUBTOTAL (SEE INSTRUCTIONS)	218,623,748		218,623,748	48,888	218,672,636	200
201 LESS OBSERVATION BEDS	4,399,050		4,399,050		4,399,050	201
202 TOTAL (SEE INSTRUCTIONS)	214,224,698		214,224,698		214,273,586	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	31,157,289		31,157,289			30
33.01 ADULT SPECIAL CARE	7,633,037		7,633,037			33.01
34.01 CARDIOTHORACIC ICU	4,214,380		4,214,380			34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	2,942,920		2,942,920			40
41 SUBPROVIDER - IRF	1,731,450		1,731,450			41
43 NURSERY	1,601,527		1,601,527			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	42,962,104	50,046,655	93,008,759	0.192938	0.192938	0.192938 50
52 DELIVERY ROOM & LABOR ROOM	4,490,419	950,568	5,440,987	0.440120	0.440120	0.440120 52
53 ANESTHESIOLOGY	10,909,031	11,014,227	21,923,258	0.107546	0.107546	0.107546 53
54 RADIOLOGY-DIAGNOSTIC	9,193,821	13,832,444	23,026,265	0.221990	0.221990	0.221990 54
54.01 ULTRASOUND	2,691,192	5,940,823	8,632,015	0.152519	0.152519	0.152519 54.01
54.03 CARDIOVASCULAR LAB	14,797,059	16,760,113	31,557,172	0.174565	0.174565	0.174565 54.03
55 RADIOLOGY-THERAPEUTIC	592,930	19,553,265	20,146,195	0.315047	0.315047	0.315047 55
55.01 CHEMOTHERAPY	29,865	6,671,137	6,701,002	0.349668	0.349668	0.349668 55.01
56.01 NUCLEAR MEDICINE	3,482,212	20,763,512	24,245,724	0.118222	0.118222	0.118222 56.01
57 COMPUTED TOMOGRAPHY (CT) SC	8,900,976	26,695,756	35,596,732	0.079755	0.079755	0.079755 57
58 MAGNETIC RESONANCE IMAGING	3,080,382	10,331,559	13,411,941	0.139675	0.139675	0.139675 58
60 LABORATORY	40,209,900	39,551,696	79,761,596	0.149196	0.149196	0.149196 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	7,356,031	2,401,046	9,757,077	0.119542	0.119542	0.119542 63
65 RESPIRATORY THERAPY	20,944,192	3,599,675	24,543,867	0.127364	0.127364	0.127364 65
66 PHYSICAL THERAPY	5,049,229	227,349	5,276,578	0.316229	0.316229	0.316229 66
66.01 SOUTHEAST OUTPATIENT REHAB		9,855,946	9,855,946	0.428273	0.428273	0.428273 66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	2,147,641	32,056	2,179,697	0.178277	0.178277	0.178277 67
68 SPEECH PATHOLOGY	1,422,358	78,142	1,500,500	0.202340	0.202340	0.202340 68
69.01 CV DIAGNOSTIC	8,520,064	20,238,523	28,758,587	0.097172	0.097172	0.097172 69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	5,783,011	8,654,310	14,437,321	0.102096	0.102096	0.102096 70.01
71 MEDICAL SUPPLIES CHRGD TO	45,114,687	39,656,169	84,770,856	0.146078	0.146078	0.146078 71
72 IMPL. DEV. CHARGED TO PATIE	41,427,160	23,896,785	65,323,945	0.324434	0.324434	0.324434 72
73 DRUGS CHARGED TO PATIENTS	49,079,161	54,089,933	103,169,094	0.264056	0.264056	0.264056 73
76 CARDIAC REHAB	26,679	725,329	752,008	0.885565	0.885565	0.885565 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)		1,614,700	1,614,700			88
88.01 RHC II		2,669,679	2,669,679			88.01
88.02 RHC III		580,351	580,351			88.02
90.01 HYPERBARIC WOUND CLINIC	132,731	7,196,527	7,329,258	0.195725	0.195725	0.195725 90.01
90.02 DIABETES CENTER	36,924	69,047	105,971	5.298157	5.298157	5.298157 90.02
91 EMERGENCY	7,575,933	23,541,605	31,117,538	0.330565	0.330565	0.331968 91
91.01 G.I. LABORATORY	2,849,063	6,845,961	9,695,024	0.261586	0.261586	0.261586 91.01
92 OBSERVATION BEDS	499,314	1,786,444	2,285,758	1.924548	1.924548	1.924548 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		1,122,782	1,122,782			101
113 INTEREST EXPENSE						113
116 HOSPICE		3,173,579	3,173,579			116
200 SUBTOTAL (SEE INSTRUCTIONS)	388,584,672	434,167,693	822,752,365			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	388,584,672	434,167,693	822,752,365			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED 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. 1 MINUS COL. 2)	(COL. 3 ÷ COL. 4)	PGM DAYS	(COL. 5 x COL. 6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,012,407		4,012,407	37,022	108.38	17,760	1,924,829 30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
33.01 ADULT SPECIAL CARE	507,547		507,547	3,563	142.45	2,065	294,159 33.01
34 SURGICAL INTENSIVE CARE UNIT							34
34.01 CARDIOTHORACIC ICU	808,573		808,573	1,979	408.58	1,183	483,350 34.01
35 NEONATOLOGY							35
40 SUBPROVIDER - IPF	267,542		267,542	3,255	82.19	998	82,026 40
41 SUBPROVIDER - IRF	320,916		320,916	2,926	109.68	1,762	193,256 41
42 SUBPROVIDER I							42
43 NURSERY	83,103		83,103	2,830	29.37		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	6,000,088		6,000,088	51,575		23,768	2,977,620 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF
 BOXES [] TITLE XIX [] IRF

[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	2,208,209	93,008,759	0.023742	26,664,870	633,077	50
52 DELIVERY ROOM & LABOR ROOM	250,404	5,440,987	0.046022	11,818	544	52
53 ANESTHESIOLOGY	406,893	21,923,258	0.018560	5,257,891	97,586	53
54 RADIOLOGY-DIAGNOSTIC	429,454	23,026,265	0.018651	4,024,681	75,064	54
54.01 ULTRASOUND	138,236	8,632,015	0.016014	815,606	13,061	54.01
54.03 CARDIOVASCULAR LAB	742,032	31,557,172	0.023514	7,091,382	166,747	54.03
55 RADIOLOGY-THERAPEUTIC	2,032,147	20,146,195	0.100870	245,782	24,792	55
55.01 CHEMOTHERAPY	637,838	6,701,002	0.095185	19,615	1,867	55.01
56.01 NUCLEAR MEDICINE	186,898	24,245,724	0.007708	2,161,991	16,665	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	425,663	35,596,732	0.011958	5,454,088	65,220	57
58 MAGNETIC RESONANCE IMAGING (M	332,067	13,411,941	0.024759	1,688,961	41,817	58
60 LABORATORY	598,036	79,761,596	0.007498	28,160,019	211,144	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	25,202	9,757,077	0.002583	3,133,131	8,093	63
65 RESPIRATORY THERAPY	155,256	24,543,867	0.006326	10,906,391	68,994	65
66 PHYSICAL THERAPY	81,821	5,276,578	0.015506	2,525,565	39,161	66
66.01 SOUTHEAST OUTPATIENT REHAB	494,710	9,855,946	0.050194			66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	16,213	2,179,697	0.007438	375,316	2,792	67
68 SPEECH PATHOLOGY	9,551	1,500,500	0.006365	565,051	3,597	68
69.01 CV DIAGNOSTIC	170,603	28,758,587	0.005932	6,550,343	38,857	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	197,693	14,437,321	0.013693	420,166	5,753	70.01
71 MEDICAL SUPPLIES CHRGD TO PA	108,286	84,770,856	0.001277	24,959,328	31,873	71
72 IMPL. DEV. CHARGED TO PATIENT	303,858	65,323,945	0.004652	22,052,968	102,590	72
73 DRUGS CHARGED TO PATIENTS	407,618	103,169,094	0.003951	26,364,835	104,167	73
76 CARDIAC REHAB	47,583	752,008	0.063275	14,128	894	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)	223,566	1,614,700	0.138457			88
88.01 RHC II	251,972	2,669,679	0.094383			88.01
88.02 RHC III	51,603	580,351	0.088917			88.02
90.01 HYPERBARIC WOUND CLINIC	43,937	7,329,258	0.005995	95,979	575	90.01
90.02 DIABETES CENTER	146,094	105,971	1.378622	36,659	50,539	90.02
91 EMERGENCY	730,528	31,117,538	0.023476	4,098,642	96,220	91
91.01 G.I. LABORATORY	366,619	9,695,024	0.037815	1,674,754	63,331	91.01
92 OBSERVATION BEDS	528,999	2,285,758	0.231433	405,512	93,849	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	12,749,589	769,175,401		185,775,472	2,058,869	200

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 05/28/2013 15:36

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	1,108,190				1,108,190	30
31 INTENSIVE CARE UNIT						31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
33.01 ADULT SPECIAL CARE	31,882				31,882	33.01
34 SURGICAL INTENSIVE CARE UNIT						34
34.01 CARDIOTHORACIC ICU						34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	129,397				129,397	40
41 SUBPROVIDER - IRF	92,202				92,202	41
42 SUBPROVIDER I						42
43 NURSERY	113,358				113,358	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	1,475,029				1,475,029	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	37,022	29.93	17,760	531,557	30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
33.01 ADULT SPECIAL CARE	3,563	8.95	2,065	18,482	33.01
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 CARDIOTHORACIC ICU	1,979		1,183		34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF	3,255	39.75	998	39,671	40
41 SUBPROVIDER - IRF	2,926	31.51	1,762	55,521	41
42 SUBPROVIDER I					42
43 NURSERY	2,830	40.06			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	51,575		23,768	645,231	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	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			HEALTH	MEDICAL	COST		COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST	2	3	COST	COLS. 1-4)	COLS. 2-4)	
	1				5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		56,828			56,828	56,828	50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC		132,619			132,619	132,619	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		127,991			127,991	127,991	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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC							90.01
90.02 DIABETES CENTER							90.02
91 EMERGENCY		81,082			81,082	81,082	91
91.01 G.I. LABORATORY							91.01
92 OBSERVATION BEDS		146,106			146,106	146,106	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		544,626			544,626	544,626	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (26-0110) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA				
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	93,008,759	0.000611	0.000611	26,664,870	16,292	17,074,849	10,433	50
52	DELIVERY ROOM & LABOR ROOM	5,440,987			11,818				52
53	ANESTHESIOLOGY	21,923,258			5,257,891		3,225,366		53
54	RADIOLOGY-DIAGNOSTIC	23,026,265	0.005759	0.005759	4,024,681	23,178	8,330,359	47,975	54
54.01	ULTRASOUND	8,632,015			815,606		909,385		54.01
54.03	CARDIOVASCULAR LAB	31,557,172			7,091,382		6,612,618		54.03
55	RADIOLOGY-THERAPEUTIC	20,146,195			245,782		8,422,994		55
55.01	CHEMOTHERAPY	6,701,002			19,615		301,791		55.01
56.01	NUCLEAR MEDICINE	24,245,724			2,161,991		9,959,477		56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	35,596,732			5,454,088		10,498,933		57
58	MAGNETIC RESONANCE IMAGING (	13,411,941			1,688,961		3,577,814		58
60	LABORATORY	79,761,596	0.001605	0.001605	28,160,019	45,197	2,088,439	3,352	60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	9,757,077			3,133,131		689,799		63
65	RESPIRATORY THERAPY	24,543,867			10,906,391		1,439,054		65
66	PHYSICAL THERAPY	5,276,578			2,525,565				66
66.01	SOUTHEAST OUTPATIENT REHAB	9,855,946					44,119		66.01
66.02	PHYSIATRY								66.02
67	OCCUPATIONAL THERAPY	2,179,697			375,316				67
68	SPEECH PATHOLOGY	1,500,500			565,051				68
69.01	CV DIAGNOSTIC	28,758,587			6,550,343		12,038,523		69.01
69.02	ELECTROPHYSIOLOGY LAB								69.02
70.01	NEUROPHYSIOLOGY	14,437,321			420,166		2,671,216		70.01
71	MEDICAL SUPPLIES CHRGED TO P	84,770,856			24,959,328		14,957,832		71
72	IMPL. DEV. CHARGED TO PATIEN	65,323,945			22,052,968		13,010,338		72
73	DRUGS CHARGED TO PATIENTS	103,169,094			26,364,835		25,913,717		73
76	CARDIAC REHAB	752,008			14,128		341,176		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)	1,614,700							88
88.01	RHC II	2,669,679							88.01
88.02	RHC III	580,351							88.02
90.01	HYPERBARIC WOUND CLINIC	7,329,258			95,979		2,811,813		90.01
90.02	DIABETES CENTER	105,971			36,659				90.02
91	EMERGENCY	31,117,538	0.002606	0.002606	4,098,642	10,681	4,739,730	12,352	91
91.01	G.I. LABORATORY	9,695,024			1,674,754		2,526,944		91.01
92	OBSERVATION BEDS	2,285,758	0.063920	0.063920	405,512	25,920	1,359,321	86,888	92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	769,175,401			185,775,472	121,268	153,545,607	161,000	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.192938		17,074,849			3,294,387		50
52 DELIVERY ROOM & LABOR ROOM	0.440120							52
53 ANESTHESIOLOGY	0.107546		3,225,366			346,875		53
54 RADIOLOGY-DIAGNOSTIC	0.221990		8,330,359			1,849,256		54
54.01 ULTRASOUND	0.152519		909,385			138,698		54.01
54.03 CARDIOVASCULAR LAB	0.174565		6,612,618			1,154,332		54.03
55 RADIOLOGY-THERAPEUTIC	0.315047		8,422,994			2,653,639		55
55.01 CHEMOTHERAPY	0.349668		301,791			105,527		55.01
56.01 NUCLEAR MEDICINE	0.118222		9,959,477			1,177,429		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755		10,498,933			837,342		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675		3,577,814			499,731		58
60 LABORATORY	0.149196		2,088,439			311,587		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542		689,799			82,460		63
65 RESPIRATORY THERAPY	0.127364		1,439,054			183,284		65
66 PHYSICAL THERAPY	0.316229							66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273		44,119			18,895		66.01
66.02 PHYSIATRY								66.02
67 OCCUPATIONAL THERAPY	0.178277							67
68 SPEECH PATHOLOGY	0.202340							68
69.01 CV DIAGNOSTIC	0.097172		12,038,523			1,169,807		69.01
69.02 ELECTROPHYSIOLOGY LAB								69.02
70.01 NEUROPHYSIOLOGY	0.102096		2,671,216			272,720		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.146078		14,957,832			2,185,010		71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434		13,010,338			4,220,996		72
73 DRUGS CHARGED TO PATIENTS	0.264056		25,913,717			6,842,672		73
76 CARDIAC REHAB	0.885565		341,176			302,134		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
88.02 RHC III								88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725		2,811,813			550,342		90.01
90.02 DIABETES CENTER	5.298157							90.02
91 EMERGENCY	0.330565		4,739,730			1,566,789		91
91.01 G.I. LABORATORY	0.261586		2,526,944			661,013		91.01
92 OBSERVATION BEDS	1.924548		1,359,321			2,616,079		92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			153,545,607			33,041,004		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			153,545,607			33,041,004		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	2,208,209	93,008,759	0.023742	50
52	DELIVERY ROOM & LABOR ROOM	250,404	5,440,987	0.046022	52
53	ANESTHESIOLOGY	406,893	21,923,258	0.018560	53
54	RADIOLOGY-DIAGNOSTIC	429,454	23,026,265	0.018651	15,980 298 54
54.01	ULTRASOUND	138,236	8,632,015	0.016014	1,538 25 54.01
54.03	CARDIOVASCULAR LAB	742,032	31,557,172	0.023514	54.03
55	RADIOLOGY-THERAPEUTIC	2,032,147	20,146,195	0.100870	55
55.01	CHEMOTHERAPY	637,838	6,701,002	0.095185	55.01
56.01	NUCLEAR MEDICINE	186,898	24,245,724	0.007708	12,112 93 56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	425,663	35,596,732	0.011958	43,585 521 57
58	MAGNETIC RESONANCE IMAGING (M	332,067	13,411,941	0.024759	21,000 520 58
60	LABORATORY	598,036	79,761,596	0.007498	419,730 3,147 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	25,202	9,757,077	0.002583	63
65	RESPIRATORY THERAPY	155,256	24,543,867	0.006326	70,967 449 65
66	PHYSICAL THERAPY	81,821	5,276,578	0.015506	159,427 2,472 66
66.01	SOUTHEAST OUTPATIENT REHAB	494,710	9,855,946	0.050194	66.01
66.02	PHYSIATRY				66.02
67	OCCUPATIONAL THERAPY	16,213	2,179,697	0.007438	1,791 13 67
68	SPEECH PATHOLOGY	9,551	1,500,500	0.006365	3,022 19 68
69.01	CV DIAGNOSTIC	170,603	28,758,587	0.005932	53,958 320 69.01
69.02	ELECTROPHYSIOLOGY LAB				69.02
70.01	NEUROPHYSIOLOGY	197,693	14,437,321	0.013693	20,462 280 70.01
71	MEDICAL SUPPLIES CHRGED TO PA	108,286	84,770,856	0.001277	39,664 51 71
72	IMPL. DEV. CHARGED TO PATIENT	303,858	65,323,945	0.004652	72
73	DRUGS CHARGED TO PATIENTS	407,618	103,169,094	0.003951	289,318 1,143 73
76	CARDIAC REHAB	47,583	752,008	0.063275	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)	223,566	1,614,700	0.138457	88
88.01	RHC II	251,972	2,669,679	0.094383	88.01
88.02	RHC III	51,603	580,351	0.088917	88.02
90.01	HYPERBARIC WOUND CLINIC	43,937	7,329,258	0.005995	1,569 9 90.01
90.02	DIABETES CENTER	146,094	105,971	1.378622	90.02
91	EMERGENCY	730,528	31,117,538	0.023476	95,877 2,251 91
91.01	G.I. LABORATORY	366,619	9,695,024	0.037815	11,938 451 91.01
92	OBSERVATION BEDS	528,999	2,285,758	0.231433	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	12,749,589	769,175,401		1,261,938 12,062 200

