

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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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. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT		DATE: 05/28/2014	TIME: 14:55
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT			
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT			
	4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.			
CONTRACTOR USE ONLY	5. <input type="checkbox"/> 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. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.	
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN		
	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 WERE 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 01/01/2013 AND ENDING 12/31/2013, 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 XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-577,904	-109,641	-17,350	7,135,521	1
2	SUBPROVIDER - IPF		-15,431			221,023	2
3	SUBPROVIDER - IRF		-14,772			57,342	3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC			6,461			10
10.01	HEALTH CLINIC - RHC II			21,265			10.01
10.02	HEALTH CLINIC - RHC III						10.02
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-608,107	-81,915	-17,350	7,413,886	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.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX ADDRESS:											
1	STREET: 1701 LACEY STREET		P.O. BOX:						1		
2	CITY: CAPE GIRARDEAU		STATE: MO		ZIP CODE: 63701		COUNTY: CAPE GIRARDEAU				
HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:											
										PAYMENT SYSTEM (P, T, O, OR N)	
COMPONENT		COMPONENT NAME		CCN NUMBER	CBSA NUMBER	PROV- IDER TYPE	DATE CERTIFIED	V	XVIII	XIX	
0	1		2	3	4	5	6	7	8		
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 OLTC										11
12	HOSPITAL-BASED HHA		SOUTHEAST MO HOSP REG HOME HEALTH	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 / 2013		TO: 12 / 31 / 2013						20
21	TYPE OF CONTROL (see instructions)		2								21
INPATIENT PPS INFORMATION											
22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR§412.06(c)(2)(Pickle amendment hospital)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2	
22.01	DID THIS HOSPITAL RECEIVE INTERIM UNCOMPENSATED CARE PAYMENTS FOR THIS COST REPORTING PERIOD? ENTER IN COLUMN 1, 'Y' FOR YES Or 'N' FOR NO FOR THE PORTION OF THE COST REPORTING PERIOD OCCURRING PRIOR TO OCTOBER 1. ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO FOR THE PORTION OF THE COST REPORTING PERIOD OCCURRING ON OR AFTER OCTOBER 1. (see instructions)								Y	Y	22.01
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								3	N	23
			IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS	OUT-OF- STATE MEDICAID PAID DAYS	OUT-OF- STATE MEDICAID ELIGIBLE UNPAID DAYS	MEDICAID HMO DAYS	OTHER MEDICAID DAYS			
			1	2	3	4	5	6			
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.		4,800		549		50	42		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 ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.		217							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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

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 THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (see instructions)	1	2	39

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XVIII	XIX	
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		1	2	3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	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	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48
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	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.(see instructions)	N			61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (see instructions)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503) of ACA). (see instructions)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (see instructions)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (see instructions)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTEs AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (see instructions)				61.06
OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (see instructions). ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					
		PROGRAM NAME	PROGRAM CODE	UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT
		1	2	3	4
OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (see instructions). ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					
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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

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. 3/ col. 3 + col. 4)
	1	2	3	4	5
65					65
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
ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (col. 3/ col. 3 + col. 4)
	1	2	3	4	5
67					67
INPATIENT PSYCHIATRIC FACILITY PPS		1	2	3	
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		1	2	3	
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.				86

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

TITLE V AND XIX SERVICES		V	XIX		
		1	2		
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90	
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	Y	91	
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (dual certification)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92	
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93	
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94	
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95	
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96	
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97	
RURAL PROVIDERS		1	2		
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	N	N	109	
		PHYSICAL	OCCUPATIONAL	SPEECH	RESPIRATORY
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'	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
		PREMIUMS	PAID LOSSES	SELF INSURANCE	
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:	2,758,848	150,000		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 HIGH COST 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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

ALL PROVIDERS							
		1	2				
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.	Y		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:				
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 V	TITLE XIX		
		PART A	PART B				
			1	2	3		
155	HOSPITAL	N	N		N	155	
156	SUBPROVIDER - IPF	N	N		N	156	
157	SUBPROVIDER - IRF	N	N		N	157	
158	SUBPROVIDER - (OTHER)					158	
159	SNF	N	N			159	
160	HHA	N	N			160	
161	CMHC		N			161	
161.10	CORF					161.10	
MULTICAMPUS							
165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165			
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.						166
		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(m)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		167			
168	IF THIS PROVIDER IS A CAH (line 105 is 'Y') AND IS A MEANINGFUL USER (line 167 is 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. (see instructions)			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. (see instructions)	1.00		169			
170	ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD RESPECTIVELY (mm/dd/yyyy)	01/01/2013	12/31/2013	170			

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
		1	2		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	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
		Y/N	TYPE	DATE	
		1	2	3	
FINANCIAL DATA AND REPORTS					
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A	06/30/2014	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y			5
		Y/N	Y/N		
APPROVED EDUCATIONAL ACTIVITIES		1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	Y	Y		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BAD DEBTS				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		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
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)	Y	05/06/2014	Y	05/06/2014
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		Y	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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HOSPITAL AND HOSPITAL 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 COSTS			
22	HAVE ASSETS BEEN RELIEVED 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
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: MARK	LAST NAME: DALLAS	TITLE: PARTNER
42	EMPLOYER: KERBER, ECK & BRAECKEL		
43	PHONE NUMBER: 618-529-1040	E-MAIL ADDRESS: 1116 W. MAIN ST. CARBONDALE, IL 629	

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	117,648,046		117,648,046	4,674,377.00	25.17	1
2							2
3							3
4		17,308		17,308	480.00	36.06	4
4.01							4.01
5		978,045		978,045	3,563.00	274.50	5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		39,026,158	53,674	39,079,832	846,723.00	46.15	10
OTHER WAGES & RELATED COSTS							
11		106,574		106,574	1,495.00	71.29	11
12							12
13							13
14							14
15							15
16							16
WAGE-RELATED COSTS							
17		18,835,651		18,835,651			17
18							18
19		6,694,803		6,694,803			19
20							20
21							21
22		3,237		3,237			22
22.01							22.01
23		121,929		121,929			23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26		697,165		697,165	25,726.00	27.10	26
27		14,324,599		14,324,599	604,557.00	23.69	27
28		2,515,036		2,515,036	46,894.00	53.63	28
29		1,702,724		1,702,724	85,415.00	19.93	29
30		273,483		273,483	19,685.00	13.89	30
31		377,098		377,098	31,609.00	11.93	31
32		2,502,055		2,502,055	201,779.00	12.40	32
33							33
34		1,244,491		1,244,491	103,708.00	12.00	34
35							35
36							36
37							37
38		3,022,934	-53,804	2,969,130	115,477.00	25.71	38
39		744,078		744,078	48,842.00	15.23	39
40							40
41							41
42							42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)	119,185,037		119,185,037	4,717,708.00	25.26	1
2	EXCLUDED AREA SALARIES (see instructions)	39,026,158	53,674	39,079,832	846,723.00	46.15	2
3	SUBTOTAL SALARIES (line 1 minus line 2)	80,158,879	-53,674	80,105,205	3,870,985.00	20.69	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)	106,574		106,574	1,495.00	71.29	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)	18,838,888		18,838,888		23.52%	5
6	TOTAL (sum of lines 3 through 5)	99,104,341	-53,674	99,050,667	3,872,480.00	25.58	6
7	TOTAL OVERHEAD COST (see instructions)	27,403,663	-53,804	27,349,859	1,283,692.00	21.31	7

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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	5,040,364	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	114,327	7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	11,161,366	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	279,414	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	-50,760	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	443,462	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	447,204	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	6,117,107	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY	1,430,614	18
19	UNEMPLOYMENT INSURANCE	146,171	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	174	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	16,478	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	25,145,921	24
	PART B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE REL	509,699	25

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	Supporting Exhibit for Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 2: 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	DEPOSIT DATE(S)	CONTRIB- UTION(S)
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

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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 LABOR	BENEFIT COST	
	0	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

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 26-7121

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

	DESCRIPTION	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	5	
1	HOME HEALTH AIDE HOURS		224		6	230	1
2	UNDULICATED CENSUS COUNT (see instructions)		356.00		191.00		2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	NUMBER OF EMPLOYEES (Full Time Equivalent)			
		STAFF	CONTRACT	TOTAL	
		1	2	3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		1.17		1.17
5	OTHER ADMINISTRATIVE PERSONNEL				5
6	DIRECT NURSING SERVICE		4.99		4.99
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE		2.80		2.80
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE		0.68		0.68
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE		0.04		0.04
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE		0.58		0.58
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE		0.18		0.18
17	HOME HEALTH AIDE SUPERVISOR				17
18	DIETICIAN				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 (columns 1 through 4)	
		WITHOUT OUTLIERS	WITH OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES		
		1	2	3	4		
21	SKILLED NURSING VISITS	1,597	122	76	85	1,880	21
22	SKILLED NURSING VISIT CHARGES	221,359	18,059	9,851	11,642	260,911	22
23	PHYSICAL THERAPY VISITS	1,443	1	35	31	1,510	23
24	PHYSICAL THERAPY VISIT CHARGES	364,633	257	8,405	7,922	381,217	24
25	OCCUPATIONAL THERAPY VISITS	206		4	3	213	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	52,533		1,014	761	54,308	26
27	SPEECH PATHOLOGY VISITS	27				27	27
28	SPEECH PATHOLOGY VISIT CHARGES	6,591				6,591	28
29	MEDICAL SOCIAL SERVICE VISITS	25	1	1		27	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	4,006	160	160		4,326	30
31	HOME HEALTH AIDE VISITS	156	6	2	17	181	31
32	HOME HEALTH AIDE VISIT CHARGES	8,370	324	108	918	9,720	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	3,454	130	118	136	3,838	33
34	OTHER CHARGES	25,056	7,308	4,794	4,732	41,890	34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	682,548	26,108	24,332	25,975	758,963	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	281		40	8	329	36
37	TOTAL NUMBER OF OUTLIER EPISODES						37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

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

COMPONENT CCN: 26-8656

WORKSHEET S-8

CHECK [XX] RHC [] FQHC
APPLICABLE BOX:

CLINIC ADDRESS AND IDENTIFICATION:

1	STREET: 1723 S BROADWAY	1
2	CITY: CAPE GIRARDEAU STATE: MI 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
9	OTHER (SPECIFY)			9

		1	2	
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.	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.

		1	2	
12	HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?	N		12
13	IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)?	N		13
14	PROVIDER NAME: CCN NUMBER:			14

		Y/N	V	XVIII	XIX	TOTAL VISITS	
		1	2	3	4	5	
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)	N					15

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

COMPONENT CCN: 26-8657

WORKSHEET S-8

CHECK [XX] RHC [] FQHC
APPLICABLE BOX:

CLINIC ADDRESS AND IDENTIFICATION:

1	STREET: 817 S MOUNT AUB	1
2	CITY: CAPE GIRARDEAU STATE: MI 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
9	OTHER (SPECIFY)			9

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 N	2	10
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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 N	2	12
13	IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)?	N		13
14	PROVIDER NAME: _____ CCN NUMBER: _____			14

		Y/N	V	XVIII	XIX	TOTAL VISITS	
		1	2	3	4	5	
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)	N					15

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

COMPONENT CCN: 26-8674

WORKSHEET S-8

CHECK [XX] RHC [] FQHC
APPLICABLE BOX:

CLINIC ADDRESS AND IDENTIFICATION:

1	STREET: 25 DOCTORS PARK	1
2	CITY: CAPE GIRARDEAU STATE: MI 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
9	OTHER (SPECIFY)			9

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 N	2	10
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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 N	2	12
13	IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB. 27, SECTION 508(D)?	N		13
14	PROVIDER NAME: _____ CCN NUMBER: _____			14

		Y/N	V	XVIII	XIX	TOTAL VISITS	
		1	2	3	4	5	
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)	N					15

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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 26-1537

WORKSHEET S-9
PARTS I & II**PART I - ENROLLMENT DAYS**

		UNDUPLICATED DAYS					TOTAL (sum of cols. 1, 2, & 5)	
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER		
		1	2	3	4	5	6	
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	19,072	643			1,714	21,429	2
3	INPATIENT RESPITE CARE	57	2			5	64	3
4	GENERAL INPATIENT CARE	19	1			2	22	4
5	TOTAL HOSPICE DAYS	19,148	646			1,721	21,515	5

PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	302	11			26	339	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS C							7
8	AVERAGE LENGTH OF STAY (line 5/line 6)	63.40	58.73			66.19	63.47	8
9	UNDUPLICATED CENSUS COUNT							9

NOTE: Parts I & II, columns 1 and 2 also include the days reported in column 3 and 4.

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.269664	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	17,201,533	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	7,848,729	5
6	MEDICAID CHARGES	85,582,978	6
7	MEDICAID COST (line 1 times line 6)	23,078,648	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 AND INDIGENT CARE COST COMPUTATION

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 (col. 1 + col. 2)	
		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	4,089,152	17,344,586	21,433,738	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	1,102,697	4,677,210	5,779,907	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	72,665	86,840	159,505	22
23	COST OF CHARITY CARE (line 21 minus line 22)	1,030,032	4,590,370	5,620,402	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?	N	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)	45,851,295	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	831,337	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	45,019,958	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	12,140,262	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	17,760,664	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	17,760,664	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT		278,480	278,480		278,480		278,480	1
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2		308,294	308,294		308,294		308,294	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3		588,408	588,408		588,408		588,408	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4		265,640	265,640		265,640		265,640	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5								1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6		223,657	223,657		223,657		223,657	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7		503,528	503,528		503,528		503,528	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8		999,343	999,343		999,343	-4,913	994,430	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9		3,990,228	3,990,228	5,717,816	9,708,044		9,708,044	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		11,498,035	11,498,035		11,498,035	-3,894	11,494,141	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	697,165	13,265,277	13,962,442		13,962,442	-24,592	13,937,850	4
5.01	01160	COMMUNICATIONS	313,400	809,977	1,123,377		1,123,377	-40,356	1,083,021	5.01
5.02	00550	DATA PROCESSING	1,785,494	3,065,104	4,850,598		4,850,598	-4,895	4,845,703	5.02
5.03	00560	PURCHASING	565,193	272,267	837,460		837,460	-87,077	750,383	5.03
5.04	00570	ADMITTING	1,967,533	577,574	2,545,107		2,545,107		2,545,107	5.04
5.05	00580	CREDIT & COLLECTIONS	2,103,129	2,210,770	4,313,899		4,313,899	-1,709	4,312,190	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	7,589,850	28,172,957	35,762,807	-454,843	35,307,964	-7,182,529	28,125,435	5.06
6	00600	MAINTENANCE & REPAIRS	1,702,724	1,476,404	3,179,128		3,179,128	-23,827	3,155,301	6
7	00700	OPERATION OF PLANT	273,483	5,517,152	5,790,635	14,932	5,805,567	-460	5,805,107	7
8	00800	LAUNDRY & LINEN SERVICE	377,098	426,344	803,442		803,442		803,442	8
9	00900	HOUSEKEEPING	2,502,055	785,719	3,287,774		3,287,774	-81,102	3,206,672	9
10	01000	DIETARY	1,244,491	1,835,022	3,079,513		3,079,513	-977,117	2,102,396	10
11	01100	CAFETERIA								11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	3,022,934	866,209	3,889,143	-53,804	3,835,339	-7,818	3,827,521	13
14	01400	CENTRAL SERVICES & SUPPLY	744,078	815,021	1,559,099		1,559,099	-2,433	1,556,666	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	1,526,823	654,189	2,181,012		2,181,012	-1,670,583	510,429	20
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	127,860	53,795	181,655		181,655	-149,685	31,970	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	45,105	40,714	85,819		85,819	-85,819		20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	157,908	45,691	203,599		203,599	-203,599		20.03
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD								21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD								22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	14,288,319	3,298,934	17,587,253	-2,586,471	15,000,782	-5,173	14,995,609	30
33.01	03301	ADULT SPECIAL CARE	2,369,019	906,585	3,275,604	-374,235	2,901,369		2,901,369	33.01
34.01	03401	CARDIOTHORACIC ICU	1,259,820	351,438	1,611,258	-90,208	1,521,050		1,521,050	34.01
35	02060	NEONATOLOGY								35
40	04000	SUBPROVIDER - IPF	1,397,948	308,151	1,706,099		1,706,099	-534,155	1,171,944	40
41	04100	SUBPROVIDER - IRF	1,019,038	255,939	1,274,977		1,274,977	-162,887	1,112,090	41
43	04300	NURSERY	688,172	145,145	833,317		833,317	-6,600	826,717	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	5,349,382	23,045,750	28,395,132	-20,739,329	7,655,803	-141,516	7,514,287	50
52	05200	DELIVERY ROOM & LABOR ROOM				2,294,617	2,294,617		2,294,617	52
53	05300	ANESTHESIOLOGY	508,922	687,956	1,196,878	-377,961	818,917		818,917	53
54	05400	RADIOLOGY-DIAGNOSTIC	2,092,054	1,508,519	3,600,573	-495,684	3,104,889	-19,059	3,085,830	54
54.01	05401	ULTRASOUND	581,093	153,539	734,632	-26,317	708,315		708,315	54.01
54.03	05403	CARDIOVASCULAR LAB	1,473,877	7,699,372	9,173,249	-6,474,492	2,698,757	-8,085	2,690,672	54.03
55	05500	RADIOLOGY-THERAPEUTIC	1,387,749	1,016,932	2,404,681	-145,351	2,259,330		2,259,330	55
55.01	05501	CHEMOTHERAPY	525,445	213,782	739,227	144,468	883,695		883,695	55.01
56.01	05601	NUCLEAR MEDICINE	452,764	1,159,393	1,612,157		1,612,157		1,612,157	56.01
57	05700	CT SCAN	606,031	857,306	1,463,337	-87,855	1,375,482	-850	1,374,632	57
58	05800	MRI	349,458	266,286	615,744		615,744		615,744	58
60	06000	LABORATORY	2,917,293	4,105,148	7,022,441		7,022,441	-15,859	7,006,582	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	1,476	1,094,430	1,095,906		1,095,906		1,095,906	63
65	06500	RESPIRATORY THERAPY	1,595,535	995,586	2,591,121	-566,689	2,024,432	2,563	2,026,995	65
66	06600	PHYSICAL THERAPY	982,698	133,688	1,116,386		1,116,386		1,116,386	66
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,033,262	322,584	2,355,846		2,355,846		2,355,846	66.01
66.02	06602	PHYSIATRY								66.02
67	06700	OCCUPATIONAL THERAPY	217,651	32,618	250,269		250,269		250,269	67
68	06800	SPEECH PATHOLOGY	172,470	21,957	194,427		194,427		194,427	68
69.01	06901	CV DIAGNOSTIC	844,231	890,788	1,735,019	65,639	1,800,658	-399,533	1,401,125	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB								69.02
70.01	07001	NEUROPHYSIOLOGY	566,428	283,755	850,183	-75,374	774,809	-64,778	710,031	70.01

Optimizer Systems, Inc.

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,819,385	2,819,385	9,504,662	12,324,047	-391,852	11,932,195	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				20,377,352	20,377,352		20,377,352	72
73	07300	DRUGS CHARGED TO PATIENTS	2,328,991	18,529,084	20,858,075		20,858,075	-514,061	20,344,014	73
76	03950	CARDIAC REHAB	390,723	66,784	457,507		457,507		457,507	76
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
88	08800	RURAL HEALTH CLINIC	881,646	203,469	1,085,115	-36,838	1,048,277		1,048,277	88
88.01	08801	RHC II	1,658,333	359,812	2,018,145	52,512	2,070,657		2,070,657	88.01
88.02	08802	RHC III	766,393	340,140	1,106,533	12,837	1,119,370		1,119,370	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	639,312	336,235	975,547		975,547	-244,064	731,483	90.01
90.02	09002	DIABETES CENTER	171,041	31,225	202,266		202,266		202,266	90.02
91	09100	EMERGENCY	4,945,487	7,209,454	12,154,941	-346,631	11,808,310	-5,752,660	6,055,650	91
91.01	09101	G.I. LABORATORY	688,186	669,840	1,358,026	-1,024	1,357,002		1,357,002	91.01
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	HOME HEALTH AGENCY	1,053,735	346,466	1,400,201	39,239	1,439,440	-963	1,438,477	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	INTEREST EXPENSE		5,275,366	5,275,366	-5,275,310	56	-56		113
116	11600	HOSPICE	1,255,971	949,463	2,205,434	26,902	2,232,336	-202,387	2,029,949	116
118		SUBTOTALS (sum of lines 1-117)	85,206,276	166,438,103	251,644,379	42,560	251,686,939	-19,014,383	232,672,556	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN								190
191.01	19101	RESPIRE CARE								191.01
193.01	19301	VENDING MACHINES								193.01
193.02	19302	SUNSET GUEST HOUSE				883	883		883	193.02
193.03	19303	LACEY'S RESTAURANT								193.03
193.04	19304	COMMUNITY WELLNESS	2,535	9,387	11,922		11,922		11,922	193.04
193.05	19305	HOME INFUSION								193.05
193.06	19306	SE HOSP PHYSICIANS LLC	30,182,140	12,963,315	43,145,455	-47,295	43,098,160		43,098,160	193.06
193.07	19307	GENERATIONS								193.07
193.08	19308	RETAIL PHARMACY						6,766,260	6,766,260	193.08
193.09	19309	OUTREACH LAB				3,738	3,738	2,715,600	2,719,338	193.09
193.10	19310	FOOT CLINIC								193.10
193.11	19311	MARKETING	1,042,130	5,623,735	6,665,865		6,665,865		6,665,865	193.11
193.13	19313	HEALTHPOINT	1,214,965	705,858	1,920,823		1,920,823		1,920,823	193.13
193.14	19314	DOCTORS PARK								193.14
194	07950	JAZZMAN'S RESTAURANT				114	114	116,643	116,757	194
194.01	07951	FOUNDATION OFFICE								194.01
200		TOTAL (sum of lines 118-199)	117,648,046	185,740,398	303,388,444		303,388,444	-9,415,880	293,972,564	200

Optimizer Systems, Inc.

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	TO RECLASS INSURANCE EXPENSE	A	NEW CAP-REL CSTS-BLDGS & FIX	1.08		737,330	1
2			HOME HEALTH AGENCY	101		12,337	2
500	TOTAL RECLASSIFICATIONS					749,667	500
	CODE LETTER - A						
1	TO RECLASS INTEREST EXPENSE	B	NEW CAP-REL CSTS-BLDGS & FIX	1.08		4,980,486	1
2			OTHER ADMINISTRATIVE & GENERA	5.06		294,824	2
500	TOTAL RECLASSIFICATIONS					5,275,310	500
	CODE LETTER - B						
1	TO RECLASS LACEY GUEST HOUSE	C	SUNSET GUEST HOUSE	193.02		883	1
500	TOTAL RECLASSIFICATIONS					883	500
	CODE LETTER - C						
1	TO RECLASS SUPPLY EXPENSE	D	MEDICAL SUPPLIES CHARGED TO P	71		291,854	1
500	TOTAL RECLASSIFICATIONS					291,854	500
	CODE LETTER - D						
1	TO RECLASS SUPPLY EXPENSE	E	MEDICAL SUPPLIES CHARGED TO P	71		374,235	1
500	TOTAL RECLASSIFICATIONS					374,235	500
	CODE LETTER - E						
1	TO RECLASS SUPPLY EXPENSE	F	MEDICAL SUPPLIES CHARGED TO P	71		90,208	1
500	TOTAL RECLASSIFICATIONS					90,208	500
	CODE LETTER - F						
1	TO RECLASS SUPPLY EXPENSE	G	MEDICAL SUPPLIES CHARGED TO P	71		5,332,964	1
500	TOTAL RECLASSIFICATIONS					5,332,964	500
	CODE LETTER - G						
1	TO RECLASS SUPPLY EXPENSE	H	MEDICAL SUPPLIES CHARGED TO P	71		377,961	1
500	TOTAL RECLASSIFICATIONS					377,961	500
	CODE LETTER - H						
1	TO RECLASS SUPPLY EXPENSE	I	MEDICAL SUPPLIES CHARGED TO P	71		353,652	1
500	TOTAL RECLASSIFICATIONS					353,652	500
	CODE LETTER - I						
1	TO RECLASS SUPPLY EXPENSE	J	MEDICAL SUPPLIES CHARGED TO P	71		26,317	1
500	TOTAL RECLASSIFICATIONS					26,317	500
	CODE LETTER - J						
1	TO RECLASS SUPPLY EXPENSE	K	MEDICAL SUPPLIES CHARGED TO P	71		2,091,821	1
500	TOTAL RECLASSIFICATIONS					2,091,821	500
	CODE LETTER - K						
1	TO RECLASS SUPPLY EXPENSE	L	MEDICAL SUPPLIES CHARGED TO P	71		87,855	1
500	TOTAL RECLASSIFICATIONS					87,855	500
	CODE LETTER - L						
1	TO RECLASS SUPPLY EXPENSE	M	MEDICAL SUPPLIES CHARGED TO P	71		566,689	1
500	TOTAL RECLASSIFICATIONS					566,689	500
	CODE LETTER - M						
1	TO RECLASS SUPPLY EXPENSE	N	MEDICAL SUPPLIES CHARGED TO P	71		75,374	1
500	TOTAL RECLASSIFICATIONS					75,374	500
	CODE LETTER - N						
1	TO RECLASS SUPPLY EXPENSE	O	MEDICAL SUPPLIES CHARGED TO P	71		346,631	1
500	TOTAL RECLASSIFICATIONS					346,631	500
	CODE LETTER - O						
1	TO RECLASS IMPLANTABLE DEVICES	P	IMPL. DEV. CHARGED TO PATIENT	72		20,377,352	1
2							2
3							3
4							4
5							5
500	TOTAL RECLASSIFICATIONS					20,377,352	500
	CODE LETTER - P						
1	TO RECLASS DIRECTORS SALARY	Q	HOME HEALTH AGENCY	101	26,902		1
2			HOSPICE	116	26,902		2
500	TOTAL RECLASSIFICATIONS				53,804		500
	CODE LETTER - Q						
1	TO RECLASS ADMIN EXPENSE	R	CV DIAGNOSTIC	69.01	53,812	11,827	1

Optimizer Systems, Inc.

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
500	TOTAL RECLASSIFICATIONS				53,812	11,827	500
	CODE LETTER - R						
1	TO RECLASS ADMIN EXPENSE	S	CHEMOTHERAPY	55.01	120,512	23,956	1
500	TOTAL RECLASSIFICATIONS				120,512	23,956	500
	CODE LETTER - S						
1	TO RECLASS WEST CAMPUS MOB	T	OPERATION OF PLANT	7		14,932	1
500	TOTAL RECLASSIFICATIONS					14,932	500
	CODE LETTER - T						
1	TO RECLASS D&L ROOM EXPENSE	U	DELIVERY ROOM & LABOR ROOM	52	1,760,707	533,910	1
500	TOTAL RECLASSIFICATIONS				1,760,707	533,910	500
	CODE LETTER - U						
1	TO RECLASS RHC PHYSICIAN SAL AND EX	V					1
2			RHC II	88.01	35,344		2
3			RHC III	88.02	2,725	241	3
4			SE HOSP PHYSICIANS LLC	193.06		12,000	4
500	TOTAL RECLASSIFICATIONS				38,069	12,241	500
	CODE LETTER - V						
1	TO RECLASS NEXTGEN LICENSE FEES	W	RURAL HEALTH CLINIC	88		13,101	1
2			RHC II	88.01		17,409	2
3			RHC III	88.02		9,871	3
500	TOTAL RECLASSIFICATIONS					40,381	500
	CODE LETTER - W						
1	TO RECLASS SALARIES	X	JAZZMAN'S RESTAURANT	194	114		1
2			OUTREACH LAB	193.09	3,738		2
500	TOTAL RECLASSIFICATIONS				3,852		500
	CODE LETTER - X						
	GRAND TOTAL (INCREASES)				2,030,756	37,056,020	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

Optimizer Systems, Inc.

WinLASH

Micro System

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	TO RECLASS INSURANCE EXPENSE	A	OTHER ADMINISTRATIVE & GENERA	5.06		749,667	12	
2							1	
500	TOTAL RECLASSIFICATIONS					749,667	500	
	CODE LETTER - A							
1	TO RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	113		5,275,310	11	
2							2	
500	TOTAL RECLASSIFICATIONS					5,275,310	500	
	CODE LETTER - B							
1	TO RECLASS LACEY GUEST HOUSE	C	RADIOLOGY-THERAPEUTIC	55		883	1	
500	TOTAL RECLASSIFICATIONS					883	500	
	CODE LETTER - C							
1	TO RECLASS SUPPLY EXPENSE	D	ADULTS & PEDIATRICS	30		291,854	10	
500	TOTAL RECLASSIFICATIONS					291,854	500	
	CODE LETTER - D							
1	TO RECLASS SUPPLY EXPENSE	E	ADULT SPECIAL CARE	33.01		374,235	1	
500	TOTAL RECLASSIFICATIONS					374,235	500	
	CODE LETTER - E							
1	TO RECLASS SUPPLY EXPENSE	F	CARDIOTHORACIC ICU	34.01		90,208	1	
500	TOTAL RECLASSIFICATIONS					90,208	500	
	CODE LETTER - F							
1	TO RECLASS SUPPLY EXPENSE	G	OPERATING ROOM	50		5,332,964	1	
500	TOTAL RECLASSIFICATIONS					5,332,964	500	
	CODE LETTER - G							
1	TO RECLASS SUPPLY EXPENSE	H	ANESTHESIOLOGY	53		377,961	1	
500	TOTAL RECLASSIFICATIONS					377,961	500	
	CODE LETTER - H							
1	TO RECLASS SUPPLY EXPENSE	I	RADIOLOGY-DIAGNOSTIC	54		353,652	1	
500	TOTAL RECLASSIFICATIONS					353,652	500	
	CODE LETTER - I							
1	TO RECLASS SUPPLY EXPENSE	J	ULTRASOUND	54.01		26,317	1	
500	TOTAL RECLASSIFICATIONS					26,317	500	
	CODE LETTER - J							
1	TO RECLASS SUPPLY EXPENSE	K	CARDIOVASCULAR LAB	54.03		2,091,821	1	
500	TOTAL RECLASSIFICATIONS					2,091,821	500	
	CODE LETTER - K							
1	TO RECLASS SUPPLY EXPENSE	L	CT SCAN	57		87,855	1	
500	TOTAL RECLASSIFICATIONS					87,855	500	
	CODE LETTER - L							
1	TO RECLASS SUPPLY EXPENSE	M	RESPIRATORY THERAPY	65		566,689	1	
500	TOTAL RECLASSIFICATIONS					566,689	500	
	CODE LETTER - M							
1	TO RECLASS SUPPLY EXPENSE	N	NEUROPHYSIOLOGY	70.01		75,374	1	
500	TOTAL RECLASSIFICATIONS					75,374	500	
	CODE LETTER - N							
1	TO RECLASS SUPPLY EXPENSE	O	EMERGENCY	91		346,631	1	
500	TOTAL RECLASSIFICATIONS					346,631	500	
	CODE LETTER - O							
1	TO RECLASS IMPLANTABLE DEVICES	P	OPERATING ROOM	50		15,406,365	1	
2			G.I. LABORATORY	91.01		1,024	2	
3			MEDICAL SUPPLIES CHARGED TO P	71		510,899	3	
4			CARDIOVASCULAR LAB	54.03		4,317,032	4	
5			RADIOLOGY-DIAGNOSTIC	54		142,032	5	
500	TOTAL RECLASSIFICATIONS					20,377,352	500	
	CODE LETTER - P							
1	TO RECLASS DIRECTORS SALARY	Q	NURSING ADMINISTRATION	13	53,804		1	
2							2	
500	TOTAL RECLASSIFICATIONS				53,804		500	
	CODE LETTER - Q							

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	TO RECLASS ADMIN EXPENSE	R	CARDIOVASCULAR LAB	54.03	53,812	11,827		
500	TOTAL RECLASSIFICATIONS				53,812	11,827	1	
	CODE LETTER - R						500	
1	TO RECLASS ADMIN EXPENSE	S	RADIOLOGY-THERAPEUTIC	55	120,512	23,956		
500	TOTAL RECLASSIFICATIONS				120,512	23,956	1	
	CODE LETTER - S						500	
1	TO RECLASS WEST CAMPUS MOB	T	SE HOSP PHYSICIANS LLC	193.06		14,932		
500	TOTAL RECLASSIFICATIONS					14,932	1	
	CODE LETTER - T						500	
1	TO RECLASS D&L ROOM EXPENSE	U	ADULTS & PEDIATRICS	30	1,760,707	533,910		
500	TOTAL RECLASSIFICATIONS				1,760,707	533,910	1	
	CODE LETTER - U						500	
1	TO RECLASS RHC PHYSICIAN SAL AND EX	V	RURAL HEALTH CLINIC	88	37,939	12,000		
2			RHC II	88.01		241		
3								
4			SE HOSP PHYSICIANS LLC	193.06	130			
500	TOTAL RECLASSIFICATIONS				38,069	12,241	1	
	CODE LETTER - V						2	
1	TO RECLASS NEXTGEN LICENSE FEES	W	SE HOSP PHYSICIANS LLC	193.06		40,381		
2								
3								
500	TOTAL RECLASSIFICATIONS					40,381	1	
	CODE LETTER - W						2	
1	TO RECLASS SALARIES	X	SE HOSP PHYSICIANS LLC	193.06	3,852			
2								
500	TOTAL RECLASSIFICATIONS				3,852		1	
	CODE LETTER - X						2	
	GRAND TOTAL (DECREASES)				2,030,756	37,056,020	500	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
			1	2	3				
1	LAND	14,797,231	2,884,676		2,884,676		17,681,907		1
2	LAND IMPROVEMENTS	12,862,295	55,069		55,069		12,917,364		2
3	BUILDINGS AND FIXTURES	191,421,317	1,777,785		1,777,785		193,199,102		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	98,893,562	21,255,311		21,255,311	8,941,490	111,207,383		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	317,974,405	25,972,841		25,972,841	8,941,490	335,005,756		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	317,974,405	25,972,841		25,972,841	8,941,490	335,005,756		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
		9	10	11	12	13	14	15		
*										
1	CAP REL COSTS-BLDG & FIXT	278,480							278,480	1
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	308,294							308,294	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	588,408							588,408	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	265,640							265,640	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5									1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	223,657							223,657	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	503,528							503,528	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	999,343							999,343	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	3,990,228							3,990,228	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	11,498,035							11,498,035	2
3	TOTAL (sum of lines 1-2)	18,655,613							18,655,613	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
		9	10	11	12	13	14	15	16	
*										
1	CAP REL COSTS-BLDG & FI				0.000000					1
1.01	NEW CAP-REL CSTS-BLDGS				0.000000					1.01
1.02	NEW CAP-REL CSTS-BLDGS				0.000000					1.02
1.03	NEW CAP-REL CSTS-BLDGS				0.000000					1.03
1.04	NEW CAP-REL CSTS-BLDGS				0.000000					1.04
1.05	NEW CAP-REL CSTS-BLDGS				0.000000					1.05
1.06	NEW CAP-REL CSTS-BLDGS				0.000000					1.06
1.07	NEW CAP-REL CSTS-BLDGS				0.000000					1.07
1.08	NEW CAP-REL CSTS-BLDGS				0.000000					1.08
1.09	NEW CAP-REL CSTS-BLDGS				0.000000					1.09
1.10	NEW CAP-REL CSTS-BLDGS				0.000000					1.10
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL								
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(2) (sum of cols. 9 through 14)		
		9	10	11	12	13	14	15		
*										
1	CAP REL COSTS-BLDG & FIXT	278,480							278,480	1
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	308,294							308,294	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	588,408							588,408	1.02

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART III - RECONCILIATION OF CAPITAL COST CENTERS

		SUMMARY OF CAPITAL							
	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)	TOTAL(2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	265,640						265,640	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5								1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	223,657						223,657	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	503,528						503,528	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	999,343		-4,913				994,430	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	3,990,228		4,980,486	737,330			9,708,044	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	11,498,035		-3,894				11,494,141	2
3	TOTAL (sum of lines 1-2)	18,655,613		4,971,679	737,330			24,364,622	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst A-7 REF.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1		1
1.07	INV INC-BLDGS AND FIXT	B	-4,913	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	11	1.07
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-OTHER (chapter 2)						3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)						4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)	B	-376,019	MEDICAL SUPPLIES CHARGED TO PATIENTS	71		5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-40,356	COMMUNICATIONS	5.01		7
8	TELEVISION AND RADIO SERVICE (chapter 21)						8
9	PARKING LOT (chapter 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,791,566				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-5,283,612				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-908,104	DIETARY	10		14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-374	MEDICAL SUPPLIES CHARGED TO PATIENTS	71		16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-90,437	DRUGS CHARGED TO PATIENTS	73		17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-39,396	OTHER ADMINISTRATIVE & GENERAL	5.06		18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-1,666,783	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 OVERPAYMENTS						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	-3,894	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						32
33	MO DISCOUNT ON PAYROLL	B	-21,644	EMPLOYEE BENEFITS DEPARTMENT	4		33
34	PROVIDER BASED PHYSICIAN ADJUSTMEN	A	-202,275	HOSPICE	116		34
35	DUES	B	-135	OTHER ADMINISTRATIVE & GENERAL	5.06		35
36	SUPPLIES SOLD	B	-56,797	OPERATING ROOM	50		36
37	MEDICARE PART B BILLINGS	A	-1,709	CREDIT & COLLECTIONS	5.05		37
38	MISC OTHER REVENUE	B	-9,187	OTHER ADMINISTRATIVE & GENERAL	5.06		38
39	GARNISHMENT FEES/BADGES	B	-2,961	OTHER ADMINISTRATIVE & GENERAL	5.06		39
40	NSF CHECKS	B	-7,889	OTHER ADMINISTRATIVE & GENERAL	5.06		40
41	REFUND OF DEPOSIT	B	-15,459	MEDICAL SUPPLIES CHARGED TO PATIENTS	71		41
42	CREDIT CARD REBATE	B	-141,836	OTHER ADMINISTRATIVE & GENERAL	5.06		42
43	OUTREACH LAB REVENUE	B	-8,651	LABORATORY	60		43
44	OTHER UNALLOWABLE PHYSICIAN SALARY	A	-10,883	OTHER ADMINISTRATIVE & GENERAL	5.06		44
45	NON-ALLOWABLE BUSINESS EXPENSE	A	-130,846	OTHER ADMINISTRATIVE & GENERAL	5.06		45
45.01	RETAIL PHARMACY	A	3,791,790	RETAIL PHARMACY	193.08		45.01
45.02	MAIN ST PHARMACY	A	1,761,316	RETAIL PHARMACY	193.08		45.02
45.03	L-T CARE PHARMACY	A	28,444	RETAIL PHARMACY	193.08		45.03
45.04	SEH PHARM #817	A	1,184,710	RETAIL PHARMACY	193.08		45.04
45.05	OUTREACH LAB	A	2,715,600	OUTREACH LAB	193.09		45.05
45.06	LACEY'S RESTAURANT	A	12,145	OTHER ADMINISTRATIVE & GENERAL	5.06		45.06
45.07	AHA DUES USED FOR LOBBYING	A	-23,384	OTHER ADMINISTRATIVE & GENERAL	5.06		45.07
46	JAZZMAN'S RESTAURANT	A	116,643	JAZZMAN'S RESTAURANT	194		46
47	INTEREST EXPENSE	A	-56	INTEREST EXPENSE	113		47
48	COPY FEE REVENUE	B	-18,684	RADIOLOGY-DIAGNOSTIC	54		48
49	SPECIALIST FEES	A	-66,826	SUBPROVIDER - IRF	41		49
49.01	SPECIALIST FEES	A	-103,057	SUBPROVIDER - IPF	40		49.01
49.02	SPECIALIST FEES	A	-4,774,615	EMERGENCY	91		49.02
49.03	SPECIALIST FEES	A	-84,697	OPERATING ROOM	50		49.03
49.04	SPECIALIST FEES	A	-6,021	LABORATORY	60		49.04
49.05	SPECIALIST FEES	A	-53,192	NEUROPHYSIOLOGY	70.01		49.05
49.06	SPECIALIST FEES	A	2,600	RESPIRATORY THERAPY	65		49.06

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF. 5
				COST CENTER	LINE#		
1	2	3	4	5			
49.07	SPECIALIST FEES	A	-373,658	CV DIAGNOSTIC	69.01		49.07
49.08	SPECIALIST FEES	A	-3,078	EMPLOYEE BENEFITS DEPARTMENT	4		49.08
49.09	SPECIALIST FEES	A	-4,895	DATA PROCESSING	5.02		49.09
49.10	SPECIALIST FEES	A	-5,255	OTHER ADMINISTRATIVE & GENERAL	5.06		49.10
49.11	CONTRA HEALTH INSURANCE	A	130	EMPLOYEE BENEFITS DEPARTMENT	4		49.11
49.12	SPECIALIST FEES	A	-336	HYPERBARIC WOUND CLINIC	90.01		49.12
49.13	SPECIALIST FEES	A	-3,800	NURSING SCHOOL	20		49.13
49.14	MISCELLANEOUS RECEIPTS	B	-22	OPERATING ROOM	50		49.14
49.15	CONTRA OCCUPENCY EXPENSE	A	200	OPERATION OF PLANT	7		49.15
49.17	MISCELLANEOUS RECEIPTS	B	-850	CT SCAN	57		49.17
49.18	MISCELLANEOUS RECEIPTS	B	-375	RADIOLOGY-DIAGNOSTIC	54		49.18
49.19	MISCELLANEOUS RECEIPTS	B	-1,187	LABORATORY	60		49.19
49.20	MISCELLANEOUS RECEIPTS	B	-37	RESPIRATORY THERAPY	65		49.20
49.21	MISCELLANEOUS RECEIPTS	B	-963	HOME HEALTH AGENCY	101		49.21
49.22	MISCELLANEOUS RECEIPTS	B	-112	HOSPICE	116		49.22
49.23	MISCELLANEOUS RECEIPTS	B	-330	MAINTENANCE & REPAIRS	6		49.23
49.24	MISCELLANEOUS RECEIPTS	B	-660	OPERATION OF PLANT	7		49.24
49.26	SCHOOL OF RAD TECH TUITION	A	-203,599	SCHOOL OF RADIOLOGICAL TECHNOLOGY	20.03		49.26
49.27	SCHOOL OF SURG TECH TUITION	A	-85,819	SCHOOL OF SURGICAL TECHNOLOGY	20.02		49.27
49.28	SCHOOL OF MED TECH TUITION	B	-149,685	SCHOOL OF MEDICAL TECHNOLOGY	20.01		49.28
49.30	INSURANCE DIVIDEND	B	-1,184,600	OTHER ADMINISTRATIVE & GENERAL	5.06		49.30
49.31	RETAIL PHARMACY SALES	B	590	DRUGS CHARGED TO PATIENTS	73		49.31
49.32	DISCOUNTS ON AP PAYMENTS	B	-59,580	PURCHASING	5.03		49.32
49.33	EQUIPMENT RENTAL	B	-6,600	NURSERY	43		49.33
49.34	CLINICAL COMPENSATION	B	-8,085	CARDIOVASCULAR LAB	54.03		49.34
49.35	SUPPLIES SOLD	B	-27,497	PURCHASING	5.03		49.35
49.36	340B DRUG PROGRAM	B	-424,214	DRUGS CHARGED TO PATIENTS	73		49.36
49.39	MISCELLANEOUS RECEIPTS	B	-7,818	NURSING ADMINISTRATION	13		49.39
49.40	PRISONER MEALS	B	-69,013	DIETARY	10		49.40
49.41	MISCELLANEOUS REVENUE	B	-23,497	MAINTENANCE & REPAIRS	6		49.41
49.42	PARKING FINES	B	-480	OTHER ADMINISTRATIVE & GENERAL	5.06		49.42
49.43	OFFICE CLEANING & OTHER	B	-81,102	HOUSEKEEPING	9		49.43
49.44	INTEREST	B	-309,306	OTHER ADMINISTRATIVE & GENERAL	5.06		49.44
49.45	STERILIZING REVENUE	B	-2,433	CENTRAL SERVICES & SUPPLY	14		49.45
49.47	REVENUE FOR COPIES	A	-44,904	OTHER ADMINISTRATIVE & GENERAL	5.06		49.47
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-9,415,880				50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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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 CLAIMED HOME OFFICE COSTS:

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
	1	2	3	4	5	6	7	
1	5.06	OTHER ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & OTHER		5,283,612	-5,283,612		1
2								2
3								3
4								4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12					5,283,612	-5,283,612	5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the 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.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors 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	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	C			SOUTHEAST HEALTH OF RIPLEY COU	100.00	HOSPITAL	6
7	C			SOUTHEAST HEALTH OF STODDARD C	100.00	HOSPITAL	7
8	C			SOUTHEAST HEALTH OF REYNOLDS C	100.00	HOSPITAL	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:

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	40	SUBPROVIDER - IPF AGGREGATE	431,098	43,098						1
2	41	SUBPROVIDER - IRF ALL OTHERS	114,811	96,061	18,750	159,800	400	30,731	1,537	2
3	69.01	CV DIAGNOSTIC AGGREGATE	25,875	25,875						3
4	91	EMERGENCY KOLDA AND OTHER	995,353	978,045	17,308	159,800	480	36,877	1,844	4
5	90.01	HYPERBARIC WOUND CLI AGGREGATE	243,728	243,728						5
6	70.01	NEUROPHYSIOLOGY AGGREGATE	11,586	11,586						6
7	30	ADULTS & PEDIATRICS AGGREGATE	5,173	5,173						7
200		TOTAL	1,827,624	1,403,566	36,058		880	67,608	3,381	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	40	SUBPROVIDER - IPF AGGREGATE							431,098	1
2	41	SUBPROVIDER - IRF ALL OTHERS					30,731		96,061	2
3	69.01	CV DIAGNOSTIC AGGREGATE							25,875	3
4	91	EMERGENCY KOLDA AND OTHER					36,877		978,045	4
5	90.01	HYPERBARIC WOUND CLI AGGREGATE							243,728	5
6	70.01	NEUROPHYSIOLOGY AGGREGATE							11,586	6
7	30	ADULTS & PEDIATRICS AGGREGATE							5,173	7
200		TOTAL					67,608		1,791,566	200

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS

WORKSHEET A-8-3
PARTS V-VI

CHECK APPLICABLE BOX: [XX] OCCUPATIONAL [] PHYSICAL [] RESPIRATORY [] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (if column 5, line 47 is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)						47
48	OVERTIME RATE (see instructions)						48
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (multiply line 47 times line 48)						49
CALCULATION OF LIMIT							
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (divide the hours in each column on line 47 by the total overtime worked in column 5, line 47)						50
51	ALLOCATION OF PROVIDER'S STANDARD WORK YEAR FOR ONE FULL-TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50) (see instructions)						51
DETERMINATION OF OVERTIME ALLOWANCE							
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (see instructions)						52
53	OVERTIME COST LIMITATION (line 51 times line 52)						53
54	MAXIMUM OVERTIME COST (enter the lesser of line 49 or line 53)						54
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (multiply line 47 times line 52)						55
56	OVERTIME ALLOWANCE (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (from line 23)						57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (from lines 33, 34, or 35)						58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (from lines 44, 45, or 46)						59
60	OVERTIME ALLOWANCE (from column 5, line 56)						60
61	EQUIPMENT COST (see instructions)						61
62	SUPPLIES (see instructions)						62
63	TOTAL ALLOWANCE (sum of lines 57-62)						63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (from provider records)						64
65	EXCESS OVER LIMITATION (line 64 minus line 63; if negative enter zero)						65