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	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		56,828			56,828	56,828	50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC		132,619			132,619	132,619	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		127,991			127,991	127,991	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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC							90.01
90.02 DIABETES CENTER							90.02
91 EMERGENCY		81,082			81,082	81,082	91
91.01 G.I. LABORATORY							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		398,520			398,520	398,520	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (26-S110) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA						
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	93,008,759	0.000611	0.000611							50
52	DELIVERY ROOM & LABOR ROOM	5,440,987									52
53	ANESTHESIOLOGY	21,923,258									53
54	RADIOLOGY-DIAGNOSTIC	23,026,265	0.005759	0.005759	15,980	92					54
54.01	ULTRASOUND	8,632,015			1,538						54.01
54.03	CARDIOVASCULAR LAB	31,557,172									54.03
55	RADIOLOGY-THERAPEUTIC	20,146,195									55
55.01	CHEMOTHERAPY	6,701,002									55.01
56.01	NUCLEAR MEDICINE	24,245,724			12,112						56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	35,596,732			43,585						57
58	MAGNETIC RESONANCE IMAGING (	13,411,941			21,000						58
60	LABORATORY	79,761,596	0.001605	0.001605	419,730	674					60
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
63	BLOOD STORING, PROCESSING &	9,757,077									63
65	RESPIRATORY THERAPY	24,543,867			70,967						65
66	PHYSICAL THERAPY	5,276,578			159,427						66
66.01	SOUTHEAST OUTPATIENT REHAB	9,855,946									66.01
66.02	PHYSIATRY										66.02
67	OCCUPATIONAL THERAPY	2,179,697			1,791						67
68	SPEECH PATHOLOGY	1,500,500			3,022						68
69.01	CV DIAGNOSTIC	28,758,587			53,958						69.01
69.02	ELECTROPHYSIOLOGY LAB										69.02
70.01	NEUROPHYSIOLOGY	14,437,321			20,462						70.01
71	MEDICAL SUPPLIES CHRGED TO P	84,770,856			39,664						71
72	IMPL. DEV. CHARGED TO PATIEN	65,323,945									72
73	DRUGS CHARGED TO PATIENTS	103,169,094			289,318						73
76	CARDIAC REHAB	752,008									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)	1,614,700									88
88.01	RHC II	2,669,679									88.01
88.02	RHC III	580,351									88.02
90.01	HYPERBARIC WOUND CLINIC	7,329,258			1,569						90.01
90.02	DIABETES CENTER	105,971									90.02
91	EMERGENCY	31,117,538	0.002606	0.002606	95,877	250					91
91.01	G.I. LABORATORY	9,695,024			11,938						91.01
92	OBSERVATION BEDS	2,285,758									92
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	769,175,401			1,261,938	1,016					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	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.192938						50
52 DELIVERY ROOM & LABOR ROOM	0.440120						52
53 ANESTHESIOLOGY	0.107546						53
54 RADIOLOGY-DIAGNOSTIC	0.221990						54
54.01 ULTRASOUND	0.152519						54.01
54.03 CARDIOVASCULAR LAB	0.174565						54.03
55 RADIOLOGY-THERAPEUTIC	0.315047						55
55.01 CHEMOTHERAPY	0.349668						55.01
56.01 NUCLEAR MEDICINE	0.118222						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675						58
60 LABORATORY	0.149196						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542						63
65 RESPIRATORY THERAPY	0.127364						65
66 PHYSICAL THERAPY	0.316229						66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273						66.01
66.02 PHYSIATRY							66.02
67 OCCUPATIONAL THERAPY	0.178277						67
68 SPEECH PATHOLOGY	0.202340						68
69.01 CV DIAGNOSTIC	0.097172						69.01
69.02 ELECTROPHYSIOLOGY LAB							69.02
70.01 NEUROPHYSIOLOGY	0.102096						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.146078						71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434						72
73 DRUGS CHARGED TO PATIENTS	0.264056						73
76 CARDIAC REHAB	0.885565						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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725						90.01
90.02 DIABETES CENTER	5.298157						90.02
91 EMERGENCY	0.330565						91
91.01 G.I. LABORATORY	0.261586						91.01
92 OBSERVATION BEDS	1.924548						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	2,208,209	93,008,759	0.023742	23,540	559	50
52	DELIVERY ROOM & LABOR ROOM	250,404	5,440,987	0.046022			52
53	ANESTHESIOLOGY	406,893	21,923,258	0.018560	5,392	100	53
54	RADIOLOGY-DIAGNOSTIC	429,454	23,026,265	0.018651	23,120	431	54
54.01	ULTRASOUND	138,236	8,632,015	0.016014	3,310	53	54.01
54.03	CARDIOVASCULAR LAB	742,032	31,557,172	0.023514			54.03
55	RADIOLOGY-THERAPEUTIC	2,032,147	20,146,195	0.100870	23,734	2,394	55
55.01	CHEMOTHERAPY	637,838	6,701,002	0.095185	4,176	397	55.01
56.01	NUCLEAR MEDICINE	186,898	24,245,724	0.007708	29,882	230	56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	425,663	35,596,732	0.011958	38,850	465	57
58	MAGNETIC RESONANCE IMAGING (M	332,067	13,411,941	0.024759	11,115	275	58
60	LABORATORY	598,036	79,761,596	0.007498	380,255	2,851	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	25,202	9,757,077	0.002583	17,927	46	63
65	RESPIRATORY THERAPY	155,256	24,543,867	0.006326	213,821	1,353	65
66	PHYSICAL THERAPY	81,821	5,276,578	0.015506	836,924	12,977	66
66.01	SOUTHEAST OUTPATIENT REHAB	494,710	9,855,946	0.050194			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	16,213	2,179,697	0.007438	958,928	7,133	67
68	SPEECH PATHOLOGY	9,551	1,500,500	0.006365	332,859	2,119	68
69.01	CV DIAGNOSTIC	170,603	28,758,587	0.005932	43,653	259	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	197,693	14,437,321	0.013693	23,208	318	70.01
71	MEDICAL SUPPLIES CHRGED TO PA	108,286	84,770,856	0.001277	181,368	232	71
72	IMPL. DEV. CHARGED TO PATIENT	303,858	65,323,945	0.004652	1,612	7	72
73	DRUGS CHARGED TO PATIENTS	407,618	103,169,094	0.003951	608,192	2,403	73
76	CARDIAC REHAB	47,583	752,008	0.063275			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)	223,566	1,614,700	0.138457			88
88.01	RHC II	251,972	2,669,679	0.094383			88.01
88.02	RHC III	51,603	580,351	0.088917			88.02
90.01	HYPERBARIC WOUND CLINIC	43,937	7,329,258	0.005995	12,741	76	90.01
90.02	DIABETES CENTER	146,094	105,971	1.378622			90.02
91	EMERGENCY	730,528	31,117,538	0.023476	4,052	95	91
91.01	G.I. LABORATORY	366,619	9,695,024	0.037815	22,100	836	91.01
92	OBSERVATION BEDS	528,999	2,285,758	0.231433			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,749,589	769,175,401		3,800,759	35,609	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	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		56,828			56,828	56,828	50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC		132,619			132,619	132,619	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		127,991			127,991	127,991	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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC							90.01
90.02 DIABETES CENTER							90.02
91 EMERGENCY		81,082			81,082	81,082	91
91.01 G.I. LABORATORY							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		398,520			398,520	398,520	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (26-T110)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA							
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	93,008,759	0.000611	0.000611	23,540	14		50				
52	DELIVERY ROOM & LABOR ROOM	5,440,987						52				
53	ANESTHESIOLOGY	21,923,258			5,392			53				
54	RADIOLOGY-DIAGNOSTIC	23,026,265	0.005759	0.005759	23,120	133		54				
54.01	ULTRASOUND	8,632,015			3,310			54.01				
54.03	CARDIOVASCULAR LAB	31,557,172						54.03				
55	RADIOLOGY-THERAPEUTIC	20,146,195			23,734			55				
55.01	CHEMOTHERAPY	6,701,002			4,176			55.01				
56.01	NUCLEAR MEDICINE	24,245,724			29,882			56.01				
57	COMPUTED TOMOGRAPHY (CT) SCA	35,596,732			38,850			57				
58	MAGNETIC RESONANCE IMAGING (	13,411,941			11,115			58				
60	LABORATORY	79,761,596	0.001605	0.001605	380,255	610		60				
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30				
63	BLOOD STORING, PROCESSING &	9,757,077			17,927			63				
65	RESPIRATORY THERAPY	24,543,867			213,821			65				
66	PHYSICAL THERAPY	5,276,578			836,924			66				
66.01	SOUTHEAST OUTPATIENT REHAB	9,855,946						66.01				
66.02	PHYSIATRY							66.02				
67	OCCUPATIONAL THERAPY	2,179,697			958,928			67				
68	SPEECH PATHOLOGY	1,500,500			332,859			68				
69.01	CV DIAGNOSTIC	28,758,587			43,653			69.01				
69.02	ELECTROPHYSIOLOGY LAB							69.02				
70.01	NEUROPHYSIOLOGY	14,437,321			23,208			70.01				
71	MEDICAL SUPPLIES CHRGED TO P	84,770,856			181,368			71				
72	IMPL. DEV. CHARGED TO PATIEN	65,323,945			1,612			72				
73	DRUGS CHARGED TO PATIENTS	103,169,094			608,192			73				
76	CARDIAC REHAB	752,008						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)	1,614,700						88				
88.01	RHC II	2,669,679						88.01				
88.02	RHC III	580,351						88.02				
90.01	HYPERBARIC WOUND CLINIC	7,329,258			12,741			90.01				
90.02	DIABETES CENTER	105,971						90.02				
91	EMERGENCY	31,117,538	0.002606	0.002606	4,052	11		91				
91.01	G.I. LABORATORY	9,695,024			22,100			91.01				
92	OBSERVATION BEDS	2,285,758						92				
OTHER REIMBURSABLE COST CENTERS												
200	TOTAL (SUM OF LINES 50-199)	769,175,401			3,800,759	768		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	PROGRAM CHARGES -----				PROGRAM COSTS -----		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.192938						50
52 DELIVERY ROOM & LABOR ROOM	0.440120						52
53 ANESTHESIOLOGY	0.107546						53
54 RADIOLOGY-DIAGNOSTIC	0.221990						54
54.01 ULTRASOUND	0.152519						54.01
54.03 CARDIOVASCULAR LAB	0.174565						54.03
55 RADIOLOGY-THERAPEUTIC	0.315047						55
55.01 CHEMOTHERAPY	0.349668						55.01
56.01 NUCLEAR MEDICINE	0.118222						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675						58
60 LABORATORY	0.149196						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542						63
65 RESPIRATORY THERAPY	0.127364						65
66 PHYSICAL THERAPY	0.316229						66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273						66.01
66.02 PHYSIATRY							66.02
67 OCCUPATIONAL THERAPY	0.178277						67
68 SPEECH PATHOLOGY	0.202340						68
69.01 CV DIAGNOSTIC	0.097172						69.01
69.02 ELECTROPHYSIOLOGY LAB							69.02
70.01 NEUROPHYSIOLOGY	0.102096						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.146078						71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434						72
73 DRUGS CHARGED TO PATIENTS	0.264056						73
76 CARDIAC REHAB	0.885565						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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725						90.01
90.02 DIABETES CENTER	5.298157						90.02
91 EMERGENCY	0.330565						91
91.01 G.I. LABORATORY	0.261586						91.01
92 OBSERVATION BEDS	1.924548						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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL. 1 MINUS COL. 2)	DAYS	(COL. 3 ÷ COL. 4)	DAYS	CAP COST (COL. 5 x COL. 6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	4,012,407		4,012,407	37,022	108.38	4,910	532,146	30
31 INTENSIVE CARE UNIT								31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
33.01 ADULT SPECIAL CARE	507,547		507,547	3,563	142.45	502	71,510	33.01
34 SURGICAL INTENSIVE CARE UNIT								34
34.01 CARDIOTHORACIC ICU	808,573		808,573	1,979	408.58	158	64,556	34.01
35 NEONATOLOGY								35
40 SUBPROVIDER - IPF	267,542		267,542	3,255	82.19	1,139	93,614	40
41 SUBPROVIDER - IRF	320,916		320,916	2,926	109.68	210	23,033	41
42 SUBPROVIDER I								42
43 NURSERY	83,103		83,103	2,830	29.37	1,008	29,605	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	6,000,088		6,000,088	51,575		7,927	814,464	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-0110) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX [] IRF