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS

WORKSHEET A-8-3
PARTS V-VI

CHECK APPLICABLE BOX: [] OCCUPATIONAL [XX] PHYSICAL [] RESPIRATORY [] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (see instructions)						1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK						2
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (see instructions)						3
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (see instructions)						4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (see instructions)						5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISITS(S)) (see instructions)						6
7	STANDARD TRAVEL EXPENSE RATE						7
8	OPTIONAL TRAVEL EXPENSE RATE						8
		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
9	TOTAL HOURS WORKED						9
10	AHSEA (see instructions)						10
11	STANDARD TRAVEL ALLOWANCE (columns 1 and 2, one-half of column 2, line 10; column 3, one half of column 3, line 10)						11
12	NUMBER OF TRAVEL HOURS (PROVIDER SITE) (see instructions)						12
12.01	NUMBER OF TRAVEL HOURS (OFFSITE) (see instructions)						12.01
13	NUMBER OF MILES DRIVEN (PROVIDER SITE) (see instructions)						13
13.01	NUMBER OF MILES DRIVEN (OFFSITE) (see instructions)						13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (column 1, line 9 times column 1, line 10)						14
15	THERAPISTS (column 2, line 9 times column 2, line 10)						15
16	ASSISTANTS (column 3, line 9 times column 3, line 10)						16
17	SUBTOTAL ALLOWANCE AMOUNT (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)						17
18	AIDES (column 4, line 9 times column 4, line 10)						18
19	TRAINEES (column 5, line 9 times column 5, line 10)						19
20	TOTAL ALLOWANCE AMOUNT (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)						20
	IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1 THROUGH 3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9 IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21 THROUGH 23.						
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 through 3, line 9 for all others)						21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (line 2 times line 21)						22
23	TOTAL SALARY EQUIVALENCY (see instructions)						23

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE							
24	THERAPISTS (line 3 times column 2, line 11)						24
25	ASSISTANTS (line 4 times column 3, line 11)						25
26	SUBTOTAL (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)						26
27	STANDARD TRAVEL EXPENSE (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)						27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (sum of lines 26 and 27)						28
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE							
29	THERAPISTS (column 2, line 10 times the sum of columns 1 and 2, line 12)						29
30	ASSISTANTS (column 3, line 10 times column 3, line 12)						30
31	SUBTOTAL (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)						31
32	OPTIONAL TRAVEL EXPENSE (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)						32
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (line 28)						33
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (sum of lines 27 and 31)						34
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (sum of lines 31 and 32)						35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE							
36	THERAPISTS (line 5 times column 2, line 11)						36
37	ASSISTANTS (line 6 times column 3, line 11)						37
38	SUBTOTAL (sum of lines 36 and 37)						38
39	STANDARD TRAVEL EXPENSE (line 7 times the sum of lines 5 and 6)						39
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE							
40	THERAPISTS (sum of columns 1 and 2, line 9 times column 2, line 10)						40
41	ASSISTANTS (column 3, line 9 times column 3, line 10)						41
42	SUBTOTAL (sum of lines 40 and 41)						42
43	OPTIONAL TRAVEL EXPENSE (line 8 times the sum of columns 1-3, line 13)						43
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES: COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46, AS APPROPRIATE.							
44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (sum of lines 38 and 39) (see instructions)						44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (sum of lines 39 and 42) (see instructions)						45
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (sum of lines 42 and 43) (see instructions)						46

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS

WORKSHEET A-8-3
PARTS V-VI

CHECK APPLICABLE BOX: [] OCCUPATIONAL [XX] PHYSICAL [] RESPIRATORY [] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (if column 5, line 47 is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)						47
48	OVERTIME RATE (see instructions)						48
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (multiply line 47 times line 48)						49
CALCULATION OF LIMIT							
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (divide the hours in each column on line 47 by the total overtime worked in column 5, line 47)						50
51	ALLOCATION OF PROVIDER'S STANDARD WORK YEAR FOR ONE FULL-TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50) (see instructions)						51
DETERMINATION OF OVERTIME ALLOWANCE							
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (see instructions)						52
53	OVERTIME COST LIMITATION (line 51 times line 52)						53
54	MAXIMUM OVERTIME COST (enter the lesser of line 49 or line 53)						54
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (multiply line 47 times line 52)						55
56	OVERTIME ALLOWANCE (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (from line 23)						57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (from lines 33, 34, or 35)						58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (from lines 44, 45, or 46)						59
60	OVERTIME ALLOWANCE (from column 5, line 56)						60
61	EQUIPMENT COST (see instructions)						61
62	SUPPLIES (see instructions)						62
63	TOTAL ALLOWANCE (sum of lines 57-62)						63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (from provider records)						64
65	EXCESS OVER LIMITATION (line 64 minus line 63; if negative enter zero)						65

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS

WORKSHEET A-8-3
PARTS V-VI

CHECK APPLICABLE BOX: [] OCCUPATIONAL [] PHYSICAL [XX] RESPIRATORY [] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (if column 5, line 47 is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)						47
48	OVERTIME RATE (see instructions)						48
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (multiply line 47 times line 48)						49
CALCULATION OF LIMIT							
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (divide the hours in each column on line 47 by the total overtime worked in column 5, line 47)						50
51	ALLOCATION OF PROVIDER'S STANDARD WORK YEAR FOR ONE FULL-TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50) (see instructions)						51
DETERMINATION OF OVERTIME ALLOWANCE							
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (see instructions)						52
53	OVERTIME COST LIMITATION (line 51 times line 52)						53
54	MAXIMUM OVERTIME COST (enter the lesser of line 49 or line 53)						54
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (multiply line 47 times line 52)						55
56	OVERTIME ALLOWANCE (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (from line 23)						57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (from lines 33, 34, or 35)						58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (from lines 44, 45, or 46)						59
60	OVERTIME ALLOWANCE (from column 5, line 56)						60
61	EQUIPMENT COST (see instructions)						61
62	SUPPLIES (see instructions)						62
63	TOTAL ALLOWANCE (sum of lines 57-62)						63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (from provider records)						64
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS

WORKSHEET A-8-3
PARTS V-VI

CHECK APPLICABLE BOX: [] OCCUPATIONAL [] PHYSICAL [] RESPIRATORY [XX] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (if column 5, line 47 is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)						47
48	OVERTIME RATE (see instructions)						48
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (multiply line 47 times line 48)						49
CALCULATION OF LIMIT							
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (divide the hours in each column on line 47 by the total overtime worked in column 5, line 47)						50
51	ALLOCATION OF PROVIDER'S STANDARD WORK YEAR FOR ONE FULL-TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50) (see instructions)						51
DETERMINATION OF OVERTIME ALLOWANCE							
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (see instructions)						52
53	OVERTIME COST LIMITATION (line 51 times line 52)						53
54	MAXIMUM OVERTIME COST (enter the lesser of line 49 or line 53)						54
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (multiply line 47 times line 52)						55
56	OVERTIME ALLOWANCE (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (from line 23)						57
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59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (from lines 44, 45, or 46)						59
60	OVERTIME ALLOWANCE (from column 5, line 56)						60
61	EQUIPMENT COST (see instructions)						61
62	SUPPLIES (see instructions)						62
63	TOTAL ALLOWANCE (sum of lines 57-62)						63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (from provider records)						64
65	EXCESS OVER LIMITATION (line 64 minus line 63; if negative enter zero)						65

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	NEW CAP-RE L CSTS-BLD GS & FIX #				
		0	1	1.01	1.02	1.03	1.05	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	278,480	278,480					1
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	308,294		308,294				1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	588,408			588,408			1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	265,640				265,640		1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5							1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	223,657					223,657	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	503,528						1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	994,430						1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	9,708,044						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	11,494,141						2
4	EMPLOYEE BENEFITS DEPARTMENT	13,937,850		4,070			29,211	4
5.01	COMMUNICATIONS	1,083,021	2,815					5.01
5.02	DATA PROCESSING	4,845,703		4,143	1,764		39,960	5.02
5.03	PURCHASING	750,383		6,736	51,528			5.03
5.04	ADMITTING	2,545,107		17,384		14,809		5.04
5.05	CREDIT & COLLECTIONS	4,312,190	9,090			5,986		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	28,125,435	39,996	20,483		41,821		5.06
6	MAINTENANCE & REPAIRS	3,155,301			13,495	31,373		6
7	OPERATION OF PLANT	5,805,107	16,773	13,079	42,097	11,688	43,715	7
8	LAUNDRY & LINEN SERVICE	803,442		1,847	3,834	949		8
9	HOUSEKEEPING	3,206,672		9,599	6,876	2,077	7,646	9
10	DIETARY	2,102,396		21,476		54,239		10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,827,521	32,475	16,278			75,106	13
14	CENTRAL SERVICES & SUPPLY	1,556,666		1,123				14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	510,429						20
20.01	SCHOOL OF MEDICAL TECHNOLOGY	31,970						20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY							20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY							20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	14,995,609	34,542	69,388	396,890	63,132		30
33.01	ADULT SPECIAL CARE	2,901,369						33.01
34.01	CARDIOTHORACIC ICU	1,521,050						34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	1,171,944			67,017			40
41	SUBPROVIDER - IRF	1,112,090		45,024				41
43	NURSERY	826,717				8,389		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,514,287						50
52	DELIVERY ROOM & LABOR ROOM	2,294,617		21,970		23,322		52
53	ANESTHESIOLOGY	818,917		5,748				53
54	RADIOLOGY-DIAGNOSTIC	3,085,830						54
54.01	ULTRASOUND	708,315						54.01
54.03	CARDIOVASCULAR LAB	2,690,672						54.03
55	RADIOLOGY-THERAPEUTIC	2,259,330						55
55.01	CHEMOTHERAPY	883,695						55.01
56.01	NUCLEAR MEDICINE	1,612,157						56.01
57	CT SCAN	1,374,632						57
58	MRI	615,744						58
60	LABORATORY	7,006,582						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING. PROCESSING & TRANS.	1,095,906						63
65	RESPIRATORY THERAPY	2,026,995						65
66	PHYSICAL THERAPY	1,116,386						66
66.01	SOUTHEAST OUTPATIENT REHAB	2,355,846						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	250,269						67
68	SPEECH PATHOLOGY	194,427						68
69.01	CV DIAGNOSTIC	1,401,125						69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	710,031	50,010					70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,932,195						71
72	IMPL. DEV. CHARGED TO PATIENTS	20,377,352						72
73	DRUGS CHARGED TO PATIENTS	20,344,014	60,406					73

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	NEW CAP-RE L CSTS-BLD GS & FIX #				
		0	1	1.01	1.02	1.03	1.05	
76	CARDIAC REHAB	457,507						28,019
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	1,048,277						88
88.01	RHC II	2,070,657						88.01
88.02	RHC III	1,119,370						88.02
90.01	HYPERBARIC WOUND CLINIC	731,483						90.01
90.02	DIABETES CENTER	202,266						90.02
91	EMERGENCY	6,055,650						91
91.01	G.I. LABORATORY	1,357,002		46,466				91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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	1,438,477						101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	2,029,949						116
118	SUBTOTALS (sum of lines 1-117)	232,672,556	246,107	304,814	583,501	257,785	223,657	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				2,607			190
191.01	RESPIRE CARE							191.01
193.01	VENDING MACHINES							193.01
193.02	SUNSET GUEST HOUSE	883						193.02
193.03	LACEY'S RESTAURANT							193.03
193.04	COMMUNITY WELLNESS	11,922						193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC	43,098,160		2,167	2,300	7,855		193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY	6,766,260						193.08
193.09	OUTREACH LAB	2,719,338						193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING	6,665,865	32,373	1,313				193.11
193.13	HEALTHPOINT	1,920,823						193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT	116,757						194
194.01	FOUNDATION OFFICE							194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	293,972,564	278,480	308,294	588,408	265,640	223,657	202

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICAT IONS	
		1.06	1.07	1.08	2	4	5.01	
	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	503,528						1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8		994,430					1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9			9,708,044				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				11,494,141			2
4	EMPLOYEE BENEFITS DEPARTMENT			30,414	82,065	14,083,610		4
5.01	COMMUNICATIONS	2,464		9,918	63,275	37,868	1,199,361	5.01
5.02	DATA PROCESSING	8,022		62,766	3,398,233	215,743	1,764	5.02
5.03	PURCHASING			78,619	105,165	68,293	9,701	5.03
5.04	ADMITTING			101,895	8,379	237,739	36,157	5.04
5.05	CREDIT & COLLECTIONS			27,574	45,956	254,123	35,275	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	9,275	2,968	234,444	363,565	917,089	112,881	5.06
6	MAINTENANCE & REPAIRS		82,852	227,021	61,977	205,742	13,228	6
7	OPERATION OF PLANT	83,381		469,865	223,505	33,045	882	7
8	LAUNDRY & LINEN SERVICE		1,210	56,815	20,092	45,565	3,528	8
9	HOUSEKEEPING	842	2,174	50,008	54,745	302,283	4,850	9
10	DIETARY			194,864	34,120	150,373	11,024	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,884		141,821	96,632	358,763	22,929	13
14	CENTRAL SERVICES & SUPPLY			59,325	91,586	89,908	6,614	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL			211,694	14,421	184,488	18,520	20
20.01	SCHOOL OF MEDICAL TECHNOLOGY			15,192	1,301	15,449		20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY			14,380	605	5,450		20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY			32,953	6,331	19,080		20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	158,961		1,299,694	239,331	1,508,846	163,590	30
33.01	ADULT SPECIAL CARE	56,103		160,153	66,597	277,379	17,638	33.01
34.01	CARDIOTHORACIC ICU		170,922	271,680	48,667	151,169	12,346	34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF			78,799	8,156	166,944	7,496	40
41	SUBPROVIDER - IRF			120,528	6,733	123,057	14,551	41
43	NURSERY			21,248	25,497	82,899	4,409	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	89,287	199,311	627,960	953,500	154,181	59,086	50
52	DELIVERY ROOM & LABOR ROOM			137,568	80,462	212,748	22,488	52
53	ANESTHESIOLOGY		68,019	123,503	151,989	61,494	11,905	53
54	RADIOLOGY-DIAGNOSTIC		20,297	73,270	489,994	239,462	39,685	54
54.01	ULTRASOUND		14,180	58,273	110,457	66,277	4,850	54.01
54.03	CARDIOVASCULAR LAB	24,130	53,262	232,852	292,605	133,851	13,228	54.03
55	RADIOLOGY-THERAPEUTIC		202,650	717,638	1,025,081	152,518	12,346	55
55.01	CHEMOTHERAPY			321,358	37,316	78,052	7,937	55.01
56.01	NUCLEAR MEDICINE		18,926	30,083	152,319	54,608	5,291	56.01
57	CT SCAN		10,437	52,322	725,567	73,227	4,409	57
58	MRI			79,310	462,456	42,167	8,378	58
60	LABORATORY	43,886	9,662	159,988	220,672	352,499	30,425	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,737		4,959	6,291	178	2,646	63
65	RESPIRATORY THERAPY		15,759	25,049	95,734	189,288	9,701	65
66	PHYSICAL THERAPY	9,201		26,266	12,503	115,610	5,732	66
66.01	SOUTHEAST OUTPATIENT REHAB			231,319	56,424	245,681	33,952	66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	1,895		5,410	2,770	26,299		67
68	SPEECH PATHOLOGY	948		2,705	934	20,840	882	68
69.01	CV DIAGNOSTIC	4,632	4,925	21,052	173,333	108,059	23,811	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	2,627		67,965	48,734	68,442	12,787	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS					528,236		72
73	DRUGS CHARGED TO PATIENTS		1,513	64,314	20,998	281,414	9,701	73

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICAT IONS	
		1.06	1.07	1.08	2	4	5.01	
76	CARDIAC REHAB			18,723	5,539	47,211	5,732	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			106,613	14,556	101,946	19,842	88
88.01	RHC II			191,589	16,129	204,649	31,307	88.01
88.02	RHC III			120,453	9,925	92,933	6,614	88.02
90.01	HYPERBARIC WOUND CLINIC				59,038	77,249	10,583	90.01
90.02	DIABETES CENTER			75,133	1,855	20,667	5,732	90.02
91	EMERGENCY		115,363	183,369	134,172	593,844	33,952	91
91.01	G.I. LABORATORY			124,390	169,968	83,146	10,583	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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			49,377	63,558	130,574	14,551	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE			49,377	5,315	155,011	16,315	116
118	SUBTOTALS (sum of lines 1-117)	499,612	994,430	7,953,858	10,667,128	10,163,656	971,834	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			33,900	447		882	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						3,968	193.03
193.04	COMMUNITY WELLNESS				1,602	306		193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC			734,964	591,902	3,646,455	160,944	193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY						11,024	193.08
193.09	OUTREACH LAB	3,916				452	3,528	193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING			121,069	55,148	125,922	14,110	193.11
193.13	HEALTHPOINT			789,045	176,332	146,805	29,543	193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT					14	882	194
194.01	FOUNDATION OFFICE			75,208	1,582		2,646	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	503,528	994,430	9,708,044	11,494,141	14,083,610	1,199,361	202

Optimizer Systems, Inc.



Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	DATA PROCE SSING	PURCHASING	ADMITTING	CREDIT & C OLLECTIONS	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
	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 DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING	8,578,098	8,578,098					5.02
5.03	PURCHASING	1,070,425	38,719	1,109,144				5.03
5.04	ADMITTING	2,961,470	107,122	935	3,069,527			5.04
5.05	CREDIT & COLLECTIONS	4,690,194	169,654	1,242		4,861,090		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	29,867,957	1,080,304	5,332			30,953,593	5.06
6	MAINTENANCE & REPAIRS	3,790,989	137,128	339			3,928,456	6
7	OPERATION OF PLANT	6,743,137	243,913	1,892			6,988,942	7
8	LAUNDRY & LINEN SERVICE	937,619	33,916	94			971,629	8
9	HOUSEKEEPING	3,647,772	131,947	1,404			3,781,123	9
10	DIETARY	2,568,492	92,907	768			2,662,167	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,573,409	165,429	2,508			4,741,346	13
14	CENTRAL SERVICES & SUPPLY	1,805,222	65,298	15,448			1,885,968	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	939,552	33,985	3,091			976,628	20
20.01	SCHOOL OF MEDICAL TECHNOLOGY	63,912	2,312	7			66,231	20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY	20,435	739	30			21,204	20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY	58,364	2,111				60,475	20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	18,929,983	684,735	57,440	92,506	146,495	19,911,159	30
33.01	ADULT SPECIAL CARE	3,479,239	125,851	38,655	31,630	50,090	3,725,465	33.01
34.01	CARDIOTHORACIC ICU	2,175,834	78,704	9,608	12,579		2,296,646	34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	1,500,356	54,271	414	10,452	16,553	1,582,046	40
41	SUBPROVIDER - IRF	1,421,983	51,436	2,445	6,048	9,578	1,491,490	41
43	NURSERY	969,159	35,056	4,117	8,615	13,643	1,030,590	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	9,597,612	347,165	100,139	351,585	556,781	10,953,282	50
52	DELIVERY ROOM & LABOR ROOM	2,793,175	101,035	18,257	21,249	33,650	2,967,366	52
53	ANESTHESIOLOGY	1,241,575	44,910	51,227	83,596	132,385	1,553,693	53
54	RADIOLOGY-DIAGNOSTIC	3,948,538	142,827	73,737	71,891	113,849	4,350,842	54
54.01	ULTRASOUND	962,352	34,810	3,470	16,082	25,469	1,042,183	54.01
54.03	CARDIOVASCULAR LAB	3,440,600	124,453	201,452	130,289	206,330	4,103,124	54.03
55	RADIOLOGY-THERAPEUTIC	4,369,563	158,056	2,955	72,609	114,986	4,718,169	55
55.01	CHEMOTHERAPY	1,328,358	48,049	8,876	26,248	41,568	1,453,099	55.01
56.01	NUCLEAR MEDICINE	1,873,384	67,764	1,347	80,551	127,563	2,150,609	56.01
57	CT SCAN	2,240,594	81,047	12,561	84,507	133,828	2,552,537	57
58	MRI	1,208,055	43,698	704	27,056	42,847	1,322,360	58
60	LABORATORY	7,823,714	282,999	2,688	292,248	462,813	8,864,462	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,111,717	40,213	307	28,837	45,666	1,226,740	63
65	RESPIRATORY THERAPY	2,362,526	85,457	3,480	91,047	144,185	2,686,695	65
66	PHYSICAL THERAPY	1,285,698	46,506	271	21,872	34,638	1,388,985	66
66.01	SOUTHEAST OUTPATIENT REHAB	2,923,222	105,739	300	36,179	57,295	3,122,735	66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	286,643	10,368	8	8,207	12,997	318,223	67
68	SPEECH PATHOLOGY	220,736	7,984		6,593	10,442	245,755	68
69.01	CV DIAGNOSTIC	1,736,937	62,828	2,503	104,041	164,762	2,071,071	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	960,596	34,747	2,199	59,879	94,826	1,152,247	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,932,195	431,611		330,131	522,806	13,216,743	71
72	IMPL. DEV. CHARGED TO PATIENTS	20,905,588	756,197	365,119	301,900	478,099	22,806,903	72
73	DRUGS CHARGED TO PATIENTS	20,782,360	751,740	1,763	403,789	639,538	22,579,190	73

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	DATA PROCE SSING	PURCHASING	ADMITTING	CREDIT & C OLLECTIONS	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
76	CARDIAC REHAB	562,731	20,355	141	2,286	3,621	589,134	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	1,291,234	46,707	369	5,784	9,159	1,353,253	88
88.01	RHC II	2,514,331	90,948	1,897	11,913	18,866	2,637,955	88.01
88.02	RHC III	1,349,295	48,807	4,171	7,507	11,888	1,421,668	88.02
90.01	HYPERBARIC WOUND CLINIC	878,353	31,772	639	18,584	29,431	958,779	90.01
90.02	DIABETES CENTER	305,653	11,056	56	406	643	317,814	90.02
91	EMERGENCY	7,116,350	257,413	48,466	154,525	244,711	7,821,465	91
91.01	G.I. LABORATORY	1,791,555	64,804	19,716	39,163	62,019	1,977,257	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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	1,696,537	61,367	1,208	4,269	6,761	1,770,142	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	2,255,967	81,603	1,144	12,874	20,388	2,371,976	116
118	SUBTOTALS (sum of lines 1-117)	225,891,345	7,860,572	1,076,939	3,069,527	4,861,090	225,141,614	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,836	1,369	34			39,239	190
191.01	RESPIRE CARE							191.01
193.01	VENDING MACHINES							193.01
193.02	SUNSET GUEST HOUSE	883	32				915	193.02
193.03	LACEY'S RESTAURANT	3,968	144				4,112	193.03
193.04	COMMUNITY WELLNESS	13,830	500				14,330	193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC	48,244,747		29,791			48,274,538	193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY	6,777,284	245,148				7,022,432	193.08
193.09	OUTREACH LAB	2,727,234	98,650				2,825,884	193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING	7,015,800	253,776	1,535			7,271,111	193.11
193.13	HEALTHPOINT	3,062,548	110,778	814			3,174,140	193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT	117,653	4,256				121,909	194
194.01	FOUNDATION OFFICE	79,436	2,873	31			82,340	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	293,972,564	8,578,098	1,109,144	3,069,527	4,861,090	293,972,564	202

Optimizer Systems, Inc.