[] 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	2,208,209	93,008,759	0.023742	3,444,273	81,774	50
52 DELIVERY ROOM & LABOR ROOM	250,404	5,440,987	0.046022	1,727,219	79,490	52
53 ANESTHESIOLOGY	406,893	21,923,258	0.018560	919,915	17,074	53
54 RADIOLOGY-DIAGNOSTIC	429,454	23,026,265	0.018651	686,826	12,810	54
54.01 ULTRASOUND	138,236	8,632,015	0.016014	238,079	3,813	54.01
54.03 CARDIOVASCULAR LAB	742,032	31,557,172	0.023514	939,042	22,081	54.03
55 RADIOLOGY-THERAPEUTIC	2,032,147	20,146,195	0.100870	56,322	5,681	55
55.01 CHEMOTHERAPY	637,838	6,701,002	0.095185	1,735	165	55.01
56.01 NUCLEAR MEDICINE	186,898	24,245,724	0.007708	436,570	3,365	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	425,663	35,596,732	0.011958	1,080,965	12,926	57
58 MAGNETIC RESONANCE IMAGING (M	332,067	13,411,941	0.024759	329,181	8,150	58
60 LABORATORY	598,036	79,761,596	0.007498	6,269,713	47,010	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	25,202	9,757,077	0.002583	448,823	1,159	63
65 RESPIRATORY THERAPY	155,256	24,543,867	0.006326	2,380,200	15,057	65
66 PHYSICAL THERAPY	81,821	5,276,578	0.015506	321,296	4,982	66
66.01 SOUTHEAST OUTPATIENT REHAB	494,710	9,855,946	0.050194			66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	16,213	2,179,697	0.007438	131,195	976	67
68 SPEECH PATHOLOGY	9,551	1,500,500	0.006365	158,036	1,006	68
69.01 CV DIAGNOSTIC	170,603	28,758,587	0.005932	1,093,445	6,486	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	197,693	14,437,321	0.013693	143,130	1,960	70.01
71 MEDICAL SUPPLIES CHRGED TO PA	108,286	84,770,856	0.001277	3,591,776	4,587	71
72 IMPL. DEV. CHARGED TO PATIENT	303,858	65,323,945	0.004652	1,495,242	6,956	72
73 DRUGS CHARGED TO PATIENTS	407,618	103,169,094	0.003951	6,386,500	25,233	73
76 CARDIAC REHAB	47,583	752,008	0.063275	1,213	77	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)	223,566	1,614,700	0.138457			88
88.01 RHC II	251,972	2,669,679	0.094383			88.01
88.02 RHC III	51,603	580,351	0.088917			88.02
90.01 HYPERBARIC WOUND CLINIC	43,937	7,329,258	0.005995	19,544	117	90.01
90.02 DIABETES CENTER	146,094	105,971	1.378622	265	365	90.02
91 EMERGENCY	730,528	31,117,538	0.023476	1,117,672	26,238	91
91.01 G.I. LABORATORY	366,619	9,695,024	0.037815	286,403	10,830	91.01
92 OBSERVATION BEDS	528,999	2,285,758	0.231433	93,802	21,709	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	12,749,589	769,175,401		33,798,382	422,077	200