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	OTHER ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.06	6	7	8	9	10	
	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 DEPARTMENT							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	30,953,593						5.06
6	MAINTENANCE & REPAIRS	462,324	4,390,780					6
7	OPERATION OF PLANT	822,501	448,112	8,259,555				7
8	LAUNDRY & LINEN SERVICE	114,347	30,114	54,695	1,170,785			8
9	HOUSEKEEPING	444,985	102,926	48,142	69,756	4,446,932		9
10	DIETARY	313,300	118,658	187,592		102,272	3,383,989	10
11	CAFETERIA						2,232,186	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	557,990	84,049	136,528		74,433		13
14	CENTRAL SERVICES & SUPPLY	221,952	73,262	57,111		31,136		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	114,935	40,901	203,793		111,105		20
20.01	SCHOOL OF MEDICAL TECHNOLOGY	7,794		14,625		7,973		20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY	2,495		13,844		7,547		20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY	7,117	449	31,723		17,295		20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,343,265	648,122	1,251,187	229,618	682,127	889,502	30
33.01	ADULT SPECIAL CARE	438,435	140,681	154,176	25,579	84,055	50,016	33.01
34.01	CARDIOTHORACIC ICU	270,283	121,804	261,540	26,573	142,588	31,463	34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	186,185	59,778	75,858	26,970	41,357	96,378	40
41	SUBPROVIDER - IRF	175,527	60,228	116,030	30,880	63,258	69,961	41
43	NURSERY	121,286	13,484	20,455		11,152		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,289,048	241,810	604,523	228,436	329,578	6,811	50
52	DELIVERY ROOM & LABOR ROOM	349,217	93,038	132,434	28,587	72,201		52
53	ANESTHESIOLOGY	182,848	24,720	118,894		64,819		53
54	RADIOLOGY-DIAGNOSTIC	512,033	102,926	70,535	17,428	38,455	91	54
54.01	ULTRASOUND	122,650	27,867	56,098	16,434	30,584		54.01
54.03	CARDIOVASCULAR LAB	482,880	39,553	224,161		122,209	99	54.03
55	RADIOLOGY-THERAPEUTIC	555,262	34,608	690,854	13,982	376,644		55
55.01	CHEMOTHERAPY	171,009	12,585	309,364	13,154	168,661		55.01
56.01	NUCLEAR MEDICINE	253,097	8,540	28,960		15,789	820	56.01
57	CT SCAN	300,398	27,867	50,370		27,461		57
58	MRI	155,623	30,563	76,350	16,368	41,625		58
60	LABORATORY	1,043,223	356,422	154,017		83,968		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	144,370		4,774		2,603		63
65	RESPIRATORY THERAPY	316,186	25,619	24,114		13,147		65
66	PHYSICAL THERAPY	163,464	10,787	25,286	13,386	13,786		66
66.01	SOUTHEAST OUTPATIENT REHAB	367,502	3,146	222,685		121,405		66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	37,450	3,596	5,208		2,839		67
68	SPEECH PATHOLOGY	28,922		2,604		1,420	837	68
69.01	CV DIAGNOSTIC	243,736	26,069	20,266	30,018	11,049		69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	135,603	10,787	65,428		35,671	232	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,555,426						71
72	IMPL. DEV. CHARGED TO PATIENTS	2,684,053						72
73	DRUGS CHARGED TO PATIENTS	2,657,255	35,058	61,913		33,754		73

Optimizer Systems, Inc.

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	OTHER ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.06	6	7	8	9	10	
76	CARDIAC REHAB	69,333	32,811	18,024		9,827		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	159,259	13,034	102,634		55,955		88
88.01	RHC II	310,450	39,103	184,438		100,553		88.01
88.02	RHC III	167,310	21,125	115,957		63,218		88.02
90.01	HYPERBARIC WOUND CLINIC	112,835	17,080					90.01
90.02	DIABETES CENTER	37,402	5,394	72,329		39,433		90.02
91	EMERGENCY	920,477	176,638	176,525	354,161	96,239	5,593	91
91.01	G.I. LABORATORY	232,695	48,542	119,747	29,455	65,285		91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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	208,321	22,024	47,534		25,915		101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	279,148	20,675	47,534		25,915		116
118	SUBTOTALS (sum of lines 1-117)	22,853,206	3,454,555	6,460,859	1,170,785	3,466,306	3,383,989	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,618	57,980	32,635		17,792		190
191.01	RESPIRE CARE							191.01
193.01	VENDING MACHINES							193.01
193.02	SUNSET GUEST HOUSE	108						193.02
193.03	LACEY'S RESTAURANT	484	30,114	56,416		30,757		193.03
193.04	COMMUNITY WELLNESS	1,686						193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC	5,681,185	411,256	707,533		385,738		193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY	826,442	11,237	25,141		13,707		193.08
193.09	OUTREACH LAB	332,567	2,247	21,091		11,499		193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING	855,708	392,379	116,550		63,542		193.11
193.13	HEALTHPOINT	373,552	18,877	759,595		414,121		193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT	14,347		7,334		3,998		194
194.01	FOUNDATION OFFICE	9,690	12,135	72,401		39,472		194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	30,953,593	4,390,780	8,259,555	1,170,785	4,446,932	3,383,989	202

Optimizer Systems, Inc.

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	
		11	13	14	20	20.01	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 DEPARTMENT							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	2,232,186						11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	106,338	5,700,684					13
14	CENTRAL SERVICES & SUPPLY	45,077		2,314,506				14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	45,020			1,492,382			20
20.01	SCHOOL OF MEDICAL TECHNOLOGY	3,760				100,383		20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY	1,880					46,970	20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY	5,216						20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	574,646	3,645,091	38,484	1,077,704			30
33.01	ADULT SPECIAL CARE	76,075	478,045	28,091	39,406			33.01
34.01	CARDIOTHORACIC ICU	46,010	286,827	6,658	5,498			34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	41,246	262,925	158	129,902			40
41	SUBPROVIDER - IRF	37,331	239,022	1,578	43,301			41
43	NURSERY	17,881	107,560	3,500				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	43,564		379,677			46,970	50
52	DELIVERY ROOM & LABOR ROOM	1,088		12,877				52
53	ANESTHESIOLOGY	19,563		35,167				53
54	RADIOLOGY-DIAGNOSTIC	82,704		51,980				54
54.01	ULTRASOUND	15,125		2,479				54.01
54.03	CARDIOVASCULAR LAB	35,536		386,220				54.03
55	RADIOLOGY-THERAPEUTIC	40,709	1,651					55
55.01	CHEMOTHERAPY	18,969	6,037					55.01
56.01	NUCLEAR MEDICINE	17,768	70					56.01
57	CT SCAN	18,941		8,974				57
58	MRI	9,810		477				58
60	LABORATORY	177,198		168				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	57		653				63
65	RESPIRATORY THERAPY	62,590		1,992				65
66	PHYSICAL THERAPY	27,719		96				66
66.01	SOUTHEAST OUTPATIENT REHAB	68,442		14				66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	7,181		1				67
68	SPEECH PATHOLOGY	3,958						68
69.01	CV DIAGNOSTIC	30,306		476				69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	19,337		4,274				70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS	145,167		1,281,241				72
73	DRUGS CHARGED TO PATIENTS	57,346		841				73

Optimizer Systems, Inc.

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	
		11	13	14	20	20.01	20.02	
76	CARDIAC REHAB	11,958	71,707	4				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	22,885		198				88
88.01	RHC II	34,716		819				88.01
88.02	RHC III	18,418		2,720				88.02
90.01	HYPERBARIC WOUND CLINIC	15,648		136				90.01
90.02	DIABETES CENTER	5,767	35,853					90.02
91	EMERGENCY	164,504		32,364	45,821			91
91.01	G.I. LABORATORY	22,560		15,105				91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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		179,267	624	150,750			101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE		262,925	621				116
118	SUBTOTALS (sum of lines 1-117)	2,200,014	5,569,222	2,306,425	1,492,382		46,970	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,371						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		11,951	8,081				193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY							193.08
193.09	OUTREACH LAB	22,362				100,383		193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING							193.11
193.13	HEALTHPOINT		119,511					193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT							194
194.01	FOUNDATION OFFICE	8,439						194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,232,186	5,700,684	2,314,506	1,492,382	100,383	46,970	202

Optimizer Systems, Inc.

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	SCHOOL OF RADIOL TECH	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		20.03	24	25	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 DEPARTMENT						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	122,275					20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		31,290,905		31,290,905		30
33.01	ADULT SPECIAL CARE		5,240,024		5,240,024		33.01
34.01	CARDIOTHORACIC ICU		3,495,890		3,495,890		34.01
35	NEONATOLOGY						35
40	SUBPROVIDER - IPF		2,502,803		2,502,803		40
41	SUBPROVIDER - IRF		2,328,606		2,328,606		41
43	NURSERY		1,325,908		1,325,908		43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		14,123,699		14,123,699		50
52	DELIVERY ROOM & LABOR ROOM		3,656,808		3,656,808		52
53	ANESTHESIOLOGY		1,999,704		1,999,704		53
54	RADIOLOGY-DIAGNOSTIC	122,275	5,349,269		5,349,269		54
54.01	ULTRASOUND		1,313,420		1,313,420		54.01
54.03	CARDIOVASCULAR LAB		5,393,782		5,393,782		54.03
55	RADIOLOGY-THERAPEUTIC		6,431,879		6,431,879		55
55.01	CHEMOTHERAPY		2,152,878		2,152,878		55.01
56.01	NUCLEAR MEDICINE		2,475,653		2,475,653		56.01
57	CT SCAN		2,986,548		2,986,548		57
58	MRI		1,653,176		1,653,176		58
60	LABORATORY		10,679,458		10,679,458		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.		1,379,197		1,379,197		63
65	RESPIRATORY THERAPY		3,130,343		3,130,343		65
66	PHYSICAL THERAPY		1,643,509		1,643,509		66
66.01	SOUTHEAST OUTPATIENT REHAB		3,905,929		3,905,929		66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY		374,498		374,498		67
68	SPEECH PATHOLOGY		283,496		283,496		68
69.01	CV DIAGNOSTIC		2,432,991		2,432,991		69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY		1,423,579		1,423,579		70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		14,772,169		14,772,169		71
72	IMPL. DEV. CHARGED TO PATIENTS		26,917,364		26,917,364		72
73	DRUGS CHARGED TO PATIENTS		25,425,357		25,425,357		73

Optimizer Systems, Inc.

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Micro System

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	SCHOOL OF RADIOL TECH	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		20.03	24	25	26		
76	CARDIAC REHAB		802,798		802,798		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		1,707,218		1,707,218		88
88.01	RHC II		3,308,034		3,308,034		88.01
88.02	RHC III		1,810,416		1,810,416		88.02
90.01	HYPERBARIC WOUND CLINIC		1,104,478		1,104,478		90.01
90.02	DIABETES CENTER		513,992		513,992		90.02
91	EMERGENCY		9,793,787		9,793,787		91
91.01	G.I. LABORATORY		2,510,646		2,510,646		91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)						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		2,404,577		2,404,577		101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE		3,008,794		3,008,794		116
118	SUBTOTALS (sum of lines 1-117)	122,275	213,053,582		213,053,582		118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		153,635		153,635		190
191.01	RESPIRE CARE						191.01
193.01	VENDING MACHINES						193.01
193.02	SUNSET GUEST HOUSE		1,023		1,023		193.02
193.03	LACEY'S RESTAURANT		121,883		121,883		193.03
193.04	COMMUNITY WELLNESS		16,016		16,016		193.04
193.05	HOME INFUSION						193.05
193.06	SE HOSP PHYSICIANS LLC		55,480,282		55,480,282		193.06
193.07	GENERATIONS						193.07
193.08	RETAIL PHARMACY		7,898,959		7,898,959		193.08
193.09	OUTREACH LAB		3,316,033		3,316,033		193.09
193.10	FOOT CLINIC						193.10
193.11	MARKETING		8,699,290		8,699,290		193.11
193.13	HEALTHPOINT		4,859,796		4,859,796		193.13
193.14	DOCTORS PARK						193.14
194	JAZZMAN'S RESTAURANT		147,588		147,588		194
194.01	FOUNDATION OFFICE		224,477		224,477		194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	122,275	293,972,564		293,972,564		202

Optimizer Systems, Inc.

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	NEW CAP-RE L CSTS-BLD GS & FIX #				
		0	1	1.01	1.02	1.03	1.05	
	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 DEPARTMENT			4,070				29,211
5.01	COMMUNICATIONS		2,815					5.01
5.02	DATA PROCESSING			4,143	1,764		39,960	5.02
5.03	PURCHASING			6,736	51,528			5.03
5.04	ADMITTING			17,384		14,809		5.04
5.05	CREDIT & COLLECTIONS		9,090			5,986		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		39,996	20,483		41,821		5.06
6	MAINTENANCE & REPAIRS				13,495	31,373		6
7	OPERATION OF PLANT		16,773	13,079	42,097	11,688	43,715	7
8	LAUNDRY & LINEN SERVICE			1,847	3,834	949		8
9	HOUSEKEEPING			9,599	6,876	2,077	7,646	9
10	DIETARY			21,476		54,239		10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		32,475	16,278			75,106	13
14	CENTRAL SERVICES & SUPPLY			1,123				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 SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		34,542	69,388	396,890	63,132		30
33.01	ADULT SPECIAL CARE							33.01
34.01	CARDIOTHORACIC ICU							34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF				67,017			40
41	SUBPROVIDER - IRF			45,024				41
43	NURSERY					8,389		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM			21,970		23,322		52
53	ANESTHESIOLOGY			5,748				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	CT SCAN							57
58	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		50,010					70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS		60,406					73

Optimizer Systems, Inc.

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	NEW CAP-RE L CSTS-BLD GS & FIX #				
		0	1	1.01	1.02	1.03	1.05	
76	CARDIAC REHAB							28,019
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							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			46,466				91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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							
113	INTEREST EXPENSE							113
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)		246,107	304,814	583,501	257,785	223,657	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				2,607			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			2,167	2,300	7,855		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		32,373	1,313				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)		278,480	308,294	588,408	265,640	223,657	202

Optimizer Systems, Inc.

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		1.06	1.07	1.08	2	2A	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							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 DEPARTMENT			30,414	82,065	145,760	145,760	4
5.01	COMMUNICATIONS	2,464		9,918	63,275	78,472	392	5.01
5.02	DATA PROCESSING	8,022		62,766	3,398,233	3,514,888	2,234	5.02
5.03	PURCHASING			78,619	105,165	242,048	707	5.03
5.04	ADMITTING			101,895	8,379	142,467	2,461	5.04
5.05	CREDIT & COLLECTIONS			27,574	45,956	88,606	2,631	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	9,275	2,968	234,444	363,565	712,552	9,495	5.06
6	MAINTENANCE & REPAIRS		82,852	227,021	61,977	416,718	2,130	6
7	OPERATION OF PLANT	83,381		469,865	223,505	904,103	342	7
8	LAUNDRY & LINEN SERVICE	337	1,210	56,815	20,092	85,084	472	8
9	HOUSEKEEPING	842	2,174	50,008	54,745	133,967	3,130	9
10	DIETARY			194,864	34,120	304,699	1,557	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,884		141,821	96,632	364,196	3,714	13
14	CENTRAL SERVICES & SUPPLY			59,325	91,586	152,034	931	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL			211,694	14,421	226,115	1,910	20
20.01	SCHOOL OF MEDICAL TECHNOLOGY			15,192	1,301	16,493	160	20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY			14,380	605	14,985	56	20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY			32,953	6,331	39,284	198	20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	158,961		1,299,694	239,331	2,261,938	15,622	30
33.01	ADULT SPECIAL CARE	56,103		160,153	66,597	282,853	2,872	33.01
34.01	CARDIOTHORACIC ICU		170,922	271,680	48,667	491,269	1,565	34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF			78,799	8,156	153,972	1,728	40
41	SUBPROVIDER - IRF			120,528	6,733	172,285	1,274	41
43	NURSERY			21,248	25,497	55,134	858	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	89,287	199,311	627,960	953,500	1,870,058	1,596	50
52	DELIVERY ROOM & LABOR ROOM			137,568	80,462	263,322	2,203	52
53	ANESTHESIOLOGY		68,019	123,503	151,989	349,259	637	53
54	RADIOLOGY-DIAGNOSTIC		20,297	73,270	489,994	583,561	2,479	54
54.01	ULTRASOUND		14,180	58,273	110,457	182,910	686	54.01
54.03	CARDIOVASCULAR LAB	24,130	53,262	232,852	292,605	602,849	1,386	54.03
55	RADIOLOGY-THERAPEUTIC		202,650	717,638	1,025,081	1,945,369	1,579	55
55.01	CHEMOTHERAPY			321,358	37,316	358,674	808	55.01
56.01	NUCLEAR MEDICINE		18,926	30,083	152,319	201,328	565	56.01
57	CT SCAN		10,437	52,322	725,567	788,326	758	57
58	MRI			79,310	462,456	541,766	437	58
60	LABORATORY	43,886	9,662	159,988	220,672	434,208	3,650	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,737		4,959	6,291	12,987	2	63
65	RESPIRATORY THERAPY		15,759	25,049	95,734	136,542	1,960	65
66	PHYSICAL THERAPY	9,201		26,266	12,503	47,970	1,197	66
66.01	SOUTHEAST OUTPATIENT REHAB			231,319	56,424	287,743	2,544	66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	1,895		5,410	2,770	10,075	272	67
68	SPEECH PATHOLOGY	948		2,705	934	4,587	216	68
69.01	CV DIAGNOSTIC	4,632	4,925	21,052	173,333	203,942	1,119	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	2,627		67,965	48,734	169,336	709	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS						5,469	72
73	DRUGS CHARGED TO PATIENTS		1,513	64,314	20,998	147,231	2,914	73

Optimizer Systems, Inc.

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Micro System

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	NEW CAP-RE L CSTS-BLD GS & FIX #	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		1.06	1.07	1.08	2	2A	4	
76	CARDIAC REHAB			18,723	5,539	52,281	489	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			106,613	14,556	121,169	1,055	88
88.01	RHC II			191,589	16,129	207,718	2,119	88.01
88.02	RHC III			120,453	9,925	130,378	962	88.02
90.01	HYPERBARIC WOUND CLINIC				59,038	59,038	800	90.01
90.02	DIABETES CENTER			75,133	1,855	76,988	214	90.02
91	EMERGENCY		115,363	183,369	134,172	432,904	6,148	91
91.01	G.I. LABORATORY			124,390	169,968	340,824	861	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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			49,377	63,558	112,935	1,352	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE			49,377	5,315	54,692	1,605	116
118	SUBTOTALS (sum of lines 1-117)	499,612	994,430	7,953,858	10,667,128	21,730,892	105,230	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			33,900	447	36,954		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				1,602	1,602	3	193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC			734,964	591,902	1,339,188	37,698	193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY							193.08
193.09	OUTREACH LAB	3,916				3,916	5	193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING			121,069	55,148	209,903	1,304	193.11
193.13	HEALTHPOINT			789,045	176,332	965,377	1,520	193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT							194
194.01	FOUNDATION OFFICE			75,208	1,582	76,790		194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	503,528	994,430	9,708,044	11,494,141	24,364,622	145,760	202

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	COMMUNICAT IONS	DATA PROCE SSING	PURCHASING	ADMITTING	CREDIT & C OLLECTIONS	OTHER ADMI NISTRATIVE & GENERAL	
		5.01	5.02	5.03	5.04	5.05	5.06	
	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 DEPARTMENT							4
5.01	COMMUNICATIONS	78,864						5.01
5.02	DATA PROCESSING	116	3,517,238					5.02
5.03	PURCHASING	638	15,875	259,268				5.03
5.04	ADMITTING	2,378	43,922	219	191,447			5.04
5.05	CREDIT & COLLECTIONS	2,320	69,560	290		163,407		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	7,422	443,040	1,246			1,173,755	5.06
6	MAINTENANCE & REPAIRS	870	56,224	79			17,533	6
7	OPERATION OF PLANT	58	100,007	442			31,192	7
8	LAUNDRY & LINEN SERVICE	232	13,906	22			4,336	8
9	HOUSEKEEPING	319	54,100	328			16,875	9
10	DIETARY	725	38,093	179			11,881	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,508	67,828	586			21,161	13
14	CENTRAL SERVICES & SUPPLY	435	26,773	3,611			8,417	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	1,218	13,934	723			4,359	20
20.01	SCHOOL OF MEDICAL TECHNOLOGY		948	2			296	20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY		303	7			95	20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY		866				270	20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,749	280,751	13,427	5,773	4,921	88,864	30
33.01	ADULT SPECIAL CARE	1,160	51,601	9,036	1,974	1,683	16,627	33.01
34.01	CARDIOTHORACIC ICU	812	32,270	2,246	785	669	10,250	34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	493	22,252	97	652	556	7,061	40
41	SUBPROVIDER - IRF	957	21,089	572	377	322	6,657	41
43	NURSERY	290	14,374	962	538	458	4,600	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,885	142,342	23,408	21,940	18,703	48,884	50
52	DELIVERY ROOM & LABOR ROOM	1,479	41,426	4,268	1,326	1,130	13,243	52
53	ANESTHESIOLOGY	783	18,414	11,974	5,217	4,447	6,934	53
54	RADIOLOGY-DIAGNOSTIC	2,609	58,561	17,236	4,486	3,824	19,418	54
54.01	ULTRASOUND	319	14,273	811	1,004	856	4,651	54.01
54.03	CARDIOVASCULAR LAB	870	51,028	47,090	8,131	6,931	18,312	54.03
55	RADIOLOGY-THERAPEUTIC	812	64,805	691	4,531	3,863	21,057	55
55.01	CHEMOTHERAPY	522	19,701	2,075	1,638	1,396	6,485	55.01
56.01	NUCLEAR MEDICINE	348	27,784	315	5,027	4,285	9,598	56.01
57	CT SCAN	290	33,230	2,936	5,274	4,496	11,392	57
58	MRI	551	17,917	164	1,688	1,439	5,902	58
60	LABORATORY	2,001	116,034	628	18,237	15,547	39,562	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	174	16,488	72	1,800	1,534	5,475	63
65	RESPIRATORY THERAPY	638	35,039	814	5,682	4,843	11,991	65
66	PHYSICAL THERAPY	377	19,068	63	1,365	1,164	6,199	66
66.01	SOUTHEAST OUTPATIENT REHAB	2,233	43,354	70	2,258	1,925	13,937	66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY		4,251	2	512	437	1,420	67
68	SPEECH PATHOLOGY	58	3,274		411	351	1,097	68
69.01	CV DIAGNOSTIC	1,566	25,761	585	6,493	5,535	9,243	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	841	14,247	514	3,737	3,185	5,142	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		176,966		20,602	17,562	58,986	71
72	IMPL. DEV. CHARGED TO PATIENTS		310,051	85,352	18,840	16,060	101,787	72
73	DRUGS CHARGED TO PATIENTS	638	308,223	412	25,093	21,596	100,771	73

Optimizer Systems, Inc.

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Micro System

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	COMMUNICAT IONS	DATA PROCE SSING	PURCHASING	ADMITTING	CREDIT & C OLLECTIONS	OTHER ADMI NISTRATIVE & GENERAL	
		5.01	5.02	5.03	5.04	5.05	5.06	
76	CARDIAC REHAB	377	8,346	33	143	122	2,629	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	1,305	19,150	86	361	308	6,040	88
88.01	RHC II	2,059	37,290	443	743	634	11,773	88.01
88.02	RHC III	435	20,011	975	468	399	6,345	88.02
90.01	HYPERBARIC WOUND CLINIC	696	13,027	149	1,160	989	4,279	90.01
90.02	DIABETES CENTER	377	4,533	13	25	22	1,418	90.02
91	EMERGENCY	2,233	105,543	11,329	9,643	8,220	34,907	91
91.01	G.I. LABORATORY	696	26,571	4,609	2,444	2,083	8,824	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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	957	25,161	282	266	227	7,900	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	1,073	33,458	267	803	685	10,586	116
118	SUBTOTALS (sum of lines 1-117)	63,902	3,223,043	251,740	191,447	163,407	866,661	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58	561	8			175	190
191.01	RESPIRE CARE							191.01
193.01	VENDING MACHINES							193.01
193.02	SUNSET GUEST HOUSE		13				4	193.02
193.03	LACEY'S RESTAURANT	261	59				18	193.03
193.04	COMMUNITY WELLNESS		205				64	193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC	10,583		6,964			215,352	193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY	725	100,514				31,341	193.08
193.09	OUTREACH LAB	232	40,448				12,612	193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING	928	104,051	359			32,451	193.11
193.13	HEALTHPOINT	1,943	45,421	190			14,166	193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT	58	1,745				544	194
194.01	FOUNDATION OFFICE	174	1,178	7			367	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	78,864	3,517,238	259,268	191,447	163,407	1,173,755	202

Optimizer Systems, Inc.