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 05/28/2013 15:36

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	1,108,190				1,108,190	30
31 INTENSIVE CARE UNIT						31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
33.01 ADULT SPECIAL CARE	31,882				31,882	33.01
34 SURGICAL INTENSIVE CARE UNIT						34
34.01 CARDIOTHORACIC ICU						34.01
35 NEONATOLOGY						35
40 SUBPROVIDER - IPF	129,397				129,397	40
41 SUBPROVIDER - IRF	92,202				92,202	41
42 SUBPROVIDER I						42
43 NURSERY	113,358				113,358	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	1,475,029				1,475,029	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	37,022	29.93	4,910	146,956	30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
33.01 ADULT SPECIAL CARE	3,563	8.95	502	4,493	33.01
34 SURGICAL INTENSIVE CARE UNIT					34
34.01 CARDIOTHORACIC ICU	1,979		158		34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF	3,255	39.75	1,139	45,275	40
41 SUBPROVIDER - IRF	2,926	31.51	210	6,617	41
42 SUBPROVIDER I					42
43 NURSERY	2,830	40.06	1,008	40,380	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	51,575		7,927	243,721	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
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		56,828			56,828	56,828	50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC		132,619			132,619	132,619	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		127,991			127,991	127,991	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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC							90.01
90.02 DIABETES CENTER							90.02
91 EMERGENCY		81,082			81,082	81,082	91
91.01 G.I. LABORATORY							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		398,520			398,520	398,520	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 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						93,008,759	0.000611	0.000611	3,444,273	2,104	50
52						5,440,987			1,727,219		52
53						21,923,258			919,915		53
54						23,026,265	0.005759	0.005759	686,826	3,955	54
54.01						8,632,015			238,079		54.01
54.03						31,557,172			939,042		54.03
55						20,146,195			56,322		55
55.01						6,701,002			1,735		55.01
56.01						24,245,724			436,570		56.01
57						35,596,732			1,080,965		57
58						13,411,941			329,181		58
60						79,761,596	0.001605	0.001605	6,269,713	10,063	60
62.30											62.30
63						9,757,077			448,823		63
65						24,543,867			2,380,200		65
66						5,276,578			321,296		66
66.01						9,855,946					66.01
66.02											66.02
67						2,179,697			131,195		67
68						1,500,500			158,036		68
69.01						28,758,587			1,093,445		69.01
69.02											69.02
70.01						14,437,321			143,130		70.01
71						84,770,856			3,591,776		71
72						65,323,945			1,495,242		72
73						103,169,094			6,386,500		73
76						752,008			1,213		76
76.97											76.97
76.98											76.98
76.99											76.99
OUTPATIENT SERVICE COST CENTERS											
88						1,614,700					88
88.01						2,669,679					88.01
88.02						580,351					88.02
90.01						7,329,258			19,544		90.01
90.02						105,971			265		90.02
91						31,117,538	0.002606	0.002606	1,117,672	2,913	91
91.01						9,695,024			286,403		91.01
92						2,285,758			93,802		92
OTHER REIMBURSABLE COST CENTERS											
200						769,175,401			33,798,382	19,035	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-0110) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] 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 1	PROGRAM CHARGES		PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 6		COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	0.192938		9,436,347		1,820,630	50
52 DELIVERY ROOM & LABOR ROOM	0.440120		112,624		49,568	52
53 ANESTHESIOLOGY	0.107546		2,312,133		248,661	53
54 RADIOLOGY-DIAGNOSTIC	0.221990		2,404,422		533,758	54
54.01 ULTRASOUND	0.152519		1,043,912		159,216	54.01
54.03 CARDIOVASCULAR LAB	0.174565		1,241,563		216,733	54.03
55 RADIOLOGY-THERAPEUTIC	0.315047		1,600,957		504,377	55
55.01 CHEMOTHERAPY	0.349668		492,218		172,113	55.01
56.01 NUCLEAR MEDICINE	0.118222		1,255,989		148,486	56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755		3,242,200		258,582	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675		882,418		123,252	58
60 LABORATORY	0.149196		7,533,575		1,123,979	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542		165,552		19,790	63
65 RESPIRATORY THERAPY	0.127364		632,536		80,562	65
66 PHYSICAL THERAPY	0.316229					66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273		1,446,096		619,324	66.01
66.02 PHYSIATRY						66.02
67 OCCUPATIONAL THERAPY	0.178277					67
68 SPEECH PATHOLOGY	0.202340					68
69.01 CV DIAGNOSTIC	0.097172		1,904,755		185,089	69.01
69.02 ELECTROPHYSIOLOGY LAB						69.02
70.01 NEUROPHYSIOLOGY	0.102096		1,228,743		125,450	70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.146078		5,054,869		738,405	71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434		1,718,407		557,510	72
73 DRUGS CHARGED TO PATIENTS	0.264056		7,189,468		1,898,422	73
76 CARDIAC REHAB	0.885565		11,761		10,415	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
88.02 RHC III						88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725		709,654		138,897	90.01
90.02 DIABETES CENTER	5.298157		1,120		5,934	90.02
91 EMERGENCY	0.330565		5,731,378		1,894,593	91
91.01 G.I. LABORATORY	0.261586		707,567		185,090	91.01
92 OBSERVATION BEDS	1.924548		427,123		822,019	92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)			58,487,387		12,640,855	200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)			58,487,387		12,640,855	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	2,208,209	93,008,759	0.023742				50
52	DELIVERY ROOM & LABOR ROOM	250,404	5,440,987	0.046022				52
53	ANESTHESIOLOGY	406,893	21,923,258	0.018560	634	12		53
54	RADIOLOGY-DIAGNOSTIC	429,454	23,026,265	0.018651	10,689	199		54
54.01	ULTRASOUND	138,236	8,632,015	0.016014	3,342	54		54.01
54.03	CARDIOVASCULAR LAB	742,032	31,557,172	0.023514				54.03
55	RADIOLOGY-THERAPEUTIC	2,032,147	20,146,195	0.100870				55
55.01	CHEMOTHERAPY	637,838	6,701,002	0.095185	3,097	295		55.01
56.01	NUCLEAR MEDICINE	186,898	24,245,724	0.007708	15,962	123		56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	425,663	35,596,732	0.011958	27,478	329		57
58	MAGNETIC RESONANCE IMAGING (M	332,067	13,411,941	0.024759	18,315	453		58
60	LABORATORY	598,036	79,761,596	0.007498	290,613	2,179		60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	25,202	9,757,077	0.002583	13,674	35		63
65	RESPIRATORY THERAPY	155,256	24,543,867	0.006326	49,225	311		65
66	PHYSICAL THERAPY	81,821	5,276,578	0.015506	13,623	211		66
66.01	SOUTHEAST OUTPATIENT REHAB	494,710	9,855,946	0.050194				66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	16,213	2,179,697	0.007438	1,483	11		67
68	SPEECH PATHOLOGY	9,551	1,500,500	0.006365	476	3		68
69.01	CV DIAGNOSTIC	170,603	28,758,587	0.005932	43,821	260		69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	197,693	14,437,321	0.013693	6,901	94		70.01
71	MEDICAL SUPPLIES CHRGED TO PA	108,286	84,770,856	0.001277	19,655	25		71
72	IMPL. DEV. CHARGED TO PATIENT	303,858	65,323,945	0.004652				72
73	DRUGS CHARGED TO PATIENTS	407,618	103,169,094	0.003951	247,408	978		73
76	CARDIAC REHAB	47,583	752,008	0.063275				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)	223,566	1,614,700	0.138457				88
88.01	RHC II	251,972	2,669,679	0.094383				88.01
88.02	RHC III	51,603	580,351	0.088917				88.02
90.01	HYPERBARIC WOUND CLINIC	43,937	7,329,258	0.005995	630	4		90.01
90.02	DIABETES CENTER	146,094	105,971	1.378622				90.02
91	EMERGENCY	730,528	31,117,538	0.023476	4,675	110		91
91.01	G.I. LABORATORY	366,619	9,695,024	0.037815	6,910	261		91.01
92	OBSERVATION BEDS	528,999	2,285,758	0.231433				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	12,749,589	769,175,401		778,611	5,947		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
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			HEALTH	MEDICAL	COST		COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST	2	3	COST	COLS.1-4)	COLS.2-4)	
	1			4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		56,828			56,828	56,828	50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC		132,619			132,619	132,619	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		127,991			127,991	127,991	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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC							90.01
90.02 DIABETES CENTER							90.02
91 EMERGENCY		81,082			81,082	81,082	91
91.01 G.I. LABORATORY							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		398,520			398,520	398,520	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 [XX] IPF (26-S110) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER						
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	93,008,759	0.000611	0.000611							50
52	DELIVERY ROOM & LABOR ROOM	5,440,987									52
53	ANESTHESIOLOGY	21,923,258			634						53
54	RADIOLOGY-DIAGNOSTIC	23,026,265	0.005759	0.005759	10,689	62					54
54.01	ULTRASOUND	8,632,015			3,342						54.01
54.03	CARDIOVASCULAR LAB	31,557,172									54.03
55	RADIOLOGY-THERAPEUTIC	20,146,195									55
55.01	CHEMOTHERAPY	6,701,002			3,097						55.01
56.01	NUCLEAR MEDICINE	24,245,724			15,962						56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	35,596,732			27,478						57
58	MAGNETIC RESONANCE IMAGING (	13,411,941			18,315						58
60	LABORATORY	79,761,596	0.001605	0.001605	290,613	466					60
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
63	BLOOD STORING, PROCESSING &	9,757,077			13,674						63
65	RESPIRATORY THERAPY	24,543,867			49,225						65
66	PHYSICAL THERAPY	5,276,578			13,623						66
66.01	SOUTHEAST OUTPATIENT REHAB	9,855,946									66.01
66.02	PHYSIATRY										66.02
67	OCCUPATIONAL THERAPY	2,179,697			1,483						67
68	SPEECH PATHOLOGY	1,500,500			476						68
69.01	CV DIAGNOSTIC	28,758,587			43,821						69.01
69.02	ELECTROPHYSIOLOGY LAB										69.02
70.01	NEUROPHYSIOLOGY	14,437,321			6,901						70.01
71	MEDICAL SUPPLIES CHRGED TO P	84,770,856			19,655						71
72	IMPL. DEV. CHARGED TO PATIEN	65,323,945									72
73	DRUGS CHARGED TO PATIENTS	103,169,094			247,408						73
76	CARDIAC REHAB	752,008									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)	1,614,700									88
88.01	RHC II	2,669,679									88.01
88.02	RHC III	580,351									88.02
90.01	HYPERBARIC WOUND CLINIC	7,329,258			630						90.01
90.02	DIABETES CENTER	105,971									90.02
91	EMERGENCY	31,117,538	0.002606	0.002606	4,675	12					91
91.01	G.I. LABORATORY	9,695,024			6,910						91.01
92	OBSERVATION BEDS	2,285,758									92
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	769,175,401			778,611	540					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	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.192938						50
52 DELIVERY ROOM & LABOR ROOM	0.440120						52
53 ANESTHESIOLOGY	0.107546						53
54 RADIOLOGY-DIAGNOSTIC	0.221990						54
54.01 ULTRASOUND	0.152519						54.01
54.03 CARDIOVASCULAR LAB	0.174565						54.03
55 RADIOLOGY-THERAPEUTIC	0.315047						55
55.01 CHEMOTHERAPY	0.349668						55.01
56.01 NUCLEAR MEDICINE	0.118222						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675						58
60 LABORATORY	0.149196						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542						63
65 RESPIRATORY THERAPY	0.127364						65
66 PHYSICAL THERAPY	0.316229						66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273						66.01
66.02 PHYSIATRY							66.02
67 OCCUPATIONAL THERAPY	0.178277						67
68 SPEECH PATHOLOGY	0.202340						68
69.01 CV DIAGNOSTIC	0.097172						69.01
69.02 ELECTROPHYSIOLOGY LAB							69.02
70.01 NEUROPHYSIOLOGY	0.102096						70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.146078						71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434						72
73 DRUGS CHARGED TO PATIENTS	0.264056						73
76 CARDIAC REHAB	0.885565						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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725						90.01
90.02 DIABETES CENTER	5.298157						90.02
91 EMERGENCY	0.330565						91
91.01 G.I. LABORATORY	0.261586						91.01
92 OBSERVATION BEDS	1.924548						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	2,208,209	93,008,759	0.023742	25,078	595	50
52	DELIVERY ROOM & LABOR ROOM	250,404	5,440,987	0.046022			52
53	ANESTHESIOLOGY	406,893	21,923,258	0.018560	8,234	153	53
54	RADIOLOGY-DIAGNOSTIC	429,454	23,026,265	0.018651	3,451	64	54
54.01	ULTRASOUND	138,236	8,632,015	0.016014	1,145	18	54.01
54.03	CARDIOVASCULAR LAB	742,032	31,557,172	0.023514			54.03
55	RADIOLOGY-THERAPEUTIC	2,032,147	20,146,195	0.100870			55
55.01	CHEMOTHERAPY	637,838	6,701,002	0.095185			55.01
56.01	NUCLEAR MEDICINE	186,898	24,245,724	0.007708	6,751	52	56.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	425,663	35,596,732	0.011958	1,320	16	57
58	MAGNETIC RESONANCE IMAGING (M	332,067	13,411,941	0.024759	3,714	92	58
60	LABORATORY	598,036	79,761,596	0.007498	48,694	365	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	25,202	9,757,077	0.002583			63
65	RESPIRATORY THERAPY	155,256	24,543,867	0.006326	14,452	91	65
66	PHYSICAL THERAPY	81,821	5,276,578	0.015506	70,920	1,100	66
66.01	SOUTHEAST OUTPATIENT REHAB	494,710	9,855,946	0.050194			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	16,213	2,179,697	0.007438	64,745	482	67
68	SPEECH PATHOLOGY	9,551	1,500,500	0.006365	42,093	268	68
69.01	CV DIAGNOSTIC	170,603	28,758,587	0.005932	3,498	21	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	197,693	14,437,321	0.013693			70.01
71	MEDICAL SUPPLIES CHRGED TO PA	108,286	84,770,856	0.001277	46,977	60	71
72	IMPL. DEV. CHARGED TO PATIENT	303,858	65,323,945	0.004652	97		72
73	DRUGS CHARGED TO PATIENTS	407,618	103,169,094	0.003951	57,325	226	73
76	CARDIAC REHAB	47,583	752,008	0.063275			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)	223,566	1,614,700	0.138457			88
88.01	RHC II	251,972	2,669,679	0.094383			88.01
88.02	RHC III	51,603	580,351	0.088917			88.02
90.01	HYPERBARIC WOUND CLINIC	43,937	7,329,258	0.005995	2,268	14	90.01
90.02	DIABETES CENTER	146,094	105,971	1.378622			90.02
91	EMERGENCY	730,528	31,117,538	0.023476	966	23	91
91.01	G.I. LABORATORY	366,619	9,695,024	0.037815			91.01
92	OBSERVATION BEDS	528,999	2,285,758	0.231433			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,749,589	769,175,401		401,728	3,640	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	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST	2	3	COST	COLS.1-4)	COLS.2-4)	
	1			4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		56,828			56,828	56,828	50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC		132,619			132,619	132,619	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		127,991			127,991	127,991	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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC							90.01
90.02 DIABETES CENTER							90.02
91 EMERGENCY		81,082			81,082	81,082	91
91.01 G.I. LABORATORY							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		398,520			398,520	398,520	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 [XX] IRF (26-T110)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER		
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	93,008,759	0.000611	0.000611	25,078	15	50
52	DELIVERY ROOM & LABOR ROOM	5,440,987					52
53	ANESTHESIOLOGY	21,923,258			8,234		53
54	RADIOLOGY-DIAGNOSTIC	23,026,265	0.005759	0.005759	3,451	20	54
54.01	ULTRASOUND	8,632,015			1,145		54.01
54.03	CARDIOVASCULAR LAB	31,557,172					54.03
55	RADIOLOGY-THERAPEUTIC	20,146,195					55
55.01	CHEMOTHERAPY	6,701,002					55.01
56.01	NUCLEAR MEDICINE	24,245,724			6,751		56.01
57	COMPUTED TOMOGRAPHY (CT) SCA	35,596,732			1,320		57
58	MAGNETIC RESONANCE IMAGING (	13,411,941			3,714		58
60	LABORATORY	79,761,596	0.001605	0.001605	48,694	78	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	9,757,077					63
65	RESPIRATORY THERAPY	24,543,867			14,452		65
66	PHYSICAL THERAPY	5,276,578			70,920		66
66.01	SOUTHEAST OUTPATIENT REHAB	9,855,946					66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	2,179,697			64,745		67
68	SPEECH PATHOLOGY	1,500,500			42,093		68
69.01	CV DIAGNOSTIC	28,758,587			3,498		69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	14,437,321					70.01
71	MEDICAL SUPPLIES CHRGED TO P	84,770,856			46,977		71
72	IMPL. DEV. CHARGED TO PATIEN	65,323,945			97		72
73	DRUGS CHARGED TO PATIENTS	103,169,094			57,325		73
76	CARDIAC REHAB	752,008					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)	1,614,700					88
88.01	RHC II	2,669,679					88.01
88.02	RHC III	580,351					88.02
90.01	HYPERBARIC WOUND CLINIC	7,329,258			2,268		90.01
90.02	DIABETES CENTER	105,971					90.02
91	EMERGENCY	31,117,538	0.002606	0.002606	966	3	91
91.01	G.I. LABORATORY	9,695,024					91.01
92	OBSERVATION BEDS	2,285,758					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	769,175,401			401,728	116	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	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.192938						50
52 DELIVERY ROOM & LABOR ROOM	0.440120						52
53 ANESTHESIOLOGY	0.107546						53
54 RADIOLOGY-DIAGNOSTIC	0.221990						54
54.01 ULTRASOUND	0.152519						54.01
54.03 CARDIOVASCULAR LAB	0.174565						54.03
55 RADIOLOGY-THERAPEUTIC	0.315047						55
55.01 CHEMOTHERAPY	0.349668						55.01
56.01 NUCLEAR MEDICINE	0.118222						56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675						58
60 LABORATORY	0.149196						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542						63
65 RESPIRATORY THERAPY	0.127364						65
66 PHYSICAL THERAPY	0.316229						66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273						66.01
66.02 PHYSIATRY							66.02
67 OCCUPATIONAL THERAPY	0.178277						67
68 SPEECH PATHOLOGY	0.202340						68
69.01 CV DIAGNOSTIC	0.097172						69.01
69.02 ELECTROPHYSIOLOGY LAB							69.02
70.01 NEUROPHYSIOLOGY	0.102096						70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.146078						71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434						72
73 DRUGS CHARGED TO PATIENTS	0.264056						73
76 CARDIAC REHAB	0.885565						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
88.02 RHC III							88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725						90.01
90.02 DIABETES CENTER	5.298157						90.02
91 EMERGENCY	0.330565						91
91.01 G.I. LABORATORY	0.261586						91.01
92 OBSERVATION BEDS	1.924548						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

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)	37,022	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	37,022	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,089	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,052	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)	17,760	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)	33,366,396	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	33,366,396	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31,217,271	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,557,143	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,660,128	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.068844	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	687.00	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,066.86	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)	33,366,396	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) 901.26 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 16,006,378 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) 16,006,378 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	5,749,670	3,563	1,613.72	2,065	3,332,332	45.01
46 SURGICAL INTENSIVE CARE UNIT						46
46.01 CARDIOTHORACIC ICU	3,969,500	1,979	2,005.81	1,183	2,372,873	46.01
47 NEONATOLOGY						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						37,173,342 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)						58,884,925 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,252,377 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,180,137 51
 52 TOTAL PROGRAM EXCLUDABLE COST 5,432,514 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53,452,411 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 4,881 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 901.26 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,399,050 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	4,012,407	33,366,396	0.120253	4,399,050	528,999	90
91 NURSING SCHOOL COST	1,108,190	33,366,396	0.033213	4,399,050	146,106	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 PPS
 APPLICABLE TITLE XVIII-PT A 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)	3,255	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,255	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,255	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)	998	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)	2,587,623	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	2,587,623	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,942,920	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,942,920	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.879271	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)	904.12	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)	2,587,623	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)	794.97 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	793,380 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)	793,380 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	259,409 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,052,789 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	121,697 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	13,078 51
52	TOTAL PROGRAM EXCLUDABLE COST	134,775 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	918,014 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX-INPT 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)	2,926	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,926	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,926	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)	1,762	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)	2,608,375	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	2,608,375	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,731,450	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,731,450	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.506469	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)	591.75	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)	2,608,375	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	[]	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)	891.45 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,570,735 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)	1,570,735 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	820,799 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,391,534 49

PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	248,777 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	36,377 51
52 TOTAL PROGRAM EXCLUDABLE COST	285,154 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,106,380 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)	37,022	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	37,022	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,089	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,052	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)	4,910	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)	2,830	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,008	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)	33,366,396	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	33,366,396	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31,217,271	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,557,143	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,660,128	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.068844	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	687.00	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,066.86	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)	33,366,396	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) 901.26 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,425,187 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) 4,425,187 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,449,570	2,830	512.22	1,008	516,318 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	5,749,670	3,563	1,613.72	502	810,087 45.01
46 SURGICAL INTENSIVE CARE UNIT					46
46.01 CARDIOTHORACIC ICU	3,969,500	1,979	2,005.81	158	316,918 46.01
47 NEONATOLOGY					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					6,975,952 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					13,044,462 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 889,646 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 441,112 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,330,758 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 4,881 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

	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	5
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 [] PPS
 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)	3,255	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,255	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,255	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)	1,139	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)	2,587,623	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	2,587,623	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,942,920	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,942,920	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.879271	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)	904.12	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)	2,587,623	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)	794.97 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	905,471 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)	905,471 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	143,241 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,048,712 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	138,889 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	6,487 51
52 TOTAL PROGRAM EXCLUDABLE COST	145,376 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (26-T110) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	2,926	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,926	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,926	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)	210	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)	2,603,153	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	2,603,153	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,731,450	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,731,450	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.503453	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)	591.75	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)	2,603,153	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)	889,66 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	186,829 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)	186,829 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	82,813 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	269,642 49

PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	29,650 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	3,756 51
52 TOTAL PROGRAM EXCLUDABLE COST	33,406 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		14,999,991			30
33.01 ADULT SPECIAL CARE		3,986,584			33.01
34.01 CARDIOTHORACIC ICU		1,625,701			34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.192938	26,664,870	5,144,667		50
52 DELIVERY ROOM & LABOR ROOM	0.440120	11,818	5,201		52
53 ANESTHESIOLOGY	0.107546	5,257,891	565,465		53
54 RADIOLOGY-DIAGNOSTIC	0.221990	4,024,681	893,439		54
54.01 ULTRASOUND	0.152519	815,606	124,395		54.01
54.03 CARDIOVASCULAR LAB	0.174565	7,091,382	1,237,907		54.03
55 RADIOLOGY-THERAPEUTIC	0.315047	245,782	77,433		55
55.01 CHEMOTHERAPY	0.349668	19,615	6,859		55.01
56.01 NUCLEAR MEDICINE	0.118222	2,161,991	255,595		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755	5,454,088	434,991		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675	1,688,961	235,906		58
60 LABORATORY	0.149196	28,160,019	4,201,362		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542	3,133,131	374,541		63
65 RESPIRATORY THERAPY	0.127364	10,906,391	1,389,082		65
66 PHYSICAL THERAPY	0.316229	2,525,565	798,657		66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273				66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY	0.178277	375,316	66,910		67
68 SPEECH PATHOLOGY	0.202340	565,051	114,332		68
69.01 CV DIAGNOSTIC	0.097172	6,550,343	636,510		69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY	0.102096	420,166	42,897		70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.146078	24,959,328	3,646,009		71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434	22,052,968	7,154,733		72
73 DRUGS CHARGED TO PATIENTS	0.264056	26,364,835	6,961,793		73
76 CARDIAC REHAB	0.885565	14,128	12,511		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
88.02 RHC III					88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725	95,979	18,785		90.01
90.02 DIABETES CENTER	5.298157	36,659	194,225		90.02
91 EMERGENCY	0.331968	4,098,642	1,360,618		91
91.01 G.I. LABORATORY	0.261586	1,674,754	438,092		91.01
92 OBSERVATION BEDS	1.924548	405,512	780,427		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		185,775,472	37,173,342		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		185,775,472			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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
33.01 ADULT SPECIAL CARE					33.01
34.01 CARDIOTHORACIC ICU					34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF		762,157			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.192938				50
52 DELIVERY ROOM & LABOR ROOM	0.440120				52
53 ANESTHESIOLOGY	0.107546				53
54 RADIOLOGY-DIAGNOSTIC	0.221990	15,980	3,547		54
54.01 ULTRASOUND	0.152519	1,538	235		54.01
54.03 CARDIOVASCULAR LAB	0.174565				54.03
55 RADIOLOGY-THERAPEUTIC	0.315047				55
55.01 CHEMOTHERAPY	0.349668				55.01
56.01 NUCLEAR MEDICINE	0.118222	12,112	1,432		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755	43,585	3,476		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675	21,000	2,933		58
60 LABORATORY	0.149196	419,730	62,622		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542				63
65 RESPIRATORY THERAPY	0.127364	70,967	9,039		65
66 PHYSICAL THERAPY	0.316229	159,427	50,415		66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273				66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY	0.178277	1,791	319		67
68 SPEECH PATHOLOGY	0.202340	3,022	611		68
69.01 CV DIAGNOSTIC	0.097172	53,958	5,243		69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY	0.102096	20,462	2,089		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.146078	39,664	5,794		71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434				72
73 DRUGS CHARGED TO PATIENTS	0.264056	289,318	76,396		73
76 CARDIAC REHAB	0.885565				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
88.02 RHC III					88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725	1,569	307		90.01
90.02 DIABETES CENTER	5.298157				90.02
91 EMERGENCY	0.331968	95,877	31,828		91
91.01 G.I. LABORATORY	0.261586	11,938	3,123		91.01
92 OBSERVATION BEDS	1.924548				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,261,938	259,409		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,261,938			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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	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		1,048,361			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.192938	23,540	4,542		50
52 DELIVERY ROOM & LABOR ROOM	0.440120				52
53 ANESTHESIOLOGY	0.107546	5,392	580		53
54 RADIOLOGY-DIAGNOSTIC	0.221990	23,120	5,132		54
54.01 ULTRASOUND	0.152519	3,310	505		54.01
54.03 CARDIOVASCULAR LAB	0.174565				54.03
55 RADIOLOGY-THERAPEUTIC	0.315047	23,734	7,477		55
55.01 CHEMOTHERAPY	0.349668	4,176	1,460		55.01
56.01 NUCLEAR MEDICINE	0.118222	29,882	3,533		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755	38,850	3,098		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675	11,115	1,552		58
60 LABORATORY	0.149196	380,255	56,733		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542	17,927	2,143		63
65 RESPIRATORY THERAPY	0.127364	213,821	27,233		65
66 PHYSICAL THERAPY	0.316229	836,924	264,660		66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273				66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY	0.178277	958,928	170,955		67
68 SPEECH PATHOLOGY	0.202340	332,859	67,351		68
69.01 CV DIAGNOSTIC	0.097172	43,653	4,242		69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY	0.102096	23,208	2,369		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.146078	181,368	26,494		71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434	1,612	523		72
73 DRUGS CHARGED TO PATIENTS	0.264056	608,192	160,597		73
76 CARDIAC REHAB	0.885565				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
88.02 RHC III					88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725	12,741	2,494		90.01
90.02 DIABETES CENTER	5.298157				90.02
91 EMERGENCY	0.331968	4,052	1,345		91
91.01 G.I. LABORATORY	0.261586	22,100	5,781		91.01
92 OBSERVATION BEDS	1.924548				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,800,759	820,799		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,800,759			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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		3,073,117			30
33.01 ADULT SPECIAL CARE		735,475			33.01
34.01 CARDIOTHORACIC ICU		223,674			34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.192938	3,444,273	664,531		50
52 DELIVERY ROOM & LABOR ROOM	0.440120	1,727,219	760,184		52
53 ANESTHESIOLOGY	0.107546	919,915	98,933		53
54 RADIOLOGY-DIAGNOSTIC	0.221990	686,826	152,469		54
54.01 ULTRASOUND	0.152519	238,079	36,312		54.01
54.03 CARDIOVASCULAR LAB	0.174565	939,042	163,924		54.03
55 RADIOLOGY-THERAPEUTIC	0.315047	56,322	17,744		55
55.01 CHEMOTHERAPY	0.349668	1,735	607		55.01
56.01 NUCLEAR MEDICINE	0.118222	436,570	51,612		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755	1,080,965	86,212		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675	329,181	45,978		58
60 LABORATORY	0.149196	6,269,713	935,416		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542	448,823	53,653		63
65 RESPIRATORY THERAPY	0.127364	2,380,200	303,152		65
66 PHYSICAL THERAPY	0.316229	321,296	101,603		66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273				66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY	0.178277	131,195	23,389		67
68 SPEECH PATHOLOGY	0.202340	158,036	31,977		68
69.01 CV DIAGNOSTIC	0.097172	1,093,445	106,252		69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY	0.102096	143,130	14,613		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.146078	3,591,776	524,679		71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434	1,495,242	485,107		72
73 DRUGS CHARGED TO PATIENTS	0.264056	6,386,500	1,686,394		73
76 CARDIAC REHAB	0.885565	1,213	1,074		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
88.02 RHC III					88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725	19,544	3,825		90.01
90.02 DIABETES CENTER	5.298157	265	1,404		90.02
91 EMERGENCY	0.330565	1,117,672	369,463		91
91.01 G.I. LABORATORY	0.261586	286,403	74,919		91.01
92 OBSERVATION BEDS	1.924548	93,802	180,526		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		33,798,382	6,975,952		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		33,798,382			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
33.01 ADULT SPECIAL CARE					33.01
34.01 CARDIOTHORACIC ICU					34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF		1,033,506			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.192938				50
52 DELIVERY ROOM & LABOR ROOM	0.440120				52
53 ANESTHESIOLOGY	0.107546	634	68		53
54 RADIOLOGY-DIAGNOSTIC	0.221990	10,689	2,373		54
54.01 ULTRASOUND	0.152519	3,342	510		54.01
54.03 CARDIOVASCULAR LAB	0.174565				54.03
55 RADIOLOGY-THERAPEUTIC	0.315047				55
55.01 CHEMOTHERAPY	0.349668	3,097	1,083		55.01
56.01 NUCLEAR MEDICINE	0.118222	15,962	1,887		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755	27,478	2,192		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675	18,315	2,558		58
60 LABORATORY	0.149196	290,613	43,358		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542	13,674	1,635		63
65 RESPIRATORY THERAPY	0.127364	49,225	6,269		65
66 PHYSICAL THERAPY	0.316229	13,623	4,308		66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273				66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY	0.178277	1,483	264		67
68 SPEECH PATHOLOGY	0.202340	476	96		68
69.01 CV DIAGNOSTIC	0.097172	43,821	4,258		69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY	0.102096	6,901	705		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.146078	19,655	2,871		71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434				72
73 DRUGS CHARGED TO PATIENTS	0.264056	247,408	65,330		73
76 CARDIAC REHAB	0.885565				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
88.02 RHC III					88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725	630	123		90.01
90.02 DIABETES CENTER	5.298157				90.02
91 EMERGENCY	0.330565	4,675	1,545		91
91.01 G.I. LABORATORY	0.261586	6,910	1,808		91.01
92 OBSERVATION BEDS	1.924548				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		778,611	143,241		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		778,611			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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
33.01 ADULT SPECIAL CARE					33.01
34.01 CARDIOTHORACIC ICU					34.01
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		149,990			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.192938	25,078	4,838		50
52 DELIVERY ROOM & LABOR ROOM	0.440120				52
53 ANESTHESIOLOGY	0.107546	8,234	886		53
54 RADIOLOGY-DIAGNOSTIC	0.221990	3,451	766		54
54.01 ULTRASOUND	0.152519	1,145	175		54.01
54.03 CARDIOVASCULAR LAB	0.174565				54.03
55 RADIOLOGY-THERAPEUTIC	0.315047				55
55.01 CHEMOTHERAPY	0.349668				55.01
56.01 NUCLEAR MEDICINE	0.118222	6,751	798		56.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079755	1,320	105		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.139675	3,714	519		58
60 LABORATORY	0.149196	48,694	7,265		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.119542				63
65 RESPIRATORY THERAPY	0.127364	14,452	1,841		65
66 PHYSICAL THERAPY	0.316229	70,920	22,427		66
66.01 SOUTHEAST OUTPATIENT REHAB	0.428273				66.01
66.02 PHYSIATRY					66.02
67 OCCUPATIONAL THERAPY	0.178277	64,745	11,543		67
68 SPEECH PATHOLOGY	0.202340	42,093	8,517		68
69.01 CV DIAGNOSTIC	0.097172	3,498	340		69.01
69.02 ELECTROPHYSIOLOGY LAB					69.02
70.01 NEUROPHYSIOLOGY	0.102096				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.146078	46,977	6,862		71
72 IMPL. DEV. CHARGED TO PATIENT	0.324434	97	31		72
73 DRUGS CHARGED TO PATIENTS	0.264056	57,325	15,137		73
76 CARDIAC REHAB	0.885565				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
88.02 RHC III					88.02
90.01 HYPERBARIC WOUND CLINIC	0.195725	2,268	444		90.01
90.02 DIABETES CENTER	5.298157				90.02
91 EMERGENCY	0.330565	966	319		91
91.01 G.I. LABORATORY	0.261586				91.01
92 OBSERVATION BEDS	1.924548				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		401,728	82,813		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		401,728			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	36,377,350	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,957,893	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	171.66	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0825	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1624	31
32	SUM OF LINES 30 AND 31	0.2449	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0941	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,423,109	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)	41,758,352	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)	41,758,352	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,266,206	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
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	8,207	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	550,039	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	121,268	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	45,704,072	59
60	PRIMARY PAYER PAYMENTS	77,473	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	45,626,599	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,602,897	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	107,015	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,233,958	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	863,771	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	900,739	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	42,780,458	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP INCENTIVE PAYMENT (SEE INSTRUCTIONS)	3,560	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-10,429	70.94
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	42,773,589	71
72	INTERIM PAYMENTS	42,522,093	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	251,496	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: 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 [XX] HOSPITAL (26-0110) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		42,403,093		21,902,406
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/30/2012	49,400	08/08/2012	40,000
PROGRAM .02	04/04/2013	89,200		
TO .03				
PROVIDER .04				
.05				
.06				
.07				
.08				
.09				
.50				
.51 04/04/2013		19,600		NONE
PROVIDER .52				
TO .53				
PROGRAM .54				
.55				
.56				
.57				
.58				
.59				
.99				
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		119,000		40,000
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		42,522,093		21,942,406

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 .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (26-S110) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		669,375		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		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)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		669,375		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: _____ NPR DATE: _____ 8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (26-T110) [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,360,721		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE	NONE	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)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,360,721		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: _____ NPR DATE: _____ 8

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/28/2013 15:36

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (26-0110) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	10,157	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	21,008	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2		3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	37,683	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	822,752,365	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	23,569,990	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