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	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 DEPARTMENT							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	493,554						6
7	OPERATION OF PLANT	50,371	1,086,515					7
8	LAUNDRY & LINEN SERVICE	3,385	7,195	114,632				8
9	HOUSEKEEPING	11,570	6,333	6,830	233,452			9
10	DIETARY	13,338	24,677		5,369	400,518		10
11	CAFETERIA					264,194	264,194	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	9,448	17,960		3,908		12,586	13
14	CENTRAL SERVICES & SUPPLY	8,235	7,513		1,635		5,335	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	4,598	26,808		5,833		5,328	20
20.01	SCHOOL OF MEDICAL TECHNOLOGY		1,924		419		445	20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY		1,821		396		223	20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY	51	4,173		908		617	20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	72,851	164,589	22,482	35,808	105,279	68,011	30
33.01	ADULT SPECIAL CARE	15,814	20,281	2,504	4,413	5,920	9,004	33.01
34.01	CARDIOTHORACIC ICU	13,692	34,405	2,602	7,485	3,724	5,446	34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	6,719	9,979	2,641	2,171	11,407	4,882	40
41	SUBPROVIDER - IRF	6,770	15,263	3,023	3,321	8,280	4,418	41
43	NURSERY	1,516	2,691		585		2,116	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	27,181	79,523	22,366	17,302	806	5,156	50
52	DELIVERY ROOM & LABOR ROOM	10,458	17,421	2,799	3,790		129	52
53	ANESTHESIOLOGY	2,779	15,640		3,403		2,315	53
54	RADIOLOGY-DIAGNOSTIC	11,570	9,279	1,706	2,019	11	9,789	54
54.01	ULTRASOUND	3,132	7,380	1,609	1,606		1,790	54.01
54.03	CARDIOVASCULAR LAB	4,446	29,488		6,416	12	4,206	54.03
55	RADIOLOGY-THERAPEUTIC	3,890	90,879	1,369	19,773		4,818	55
55.01	CHEMOTHERAPY	1,415	40,696	1,288	8,854		2,245	55.01
56.01	NUCLEAR MEDICINE	960	3,810		829	97	2,103	56.01
57	CT SCAN	3,132	6,626		1,442		2,242	57
58	MRI	3,436	10,044	1,603	2,185		1,161	58
60	LABORATORY	40,064	20,260		4,408		20,973	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		628		137		7	63
65	RESPIRATORY THERAPY	2,880	3,172		690		7,408	65
66	PHYSICAL THERAPY	1,213	3,326	1,311	724		3,281	66
66.01	SOUTHEAST OUTPATIENT REHAB	354	29,293		6,373		8,101	66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	404	685		149		850	67
68	SPEECH PATHOLOGY		343		75	99	468	68
69.01	CV DIAGNOSTIC	2,930	2,666	2,939	580		3,587	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	1,213	8,607		1,873	27	2,289	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS						17,182	72
73	DRUGS CHARGED TO PATIENTS	3,941	8,144		1,772		6,787	73

Optimizer Systems, Inc.

Win LASH

Micro System

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
76	CARDIAC REHAB	3,688	2,371		516		1,415	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	1,465	13,501		2,937		2,709	88
88.01	RHC II	4,395	24,262		5,279		4,109	88.01
88.02	RHC III	2,375	15,254		3,319		2,180	88.02
90.01	HYPERBARIC WOUND CLINIC	1,920					1,852	90.01
90.02	DIABETES CENTER	606	9,515		2,070		683	90.02
91	EMERGENCY	19,855	23,221	34,676	5,052	662	19,470	91
91.01	G.I. LABORATORY	5,456	15,752	2,884	3,427		2,670	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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	2,476	6,253		1,360			101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	2,324	6,253		1,360			116
118	SUBTOTALS (sum of lines 1-117)	388,316	849,904	114,632	181,971	400,518	260,386	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,517	4,293		934		162	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	3,385	7,421		1,615			193.03
193.04	COMMUNITY WELLNESS							193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC	46,228	93,073		20,250			193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY	1,263	3,307		720			193.08
193.09	OUTREACH LAB	253	2,774		604		2,647	193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING	44,106	15,332		3,336			193.11
193.13	HEALTHPOINT	2,122	99,922		21,740			193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT		965		210			194
194.01	FOUNDATION OFFICE	1,364	9,524		2,072		999	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	493,554	1,086,515	114,632	233,452	400,518	264,194	202

Optimizer Systems, Inc.

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	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	
	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 DEPARTMENT							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	502,895						13
14	CENTRAL SERVICES & SUPPLY		214,919					14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL			290,826				20
20.01	SCHOOL OF MEDICAL TECHNOLOGY				20,687			20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY					17,886		20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY						46,367	20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	321,558	3,574					30
33.01	ADULT SPECIAL CARE	42,171	2,609					33.01
34.01	CARDIOTHORACIC ICU	25,303	618					34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	23,194	15					40
41	SUBPROVIDER - IRF	21,086	146					41
43	NURSERY	9,489	325					43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		35,256					50
52	DELIVERY ROOM & LABOR ROOM		1,196					52
53	ANESTHESIOLOGY		3,266					53
54	RADIOLOGY-DIAGNOSTIC		4,827					54
54.01	ULTRASOUND		230					54.01
54.03	CARDIOVASCULAR LAB		35,863					54.03
55	RADIOLOGY-THERAPEUTIC		153					55
55.01	CHEMOTHERAPY		561					55.01
56.01	NUCLEAR MEDICINE		7					56.01
57	CT SCAN		833					57
58	MRI		44					58
60	LABORATORY		16					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING. PROCESSING & TRANS.		61					63
65	RESPIRATORY THERAPY		185					65
66	PHYSICAL THERAPY		9					66
66.01	SOUTHEAST OUTPATIENT REHAB		1					66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69.01	CV DIAGNOSTIC		44					69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY		397					70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS		118,971					72
73	DRUGS CHARGED TO PATIENTS		78					73

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOL TECH	
		13	14	20	20.01	20.02	20.03	
76	CARDIAC REHAB	6,326						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		18					88
88.01	RHC II		76					88.01
88.02	RHC III		253					88.02
90.01	HYPERBARIC WOUND CLINIC		13					90.01
90.02	DIABETES CENTER	3,163						90.02
91	EMERGENCY		3,005					91
91.01	G.I. LABORATORY		1,403					91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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	15,814	58					101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	23,194	58					116
118	SUBTOTALS (sum of lines 1-117)	491,298	214,169					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	1,054	750					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	10,543						193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT							194
194.01	FOUNDATION OFFICE							194.01
200	CROSS FOOT ADJUSTMENTS			290,826	20,687	17,886	46,367	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	502,895	214,919	290,826	20,687	17,886	46,367	202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	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 DEPARTMENT						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 SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	3,476,197		3,476,197			30
33.01	ADULT SPECIAL CARE	470,522		470,522			33.01
34.01	CARDIOTHORACIC ICU	633,141		633,141			34.01
35	NEONATOLOGY						35
40	SUBPROVIDER - IPF	247,819		247,819			40
41	SUBPROVIDER - IRF	265,840		265,840			41
43	NURSERY	93,936		93,936			43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,318,406		2,318,406			50
52	DELIVERY ROOM & LABOR ROOM	364,190		364,190			52
53	ANESTHESIOLOGY	425,068		425,068			53
54	RADIOLOGY-DIAGNOSTIC	731,375		731,375			54
54.01	ULTRASOUND	221,257		221,257			54.01
54.03	CARDIOVASCULAR LAB	817,028		817,028			54.03
55	RADIOLOGY-THERAPEUTIC	2,163,589		2,163,589			55
55.01	CHEMOTHERAPY	446,358		446,358			55.01
56.01	NUCLEAR MEDICINE	257,056		257,056			56.01
57	CT SCAN	860,977		860,977			57
58	MRI	588,337		588,337			58
60	LABORATORY	715,588		715,588			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING. PROCESSING & TRANS.	39,365		39,365			63
65	RESPIRATORY THERAPY	211,844		211,844			65
66	PHYSICAL THERAPY	87,267		87,267			66
66.01	SOUTHEAST OUTPATIENT REHAB	398,186		398,186			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	19,057		19,057			67
68	SPEECH PATHOLOGY	10,979		10,979			68
69.01	CV DIAGNOSTIC	266,990		266,990			69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	212,117		212,117			70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,116		274,116			71
72	IMPL. DEV. CHARGED TO PATIENTS	673,712		673,712			72
73	DRUGS CHARGED TO PATIENTS	627,600		627,600			73

Optimizer Systems, Inc.

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
76	CARDIAC REHAB	78,736		78,736			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	170,104		170,104			88
88.01	RHC II	300,900		300,900			88.01
88.02	RHC III	183,354		183,354			88.02
90.01	HYPERBARIC WOUND CLINIC	83,923		83,923			90.01
90.02	DIABETES CENTER	99,627		99,627			90.02
91	EMERGENCY	716,868		716,868			91
91.01	G.I. LABORATORY	418,504		418,504			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)						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	175,041		175,041			101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE	136,358		136,358			116
118	SUBTOTALS (sum of lines 1-117)	20,281,332		20,281,332			118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,662		49,662			190
191.01	RESPITE CARE						191.01
193.01	VENDING MACHINES						193.01
193.02	SUNSET GUEST HOUSE	17		17			193.02
193.03	LACEY'S RESTAURANT	12,759		12,759			193.03
193.04	COMMUNITY WELLNESS	1,874		1,874			193.04
193.05	HOME INFUSION						193.05
193.06	SE HOSP PHYSICIANS LLC	1,771,140		1,771,140			193.06
193.07	GENERATIONS						193.07
193.08	RETAIL PHARMACY	137,870		137,870			193.08
193.09	OUTREACH LAB	63,491		63,491			193.09
193.10	FOOT CLINIC						193.10
193.11	MARKETING	411,770		411,770			193.11
193.13	HEALTHPOINT	1,162,944		1,162,944			193.13
193.14	DOCTORS PARK						193.14
194	JAZZMAN'S RESTAURANT	3,522		3,522			194
194.01	FOUNDATION OFFICE	92,475		92,475			194.01
200	CROSS FOOT ADJUSTMENTS	375,766		375,766			200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	24,364,622		24,364,622			202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP-REL CSTS-BLDGS & FIX # SQUARE FEET	NEW CAP-REL CSTS-BLDGS & FIX # SQUARE FEET	NEW CAP-REL CSTS-BLDGS & FIX # SQUARE FEET	NEW CAP-REL CSTS-BLDGS & FIX # SQUARE FEET	NEW CAP-REL CSTS-BLDGS & FIX # SQUARE FEET	
		1	1.01	1.02	1.03	1.05	1.06	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	18,994						1
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2		54,923					1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3			46,042				1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4				44,774			1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5							1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6					9,946		1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7						95,656	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 DEPARTMENT		725			1,299		4
5.01	COMMUNICATIONS	192					468	5.01
5.02	DATA PROCESSING		738	138		1,777	1,524	5.02
5.03	PURCHASING		1,200	4,032				5.03
5.04	ADMITTING		3,097			2,496		5.04
5.05	CREDIT & COLLECTIONS	620				1,009		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	2,728	3,649			7,049	1,762	5.06
6	MAINTENANCE & REPAIRS			1,056	5,288			6
7	OPERATION OF PLANT	1,144	2,330	3,294	1,970	1,944	15,840	7
8	LAUNDRY & LINEN SERVICE		329	300	160		64	8
9	HOUSEKEEPING		1,710	538	350	340	160	9
10	DIETARY		3,826		9,142			10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,215	2,900			3,340	358	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 SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-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	10,641		30,198	30
33.01	ADULT SPECIAL CARE						10,658	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						16,962	50
52	DELIVERY ROOM & LABOR ROOM		3,914		3,931			52
53	ANESTHESIOLOGY		1,024					53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
54.03	CARDIOVASCULAR LAB						4,584	54.03
55	RADIOLOGY-THERAPEUTIC							55
55.01	CHEMOTHERAPY							55.01
56.01	NUCLEAR MEDICINE							56.01
57	CT SCAN							57
58	MRI							58
60	LABORATORY						8,337	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.						330	63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY						1,748	66
66.01	SOUTHEAST OUTPATIENT REHAB							66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY						360	67
68	SPEECH PATHOLOGY						180	68
69.01	CV DIAGNOSTIC						880	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	3,411					499	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET					
		1	1.01	1.02	1.03	1.05	1.06	
73	DRUGS CHARGED TO PATIENTS	4,120						73
76	CARDIAC REHAB					1,246		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							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 (NON-DISTINCT PART)							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	54,303	45,658	43,450	9,946	94,912	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			204				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		386	180	1,324			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	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	278,480	308,294	588,408	265,640	223,657	503,528	202
203	UNIT COST MULT-WS B PT I	14.661472	5.613204	12.779810	5.932907	22.487131	5.263946	203
204	COST TO BE ALLOC PER B PT II							204
205	UNIT COST MULT-WS B PT II							205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-REL L CSTS-BLD GS & FIX # SQUARE FEET	CAP MOVABLE EQUIPMENT DIRECT COSTS	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICAT IONS NONPATIENT	RECON- CILIATION	
		1.07	1.08	2	4	5.01	5A.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	105,190						1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9		646,059					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			11,498,035				2
4	EMPLOYEE BENEFITS DEPARTMENT		2,024	82,093	116,556,280			4
5.01	COMMUNICATIONS		660	63,296	313,400	2,720		5.01
5.02	DATA PROCESSING		4,177	3,399,378	1,785,494	4	-8,578,098	5.02
5.03	PURCHASING		5,232	105,201	565,193	22		5.03
5.04	ADMITTING		6,781	8,382	1,967,533	82		5.04
5.05	CREDIT & COLLECTIONS		1,835	45,972	2,103,129	80		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	314	15,602	363,688	7,589,850	256		5.06
6	MAINTENANCE & REPAIRS	8,764	15,108	61,998	1,702,724	30		6
7	OPERATION OF PLANT		31,269	223,581	273,483	2		7
8	LAUNDRY & LINEN SERVICE	128	3,781	20,099	377,098	8		8
9	HOUSEKEEPING	230	3,328	54,764	2,501,697	11		9
10	DIETARY		12,968	34,132	1,244,491	25		10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		9,438	96,665	2,969,130	52		13
14	CENTRAL SERVICES & SUPPLY		3,948	91,617	744,078	15		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL		14,088	14,426	1,526,823	42		20
20.01	SCHOOL OF MEDICAL TECHNOLOGY		1,011	1,301	127,860			20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY		957	605	45,105			20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY		2,193	6,333	157,908			20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		86,493	239,412	12,487,243	371		30
33.01	ADULT SPECIAL CARE		10,658	66,620	2,295,598	40		33.01
34.01	CARDIOTHORACIC ICU	18,080	18,080	48,684	1,251,079	28		34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF		5,244	8,159	1,381,630	17		40
41	SUBPROVIDER - IRF		8,021	6,735	1,018,419	33		41
43	NURSERY		1,414	25,506	686,072	10		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	21,083	41,790	953,823	1,276,006	134		50
52	DELIVERY ROOM & LABOR ROOM		9,155	80,489	1,760,707	51		52
53	ANESTHESIOLOGY	7,195	8,219	152,041	508,922	27		53
54	RADIOLOGY-DIAGNOSTIC	2,147	4,876	490,160	1,981,795	90		54
54.01	ULTRASOUND	1,500	3,878	110,494	548,508	11		54.01
54.03	CARDIOVASCULAR LAB	5,634	15,496	292,704	1,107,750	30		54.03
55	RADIOLOGY-THERAPEUTIC	21,436	47,758	1,025,429	1,262,239	28		55
55.01	CHEMOTHERAPY		21,386	37,329	645,957	18		55.01
56.01	NUCLEAR MEDICINE	2,002	2,002	152,371	451,939	12		56.01
57	CT SCAN	1,104	3,482	725,813	606,031	10		57
58	MRI		5,278	462,613	348,973	19		58
60	LABORATORY	1,022	10,647	220,747	2,917,293	69		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		330	6,293	1,476	6		63
65	RESPIRATORY THERAPY	1,667	1,667	95,766	1,566,554	22		65
66	PHYSICAL THERAPY		1,748	12,507	956,787	13		66
66.01	SOUTHEAST OUTPATIENT REHAB		15,394	56,443	2,033,262	77		66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY		360	2,771	217,651			67
68	SPEECH PATHOLOGY		180	934	172,470	2		68
69.01	CV DIAGNOSTIC	521	1,401	173,392	894,296	54		69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY		4,523	48,751	566,428	29		70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS				4,371,695			72

Optimizer Systems, Inc.

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Micro System

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	CAP MOVABLE EQUIPMENT DIRECT COSTS	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICAT IONS NONPATIENT	RECON- CILIATION	
		1.07	1.08	2	4	5.01	5A.02	
73	DRUGS CHARGED TO PATIENTS	160	4,280	21,005	2,328,991	22		73
76	CARDIAC REHAB		1,246	5,541	390,723	13		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		7,095	14,561	843,707	45		88
88.01	RHC II		12,750	16,134	1,693,677	71		88.01
88.02	RHC III		8,016	9,928	769,118	15		88.02
90.01	HYPERBARIC WOUND CLINIC			59,058	639,312	24		90.01
90.02	DIABETES CENTER		5,000	1,856	171,041	13		90.02
91	EMERGENCY	12,203	12,203	134,217	4,914,668	77		91
91.01	G.I. LABORATORY		8,278	170,026	688,117	24		91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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		3,286	63,580	1,080,637	33		101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE		3,286	5,317	1,282,873	37		116
118	SUBTOTALS (sum of lines 1-117)	105,190	529,320	10,670,740	84,114,640	2,204	-8,578,098	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,256	447		2		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					9		193.03
193.04	COMMUNITY WELLNESS			1,603	2,535			193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC		48,911	592,103	30,178,158	365	-48,244,747	193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY					25		193.08
193.09	OUTREACH LAB				3,738	8		193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING		8,057	55,167	1,042,130	32		193.11
193.13	HEALTHPOINT		52,510	176,392	1,214,965	67		193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT				114	2		194
194.01	FOUNDATION OFFICE		5,005	1,583		6		194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	994,430	9,708,044	11,494,141	14,083,610	1,199,361		202
203	UNIT COST MULT-WS B PT I	9.453655	15.026559	0.999661	0.120831	440.941544		203
204	COST TO BE ALLOC PER B PT II				145,760	78,864		204
205	UNIT COST MULT-WS B PT II				0.001251	28.994118		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DATA PROCES	PURCHASING	ADMITTING	CREDIT & C	RECON-	OTHER ADMI	
		SSING			OLLECTIONS	CILIAATION	NISTRATIVE & GENERAL	
		ACCUM	SUPPLY	GROSS	AJUSTED		ACCUM	
		COST	COSTS	REVENUES	GROSS REVE		COST	
		5.02	5.03	5.04	5.05		5.06	
	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 DEPARTMENT							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING	237,149,719						5.02
5.03	PURCHASING	1,070,425	10,738,313					5.03
5.04	ADMITTING	2,961,470	9,052	785,028,911				5.04
5.05	CREDIT & COLLECTIONS	4,690,194	12,020		785,028,911			5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	29,867,957	51,622			-30,953,593	263,018,971	5.06
6	MAINTENANCE & REPAIRS	3,790,989	3,283				3,928,456	6
7	OPERATION OF PLANT	6,743,137	18,322				6,988,942	7
8	LAUNDRY & LINEN SERVICE	937,619	911				971,629	8
9	HOUSEKEEPING	3,647,772	13,589				3,781,123	9
10	DIETARY	2,568,492	7,431				2,662,167	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,573,409	24,278				4,741,346	13
14	CENTRAL SERVICES & SUPPLY	1,805,222	149,563				1,885,968	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	939,552	29,926				976,628	20
20.01	SCHOOL OF MEDICAL TECHNOLOGY	63,912	64				66,231	20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY	20,435	290				21,204	20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY	58,364					60,475	20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	18,929,983	556,119	23,658,810	23,658,810		19,911,159	30
33.01	ADULT SPECIAL CARE	3,479,239	374,246	8,089,487	8,089,487		3,725,465	33.01
34.01	CARDIOTHORACIC ICU	2,175,834	93,024	3,217,191	3,217,191		2,296,646	34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	1,500,356	4,012	2,673,243	2,673,243		1,582,046	40
41	SUBPROVIDER - IRF	1,421,983	23,676	1,546,890	1,546,890		1,491,490	41
43	NURSERY	969,159	39,862	2,203,341	2,203,341		1,030,590	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	9,597,612	969,509	89,919,424	89,919,424		10,953,282	50
52	DELIVERY ROOM & LABOR ROOM	2,793,175	176,756	5,434,486	5,434,486		2,967,366	52
53	ANESTHESIOLOGY	1,241,575	495,958	21,380,017	21,380,017		1,553,693	53
54	RADIOLOGY-DIAGNOSTIC	3,948,538	713,901	18,386,531	18,386,531		4,350,842	54
54.01	ULTRASOUND	962,352	33,592	4,113,150	4,113,150		1,042,183	54.01
54.03	CARDIOVASCULAR LAB	3,440,600	1,950,388	33,322,005	33,322,005		4,103,124	54.03
55	RADIOLOGY-THERAPEUTIC	4,369,563	28,614	18,570,046	18,570,046		4,718,169	55
55.01	CHEMOTHERAPY	1,328,358	85,933	6,713,126	6,713,126		1,453,099	55.01
56.01	NUCLEAR MEDICINE	1,873,384	13,039	20,601,262	20,601,262		2,150,609	56.01
57	CT SCAN	2,240,594	121,608	21,613,019	21,613,019		2,552,537	57
58	MRI	1,208,055	6,813	6,919,737	6,919,737		1,322,360	58
60	LABORATORY	7,823,714	26,028	74,743,774	74,743,774		8,864,462	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,111,717	2,968	7,375,071	7,375,071		1,226,740	63
65	RESPIRATORY THERAPY	2,362,526	33,695	23,285,707	23,285,707		2,686,695	65
66	PHYSICAL THERAPY	1,285,698	2,626	5,593,975	5,593,975		1,388,985	66
66.01	SOUTHEAST OUTPATIENT REHAB	2,923,222	2,901	9,252,998	9,252,998		3,122,735	66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	286,643	73	2,098,932	2,098,932		318,223	67
68	SPEECH PATHOLOGY	220,736		1,686,307	1,686,307		245,755	68
69.01	CV DIAGNOSTIC	1,736,937	24,230	26,608,903	26,608,903		2,071,071	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	960,596	21,291	15,314,277	15,314,277		1,152,247	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,932,195		84,432,473	84,432,473		13,216,743	71
72	IMPL. DEV. CHARGED TO PATIENTS	20,905,588	3,534,946	77,212,394	77,212,394		22,806,903	72

Optimizer Systems, Inc.



Micro System

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DATA PROCESsing	PURCHASING	ADMITTING	CREDIT & C OLLECTIONS	RECON- CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	
		ACCUM COST	SUPPLY COSTS	GROSS REVENUES	AJUSTED GROSS REVE			
		5.02	5.03	5.04	5.05		5.06	
73	DRUGS CHARGED TO PATIENTS	20,782,360	17,067	103,253,790	103,253,790		22,579,190	73
76	CARDIAC REHAB	562,731	1,367	584,778	584,778		589,134	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	1,291,234	3,568	1,479,234	1,479,234		1,353,253	88
88.01	RHC II	2,514,331	18,365	3,046,850	3,046,850		2,637,955	88.01
88.02	RHC III	1,349,295	40,382	1,919,861	1,919,861		1,421,668	88.02
90.01	HYPERBARIC WOUND CLINIC	878,353	6,190	4,752,998	4,752,998		958,779	90.01
90.02	DIABETES CENTER	305,653	546	103,892	103,892		317,814	90.02
91	EMERGENCY	7,116,350	469,232	39,520,521	39,520,521		7,821,465	91
91.01	G.I. LABORATORY	1,791,555	190,880	10,015,997	10,015,997		1,977,257	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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	1,696,537	11,698	1,091,858	1,091,858		1,770,142	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	2,255,967	11,074	3,292,556	3,292,556		2,371,976	116
118	SUBTOTALS (sum of lines 1-117)	217,313,247	10,426,528	785,028,911	785,028,911	-30,953,593	194,188,021	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,836	325				39,239	190
191.01	RESPIRE CARE							191.01
193.01	VENDING MACHINES							193.01
193.02	SUNSET GUEST HOUSE	883					915	193.02
193.03	LACEY'S RESTAURANT	3,968					4,112	193.03
193.04	COMMUNITY WELLNESS	13,830					14,330	193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC		288,424				48,274,538	193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY	6,777,284					7,022,432	193.08
193.09	OUTREACH LAB	2,727,234					2,825,884	193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING	7,015,800	14,858				7,271,111	193.11
193.13	HEALTHPOINT	3,062,548	7,879				3,174,140	193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT	117,653					121,909	194
194.01	FOUNDATION OFFICE	79,436	299				82,340	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	8,578,098	1,109,144	3,069,527	4,861,090		30,953,593	202
203	UNIT COST MULT-WS B PT I	0.036172	0.103288	0.003910	0.006192		0.117686	203
204	COST TO BE ALLOC PER B PT II	3,517,238	259,268	191,447	163,407		1,173,755	204
205	UNIT COST MULT-WS B PT II	0.014831	0.024144	0.000244	0.000208		0.004463	205

Optimizer Systems, Inc.