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)	757,729	1
2	NET IPF PPS OUTLIER PAYMENT	7,507	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
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
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)	8.893443	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9}))\}$ 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)	765,236	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)	765,236	16
17	PRIMARY PAYER PAYMENTS	798	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	764,438	18
19	DEDUCTIBLES	131,421	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	633,017	20
21	COINSURANCE	16,441	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	616,576	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	32,962	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	23,073	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	362	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	639,649	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	40,687	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	680,336	31
32	INTERIM PAYMENTS	669,375	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	10,961	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)	2,153,016	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.024600	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	93,344	3
4	OUTLIER PAYMENTS	73,561	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
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)	7.994536	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)	2,319,921	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)	2,319,921	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	2,319,921	19
20	DEDUCTIBLES	6,062	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	2,313,859	21
22	COINSURANCE	4,850	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	2,309,009	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	1,984	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,389	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	2,310,398	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	56,289	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,366,687	32
33	INTERIM PAYMENTS	2,360,721	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	5,966	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 HOSPITAL (26-0110) SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF ICF/MR OTHER
 SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	13,044,462	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	13,044,462	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	13,044,462	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	4,032,266	8
9	ANCILLARY SERVICE CHARGES	33,798,382	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)	37,830,648	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)	37,830,648	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	24,786,186	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)	13,044,462	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	13,044,462	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)	13,044,462	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)	13,044,462	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	13,044,462	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)	13,044,462	40
41	INTERIM PAYMENTS	5,358,526	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	7,685,936	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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	1,048,712	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,048,712	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,048,712	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	1,088,563	8
9 ANCILLARY SERVICE CHARGES	778,611	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)	1,867,174	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	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,867,174	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	818,462	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)	1,048,712	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	1,048,712	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)	1,048,712	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)	1,048,712	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	1,048,712	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)	1,048,712	40
41 INTERIM PAYMENTS	1,011,299	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	37,413	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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	269,642	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	269,642	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	269,642	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	149,990	8
9 ANCILLARY SERVICE CHARGES	401,728	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)	551,718	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)	551,718	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	282,076	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)	269,642	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	269,642	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)	269,642	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)	269,642	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	269,642	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)	269,642	40
41 INTERIM PAYMENTS	202,205	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	67,437	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	566,148			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	63,962,884			4
5	OTHER RECEIVABLES	23,060,903			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-14,677,228			6
7	INVENTORY	10,413,300			7
8	PREPAID EXPENSES	1,858,236			8
9	OTHER CURRENT ASSETS	1,823,400			9
10	DUE FROM OTHER FUNDS	5,276,467			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	92,284,110			11
FIXED ASSETS					
12	LAND	14,797,231			12
13	LAND IMPROVEMENTS	12,862,295			13
14	ACCUMULATED DEPRECIATION	-6,448,145			14
15	BUILDINGS	191,421,317			15
16	ACCUMULATED DEPRECIATION	-89,617,753			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	16,180,827			19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	98,893,562			23
24	ACCUMULATED DEPRECIATION	-57,538,256			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)	180,551,078			30
OTHER ASSETS					
31	INVESTMENTS	100,977,400			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	6,190,620			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	107,168,020			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	380,003,208			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	15,403,287			37
38	SALARIES, WAGES & FEES PAYABLE	11,601,312			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	13,362,588			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	2,778,516			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	43,145,703			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	105,413,517			46
47	NOTES PAYABLE	2,615,486			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	252,710			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	108,281,713			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	151,427,416			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	228,575,792			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)	228,575,792			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	380,003,208			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		207,873,496							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		20,702,296							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		228,575,792							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)		228,575,792							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)		228,575,792							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	28,758,577		28,758,577	2
3 SUBPROVIDER IPF	3,854,327		3,854,327	3
5 SUBPROVIDER IRF	1,731,450		1,731,450	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	34,344,354		34,344,354	
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
13.01 BURN INTENSIVE CARE UNIT	7,781,087		7,781,087	13.01
14 SURGICAL INTENSIVE CARE UNIT				14
14.01 CARDIOTHORACIC ICU	4,224,068		4,224,068	14.01
15 NEONATOLOGY				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	12,005,155		12,005,155	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	46,349,509		46,349,509	17
18 ANCILLARY SERVICES	505,563,981	338,634,128	844,198,109	18
19 OUTPATIENT SERVICES				19
20 RHC		1,614,700	1,614,700	20
20.01 RHC II		2,669,679	2,669,679	20.01
20.02 RHC III		580,351	580,351	20.02
21 FQHC				21
22 HOME HEALTH AGENCY		1,123,161	1,123,161	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE		3,173,672	3,173,672	26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	551,913,490	347,795,691	899,709,181	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		290,628,040	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)		290,628,040	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	899,709,181	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	604,550,808	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	295,158,373	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	290,628,040	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	4,530,333	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1,713,468	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	31,078	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	478	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	813,040	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	19,341	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	167,253	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	40,246	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	2,190,742	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (DIETARY CONSULTATION)	68,474	24
24.01	OTHER (BUILDING BLOCKS GRANT)	202,500	24.01
24.02	OTHER (MAIN STREET FITNESS)	715,474	24.02
24.03	OTHER (NON HOSPITAL HOUSEKEEPING SERVICE)	32,295	24.03
24.04	OTHER (PRISONER MEALS)	62,025	24.04
24.05	OTHER (OTHER PHYSICIAN SERVICES)	1,218,176	24.05
24.06	OTHER (WELLNESS PROGRAM)	37,769	24.06
24.07	OTHER (CAN CTR SVC LINE ADM MISCE)	54,493	24.07
24.08	OTHER (02 DEBT SERVICE INCOME)	83,146	24.08
24.09	OTHER (OTHER MISCELLANEOUS OPERATING REVEN)	1,727,688	24.09
24.10	OTHER (07 DEBT SVC INCOME)	247,052	24.10
24.11	OTHER (SOUTHEAST PHARMACY-JACKSON)	79,905	24.11
24.12	OTHER (HEALTHPOINT-CAPE)	2,378,811	24.12
24.13	OTHER (HEALTHPOINT-SPECIAL PROGRAMS)	211,710	24.13
24.14	OTHER (93 DEBT SVC INCOME)	651	24.14
24.15	OTHER (GAIN ON INVESTMENTS)	6,164,733	24.15
24.16	OTHER (LONG TERM CARE PHARMACY)	43,199	24.16
24.17	OTHER (INTEREST AND DIVIDEND)	1,211,700	24.17
24.18	OTHER (GAIN FROM CURTAILMENT OF POST RETIR)	789,892	24.18
24.19	OTHER (MISCELLANEOUS)	228,519	24.19
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	20,533,858	25
26	TOTAL (LINE 5 PLUS LINE 25)	25,064,191	26
27	OTHER EXPENSES (LOSS ON EQUIPMENT DISPOSAL)	635,378	27
27.01	OTHER EXPENSES (CHNGE IN UNREL GAIN OTHER THAN TRAD)	846,960	27.01
27.02	OTHER EXPENSES (LACEY'S RESTAURANT)	188,823	27.02
27.03	OTHER EXPENSES (SOUTHEAST PHARMACY-BROADWAY)	1,672,784	27.03
27.04	OTHER EXPENSES (JAZZMAN'S RESTAURANT)	62,527	27.04
27.05	OTHER EXPENSES (SOUTHEAST PHARMACY-MT AUBURN)	85,031	27.05
27.06	OTHER EXPENSES (NET RENTAL LOSS)	870,392	27.06
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	4,361,895	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	20,702,296	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7121

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						
2 CAPITAL RELATED-BLDGS & FIXTURES						1
3 CAPITAL RELATED-MOVABLE EQUIPMENT						2
4 PLANT OPERATION & MAINTENANCE						3
5 TRANSPORTATION (SEE INSTRUCTIONS)						4
6 ADMINISTRATIVE AND GENERAL	103,948	14,417	44	7,760	91,898	218,067
7 HHA REIMBURSABLE SERVICES						
8 SKILLED NURSING CARE	470,411	65,108	3,190			538,709
9 PHYSICAL THERAPY	161,942	22,411	553			184,906
10 OCCUPATIONAL THERAPY	48,825	6,756	373			55,954
11 SPEECH PATHOLOGY	5,127	710				5,837
12 MEDICAL SOCIAL SERVICES	28,305	3,917				32,222
13 HOME HEALTH AIDE	7,106	983	443			8,532
14 SUPPLIES (SEE INSTRUCTIONS)						12
15 DRUGS						13
16 DME						14
17 HHA NONREIMBURSABLE SERVICES						
18 HOME DIALYSIS AIDE SERVICES						15
19 RESPIRATORY THERAPY						16
20 PRIVATE DUTY NURSING						17
21 CLINIC						18
22 HEALTH PROMOTION ACTIVITIES						19
23 DAY CARE PROGRAM						20
24 HOME DELIVERED MEALS PROGRAM						21
25 HOMEMAKER SERVICE						22
26 ALL OTHERS	174,605	24,166	551			199,322
27 TOTAL (SUM OF LINES 1-23)	1,000,269	138,468	5,154	7,760	91,898	1,243,549

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	31,313	249,380	-2,670	246,710	5
6		538,709		538,709	6
7		184,906		184,906	7
8		55,954		55,954	8
9		5,837		5,837	9
10		32,222		32,222	10
11		8,532		8,532	11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23		199,322		199,322	23
24	31,313	1,274,862	-2,670	1,272,192	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
1								1
2								2
3								3
4								4
5	246,710					246,710	246,710	5
	HHA REIMBURSABLE SERVICES							
6	538,709					538,709	129,602	668,311 6
7	184,906					184,906	44,485	229,391 7
8	55,954					55,954	13,461	69,415 8
9	5,837					5,837	1,404	7,241 9
10	32,222					32,222	7,752	39,974 10
11	8,532					8,532	2,053	10,585 11
12								12
13								13
14								14
	HHA NONREIMBURSABLE SERVICES							
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	199,322					199,322	47,953	247,275 23
24	1,272,192					1,272,192		1,272,192 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 26-7121

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION	ADMIN & GENERAL (ACCUM COST)	
	1	2	3	4	5A	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					-246,710	1,025,482	5
6 SKILLED NURSING CARE						538,709	6
7 PHYSICAL THERAPY						184,906	7
8 OCCUPATIONAL THERAPY						55,954	8
9 SPEECH PATHOLOGY						5,837	9
10 MEDICAL SOCIAL SERVICES						32,222	10
11 HOME HEALTH AIDE						8,532	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						199,322	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-246,710	1,025,482	24
25 COST TO BE ALLOC (PER W/S H)						246,710	25
26 UNIT COST MULTIPLIER						0.240580	26

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				517,984		517,984			1
2 SKILLED NURSING CARE				860,285		860,285	272,082	1,132,367	2
3 PHYSICAL THERAPY				295,374		295,374	93,418	388,792	3
4 OCCUPATIONAL THERAPY				89,348		89,348	28,258	117,606	4
5 SPEECH PATHOLOGY				9,326		9,326	2,950	12,276	5
6 MEDICAL SOCIAL SERVICES				51,488		51,488	16,284	67,772	6
7 HOME HEALTH AIDE				13,562		13,562	4,289	17,851	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				318,409		318,409	100,703	419,112	19
20 TOTAL (SUM OF LINES 1-19)				2,155,776		2,155,776	517,984	2,155,776	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.							0.316270		21

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				27,019	123,223	33	1
2 SKILLED NURSING CARE						470,411		2
3 PHYSICAL THERAPY						161,942		3
4 OCCUPATIONAL THERAPY						48,825		4
5 SPEECH PATHOLOGY						5,127		5
6 MEDICAL SOCIAL SERVICES						28,305		6
7 HOME HEALTH AIDE						7,106		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						174,605		19
19.50 TELEMEDICINE						0		19.50
20 TOTAL (SUM OF LINES 1-19)	4,928			27,019		1,019,544	33	20
22 UNIT COST MULTIPLIER	25.423701						339.606061	22
22 UNIT COST MULTIPLIER				0.999149		0.160228		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 PROCESSING	PURCHASING COSTS	ADMITTING REVENUES	CREDIT & COLLECTIONS	RECONCILIATION	OTHER ADMINISTRATIVE & GENERAL COSTS	MAINTENANCE & REPAIRS REQUISITIONS	OPERATION OF PLANT SQUARE FEET	
	5.02	5.03	5.04	5.05		5.06	6	7	
1 ADMINISTRATIVE AND GENERAL	183,235	15,962	1,123,161	1,123,161		199,500	33	4,928	1
2 SKILLED NURSING CARE	743,683					755,593			2
3 PHYSICAL THERAPY	255,339					259,429			3
4 OCCUPATIONAL THERAPY	77,238					78,475			4
5 SPEECH PATHOLOGY	8,062					8,191			5
6 MEDICAL SOCIAL SERVICES	44,509					45,222			6
7 HOME HEALTH AIDE	11,724					11,912			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	275,252					279,660			19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	1,599,042	15,962	1,123,161	1,123,161		1,637,982	33	4,928	20
21 TOTAL COST TO BE ALLOCATED	25,610	911	4,311	8,108		226,952	10,582	65,312	21
22 UNIT COST MULTIPLIER	0.016016		0.003838				320.666667		22
22 UNIT COST MULTIPLIER		0.057073		0.007219		0.138556		13.253247	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				15	7,691	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)		4,928				15	7,691	20
21 TOTAL COST TO BE ALLOCATED		41,927				167,043	664	21
22 UNIT COST MULTIPLIER							0.086335	22
22 UNIT COST MULTIPLIER		8.507914				11,136.200000		22

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 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	SCHOOL OF MEDICAL TECHNOLOGY TIME SPENT 20.01	SCHOOL OF SURGICAL TECHNOLOGY TIME SPENT 20.02	SCHOOL OF RADIOL TECH TIME SPENT 20.03	I&R SALARY & FRINGES ASSIGNED TIME 21
1 ADMINISTRATIVE AND GENERAL				54				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)				54				20
21 TOTAL COST TO BE ALLOCATED				5,314				21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER				98.407407				22

PROVIDER CCN: 26-0110 SOUTHEAST MISSOURI HOSPITAL
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/28/2013 15:36

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 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

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)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1,132,367		1,132,367	3,068	369.09	1
2	PHYSICAL THERAPY	3	388,792		388,792	2,320	167.58	2
3	OCCUPATIONAL THERAPY	4	117,606		117,606	299	393.33	3
4	SPEECH PATHOLOGY	5	12,276		12,276	54	227.33	4
5	MEDICAL SOCIAL SERVICES	6	67,772		67,772	61	1,111.02	5
6	HOME HEALTH AIDE	7	17,851		17,851	280	63.75	6
7	TOTAL (SUM OF LINES 1-6)		1,736,664		1,736,664	6,082		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	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
			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 [] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	1,095	548		404,154	202,261		606,415
2 PHYSICAL THERAPY	743	558		124,512	93,510		218,022
3 OCCUPATIONAL THERAPY	156	56		61,359	22,026		83,385
4 SPEECH PATHOLOGY	37	6		8,411	1,364		9,775
5 MEDICAL SOCIAL SERVICES	15	9		16,665	9,999		26,664
6 HOME HEALTH AIDE	159	55		10,136	3,506		13,642
7 TOTAL (SUM OF LINES 1-6)	2,205	1,232		625,237	332,666		957,903

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		2	3	4	
8 SKILLED NURSING CARE	16020	1,095	548		8
9 PHYSICAL THERAPY	16020	743	558		9
10 OCCUPATIONAL THERAPY	16020	156	56		10
11 SPEECH PATHOLOGY	16020	37	6		11
12 MEDICAL SOCIAL SERVICES	16020	15	9		12
13 HOME HEALTH AIDE	16020	159	55		13
14 TOTAL (SUM OF LINES 8-13)		2,205	1,232		14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
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 PHYSICAL THERAPY	66	0.316229		COL 2, LINE 2	1
1.01 SOUTHEAST OUTPATIENT REHAB	66.01	0.428273		COL 2, LINE 2	1.01
1.02 PHYSIATRY	66.02			COL 2, LINE 2	1.02
2 OCCUPATIONAL THERAPY	67	0.178277		COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.202340		COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.146078		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.264056		COL 2, LINE 16	5

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

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	386,166	250,729	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	5,866	8,140	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	1,983	5,086	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)	394,015	263,955	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	394,015	263,955	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	394,015	263,955	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)	394,015	263,955	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	394,015	263,955	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	394,015	263,955	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		394,015		263,955	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	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)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		394,015		263,955	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 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 (SEE INSTR.)	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:	NPR DATE:		8

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 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED COSTS-BLDG AND FIXT.						2
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.						3
4 PLANT OPERATION AND MAINTENANCE						4
5 TRANSPORTATION - STAFF						5
6 VOLUNTEER SERVICE COORDINATION						6
7 ADMINISTRATIVE AND GENERAL	241,103	32,219			86,303	359,625
8 INPATIENT CARE SERVICE						
9 INPATIENT - GENERAL CARE	612	77		322,959		323,648
10 INPATIENT - RESPITE CARE	1,837	232				2,069
11 VISITING SERVICES						
12 PHYSICIAN SERVICES	147,306	17,009				164,315
13 NURSING CARE	666,387	84,793	36,756			787,936
14 NURSING CARE-CONTINUOUS HOME CARE						11
15 PHYSICAL THERAPY						12
16 OCCUPATIONAL THERAPY						13
17 SPEECH/LANGUAGE PATHOLOGY						14
18 MEDICAL SOCIAL SERVICES	75,313	10,152				85,465
19 SPIRITUAL COUNSELING	15,948	2,165				18,113
20 DIETARY COUNSELING						17
21 COUNSELING - OTHER						18
22 HOME HEALTH AIDE AND HOMEMAKER						19
23 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
24 OTHER						21
25 OTHER HOSPICE SERVICE COSTS						
26 DRUGS, BIOLOGICAL & INFUSION THERAPY					127,654	127,654
27 ANALGESICS						23
28 SEDATIVES/HYPNOTICS						24
29 OTHER - SPECIFY						25
30 DURABLE MEDICAL EQUIPMENT/OXYGEN					89,451	89,451
31 PATIENT TRANSPORTATION						27
32 IMAGING SERVICES						28
33 LABS AND DIAGNOSTICS						29
34 MEDICAL SUPPLIES						30
35 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					234	234
36 RADIATION THERAPY						32
37 CHEMOTHERAPY						33
38 OTHER						34
39 HOSPICE NONREIMBURSABLE SERVICE						
40 BEREAVEMENT PROGRAM COSTS	22,963	3,362				26,325
41 VOLUNTEER PROGRAM COSTS						36
42 FUNDRAISING	13,573	1,752				15,325
43 OTHER PROGRAM COSTS						38
44 TOTAL (SUM OF LINES 1-38)	1,185,042	151,761	36,756	322,959	303,642	2,000,160

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	19,275	378,900		378,900	6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	38,550	2,019,435	-337,950	1,850,460	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								
2	CAP REL COSTS-BLDG AND FIXT.								
3	CAP REL COSTS-MOVABLE EQUIP.								
4	PLANT OPERATION & MAINT.								
5	TRANSPORTATION - STAFF								
6	VOLUNTEER SERVICE COORD.								
7	ADMINISTRATIVE AND GENERAL								
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								
10	INPATIENT - RESPITE CARE								
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								
13	NURSING CARE								
14	NURSING CARE-CONT.HOME CARE								
15	PHYSICAL THERAPY								
16	OCCUPATIONAL THERAPY								
17	SPEECH/LANGUAGE PATHOLOGY								
18	MEDICAL SOCIAL SERVICES								
19	SPIRITUAL COUNSELING								
20	DIETARY COUNSELING								
21	COUNSELING - OTHER								
22	HH AIDE AND HOME MAKER								
23	HH AIDE & HMKR-CONT.HME CARE								
24	OTHER								
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								
27	ANALGESICS								
28	SEDATIVES / HYPNOTICS								
29	OTHER - SPECIFY								
30	DURABLE MED. EQUIP./OXYGEN								
31	PATIENT TRANSPORTATION								
32	IMAGING SERVICES								
33	LABS AND DIAGNOSTICS								
34	MEDICAL SUPPLIES								
35	OUTPAT.SERV.(INCL.E/R DEPT.)								
36	RADIATION THERAPY								
37	CHEMOTHERAPY								
38	OTHER								
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								
41	VOLUNTEER PROGRAM COSTS								
42	FUNDRAISING								
43	OTHER PROGRAM COSTS								
44	TOTAL (SUM OF LINES 1-38)								

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	10,155						22,064	32,219
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE				77				77
10	INPATIENT - RESPITE CARE				232				232
11	VISITING SERVICES								8
12	PHYSICIAN SERVICES							17,009	17,009
13	NURSING CARE				77,157		7,636		84,793
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES							10,152	10,152
19	SPIRITUAL COUNSELING							2,165	2,165
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		3,362						3,362
41	VOLUNTEER PROGRAM COSTS								37
42	FUNDRAISING		1,752						1,752
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)	10,155	5,114		77,466		7,636	51,390	151,761

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								7
10	INPATIENT - RESPITE CARE								322,959
11	VISITING SERVICES								322,959
12	PHYSICIAN SERVICES								8
13	NURSING CARE								9
14	NURSING CARE-CONT.HOME CARE								10
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOME MAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								19
24	OTHER								20
25	OTHER HOSPICE SERVICE COSTS								21
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)								322,959
45									322,959
46									39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 26-1537

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & FIXTURES	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	378,900					378,900	378,900	7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE	323,648					323,648	83,334	9
10	INPATIENT - RESPITE CARE	2,069					2,069	533	10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES	-4,660					-4,660	-1,200	12
13	NURSING CARE	787,936					787,936	202,878	13
14	NURSING CARE-CONTINUOUS HOME								14
15	PHYSICAL THERAPY								15
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES	85,465					85,465	22,006	18
19	SPIRITUAL COUNSELING	18,113					18,113	4,664	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.	127,654					127,654	32,869	26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN	89,451					89,451	23,032	30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)	234					234	60	35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERV.								39
40	BEREAVEMENT PROGRAM COSTS	26,325					26,325	6,778	40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING	15,325					15,325	3,946	42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)	1,850,460					1,850,460	1,850,460	44

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	6A	6	
GENERAL SERVICE COST CENTER								
1 CAP REL COSTS-BLDG AND FIXT.								1
2 CAP REL COSTS-MOVABLE EQUIP.								2
3 PLANT OPERATION & MAINT.								3
4 TRANSPORTATION - STAFF								4
5 VOLUNTEER SERVICE COORD.								5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE						-378,900	1,471,560	6
7 INPATIENT - GENERAL CARE							323,648	7
8 INPATIENT - RESPITE CARE VISITING SERVICES							2,069	8
9 PHYSICIAN SERVICES							-4,660	9
10 NURSING CARE							787,936	10
11 NURSING CARE-CONTINUOUS HOME								11
12 PHYSICAL THERAPY								12
13 OCCUPATIONAL THERAPY								13
14 SPEECH/LANGUAGE PATHOLOGY								14
15 MEDICAL SOCIAL SERVICES							85,465	15
16 SPIRITUAL COUNSELING							18,113	16
17 DIETARY COUNSELING								17
18 COUNSELING - OTHER								18
19 HH AIDE AND HOMEMAKER								19
20 HH AIDE & HMKR-CONT. HOME CA								20
21 OTHER								21
OTHER HOSPICE SERVICE COSTS								
22 DRUGS, BIOL. & INFUS. THER.							127,654	22
23 ANALGESICS								23
24 SEDATIVES / HYPNOTICS								24
25 OTHER - SPECIFY								25
26 DURABLE MED. EQUIP./OXYGEN							89,451	26
27 PATIENT TRANSPORTATION								27
28 IMAGING SERVICES								28
29 LABS AND DIAGNOSTICS								29
30 MEDICAL SUPPLIES								30
31 OUTPAT.SERV.(INCL.E/R DEPT.)							234	31
32 RADIATION THERAPY								32
33 CHEMOTHERAPY								33
34 OTHER								34
HOSPICE NONREIMBURSABLE SERVICE								
35 BEREAVEMENT PROGRAM COSTS							26,325	35
36 VOLUNTEER PROGRAM COSTS								36
37 FUNDRAISING							15,325	37
38 OTHER PROGRAM COSTS								38
39 COST TO BE ALLOCATED							378,900	39
40 UNIT COST MULTIPLIER							0.257482	40

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				586,429		586,429			1
2 INPATIENT - GENERAL CARE				470,907		470,907	119,260	590,167	2
3 INPATIENT - RESPITE CARE				3,350		3,350	848	4,198	3
4 PHYSICIAN SERVICES				20,525		20,525	5,198	25,723	4
5 NURSING CARE				1,269,680		1,269,680	321,555	1,591,235	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				138,281		138,281	35,020	173,301	10
11 SPIRITUAL COUNSELING				29,304		29,304	7,421	36,725	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				185,692		185,692	47,028	232,720	17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN				130,120		130,120	32,954	163,074	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				340		340	86	426	26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS				42,549		42,549	10,776	53,325	30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING				24,808		24,808	6,283	31,091	32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)				2,901,985		2,901,985		2,901,985	34
35 UNIT COST MULTIPLIER							0.253256		35

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	NEW CAP-RE	NEW CAP-RE	CAP	OTHER	EMPLOYEE	COMMUNICAT	RECON-
	L CSTS-BLD	L CSTS-BLD	L CSTS-BLD	MOVABLE	CAP REL	BENEFITS	IONS		CILIATION
	GS & FIX #	GS & FIX #	GS & FIX #	EQUIPMENT	COSTS	GROSS	NONPATIENT	
	SQUARE	SQUARE FEE	SQUARE FEE	DIRECT	NOT	SALARIES		
	FEET	T	T	COSTS	USED			
	1.08	1.09	1.10	2	3	4	5.01	4A.02
1 ADMINISTRATIVE AND GENERAL	4,929			4,297		260,378	37	1
2 INPATIENT - GENERAL CARE						612		2
3 INPATIENT - RESPITE CARE						1,837		3
4 PHYSICIAN SERVICES						147,306		4
5 NURSING CARE						666,387		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						75,313		10
11 SPIRITUAL COUNSELING						15,948		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								31
32 FUNDRAISING						13,573		32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	4,929			4,297		1,204,317	37	34
35 TOTAL COST TO BE ALLOCATED	125,314			4,293		192,965	12,566	35
31 VOLUNTEER PROGRAM COSTS	25.423818			0.999069		0.160228	339.621622	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 PROCES	PURCHASING	ADMITTING	CREDIT & C	RECON-	OTHER ADMI	MAIN-	OPERATION
	SSING	COSTS	REVENUES	OLLECTIONS	CILIATION	NISTRATIVE	TENANCE &	OF PLANT
	ACCUM	SUPPLY	GROSS	AJUSTED		ACCUM	REPAIRS	SQUARE
	COST	COSTS	REVENUES	GROSS REVE		COST	REQUISITIO	FEET
	5.02	5.03	5.04	5.05		5.06	6	7
1 ADMINISTRATIVE AND GENERAL	183,893	18,158	3,173,672	3,173,672		222,966	6	4,929
2 INPATIENT - GENERAL CARE	407,080					413,600		2
3 INPATIENT - RESPITE CARE	2,896					2,942		3
4 PHYSICIAN SERVICES	17,743					18,027		4
5 NURSING CARE	1,097,588					1,115,167		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	119,538					121,453		10
11 SPIRITUAL COUNSELING	25,332					25,738		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	160,523					163,094		17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN	112,483					114,285		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	294					299		26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS	36,782					37,371		30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING	21,446					21,789		32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	2,185,598	18,158	3,173,672	3,173,672		2,256,731	6	4,929
35 TOTAL COST TO BE ALLOCATED	35,005	1,036	12,181	22,911		312,684	1,924	65,325
36 UNIT COST MULTIPLIER	0.016016	0.057055	0.003838	0.007219		0.138556	320.666667	13.253195

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	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		4,929				20	7,664	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				20	7,664	34
35 TOTAL COST TO BE ALLOCATED		41,936				222,724	661	35
36 UNIT COST MULTIPLIER		8.508014				11,136.2000	0.086247	36

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

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	I&R	PARAMED	
	PROGRAM	EDUCATION	
	COSTS		
	ASSIGNED	ASSIGNED	
	TIME	TIME	
	22	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	0.316229	1
1.01	SOUTHEAST OUTPATIENT REHAB	66.01	0.428273	1.01
1.02	PHYSIATRY	66.02		1.02
2	OCCUPATIONAL THERAPY	67	0.178277	2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.202340	3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.264056	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96		5
6	LABS AND DIAGNOSTICS	60	0.149196	6
7	MEDICAL SUPPLIES	71	0.146078	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93		8
9	RADIATION THERAPY	55	0.315047	9
9.01	CHEMOTHERAPY	55.01	0.349668	9.01
10	CARDIAC REHAB	76	0.885565	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

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)				2,901,985	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				21,307	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				136.20	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	18,963				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,582,761				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		853			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		116,179			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)			1,491		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			203,074		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