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS REQUISITIO	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	
		6	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 DEPARTMENT							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	9,769						6
7	OPERATION OF PLANT	997	570,974					7
8	LAUNDRY & LINEN SERVICE	67	3,781	1,766,798				8
9	HOUSEKEEPING	229	3,328	105,267	563,865			9
10	DIETARY	264	12,968		12,968	408,383		10
11	CAFETERIA					269,382	157,918	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	187	9,438		9,438		7,523	13
14	CENTRAL SERVICES & SUPPLY	163	3,948		3,948		3,189	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	91	14,088		14,088		3,185	20
20.01	SCHOOL OF MEDICAL TECHNOLOGY		1,011		1,011		266	20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY		957		957		133	20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY	1	2,193		2,193		369	20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,442	86,493	346,510	86,493	107,346	40,654	30
33.01	ADULT SPECIAL CARE	313	10,658	38,600	10,658	6,036	5,382	33.01
34.01	CARDIOTHORACIC ICU	271	18,080	40,100	18,080	3,797	3,255	34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	133	5,244	40,700	5,244	11,631	2,918	40
41	SUBPROVIDER - IRF	134	8,021	46,600	8,021	8,443	2,641	41
43	NURSERY	30	1,414		1,414		1,265	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	538	41,790	344,727	41,790	822	3,082	50
52	DELIVERY ROOM & LABOR ROOM	207	9,155	43,140	9,155		77	52
53	ANESTHESIOLOGY	55	8,219		8,219		1,384	53
54	RADIOLOGY-DIAGNOSTIC	229	4,876	26,300	4,876	11	5,851	54
54.01	ULTRASOUND	62	3,878	24,800	3,878		1,070	54.01
54.03	CARDIOVASCULAR LAB	88	15,496		15,496	12	2,514	54.03
55	RADIOLOGY-THERAPEUTIC	77	47,758	21,100	47,758		2,880	55
55.01	CHEMOTHERAPY	28	21,386	19,850	21,386		1,342	55.01
56.01	NUCLEAR MEDICINE	19	2,002		2,002	99	1,257	56.01
57	CT SCAN	62	3,482		3,482		1,340	57
58	MRI	68	5,278	24,700	5,278		694	58
60	LABORATORY	793	10,647		10,647		12,536	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		330		330		4	63
65	RESPIRATORY THERAPY	57	1,667		1,667		4,428	65
66	PHYSICAL THERAPY	24	1,748	20,200	1,748		1,961	66
66.01	SOUTHEAST OUTPATIENT REHAB	7	15,394		15,394		4,842	66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	8	360		360		508	67
68	SPEECH PATHOLOGY		180		180	101	280	68
69.01	CV DIAGNOSTIC	58	1,401	45,300	1,401		2,144	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	24	4,523		4,523	28	1,368	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS						10,270	72

Optimizer Systems, Inc.

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS REQUISITIO	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	
		6	7	8	9	10	11	
73	DRUGS CHARGED TO PATIENTS	78	4,280		4,280		4,057	73
76	CARDIAC REHAB	73	1,246		1,246		846	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	29	7,095		7,095		1,619	88
88.01	RHC II	87	12,750		12,750		2,456	88.01
88.02	RHC III	47	8,016		8,016		1,303	88.02
90.01	HYPERBARIC WOUND CLINIC	38					1,107	90.01
90.02	DIABETES CENTER	12	5,000		5,000		408	90.02
91	EMERGENCY	393	12,203	534,454	12,203	675	11,638	91
91.01	G.I. LABORATORY	108	8,278	44,450	8,278		1,596	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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	49	3,286		3,286			101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	46	3,286		3,286			116
118	SUBTOTALS (sum of lines 1-117)	7,686	446,632	1,766,798	439,523	408,383	155,642	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	129	2,256		2,256		97	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	67	3,900		3,900			193.03
193.04	COMMUNITY WELLNESS							193.04
193.05	HOME INFUSION							193.05
193.06	SE HOSP PHYSICIANS LLC	915	48,911		48,911			193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY	25	1,738		1,738			193.08
193.09	OUTREACH LAB	5	1,458		1,458		1,582	193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING	873	8,057		8,057			193.11
193.13	HEALTHPOINT	42	52,510		52,510			193.13
193.14	DOCTORS PARK							193.14
194	JAZZMAN'S RESTAURANT		507		507			194
194.01	FOUNDATION OFFICE	27	5,005		5,005		597	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	4,390,780	8,259,555	1,170,785	4,446,932	3,383,989	2,232,186	202
203	UNIT COST MULT-WS B PT I	449,460,538	14,465,729	0,662,659	7,886,519	8,286,312	14,135,095	203
204	COST TO BE ALLOC PER B PT II	493,554	1,086,515	114,632	233,452	400,518	264,194	204
205	UNIT COST MULT-WS B PT II	50,522,469	1,902,915	0,064,881	0,414,021	0,980,741	1,672,982	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION FTE'S SERVICE	CENTRAL SERVICES & SUPPLY SUPPLY COSTS	NURSING SCHOOL ASSIGNED TIME	SCHOOL OF MEDICAL TECHNOLOGY TIME SPENT	SCHOOL OF SURGICAL TECHNOLOGY TIME SPENT	SCHOOL OF RADIOL TECH TIME SPENT	
		13	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 DEPARTMENT							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	477						13
14	CENTRAL SERVICES & SUPPLY		31,356,564					14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL			13,028				20
20.01	SCHOOL OF MEDICAL TECHNOLOGY				72			20.01
20.02	SCHOOL OF SURGICAL TECHNOLOGY					944		20.02
20.03	SCHOOL OF RADIOLOGICAL TECHNOLOGY						2,856	20.03
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	305	521,382	9,408				30
33.01	ADULT SPECIAL CARE	40	380,581	344				33.01
34.01	CARDIOTHORACIC ICU	24	90,208	48				34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	22	2,144	1,134				40
41	SUBPROVIDER - IRF	20	21,372	378				41
43	NURSERY	9	47,412					43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		5,143,842			944		50
52	DELIVERY ROOM & LABOR ROOM		174,460					52
53	ANESTHESIOLOGY		476,446					53
54	RADIOLOGY-DIAGNOSTIC		704,220				2,856	54
54.01	ULTRASOUND		33,592					54.01
54.03	CARDIOVASCULAR LAB		5,232,485					54.03
55	RADIOLOGY-THERAPEUTIC		22,367					55
55.01	CHEMOTHERAPY		81,795					55.01
56.01	NUCLEAR MEDICINE		954					56.01
57	CT SCAN		121,585					57
58	MRI		6,457					58
60	LABORATORY		2,274					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		8,843					63
65	RESPIRATORY THERAPY		26,983					65
66	PHYSICAL THERAPY		1,304					66
66.01	SOUTHEAST OUTPATIENT REHAB		183					66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY		11					67
68	SPEECH PATHOLOGY							68
69.01	CV DIAGNOSTIC		6,454					69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY		57,908					70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS		17,357,938					72

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION FTE'S SERVICE	CENTRAL SERVICES & SUPPLY COSTS	NURSING SCHOOL ASSIGNED TIME	SCHOOL OF MEDICAL TECHNOLOGY TIME SPENT	SCHOOL OF SURGICAL TECHNOLOGY TIME SPENT	SCHOOL OF RADIOL TECH TIME SPENT	
		13	14	20	20.01	20.02	20.03	
73	DRUGS CHARGED TO PATIENTS		11,392					73
76	CARDIAC REHAB	6	53					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		2,679					88
88.01	RHC II		11,096					88.01
88.02	RHC III		36,854					88.02
90.01	HYPERBARIC WOUND CLINIC		1,845					90.01
90.02	DIABETES CENTER	3						90.02
91	EMERGENCY		438,464	400				91
91.01	G.I. LABORATORY		204,640					91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							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	15	8,448	1,316				101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	22	8,414					116
118	SUBTOTALS (sum of lines 1-117)	466	31,247,085	13,028		944	2,856	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	1	109,479					193.06
193.07	GENERATIONS							193.07
193.08	RETAIL PHARMACY							193.08
193.09	OUTREACH LAB				72			193.09
193.10	FOOT CLINIC							193.10
193.11	MARKETING							193.11
193.13	HEALTHPOINT	10						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	5,700,684	2,314,506	1,492,382	100,383	46,970	122,275	202
203	UNIT COST MULT-WS B PT I	11,951,119,497	0,073,812	114,551,888	1,394,208,333	49,756,356	42,813,375	203
204	COST TO BE ALLOC PER B PT II	502,895	214,919	290,826	20,687	17,886	46,367	204
205	UNIT COST MULT-WS B PT II	1,054,287,212	0,006,854	22,323,150	287,319,444	18,947,034	16,234,944	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS								
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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 DEPARTMENT							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 SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-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	CT SCAN							57
58	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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS						
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						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						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 (NON-DISTINCT PART)						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

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	31,290,905		31,290,905		31,290,905	30
33.01	ADULT SPECIAL CARE	5,240,024		5,240,024		5,240,024	33.01
34.01	CARDIOTHORACIC ICU	3,495,890		3,495,890		3,495,890	34.01
35	NEONATOLOGY						35
40	SUBPROVIDER - IPF	2,502,803		2,502,803		2,502,803	40
41	SUBPROVIDER - IRF	2,328,606		2,328,606		2,328,606	41
43	NURSERY	1,325,908		1,325,908		1,325,908	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	14,123,699		14,123,699		14,123,699	50
52	DELIVERY ROOM & LABOR ROOM	3,656,808		3,656,808		3,656,808	52
53	ANESTHESIOLOGY	1,999,704		1,999,704		1,999,704	53
54	RADIOLOGY-DIAGNOSTIC	5,349,269		5,349,269		5,349,269	54
54.01	ULTRASOUND	1,313,420		1,313,420		1,313,420	54.01
54.03	CARDIOVASCULAR LAB	5,393,782		5,393,782		5,393,782	54.03
55	RADIOLOGY-THERAPEUTIC	6,431,879		6,431,879		6,431,879	55
55.01	CHEMOTHERAPY	2,152,878		2,152,878		2,152,878	55.01
56.01	NUCLEAR MEDICINE	2,475,653		2,475,653		2,475,653	56.01
57	CT SCAN	2,986,548		2,986,548		2,986,548	57
58	MRI	1,653,176		1,653,176		1,653,176	58
60	LABORATORY	10,679,458		10,679,458		10,679,458	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,379,197		1,379,197		1,379,197	63
65	RESPIRATORY THERAPY	3,130,343		3,130,343		3,130,343	65
66	PHYSICAL THERAPY	1,643,509		1,643,509		1,643,509	66
66.01	SOUTHEAST OUTPATIENT REHAB	3,905,929		3,905,929		3,905,929	66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	374,498		374,498		374,498	67
68	SPEECH PATHOLOGY	283,496		283,496		283,496	68
69.01	CV DIAGNOSTIC	2,432,991		2,432,991		2,432,991	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	1,423,579		1,423,579		1,423,579	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,772,169		14,772,169		14,772,169	71
72	IMPL. DEV. CHARGED TO PATIENTS	26,917,364		26,917,364		26,917,364	72
73	DRUGS CHARGED TO PATIENTS	25,425,357		25,425,357		25,425,357	73
76	CARDIAC REHAB	802,798		802,798		802,798	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	1,707,218		1,707,218		1,707,218	88
88.01	RHC II	3,308,034		3,308,034		3,308,034	88.01
88.02	RHC III	1,810,416		1,810,416		1,810,416	88.02
90.01	HYPERBARIC WOUND CLINIC	1,104,478		1,104,478		1,104,478	90.01
90.02	DIABETES CENTER	513,992		513,992		513,992	90.02
91	EMERGENCY	9,793,787		9,793,787		9,793,787	91
91.01	G.I. LABORATORY	2,510,646		2,510,646		2,510,646	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	4,774,955		4,774,955		4,774,955	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	2,404,577		2,404,577		2,404,577	101
113	INTEREST EXPENSE						113
116	HOSPICE	3,008,794		3,008,794		3,008,794	116
200	SUBTOTAL (SEE INSTRUCTIONS)	217,828,537		217,828,537		217,828,537	200
201	LESS OBSERVATION BEDS	4,774,955		4,774,955		4,774,955	201
202	TOTAL (SEE INSTRUCTIONS)	213,053,582		213,053,582		213,053,582	202

Optimizer Systems, Inc.



Micro System

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	23,658,810		23,658,810				30
33.01	ADULT SPECIAL CARE	8,089,487		8,089,487				33.01
34.01	CARDIOTHORACIC ICU	3,217,191		3,217,191				34.01
35	NEONATOLOGY							35
40	SUBPROVIDER - IPF	2,673,243		2,673,243				40
41	SUBPROVIDER - IRF	1,546,890		1,546,890				41
43	NURSERY	2,203,341		2,203,341				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	40,356,235	49,563,189	89,919,424	0.157071	0.157071	0.157071	50
52	DELIVERY ROOM & LABOR ROOM	4,848,954	585,532	5,434,486	0.672889	0.672889	0.672889	52
53	ANESTHESIOLOGY	10,992,052	10,387,965	21,380,017	0.093531	0.093531	0.093531	53
54	RADIOLOGY-DIAGNOSTIC	7,257,119	11,129,412	18,386,531	0.290934	0.290934	0.290934	54
54.01	ULTRASOUND	1,258,567	2,854,583	4,113,150	0.319322	0.319322	0.319322	54.01
54.03	CARDIOVASCULAR LAB	13,828,768	19,493,237	33,322,005	0.161868	0.161868	0.161868	54.03
55	RADIOLOGY-THERAPEUTIC	326,994	18,243,052	18,570,046	0.346358	0.346358	0.346358	55
55.01	CHEMOTHERAPY	48,016	6,665,110	6,713,126	0.320697	0.320697	0.320697	55.01
56.01	NUCLEAR MEDICINE	2,110,938	18,490,324	20,601,262	0.120170	0.120170	0.120170	56.01
57	CT SCAN	4,843,347	16,769,672	21,613,019	0.138183	0.138183	0.138183	57
58	MRI	1,218,813	5,700,924	6,919,737	0.238907	0.238907	0.238907	58
60	LABORATORY	37,641,557	37,102,217	74,743,774	0.142881	0.142881	0.142881	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	6,490,699	884,372	7,375,071	0.187008	0.187008	0.187008	63
65	RESPIRATORY THERAPY	19,966,417	3,319,290	23,285,707	0.134432	0.134432	0.134432	65
66	PHYSICAL THERAPY	5,218,511	375,464	5,593,975	0.293800	0.293800	0.293800	66
66.01	SOUTHEAST OUTPATIENT REHAB		9,252,998	9,252,998	0.422126	0.422126	0.422126	66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	2,035,742	63,190	2,098,932	0.178423	0.178423	0.178423	67
68	SPEECH PATHOLOGY	1,574,726	111,581	1,686,307	0.168116	0.168116	0.168116	68
69.01	CV DIAGNOSTIC	7,346,832	19,262,071	26,608,903	0.091435	0.091435	0.091435	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	6,839,581	8,474,696	15,314,277	0.092958	0.092958	0.092958	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,588,204	39,844,269	84,432,473	0.174958	0.174958	0.174958	71
72	IMPL. DEV. CHARGED TO PATIENTS	53,925,607	23,286,787	77,212,394	0.348615	0.348615	0.348615	72
73	DRUGS CHARGED TO PATIENTS	48,333,122	54,920,668	103,253,790	0.246241	0.246241	0.246241	73
76	CARDIAC REHAB	10,062	574,716	584,778	1.372825	1.372825	1.372825	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		1,479,234	1,479,234				88
88.01	RHC II		3,046,850	3,046,850				88.01
88.02	RHC III		1,919,861	1,919,861				88.02
90.01	HYPERBARIC WOUND CLINIC	128,139	4,624,859	4,752,998	0.232375	0.232375	0.232375	90.01
90.02	DIABETES CENTER	174	103,718	103,892	4.947368	4.947368	4.947368	90.02
91	EMERGENCY	6,250,576	33,269,945	39,520,521	0.247815	0.247815	0.247815	91
91.01	G.I. LABORATORY	2,279,378	7,736,619	10,015,997	0.250664	0.250664	0.250664	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	766,942	4,274,764	5,041,706	0.947091	0.947091	0.947091	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		1,091,858	1,091,858				101
113	INTEREST EXPENSE							113
116	HOSPICE		3,292,556	3,292,556				116
200	SUBTOTAL (SEE INSTRUCTIONS)	371,875,034	418,195,583	790,070,617				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	371,875,034	418,195,583	790,070,617				202

Optimizer Systems, Inc.

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Micro System

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK [] TITLE V [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] TEFRA
 BOXES: [] TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	3,476,197		3,476,197	36,560	95.08	17,602	1,673,598	30
31	INTENSIVE CARE UNIT								31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
33.01	ADULT SPECIAL CARE	470,522		470,522	3,554	132.39	2,206	292,052	33.01
34	SURGICAL INTENSIVE CARE UNIT								34
34.01	CARDIOTHORACIC ICU	633,141		633,141	1,700	372.44	886	329,982	34.01
35	NEONATOLOGY								35
40	SUBPROVIDER - IPF	247,819		247,819	2,965	83.58	858	71,712	40
41	SUBPROVIDER - IRF	265,840		265,840	2,611	101.82	1,591	161,996	41
42	SUBPROVIDER I								42
43	NURSERY	93,936		93,936	2,907	32.31			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	5,187,455		5,187,455	50,297		23,143	2,529,340	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0110

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,318,406	89,919,424	0.025783	28,320,699	730,193	50
52	DELIVERY ROOM & LABOR ROOM	364,190	5,434,486	0.067015	32,283	2,163	52
53	ANESTHESIOLOGY	425,068	21,380,017	0.019882	5,274,386	104,865	53
54	RADIOLOGY-DIAGNOSTIC	731,375	18,386,531	0.039778	2,863,139	113,890	54
54.01	ULTRASOUND	221,257	4,113,150	0.053793	335,952	18,072	54.01
54.03	CARDIOVASCULAR LAB	817,028	33,322,005	0.024519	5,492,641	134,674	54.03
55	RADIOLOGY-THERAPEUTIC	2,163,589	18,570,046	0.116510	49,820	5,805	55
55.01	CHEMOTHERAPY	446,358	6,713,126	0.066490	38,578	2,565	55.01
56.01	NUCLEAR MEDICINE	257,056	20,601,262	0.012478	1,355,784	16,917	56.01
57	CT SCAN	860,977	21,613,019	0.039836	2,756,040	109,790	57
58	MRI	588,337	6,919,737	0.085023	611,175	51,964	58
60	LABORATORY	715,588	74,743,774	0.009574	24,933,861	238,717	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,365	7,375,071	0.005338	2,753,816	14,700	63
65	RESPIRATORY THERAPY	211,844	23,285,707	0.009098	10,214,401	92,931	65
66	PHYSICAL THERAPY	87,267	5,593,975	0.015600	2,645,767	41,274	66
66.01	SOUTHEAST OUTPATIENT REHAB	398,186	9,252,998	0.043033			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	19,057	2,098,932	0.009079	458,601	4,164	67
68	SPEECH PATHOLOGY	10,979	1,686,307	0.006511	591,937	3,854	68
69.01	CV DIAGNOSTIC	266,990	26,608,903	0.010034	5,207,185	52,249	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	212,117	15,314,277	0.013851	283,454	3,926	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,116	84,432,473	0.003247	24,991,628	81,148	71
72	IMPL. DEV. CHARGED TO PATIENTS	673,712	77,212,394	0.008725	26,035,541	227,160	72
73	DRUGS CHARGED TO PATIENTS	627,600	103,253,790	0.006078	25,890,397	157,362	73
76	CARDIAC REHAB	78,736	584,778	0.134643	3,641	490	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	170,104	1,479,234	0.114995			88
88.01	RHC II	300,900	3,046,850	0.098758			88.01
88.02	RHC III	183,354	1,919,861	0.095504			88.02
90.01	HYPERBARIC WOUND CLINIC	83,923	4,752,998	0.017657	100,734	1,779	90.01
90.02	DIABETES CENTER	99,627	103,892	0.958948			90.02
91	EMERGENCY	716,868	39,520,521	0.018139	2,841,218	51,537	91
91.01	G.I. LABORATORY	418,504	10,015,997	0.041784	1,364,753	57,025	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	530,464	5,041,706	0.105215	419,041	44,089	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	15,312,942	744,297,241		175,866,472	2,363,303	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)	1,077,704				1,077,704	30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
33.01	ADULT SPECIAL CARE	39,406				39,406	33.01
34	SURGICAL INTENSIVE CARE UNIT						34
34.01	CARDIOTHORACIC ICU	5,498				5,498	34.01
35	NEONATOLOGY						35
40	SUBPROVIDER - IPF	129,902				129,902	40
41	SUBPROVIDER - IRF	43,301				43,301	41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)	1,295,811				1,295,811	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	36,560	29.48	17,602	518,907	30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
33.01	ADULT SPECIAL CARE	3,554	11.09	2,206	24,465	33.01
34	SURGICAL INTENSIVE CARE UNIT					34
34.01	CARDIOTHORACIC ICU	1,700	3.23	886	2,862	34.01
35	NEONATOLOGY					35
40	SUBPROVIDER - IPF	2,965	43.81	858	37,589	40
41	SUBPROVIDER - IRF	2,611	16.58	1,591	26,379	41
42	SUBPROVIDER I					42
43	NURSERY	2,907				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	50,297		23,143	610,202	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0110

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1 NON PHYSICIAN ANESTH- ETIST COST	2 NURSING SCHOOL	3 ALLIED HEALTH	4 ALL OTHER MEDICAL EDUCATION COST	5 TOTAL COST (sum of col. 1 through col. 4)	6 TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		46,970			46,970	46,970	50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC		122,275			122,275	122,275	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	CT SCAN							57
58	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 CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							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							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		45,821			45,821	45,821	91
91.01	G.I. LABORATORY							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		164,454			164,454	164,454	92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)		379,520			379,520	379,520	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0110