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	2,905,008	1
2	CAPITAL DRG OUTLIER PAYMENTS	213,624	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	102.96	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0825	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1624	8
9	SUM OF LINES 7 AND 8	0.2449	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0508	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	147,574	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,266,206	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)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	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 CHRGED 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)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	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
88.02 RHC III					88.02
90.01 HYPERBARIC SERVICE COST CENTERS					90.01
90.02 HYPERBARIC WOUND CLINIC					90.02
91 DIABETES CENTER					91
91 EMERGENCY					91
91.01 G.I. LABORATORY					91.01
92 OBSERVATION BEDS					92
99.10 OTHER REIMBURSABLE COST CENTERS					99.10
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 SPECIAL PURPOSE COST CENTERS					113
113 INTEREST EXPENSE					113
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
190 NONREIMBURSABLE COST CENTERS					190
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

RHC I
 COMPONENT NO: 26-8656

WORKSHEET M-1

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

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	570,826	55,960	626,786		626,786		626,786	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	32,197	3,989	36,186		36,186		36,186	3
4 VISITING NURSE								4
5 OTHER NURSE	197,456	24,464	221,920		221,920		221,920	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN	18,352	2,274	20,626		20,626		20,626	8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	81,900	10,178	92,078		92,078		92,078	9
10 SUBTOTAL (SUM OF LINES 1-9)	900,731	96,865	997,596		997,596		997,596	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		28,036	28,036		28,036		28,036	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE		8,909	8,909		8,909		8,909	18
19 OTHER HEALTH CARE COSTS		7,020	7,020		7,020		7,020	19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		43,965	43,965		43,965		43,965	21
22 TOTAL COSTS OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	900,731	140,830	1,041,561		1,041,561		1,041,561	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		68,437	68,437		68,437	-158	68,279	30
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		68,437	68,437		68,437	-158	68,279	31
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	900,731	209,267	1,109,998		1,109,998	-158	1,109,840	32

RHC I
 COMPONENT NO: 26-8656

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	2.87	11,662	4,200	12,054	1
2	PHYSICIAN ASSISTANTS			2,100		2
3	NURSE PRACTITIONERS	0.50	620	2,100	1,050	3
4	SUBTOTAL (SUM OF LINES 1-3)	3.37	12,282		13,104	4
5	VISITING NURSE					5
6	CLINICAL PSYCHOLOGIST					6
7	CLINICAL SOCIAL WORKER					7
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3.37	12,282		13,104	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)				1,041,561	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)				1,041,561	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)				68,279	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)				792,066	15
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)				860,345	16
17	ALLOWABLE DIRECT GME OVERHEAD (SEE INSTRUCTIONS)					17
18	SUBTRACT LINE 17 FROM LINE 16				860,345	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 x LINE 18)				860,345	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)				1,901,906	20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES
 RHC I COMPONENT NO: 26-8656

WORKSHEET M-3

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WKST M-2, LINE 20)	1,901,906	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 15)		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1,901,906	3
4	TOTAL VISITS (FROM WKST M-2, COL. 5, LINE 8)	13,104	4
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WKST M-2, COL. 5, LINE 9)		5
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	13,104	6
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	145.14	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)	79.28	8
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	79.28	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)	3,969	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 x LINE 10)	314,662	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)	314,662	16
16.01	TOTAL PROGRAM CHARGES (SEE INSTRUCTIONS)(FROM CONTRACTOR'S RECORDS)	470,896	16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (SEE INSTRUCTIONS)(FROM PROVIDER'S RECORDS)	4,442	16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS ((LINE 16.02/LINE 16.01) TIMES LINE 16)	2,968	16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS ((LINE 16 MINUS LINE 16.03) TIMES 80%)	217,813	16.04
16.05	TOTAL PROGRAM COST (SEE INSTRUCTIONS)	220,781	16.05
17	PRIMARY PAYOR PAYMENTS	1,875	17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (SEE INSTRUCTIONS)(FROM CONTRACTOR RECORDS)	39,428	18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)	86,892	19
20	NET MEDICARE COST EXCLUDING VACCINES (SEE INSTRUCTIONS)	218,906	20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 16)		21
22	TOTAL REIMBURSABLE PROGRAM COST (LINE 20 PLUS LINE 21)	218,906	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)	218,906	26
27	INTERIM PAYMENTS	218,057	27
28	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		28
29	BALANCE DUE COMPONENT/PROGRAM (LINE 26 MINUS LINES 27 AND 28)	849	29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2		30

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

RHC I
 COMPONENT NO: 26-8656

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	
1 HEALTH CARE STAFF COST (FROM WKST M-1, COL. 7, LINE 10)	997,596	997,596	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 x LINE 2)			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (FROM YOUR RECORDS)			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)			5
6 TOTAL DIRECT COST OF THE FACILITY (FROM WKST M-1, COL. 7, LINE 22)	1,041,561	1,041,561	6
7 TOTAL OVERHEAD (FROM WKST M-2, LINE 16)	860,345	860,345	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 x LINE 8)			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (SUM OF LINES 5 AND 9)			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 / LINE 11)			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES			13
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (LINE 12 x LINE 13)			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 2)			15
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 21)			16

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

RHC I
 COMPONENT NO: 26-8656

WORKSHEET M-5

CHECK APPLICABLE BOX [XX] RHC [] FQHC

DESCRIPTION	PART B		
	1 MM/DD/YYYY	2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		218,057	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	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE	3.01
	.02		3.02
	PROGRAM .03		3.03
	TO .04		3.04
	PROVIDER .05		3.05
	.06		3.06
	.07		3.07
	.08		3.08
	.09		3.09
	.50	NONE	3.50
	.51		3.51
	PROVIDER .52		3.52
	TO .53		3.53
	PROGRAM .54		3.54
	.55		3.55
	.56		3.56
	.57		3.57
	.58		3.58
	.59		3.59
	.99		3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST M-3, LINE 27)		218,057	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 .02		6.02
	PROGRAM		
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	8
		NPR DATE:	

RHC II
 COMPONENT NO: 26-8657

WORKSHEET M-1

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

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	830,810	63,602	894,412		894,412		894,412	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	81,992	9,265	91,257		91,257		91,257	3
4 VISITING NURSE								4
5 OTHER NURSE	274,350	31,004	305,354		305,354		305,354	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	126,093	14,322	140,415		140,415		140,415	9
10 SUBTOTAL (SUM OF LINES 1-9)	1,313,245	118,193	1,431,438		1,431,438		1,431,438	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		117,845	117,845		117,845		117,845	15
16 TRANSPORTATION (HEALTH CARE STAFF)		203	203		203		203	16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE		10,499	10,499		10,499		10,499	18
19 OTHER HEALTH CARE COSTS		2,510	2,510		2,510		2,510	19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		131,057	131,057		131,057		131,057	21
22 TOTAL COSTS OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,313,245	249,250	1,562,495		1,562,495		1,562,495	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		83,802	83,802		83,802		83,802	30
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		83,802	83,802		83,802		83,802	31
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,313,245	333,052	1,646,297		1,646,297		1,646,297	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	3.04	14,139	4,200	12,768	1
2	PHYSICIAN ASSISTANTS			2,100		2
3	NURSE PRACTITIONERS	1.00	1,848	2,100	2,100	3
4	SUBTOTAL (SUM OF LINES 1-3)	4.04	15,987		14,868	4
5	VISITING NURSE					5
6	CLINICAL PSYCHOLOGIST					6
7	CLINICAL SOCIAL WORKER					7
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4.04	15,987			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)				1,562,495	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)				1,562,495	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)				83,802	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)				1,036,882	15
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)				1,120,684	16
17	ALLOWABLE DIRECT GME OVERHEAD (SEE INSTRUCTIONS)					17
18	SUBTRACT LINE 17 FROM LINE 16				1,120,684	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 x LINE 18)				1,120,684	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)				2,683,179	20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES
 RHC II COMPONENT NO: 26-8657

WORKSHEET M-3

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WKST M-2, LINE 20)	2,683,179	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 15)		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,683,179	3
4	TOTAL VISITS (FROM WKST M-2, COL. 5, LINE 8)	15,987	4
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WKST M-2, COL. 5, LINE 9)		5
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	15,987	6
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	167.84	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)	80.39	8
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	80.39	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)	3,619	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 x LINE 10)	290,931	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)	290,931	16
16.01	TOTAL PROGRAM CHARGES (SEE INSTRUCTIONS)(FROM CONTRACTOR'S RECORDS)	550,425	16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (SEE INSTRUCTIONS)(FROM PROVIDER'S RECORDS)	12,572	16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS ((LINE 16.02/LINE 16.01) TIMES LINE 16)	6,645	16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS ((LINE 16 MINUS LINE 16.03) TIMES 80%)	200,934	16.04
16.05	TOTAL PROGRAM COST (SEE INSTRUCTIONS)	207,579	16.05
17	PRIMARY PAYOR PAYMENTS	2,609	17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (SEE INSTRUCTIONS)(FROM CONTRACTOR RECORDS)	33,118	18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)	103,462	19
20	NET MEDICARE COST EXCLUDING VACCINES (SEE INSTRUCTIONS)	204,970	20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 16)		21
22	TOTAL REIMBURSABLE PROGRAM COST (LINE 20 PLUS LINE 21)	204,970	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)	204,970	26
27	INTERIM PAYMENTS	197,840	27
28	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		28
29	BALANCE DUE COMPONENT/PROGRAM (LINE 26 MINUS LINES 27 AND 28)	7,130	29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2		30

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

RHC II
 COMPONENT NO: 26-8657

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	
1 HEALTH CARE STAFF COST (FROM WKST M-1, COL. 7, LINE 10)	1,431,438	1,431,438	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 x LINE 2)			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (FROM YOUR RECORDS)			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)			5
6 TOTAL DIRECT COST OF THE FACILITY (FROM WKST M-1, COL. 7, LINE 22)	1,562,495	1,562,495	6
7 TOTAL OVERHEAD (FROM WKST M-2, LINE 16)	1,120,684	1,120,684	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 x LINE 8)			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (SUM OF LINES 5 AND 9)			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10/ LINE 11)			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES			13
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (LINE 12 x LINE 13)			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 2)			15
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 21)			16

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

RHC II
 COMPONENT NO: 26-8657

WORKSHEET M-5

CHECK APPLICABLE BOX [XX] RHC [] FQHC

DESCRIPTION	PART B		
	1 MM/DD/YYYY	2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		197,840	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE	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)			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST M-3, LINE 27)		197,840	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 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 (SEE INSTR.	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:	8
		NPR DATE:	

RHC III
 COMPONENT NO: 26-8674

WORKSHEET M-1

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

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	252,938	23,035	275,973	-149,297	126,676		126,676	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	39,848	5,236	45,084	-24,390	20,694		20,694	3
4 VISITING NURSE								4
5 OTHER NURSE	157,278	20,677	177,955	-96,271	81,684		81,684	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	44,734	5,877	50,611	-27,380	23,231		23,231	9
10 SUBTOTAL (SUM OF LINES 1-9)	494,798	54,825	549,623	-297,338	252,285		252,285	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		187,824	187,824	-101,610	86,214		86,214	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE		2,002	2,002	-1,083	919		919	18
19 OTHER HEALTH CARE COSTS		4,445	4,445	-2,405	2,040		2,040	19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		194,271	194,271	-105,098	89,173		89,173	21
22 TOTAL COSTS OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	494,798	249,096	743,894	-402,436	341,458		341,458	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		116,862	116,862	-63,219	53,643		53,643	30
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		116,862	116,862	-63,219	53,643		53,643	31
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	494,798	365,958	860,756	-465,655	395,101		395,101	32

RHC III
 COMPONENT NO: 26-8674

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	0.46	3,071	4,200	1,932	1
2	PHYSICIAN ASSISTANTS			2,100		2
3	NURSE PRACTITIONERS	0.56	1,190	2,100	1,176	3
4	SUBTOTAL (SUM OF LINES 1-3)	1.02	4,261		3,108	4,261
5	VISITING NURSE					5
6	CLINICAL PSYCHOLOGIST					6
7	CLINICAL SOCIAL WORKER					7
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.02	4,261			4,261
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)				341,458	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)				341,458	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)				53,643	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)				211,495	15
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)				265,138	16
17	ALLOWABLE DIRECT GME OVERHEAD (SEE INSTRUCTIONS)					17
18	SUBTRACT LINE 17 FROM LINE 16				265,138	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 x LINE 18)				265,138	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)				606,596	20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES
 RHC III COMPONENT NO: 26-8674

WORKSHEET M-3

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WKST M-2, LINE 20)	606,596	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 15)		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	606,596	3
4	TOTAL VISITS (FROM WKST M-2, COL. 5, LINE 8)	4,261	4
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WKST M-2, COL. 5, LINE 9)		5
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	4,261	6
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	142.36	7

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

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

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 x LINE 10)		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)		16
16.01	TOTAL PROGRAM CHARGES (SEE INSTRUCTIONS)(FROM CONTRACTOR'S RECORDS)		16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (SEE INSTRUCTIONS)(FROM PROVIDER'S RECORDS)		16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS ((LINE 16.02/LINE 16.01) TIMES LINE 16)		16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS ((LINE 16 MINUS LINE 16.03) TIMES 80%)		16.04
16.05	TOTAL PROGRAM COST (SEE INSTRUCTIONS)		16.05
17	PRIMARY PAYOR PAYMENTS		17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (SEE INSTRUCTIONS)(FROM CONTRACTOR RECORDS)		18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)		19
20	NET MEDICARE COST EXCLUDING VACCINES (SEE INSTRUCTIONS)		20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 16)		21
22	TOTAL REIMBURSABLE PROGRAM COST (LINE 20 PLUS LINE 21)		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)		26
27	INTERIM PAYMENTS		27
28	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		28
29	BALANCE DUE COMPONENT/PROGRAM (LINE 26 MINUS LINES 27 AND 28)		29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2		30

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

RHC III
 COMPONENT NO: 26-8674

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	
1 HEALTH CARE STAFF COST (FROM WKST M-1, COL. 7, LINE 10)	252,285	252,285	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 x LINE 2)			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (FROM YOUR RECORDS)			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)			5
6 TOTAL DIRECT COST OF THE FACILITY (FROM WKST M-1, COL. 7, LINE 22)	341,458	341,458	6
7 TOTAL OVERHEAD (FROM WKST M-2, LINE 16)	265,138	265,138	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 x LINE 8)			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (SUM OF LINES 5 AND 9)			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 / LINE 11)			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES			13
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (LINE 12 x LINE 13)			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 2)			15
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 21)			16

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19