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	89,919,424	0.000522	0.000522	28,320,699	14,783	16,351,955	8,536	50
52	DELIVERY ROOM & LABOR ROOM	5,434,486			32,283		5,152		52
53	ANESTHESIOLOGY	21,380,017			5,274,386		2,720,878		53
54	RADIOLOGY-DIAGNOSTIC	18,386,531	0.006650	0.006650	2,863,139	19,040	7,892,495	52,485	54
54.01	ULTRASOUND	4,113,150			335,952		410,767		54.01
54.03	CARDIOVASCULAR LAB	33,322,005			5,492,641		6,708,986		54.03
55	RADIOLOGY-THERAPEUTIC	18,570,046			49,820		7,963,944		55
55.01	CHEMOTHERAPY	6,713,126			38,578		444,083		55.01
56.01	NUCLEAR MEDICINE	20,601,262			1,355,784		8,310,686		56.01
57	CT SCAN	21,613,019			2,756,040		7,449,101		57
58	MRI	6,919,737			611,175		1,921,649		58
60	LABORATORY	74,743,774			24,933,861		2,214,984		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,375,071			2,753,816		498,467		63
65	RESPIRATORY THERAPY	23,285,707			10,214,401		1,199,861		65
66	PHYSICAL THERAPY	5,593,975			2,645,767				66
66.01	SOUTHEAST OUTPATIENT REHAB	9,252,998					156,030		66.01
66.02	PHYSIATRY								66.02
67	OCCUPATIONAL THERAPY	2,098,932			458,601				67
68	SPEECH PATHOLOGY	1,686,307			591,937				68
69.01	CV DIAGNOSTIC	26,608,903			5,207,185		10,476,911		69.01
69.02	ELECTROPHYSIOLOGY LAB								69.02
70.01	NEUROPHYSIOLOGY	15,314,277			283,454		2,388,951		70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,432,473			24,991,628		14,908,140		71
72	IMPL. DEV. CHARGED TO PATIENTS	77,212,394			26,035,541		12,170,326		72
73	DRUGS CHARGED TO PATIENTS	103,253,790			25,890,397		25,516,493		73
76	CARDIAC REHAB	584,778			3,641		242,088		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	1,479,234							88
88.01	RHC II	3,046,850							88.01
88.02	RHC III	1,919,861							88.02
90.01	HYPERBARIC WOUND CLINIC	4,752,998			100,734		2,360,248		90.01
90.02	DIABETES CENTER	103,892							90.02
91	EMERGENCY	39,520,521	0.001159	0.001159	2,841,218	3,293	3,952,796	4,581	91
91.01	G.I. LABORATORY	10,015,997			1,364,753		2,697,012		91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,041,706	0.032619	0.032619	419,041	13,669	1,151,985	37,577	92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	744,297,241			175,866,472	50,785	140,113,988	103,179	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0110

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.157071	16,351,955			2,568,418		50
52	DELIVERY ROOM & LABOR ROOM	0.672889	5,152			3,467		52
53	ANESTHESIOLOGY	0.093531	2,720,878			254,486		53
54	RADIOLOGY-DIAGNOSTIC	0.290934	7,892,495			2,296,195		54
54.01	ULTRASOUND	0.319322	410,767			131,167		54.01
54.03	CARDIOVASCULAR LAB	0.161868	6,708,986			1,085,970		54.03
55	RADIOLOGY-THERAPEUTIC	0.346358	7,963,944			2,758,376		55
55.01	CHEMOTHERAPY	0.320697	444,083			142,416		55.01
56.01	NUCLEAR MEDICINE	0.120170	8,310,686			998,695		56.01
57	CT SCAN	0.138183	7,449,101			1,029,339		57
58	MRI	0.238907	1,921,649			459,095		58
60	LABORATORY	0.142881	2,214,984			316,479		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008	498,467			93,217		63
65	RESPIRATORY THERAPY	0.134432	1,199,861			161,300		65
66	PHYSICAL THERAPY	0.293800						66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126	156,030			65,864		66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	0.178423						67
68	SPEECH PATHOLOGY	0.168116						68
69.01	CV DIAGNOSTIC	0.091435	10,476,911			957,956		69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	0.092958	2,388,951			222,072		70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958	14,908,140			2,608,298		71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615	12,170,326			4,242,758		72
73	DRUGS CHARGED TO PATIENTS	0.246241	25,516,493			6,283,207		73
76	CARDIAC REHAB	1.372825	242,088			332,344		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							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375	2,360,248			548,463		90.01
90.02	DIABETES CENTER	4.947368						90.02
91	EMERGENCY	0.247815	3,952,796			979,562		91
91.01	G.I. LABORATORY	0.250664	2,697,012			676,044		91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091	1,151,985			1,091,035		92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)		140,113,988			30,306,223		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		140,113,988			30,306,223		202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-S110

WORKSHEET D
PART II

CHECK TITLE V HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFFRA
 BOXES: TITLE XIX IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,318,406	89,919,424	0.025783			50
52	DELIVERY ROOM & LABOR ROOM	364,190	5,434,486	0.067015			52
53	ANESTHESIOLOGY	425,068	21,380,017	0.019882			53
54	RADIOLOGY-DIAGNOSTIC	731,375	18,386,531	0.039778	2,534	101	54
54.01	ULTRASOUND	221,257	4,113,150	0.053793	400	22	54.01
54.03	CARDIOVASCULAR LAB	817,028	33,322,005	0.024519			54.03
55	RADIOLOGY-THERAPEUTIC	2,163,589	18,570,046	0.116510			55
55.01	CHEMOTHERAPY	446,358	6,713,126	0.066490			55.01
56.01	NUCLEAR MEDICINE	257,056	20,601,262	0.012478			56.01
57	CT SCAN	860,977	21,613,019	0.039836	7,200	287	57
58	MRI	588,337	6,919,737	0.085023	1,200	102	58
60	LABORATORY	715,588	74,743,774	0.009574	160,211	1,534	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,365	7,375,071	0.005338			63
65	RESPIRATORY THERAPY	211,844	23,285,707	0.009098	29,609	269	65
66	PHYSICAL THERAPY	87,267	5,593,975	0.015600	87,305	1,362	66
66.01	SOUTHEAST OUTPATIENT REHAB	398,186	9,252,998	0.043033			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	19,057	2,098,932	0.009079	451	4	67
68	SPEECH PATHOLOGY	10,979	1,686,307	0.006511	2,576	17	68
69.01	CV DIAGNOSTIC	266,990	26,608,903	0.010034	20,750	208	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	212,117	15,314,277	0.013851	9,094	126	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,116	84,432,473	0.003247	11,503	37	71
72	IMPL., DEV. CHARGED TO PATIENTS	673,712	77,212,394	0.008725			72
73	DRUGS CHARGED TO PATIENTS	627,600	103,253,790	0.006078	132,777	807	73
76	CARDIAC REHAB	78,736	584,778	0.134643			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	170,104	1,479,234	0.114995			88
88.01	RHC II	300,900	3,046,850	0.098758			88.01
88.02	RHC III	183,354	1,919,861	0.095504			88.02
90.01	HYPERBARIC WOUND CLINIC	83,923	4,752,998	0.017657	221	4	90.01
90.02	DIABETES CENTER	99,627	103,892	0.958948			90.02
91	EMERGENCY	716,868	39,520,521	0.018139	36,550	663	91
91.01	G.I. LABORATORY	418,504	10,015,997	0.041784			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		5,041,706				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	14,782,478	744,297,241		502,381	5,543	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-S110

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		46,970			46,970	46,970	50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC		122,275			122,275	122,275	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	CT SCAN							57
58	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 CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							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							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		45,821			45,821	45,821	91
91.01	G.I. LABORATORY							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)		215,066			215,066	215,066	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-S110

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	89,919,424	0.000522	0.000522				50
52	DELIVERY ROOM & LABOR ROOM	5,434,486						52
53	ANESTHESIOLOGY	21,380,017						53
54	RADIOLOGY-DIAGNOSTIC	18,386,531	0.006650	0.006650	2,534	17		54
54.01	ULTRASOUND	4,113,150			400			54.01
54.03	CARDIOVASCULAR LAB	33,322,005						54.03
55	RADIOLOGY-THERAPEUTIC	18,570,046						55
55.01	CHEMOTHERAPY	6,713,126						55.01
56.01	NUCLEAR MEDICINE	20,601,262						56.01
57	CT SCAN	21,613,019			7,200			57
58	MRI	6,919,737			1,200			58
60	LABORATORY	74,743,774			160,211			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,375,071						63
65	RESPIRATORY THERAPY	23,285,707			29,609			65
66	PHYSICAL THERAPY	5,593,975			87,305			66
66.01	SOUTHEAST OUTPATIENT REHAB	9,252,998						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	2,098,932			451			67
68	SPEECH PATHOLOGY	1,686,307			2,576			68
69.01	CV DIAGNOSTIC	26,608,903			20,750			69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	15,314,277			9,094			70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,432,473			11,503			71
72	IMPL. DEV. CHARGED TO PATIENTS	77,212,394						72
73	DRUGS CHARGED TO PATIENTS	103,253,790			132,777			73
76	CARDIAC REHAB	584,778						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	1,479,234						88
88.01	RHC II	3,046,850						88.01
88.02	RHC III	1,919,861						88.02
90.01	HYPERBARIC WOUND CLINIC	4,752,998			221			90.01
90.02	DIABETES CENTER	103,892						90.02
91	EMERGENCY	39,520,521	0.001159	0.001159	36,550	42		91
91.01	G.I. LABORATORY	10,015,997						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,041,706						92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	744,297,241			502,381	59		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-S110

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.157071						50
52	DELIVERY ROOM & LABOR ROOM	0.672889						52
53	ANESTHESIOLOGY	0.093531						53
54	RADIOLOGY-DIAGNOSTIC	0.290934						54
54.01	ULTRASOUND	0.319322						54.01
54.03	CARDIOVASCULAR LAB	0.161868						54.03
55	RADIOLOGY-THERAPEUTIC	0.346358						55
55.01	CHEMOTHERAPY	0.320697						55.01
56.01	NUCLEAR MEDICINE	0.120170						56.01
57	CT SCAN	0.138183						57
58	MRI	0.238907						58
60	LABORATORY	0.142881						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008						63
65	RESPIRATORY THERAPY	0.134432						65
66	PHYSICAL THERAPY	0.293800						66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	0.178423						67
68	SPEECH PATHOLOGY	0.168116						68
69.01	CV DIAGNOSTIC	0.091435						69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	0.092958						70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615						72
73	DRUGS CHARGED TO PATIENTS	0.246241						73
76	CARDIAC REHAB	1.372825						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							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375						90.01
90.02	DIABETES CENTER	4.947368						90.02
91	EMERGENCY	0.247815						91
91.01	G.I. LABORATORY	0.250664						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091						92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-T110

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFFRA
 BOXES: [] TITLE XIX [XX] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,318,406	89,919,424	0.025783	57,089	1,472	50
52	DELIVERY ROOM & LABOR ROOM	364,190	5,434,486	0.067015			52
53	ANESTHESIOLOGY	425,068	21,380,017	0.019882	8,753	174	53
54	RADIOLOGY-DIAGNOSTIC	731,375	18,386,531	0.039778	20,404	812	54
54.01	ULTRASOUND	221,257	4,113,150	0.053793	5,177	278	54.01
54.03	CARDIOVASCULAR LAB	817,028	33,322,005	0.024519			54.03
55	RADIOLOGY-THERAPEUTIC	2,163,589	18,570,046	0.116510			55
55.01	CHEMOTHERAPY	446,358	6,713,126	0.066490	885	59	55.01
56.01	NUCLEAR MEDICINE	257,056	20,601,262	0.012478			56.01
57	CT SCAN	860,977	21,613,019	0.039836	22,600	900	57
58	MRI	588,337	6,919,737	0.085023	3,900	332	58
60	LABORATORY	715,588	74,743,774	0.009574	373,842	3,579	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,365	7,375,071	0.005338	25,069	134	63
65	RESPIRATORY THERAPY	211,844	23,285,707	0.009098	238,156	2,167	65
66	PHYSICAL THERAPY	87,267	5,593,975	0.015600	783,567	12,224	66
66.01	SOUTHEAST OUTPATIENT REHAB	398,186	9,252,998	0.043033			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	19,057	2,098,932	0.009079	880,795	7,997	67
68	SPEECH PATHOLOGY	10,979	1,686,307	0.006511	409,833	2,668	68
69.01	CV DIAGNOSTIC	266,990	26,608,903	0.010034	23,358	234	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	212,117	15,314,277	0.013851	21,478	297	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,116	84,432,473	0.003247	228,668	742	71
72	IMPL. DEV. CHARGED TO PATIENTS	673,712	77,212,394	0.008725	9,190	80	72
73	DRUGS CHARGED TO PATIENTS	627,600	103,253,790	0.006078	363,658	2,210	73
76	CARDIAC REHAB	78,736	584,778	0.134643			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	170,104	1,479,234	0.114995			88
88.01	RHC II	300,900	3,046,850	0.098758			88.01
88.02	RHC III	183,354	1,919,861	0.095504			88.02
90.01	HYPERBARIC WOUND CLINIC	83,923	4,752,998	0.017657	14,689	259	90.01
90.02	DIABETES CENTER	99,627	103,892	0.958948			90.02
91	EMERGENCY	716,868	39,520,521	0.018139	2,898	53	91
91.01	G.I. LABORATORY	418,504	10,015,997	0.041784	5,163	216	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		5,041,706				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	14,782,478	744,297,241		3,499,172	36,887	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-T110

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	1 NON PHYSICIAN ANESTH- ETIST COST	2 NURSING SCHOOL	3 ALLIED HEALTH	4 ALL OTHER MEDICAL EDUCATION COST	5 TOTAL COST (sum of col. 1 through col. 4)	6 TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		46,970			46,970	46,970	50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC		122,275			122,275	122,275	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	CT SCAN							57
58	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 CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							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							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		45,821			45,821	45,821	91
91.01	G.I. LABORATORY							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)		215,066			215,066	215,066	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-T110

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	89,919,424	0.000522	0.000522	57,089	30		50
52	DELIVERY ROOM & LABOR ROOM	5,434,486						52
53	ANESTHESIOLOGY	21,380,017			8,753			53
54	RADIOLOGY-DIAGNOSTIC	18,386,531	0.006650	0.006650	20,404	136		54
54.01	ULTRASOUND	4,113,150			5,177			54.01
54.03	CARDIOVASCULAR LAB	33,322,005						54.03
55	RADIOLOGY-THERAPEUTIC	18,570,046						55
55.01	CHEMOTHERAPY	6,713,126			885			55.01
56.01	NUCLEAR MEDICINE	20,601,262						56.01
57	CT SCAN	21,613,019			22,600			57
58	MRI	6,919,737			3,900			58
60	LABORATORY	74,743,774			373,842			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,375,071			25,069			63
65	RESPIRATORY THERAPY	23,285,707			238,156			65
66	PHYSICAL THERAPY	5,593,975			783,567			66
66.01	SOUTHEAST OUTPATIENT REHAB	9,252,998						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	2,098,932			880,795			67
68	SPEECH PATHOLOGY	1,686,307			409,833			68
69.01	CV DIAGNOSTIC	26,608,903			23,358			69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	15,314,277			21,478			70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,432,473			228,668			71
72	IMPL. DEV. CHARGED TO PATIENTS	77,212,394			9,190			72
73	DRUGS CHARGED TO PATIENTS	103,253,790			363,658			73
76	CARDIAC REHAB	584,778						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	1,479,234						88
88.01	RHC II	3,046,850						88.01
88.02	RHC III	1,919,861						88.02
90.01	HYPERBARIC WOUND CLINIC	4,752,998			14,689			90.01
90.02	DIABETES CENTER	103,892						90.02
91	EMERGENCY	39,520,521	0.001159	0.001159	2,898	3		91
91.01	G.I. LABORATORY	10,015,997			5,163			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,041,706						92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	744,297,241			3,499,172	169		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-T110

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.157071						50
52	DELIVERY ROOM & LABOR ROOM	0.672889						52
53	ANESTHESIOLOGY	0.093531						53
54	RADIOLOGY-DIAGNOSTIC	0.290934						54
54.01	ULTRASOUND	0.319322						54.01
54.03	CARDIOVASCULAR LAB	0.161868						54.03
55	RADIOLOGY-THERAPEUTIC	0.346358						55
55.01	CHEMOTHERAPY	0.320697						55.01
56.01	NUCLEAR MEDICINE	0.120170						56.01
57	CT SCAN	0.138183						57
58	MRI	0.238907						58
60	LABORATORY	0.142881						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008						63
65	RESPIRATORY THERAPY	0.134432						65
66	PHYSICAL THERAPY	0.293800						66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	0.178423						67
68	SPEECH PATHOLOGY	0.168116						68
69.01	CV DIAGNOSTIC	0.091435						69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	0.092958						70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615						72
73	DRUGS CHARGED TO PATIENTS	0.246241						73
76	CARDIAC REHAB	1.372825						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							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375						90.01
90.02	DIABETES CENTER	4.947368						90.02
91	EMERGENCY	0.247815						91
91.01	G.I. LABORATORY	0.250664						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091						92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, col. 26)	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	3,476,197		3,476,197	36,560	95.08	3,619	344,095	30
31	INTENSIVE CARE UNIT								31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
33.01	ADULT SPECIAL CARE	470,522		470,522	3,554	132.39	507	67,122	33.01
34	SURGICAL INTENSIVE CARE UNIT								34
34.01	CARDIOTHORACIC ICU	633,141		633,141	1,700	372.44	109	40,596	34.01
35	NEONATOLOGY								35
40	SUBPROVIDER - IPF	247,819		247,819	2,965	83.58	1,233	103,054	40
41	SUBPROVIDER - IRF	265,840		265,840	2,611	101.82	217	22,095	41
42	SUBPROVIDER I								42
43	NURSERY	93,936		93,936	2,907	32.31	1,114	35,993	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	5,187,455		5,187,455	50,297		6,799	612,955	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0110

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,318,406	89,919,424	0.025783	2,283,338	58,871	50
52	DELIVERY ROOM & LABOR ROOM	364,190	5,434,486	0.067015	1,618,627	108,472	52
53	ANESTHESIOLOGY	425,068	21,380,017	0.019882	636,558	12,656	53
54	RADIOLOGY-DIAGNOSTIC	731,375	18,386,531	0.039778	266,651	10,607	54
54.01	ULTRASOUND	221,257	4,113,150	0.053793	73,297	3,943	54.01
54.03	CARDIOVASCULAR LAB	817,028	33,322,005	0.024519	628,916	15,420	54.03
55	RADIOLOGY-THERAPEUTIC	2,163,589	18,570,046	0.116510	57,025	6,644	55
55.01	CHEMOTHERAPY	446,358	6,713,126	0.066490	2,216	147	55.01
56.01	NUCLEAR MEDICINE	257,056	20,601,262	0.012478	150,130	1,873	56.01
57	CT SCAN	860,977	21,613,019	0.039836	329,421	13,123	57
58	MRI	588,337	6,919,737	0.085023	107,200	9,114	58
60	LABORATORY	715,588	74,743,774	0.009574	4,045,212	38,729	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,365	7,375,071	0.005338	413,302	2,206	63
65	RESPIRATORY THERAPY	211,844	23,285,707	0.009098	1,904,200	17,324	65
66	PHYSICAL THERAPY	87,267	5,593,975	0.015600	274,004	4,274	66
66.01	SOUTHEAST OUTPATIENT REHAB	398,186	9,252,998	0.043033			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	19,057	2,098,932	0.009079	89,796	815	67
68	SPEECH PATHOLOGY	10,979	1,686,307	0.006511	139,802	910	68
69.01	CV DIAGNOSTIC	266,990	26,608,903	0.010034	625,653	6,278	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	212,117	15,314,277	0.013851	84,243	1,167	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,116	84,432,473	0.003247	2,841,096	9,225	71
72	IMPL. DEV. CHARGED TO PATIENTS	673,712	77,212,394	0.008725	1,306,807	11,402	72
73	DRUGS CHARGED TO PATIENTS	627,600	103,253,790	0.006078	5,018,997	30,505	73
76	CARDIAC REHAB	78,736	584,778	0.134643	485	65	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	170,104	1,479,234	0.114995			88
88.01	RHC II	300,900	3,046,850	0.098758			88.01
88.02	RHC III	183,354	1,919,861	0.095504			88.02
90.01	HYPERBARIC WOUND CLINIC	83,923	4,752,998	0.017657	12,053	213	90.01
90.02	DIABETES CENTER	99,627	103,892	0.958948			90.02
91	EMERGENCY	716,868	39,520,521	0.018139	364,393	6,610	91
91.01	G.I. LABORATORY	418,504	10,015,997	0.041784	213,820	8,934	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	530,464	5,041,706	0.105215	22,611	2,379	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	15,312,942	744,297,241		23,509,853	381,906	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)	1,077,704				1,077,704	30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
33.01	ADULT SPECIAL CARE	39,406				39,406	33.01
34	SURGICAL INTENSIVE CARE UNIT						34
34.01	CARDIOTHORACIC ICU	5,498				5,498	34.01
35	NEONATOLOGY						35
40	SUBPROVIDER - IPF	129,902				129,902	40
41	SUBPROVIDER - IRF	43,301				43,301	41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)	1,295,811				1,295,811	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	36,560	29.48	3,619	106,688	30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
33.01	ADULT SPECIAL CARE	3,554	11.09	507	5,623	33.01
34	SURGICAL INTENSIVE CARE UNIT					34
34.01	CARDIOTHORACIC ICU	1,700	3.23	109	352	34.01
35	NEONATOLOGY					35
40	SUBPROVIDER - IPF	2,965	43.81	1,233	54,018	40
41	SUBPROVIDER - IRF	2,611	16.58	217	3,598	41
42	SUBPROVIDER I					42
43	NURSERY	2,907		1,114		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	50,297		6,799	170,279	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0110

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		46,970			46,970	46,970	50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC		122,275			122,275	122,275	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	CT SCAN							57
58	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 CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							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							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		45,821			45,821	45,821	91
91.01	G.I. LABORATORY							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)		215,066			215,066	215,066	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0110

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	89,919,424	0.000522	0.000522	2,283,338	1,192		50
52	DELIVERY ROOM & LABOR ROOM	5,434,486			1,618,627			52
53	ANESTHESIOLOGY	21,380,017			636,558			53
54	RADIOLOGY-DIAGNOSTIC	18,386,531	0.006650	0.006650	266,651	1,773		54
54.01	ULTRASOUND	4,113,150			73,297			54.01
54.03	CARDIOVASCULAR LAB	33,322,005			628,916			54.03
55	RADIOLOGY-THERAPEUTIC	18,570,046			57,025			55
55.01	CHEMOTHERAPY	6,713,126			2,216			55.01
56.01	NUCLEAR MEDICINE	20,601,262			150,130			56.01
57	CT SCAN	21,613,019			329,421			57
58	MRI	6,919,737			107,200			58
60	LABORATORY	74,743,774			4,045,212			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,375,071			413,302			63
65	RESPIRATORY THERAPY	23,285,707			1,904,200			65
66	PHYSICAL THERAPY	5,593,975			274,004			66
66.01	SOUTHEAST OUTPATIENT REHAB	9,252,998						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	2,098,932			89,796			67
68	SPEECH PATHOLOGY	1,686,307			139,802			68
69.01	CV DIAGNOSTIC	26,608,903			625,653			69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	15,314,277			84,243			70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,432,473			2,841,096			71
72	IMPL. DEV. CHARGED TO PATIENTS	77,212,394			1,306,807			72
73	DRUGS CHARGED TO PATIENTS	103,253,790			5,018,997			73
76	CARDIAC REHAB	584,778			485			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	1,479,234						88
88.01	RHC II	3,046,850						88.01
88.02	RHC III	1,919,861						88.02
90.01	HYPERBARIC WOUND CLINIC	4,752,998			12,053			90.01
90.02	DIABETES CENTER	103,892						90.02
91	EMERGENCY	39,520,521	0.001159	0.001159	364,393	422		91
91.01	G.I. LABORATORY	10,015,997			213,820			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,041,706			22,611			92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	744,297,241			23,509,853	3,387		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0110

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.157071		9,273,786			1,456,643	50
52	DELIVERY ROOM & LABOR ROOM	0.672889		304,116			204,636	52
53	ANESTHESIOLOGY	0.093531		2,017,228			188,673	53
54	RADIOLOGY-DIAGNOSTIC	0.290934		1,544,368			449,309	54
54.01	ULTRASOUND	0.319322		451,793			144,267	54.01
54.03	CARDIOVASCULAR LAB	0.161868		1,178,975			190,838	54.03
55	RADIOLOGY-THERAPEUTIC	0.346358		1,326,819			459,554	55
55.01	CHEMOTHERAPY	0.320697		328,952			105,494	55.01
56.01	NUCLEAR MEDICINE	0.120170		1,131,785			136,007	56.01
57	CT SCAN	0.138183		2,012,722			278,124	57
58	MRI	0.238907		446,400			106,648	58
60	LABORATORY	0.142881		7,093,425			1,013,516	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008		52,805			9,875	63
65	RESPIRATORY THERAPY	0.134432		534,317			71,829	65
66	PHYSICAL THERAPY	0.293800						66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126		1,955,132			825,312	66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	0.178423						67
68	SPEECH PATHOLOGY	0.168116						68
69.01	CV DIAGNOSTIC	0.091435		1,724,963			157,722	69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	0.092958		1,023,739			95,165	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958		4,945,845			865,315	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615		1,986,567			692,547	72
73	DRUGS CHARGED TO PATIENTS	0.246241		8,643,954			2,128,496	73
76	CARDIAC REHAB	1.372825		22,205			30,484	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							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375		511,239			118,799	90.01
90.02	DIABETES CENTER	4.947368		10,110			50,018	90.02
91	EMERGENCY	0.247815		5,095,963			1,262,856	91
91.01	G.I. LABORATORY	0.250664		620,382			155,507	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091		669,873			634,431	92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)			54,907,463			11,832,065	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)			54,907,463			11,832,065	202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-S110

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,318,406	89,919,424	0.025783			50
52	DELIVERY ROOM & LABOR ROOM	364,190	5,434,486	0.067015			52
53	ANESTHESIOLOGY	425,068	21,380,017	0.019882			53
54	RADIOLOGY-DIAGNOSTIC	731,375	18,386,531	0.039778	5,634	224	54
54.01	ULTRASOUND	221,257	4,113,150	0.053793	2,070	111	54.01
54.03	CARDIOVASCULAR LAB	817,028	33,322,005	0.024519			54.03
55	RADIOLOGY-THERAPEUTIC	2,163,589	18,570,046	0.116510			55
55.01	CHEMOTHERAPY	446,358	6,713,126	0.066490			55.01
56.01	NUCLEAR MEDICINE	257,056	20,601,262	0.012478			56.01
57	CT SCAN	860,977	21,613,019	0.039836	4,100	163	57
58	MRI	588,337	6,919,737	0.085023	2,400	204	58
60	LABORATORY	715,588	74,743,774	0.009574	165,503	1,585	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,365	7,375,071	0.005338			63
65	RESPIRATORY THERAPY	211,844	23,285,707	0.009098	27,486	250	65
66	PHYSICAL THERAPY	87,267	5,593,975	0.015600	4,763	74	66
66.01	SOUTHEAST OUTPATIENT REHAB	398,186	9,252,998	0.043033			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	19,057	2,098,932	0.009079			67
68	SPEECH PATHOLOGY	10,979	1,686,307	0.006511	755	5	68
69.01	CV DIAGNOSTIC	266,990	26,608,903	0.010034	19,543	196	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	212,117	15,314,277	0.013851			70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,116	84,432,473	0.003247	4,397	14	71
72	IMPL. DEV. CHARGED TO PATIENTS	673,712	77,212,394	0.008725			72
73	DRUGS CHARGED TO PATIENTS	627,600	103,253,790	0.006078	204,093	1,240	73
76	CARDIAC REHAB	78,736	584,778	0.134643			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	170,104	1,479,234	0.114995			88
88.01	RHC II	300,900	3,046,850	0.098758			88.01
88.02	RHC III	183,354	1,919,861	0.095504			88.02
90.01	HYPERBARIC WOUND CLINIC	83,923	4,752,998	0.017657	442	8	90.01
90.02	DIABETES CENTER	99,627	103,892	0.958948			90.02
91	EMERGENCY	716,868	39,520,521	0.018139	1,750	32	91
91.01	G.I. LABORATORY	418,504	10,015,997	0.041784	6,378	266	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		5,041,706				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	14,782,478	744,297,241		449,314	4,372	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-S110

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1 NON PHYSICIAN ANESTH- ETIST COST	2 NURSING SCHOOL	3 ALLIED HEALTH	4 ALL OTHER MEDICAL EDUCATION COST	5 TOTAL COST (sum of col. 1 through col. 4)	6 TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		46,970			46,970	46,970	50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC		122,275			122,275	122,275	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	CT SCAN							57
58	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 CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							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							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		45,821			45,821	45,821	91
91.01	G.I. LABORATORY							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)		215,066			215,066	215,066	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-S110

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	89,919,424	0.000522	0.000522				50
52	DELIVERY ROOM & LABOR ROOM	5,434,486						52
53	ANESTHESIOLOGY	21,380,017						53
54	RADIOLOGY-DIAGNOSTIC	18,386,531	0.006650	0.006650	5,634	37		54
54.01	ULTRASOUND	4,113,150			2,070			54.01
54.03	CARDIOVASCULAR LAB	33,322,005						54.03
55	RADIOLOGY-THERAPEUTIC	18,570,046						55
55.01	CHEMOTHERAPY	6,713,126						55.01
56.01	NUCLEAR MEDICINE	20,601,262						56.01
57	CT SCAN	21,613,019			4,100			57
58	MRI	6,919,737			2,400			58
60	LABORATORY	74,743,774			165,503			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,375,071						63
65	RESPIRATORY THERAPY	23,285,707			27,486			65
66	PHYSICAL THERAPY	5,593,975			4,763			66
66.01	SOUTHEAST OUTPATIENT REHAB	9,252,998						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	2,098,932						67
68	SPEECH PATHOLOGY	1,686,307			755			68
69.01	CV DIAGNOSTIC	26,608,903			19,543			69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	15,314,277						70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,432,473			4,397			71
72	IMPL. DEV. CHARGED TO PATIENTS	77,212,394						72
73	DRUGS CHARGED TO PATIENTS	103,253,790			204,093			73
76	CARDIAC REHAB	584,778						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	1,479,234						88
88.01	RHC II	3,046,850						88.01
88.02	RHC III	1,919,861						88.02
90.01	HYPERBARIC WOUND CLINIC	4,752,998			442			90.01
90.02	DIABETES CENTER	103,892						90.02
91	EMERGENCY	39,520,521	0.001159	0.001159	1,750	2		91
91.01	G.I. LABORATORY	10,015,997			6,378			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,041,706						92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	744,297,241			449,314	39		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-S110

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.157071						50
52	DELIVERY ROOM & LABOR ROOM	0.672889						52
53	ANESTHESIOLOGY	0.093531						53
54	RADIOLOGY-DIAGNOSTIC	0.290934						54
54.01	ULTRASOUND	0.319322						54.01
54.03	CARDIOVASCULAR LAB	0.161868						54.03
55	RADIOLOGY-THERAPEUTIC	0.346358						55
55.01	CHEMOTHERAPY	0.320697						55.01
56.01	NUCLEAR MEDICINE	0.120170						56.01
57	CT SCAN	0.138183						57
58	MRI	0.238907						58
60	LABORATORY	0.142881						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008						63
65	RESPIRATORY THERAPY	0.134432						65
66	PHYSICAL THERAPY	0.293800						66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	0.178423						67
68	SPEECH PATHOLOGY	0.168116						68
69.01	CV DIAGNOSTIC	0.091435						69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	0.092958						70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615						72
73	DRUGS CHARGED TO PATIENTS	0.246241						73
76	CARDIAC REHAB	1.372825						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							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375						90.01
90.02	DIABETES CENTER	4.947368						90.02
91	EMERGENCY	0.247815						91
91.01	G.I. LABORATORY	0.250664						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091						92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-T110

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [] IPF
 BOXES: [XX] TITLE XIX [XX] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,318,406	89,919,424	0.025783			50
52	DELIVERY ROOM & LABOR ROOM	364,190	5,434,486	0.067015			52
53	ANESTHESIOLOGY	425,068	21,380,017	0.019882			53
54	RADIOLOGY-DIAGNOSTIC	731,375	18,386,531	0.039778	961	38	54
54.01	ULTRASOUND	221,257	4,113,150	0.053793			54.01
54.03	CARDIOVASCULAR LAB	817,028	33,322,005	0.024519			54.03
55	RADIOLOGY-THERAPEUTIC	2,163,589	18,570,046	0.116510			55
55.01	CHEMOTHERAPY	446,358	6,713,126	0.066490			55.01
56.01	NUCLEAR MEDICINE	257,056	20,601,262	0.012478			56.01
57	CT SCAN	860,977	21,613,019	0.039836	800	32	57
58	MRI	588,337	6,919,737	0.085023			58
60	LABORATORY	715,588	74,743,774	0.009574	15,517	149	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,365	7,375,071	0.005338			63
65	RESPIRATORY THERAPY	211,844	23,285,707	0.009098	4,113	37	65
66	PHYSICAL THERAPY	87,267	5,593,975	0.015600	73,848	1,152	66
66.01	SOUTHEAST OUTPATIENT REHAB	398,186	9,252,998	0.043033			66.01
66.02	PHYSIATRY						66.02
67	OCCUPATIONAL THERAPY	19,057	2,098,932	0.009079	82,216	746	67
68	SPEECH PATHOLOGY	10,979	1,686,307	0.006511	91,580	596	68
69.01	CV DIAGNOSTIC	266,990	26,608,903	0.010034	597	6	69.01
69.02	ELECTROPHYSIOLOGY LAB						69.02
70.01	NEUROPHYSIOLOGY	212,117	15,314,277	0.013851	2,274	31	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,116	84,432,473	0.003247	3,034	10	71
72	IMPL., DEV. CHARGED TO PATIENTS	673,712	77,212,394	0.008725			72
73	DRUGS CHARGED TO PATIENTS	627,600	103,253,790	0.006078	69,193	421	73
76	CARDIAC REHAB	78,736	584,778	0.134643			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	170,104	1,479,234	0.114995			88
88.01	RHC II	300,900	3,046,850	0.098758			88.01
88.02	RHC III	183,354	1,919,861	0.095504			88.02
90.01	HYPERBARIC WOUND CLINIC	83,923	4,752,998	0.017657			90.01
90.02	DIABETES CENTER	99,627	103,892	0.958948			90.02
91	EMERGENCY	716,868	39,520,521	0.018139			91
91.01	G.I. LABORATORY	418,504	10,015,997	0.041784			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)		5,041,706				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	14,782,478	744,297,241		344,133	3,218	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-T110

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1 NON PHYSICIAN ANESTH- ETIST COST	2 NURSING SCHOOL	3 ALLIED HEALTH	4 ALL OTHER MEDICAL EDUCATION COST	5 TOTAL COST (sum of col. 1 through col. 4)	6 TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		46,970			46,970	46,970	50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC		122,275			122,275	122,275	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	CT SCAN							57
58	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 CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							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							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		45,821			45,821	45,821	91
91.01	G.I. LABORATORY							91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)		215,066			215,066	215,066	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-T110

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	89,919,424	0.000522	0.000522				50
52	DELIVERY ROOM & LABOR ROOM	5,434,486						52
53	ANESTHESIOLOGY	21,380,017						53
54	RADIOLOGY-DIAGNOSTIC	18,386,531	0.006650	0.006650	961	6		54
54.01	ULTRASOUND	4,113,150						54.01
54.03	CARDIOVASCULAR LAB	33,322,005						54.03
55	RADIOLOGY-THERAPEUTIC	18,570,046						55
55.01	CHEMOTHERAPY	6,713,126						55.01
56.01	NUCLEAR MEDICINE	20,601,262						56.01
57	CT SCAN	21,613,019			800			57
58	MRI	6,919,737						58
60	LABORATORY	74,743,774			15,517			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,375,071						63
65	RESPIRATORY THERAPY	23,285,707			4,113			65
66	PHYSICAL THERAPY	5,593,975			73,848			66
66.01	SOUTHEAST OUTPATIENT REHAB	9,252,998						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	2,098,932			82,216			67
68	SPEECH PATHOLOGY	1,686,307			91,580			68
69.01	CV DIAGNOSTIC	26,608,903			597			69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	15,314,277			2,274			70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,432,473			3,034			71
72	IMPL. DEV. CHARGED TO PATIENTS	77,212,394						72
73	DRUGS CHARGED TO PATIENTS	103,253,790			69,193			73
76	CARDIAC REHAB	584,778						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	1,479,234						88
88.01	RHC II	3,046,850						88.01
88.02	RHC III	1,919,861						88.02
90.01	HYPERBARIC WOUND CLINIC	4,752,998						90.01
90.02	DIABETES CENTER	103,892						90.02
91	EMERGENCY	39,520,521	0.001159	0.001159				91
91.01	G.I. LABORATORY	10,015,997						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,041,706						92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	744,297,241			344,133	6		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-T110

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.157071						50
52	DELIVERY ROOM & LABOR ROOM	0.672889						52
53	ANESTHESIOLOGY	0.093531						53
54	RADIOLOGY-DIAGNOSTIC	0.290934						54
54.01	ULTRASOUND	0.319322						54.01
54.03	CARDIOVASCULAR LAB	0.161868						54.03
55	RADIOLOGY-THERAPEUTIC	0.346358						55
55.01	CHEMOTHERAPY	0.320697						55.01
56.01	NUCLEAR MEDICINE	0.120170						56.01
57	CT SCAN	0.138183						57
58	MRI	0.238907						58
60	LABORATORY	0.142881						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008						63
65	RESPIRATORY THERAPY	0.134432						65
66	PHYSICAL THERAPY	0.293800						66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126						66.01
66.02	PHYSIATRY							66.02
67	OCCUPATIONAL THERAPY	0.178423						67
68	SPEECH PATHOLOGY	0.168116						68
69.01	CV DIAGNOSTIC	0.091435						69.01
69.02	ELECTROPHYSIOLOGY LAB							69.02
70.01	NEUROPHYSIOLOGY	0.092958						70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615						72
73	DRUGS CHARGED TO PATIENTS	0.246241						73
76	CARDIAC REHAB	1.372825						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							88
88.01	RHC II							88.01
88.02	RHC III							88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375						90.01
90.02	DIABETES CENTER	4.947368						90.02
91	EMERGENCY	0.247815						91
91.01	G.I. LABORATORY	0.250664						91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091						92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0110

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	36,560	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	36,560	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	2,676	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	28,305	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	17,602	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)	31,290,905	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	31,290,905	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	23,658,810	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)	1,407,576	29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	22,251,234	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	1.322590	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)	526.00	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	786.12	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)	31,290,905	37

Optimizer Systems, Inc.

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0110

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					855.88	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					15,065,200	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)					15,065,200	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)						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	5,240,024	3,554	1,474.40	2,206	3,252,526	45.01
46	SURGICAL INTENSIVE CARE UNIT						46
46.01	CARDIOTHORACIC ICU	3,495,890	1,700	2,056.41	886	1,821,979	46.01
47	NEONATOLOGY						47
							1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					35,719,596	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					55,859,301	49
PASS-THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					2,841,866	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					2,414,088	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					5,255,954	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					50,603,347	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 (line 56 minus line 53)						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 (line 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

Optimizer Systems, Inc.

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0110

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					5,579	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					855.88	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					4,774,955	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	3,476,197	31,290,905	0.111093	4,774,955	530,464	90
91	NURSING SCHOOL COST	1,077,704	31,290,905	0.034441	4,774,955	164,454	91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S110

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	2,965	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	2,965	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	2,965	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	858	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)	2,502,803	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	2,502,803	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		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)		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)	2,502,803	37

Optimizer Systems, Inc.

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Micro System

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S110

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] TEFFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		1
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	844.12 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	724,255 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)	724,255 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	101,740 48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	825,995 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	109,301 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	5,602 51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	114,903 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	711,092 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 (line 56 minus line 53)	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 (line 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

Optimizer Systems, Inc.

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-T110

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [XX] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	2,611	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	2,611	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	2,611	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	1,591	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)	2,328,606	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	2,328,606	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		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)		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)	2,328,606	37

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-T110

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFFRA
 BOXES: [] TITLE XIX - I/P [XX] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		1
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	891.84 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,418,917 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)	1,418,917 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	710,415 48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	2,129,332 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	188,375 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	37,056 51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	225,431 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	1,903,901 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 (line 56 minus line 53)	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 (line 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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0110

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	36,560	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	36,560	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	2,676	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	28,305	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	3,619	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)	2,907	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	1,114	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)	31,290,905	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	31,290,905	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	23,658,810	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)	1,407,576	29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	22,251,234	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	1.322590	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)	526.00	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	786.12	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)	31,290,905	37

Optimizer Systems, Inc.

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0110

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [XX] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					855.88	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					3,097,430	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					3,097,430	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)	1,325,908	2,907	456.11	1,114	508,107	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
45.01	ADULT SPECIAL CARE	5,240,024	3,554	1,474.40	507	747,521	45.01
46	SURGICAL INTENSIVE CARE UNIT						46
46.01	CARDIOTHORACIC ICU	3,495,890	1,700	2,056.41	109	224,149	46.01
47	NEONATOLOGY						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					5,273,392	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					9,850,599	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					600,469	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					385,293	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					985,762	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 (line 56 minus line 53)						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 (line 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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0110

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					5,579	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S110

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	2,965	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	2,965	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	2,965	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	1,233	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)	2,502,803	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	2,502,803	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		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)		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)	2,502,803	37

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S110

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] TEFFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [XX] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		1
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	844.12 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,040,800 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)	1,040,800 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	87,256 48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	1,128,056 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	157,072 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	4,411 51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	161,483 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 (line 56 minus line 53)	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 (line 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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-T110

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [XX] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	2,611	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	2,611	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	2,611	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including 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)	217	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)	2,328,606	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	2,328,606	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		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)		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)	2,328,606	37

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0110

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		13,080,268		30
33.01	ADULT SPECIAL CARE		4,372,841		33.01
34.01	CARDIOTHORACIC ICU		1,222,283		34.01
35	NEONATOLOGY				35
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.157071	28,320,699	4,448,361	50
52	DELIVERY ROOM & LABOR ROOM	0.672889	32,283	21,723	52
53	ANESTHESIOLOGY	0.093531	5,274,386	493,319	53
54	RADIOLOGY-DIAGNOSTIC	0.290934	2,863,139	832,984	54
54.01	ULTRASOUND	0.319322	335,952	107,277	54.01
54.03	CARDIOVASCULAR LAB	0.161868	5,492,641	889,083	54.03
55	RADIOLOGY-THERAPEUTIC	0.346358	49,820	17,256	55
55.01	CHEMOTHERAPY	0.320697	38,578	12,372	55.01
56.01	NUCLEAR MEDICINE	0.120170	1,355,784	162,925	56.01
57	CT SCAN	0.138183	2,756,040	380,838	57
58	MRI	0.238907	611,175	146,014	58
60	LABORATORY	0.142881	24,933,861	3,562,575	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008	2,753,816	514,986	63
65	RESPIRATORY THERAPY	0.134432	10,214,401	1,373,142	65
66	PHYSICAL THERAPY	0.293800	2,645,767	777,326	66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126			66.01
66.02	PHYSIATRY				66.02
67	OCCUPATIONAL THERAPY	0.178423	458,601	81,825	67
68	SPEECH PATHOLOGY	0.168116	591,937	99,514	68
69.01	CV DIAGNOSTIC	0.091435	5,207,185	476,119	69.01
69.02	ELECTROPHYSIOLOGY LAB				69.02
70.01	NEUROPHYSIOLOGY	0.092958	283,454	26,349	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958	24,991,628	4,372,485	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615	26,035,541	9,076,380	72
73	DRUGS CHARGED TO PATIENTS	0.246241	25,890,397	6,375,277	73
76	CARDIAC REHAB	1.372825	3,641	4,998	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				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375	100,734	23,408	90.01
90.02	DIABETES CENTER	4.947368			90.02
91	EMERGENCY	0.247815	2,841,218	704,096	91
91.01	G.I. LABORATORY	0.250664	1,364,753	342,094	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091	419,041	396,870	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		175,866,472	35,719,596	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		175,866,472		202

(A) Worksheet A line numbers

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-S110

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	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		655,512		40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.157071			50
52	DELIVERY ROOM & LABOR ROOM	0.672889			52
53	ANESTHESIOLOGY	0.093531			53
54	RADIOLOGY-DIAGNOSTIC	0.290934	2,534	737	54
54.01	ULTRASOUND	0.319322	400	128	54.01
54.03	CARDIOVASCULAR LAB	0.161868			54.03
55	RADIOLOGY-THERAPEUTIC	0.346358			55
55.01	CHEMOTHERAPY	0.320697			55.01
56.01	NUCLEAR MEDICINE	0.120170			56.01
57	CT SCAN	0.138183	7,200	995	57
58	MRI	0.238907	1,200	287	58
60	LABORATORY	0.142881	160,211	22,891	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008			63
65	RESPIRATORY THERAPY	0.134432	29,609	3,980	65
66	PHYSICAL THERAPY	0.293800	87,305	25,650	66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126			66.01
66.02	PHYSIATRY				66.02
67	OCCUPATIONAL THERAPY	0.178423	451	80	67
68	SPEECH PATHOLOGY	0.168116	2,576	433	68
69.01	CV DIAGNOSTIC	0.091435	20,750	1,897	69.01
69.02	ELECTROPHYSIOLOGY LAB				69.02
70.01	NEUROPHYSIOLOGY	0.092958	9,094	845	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958	11,503	2,013	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615			72
73	DRUGS CHARGED TO PATIENTS	0.246241	132,777	32,695	73
76	CARDIAC REHAB	1.372825			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				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375	221	51	90.01
90.02	DIABETES CENTER	4.947368			90.02
91	EMERGENCY	0.247815	36,550	9,058	91
91.01	G.I. LABORATORY	0.250664			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		502,381	101,740	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		502,381		202

(A) Worksheet A line numbers

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-T110

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	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		946,050		41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.157071	57,089	8,967	50
52	DELIVERY ROOM & LABOR ROOM	0.672889			52
53	ANESTHESIOLOGY	0.093531	8,753	819	53
54	RADIOLOGY-DIAGNOSTIC	0.290934	20,404	5,936	54
54.01	ULTRASOUND	0.319322	5,177	1,653	54.01
54.03	CARDIOVASCULAR LAB	0.161868			54.03
55	RADIOLOGY-THERAPEUTIC	0.346358			55
55.01	CHEMOTHERAPY	0.320697	885	284	55.01
56.01	NUCLEAR MEDICINE	0.120170			56.01
57	CT SCAN	0.138183	22,600	3,123	57
58	MRI	0.238907	3,900	932	58
60	LABORATORY	0.142881	373,842	53,415	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008	25,069	4,688	63
65	RESPIRATORY THERAPY	0.134432	238,156	32,016	65
66	PHYSICAL THERAPY	0.293800	783,567	230,212	66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126			66.01
66.02	PHYSIATRY				66.02
67	OCCUPATIONAL THERAPY	0.178423	880,795	157,154	67
68	SPEECH PATHOLOGY	0.168116	409,833	68,899	68
69.01	CV DIAGNOSTIC	0.091435	23,358	2,136	69.01
69.02	ELECTROPHYSIOLOGY LAB				69.02
70.01	NEUROPHYSIOLOGY	0.092958	21,478	1,997	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958	228,668	40,007	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615	9,190	3,204	72
73	DRUGS CHARGED TO PATIENTS	0.246241	363,658	89,548	73
76	CARDIAC REHAB	1.372825			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				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375	14,689	3,413	90.01
90.02	DIABETES CENTER	4.947368			90.02
91	EMERGENCY	0.247815	2,898	718	91
91.01	G.I. LABORATORY	0.250664	5,163	1,294	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		3,499,172	710,415	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		3,499,172		202

(A) Worksheet A line numbers

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0110

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		2,537,703		30
33.01	ADULT SPECIAL CARE		693,549		33.01
34.01	CARDIOTHORACIC ICU		150,959		34.01
35	NEONATOLOGY				35
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.157071	2,283,338	358,646	50
52	DELIVERY ROOM & LABOR ROOM	0.672889	1,618,627	1,089,156	52
53	ANESTHESIOLOGY	0.093531	636,558	59,538	53
54	RADIOLOGY-DIAGNOSTIC	0.290934	266,651	77,578	54
54.01	ULTRASOUND	0.319322	73,297	23,405	54.01
54.03	CARDIOVASCULAR LAB	0.161868	628,916	101,801	54.03
55	RADIOLOGY-THERAPEUTIC	0.346358	57,025	19,751	55
55.01	CHEMOTHERAPY	0.320697	2,216	711	55.01
56.01	NUCLEAR MEDICINE	0.120170	150,130	18,041	56.01
57	CT SCAN	0.138183	329,421	45,520	57
58	MRI	0.238907	107,200	25,611	58
60	LABORATORY	0.142881	4,045,212	577,984	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008	413,302	77,291	63
65	RESPIRATORY THERAPY	0.134432	1,904,200	255,985	65
66	PHYSICAL THERAPY	0.293800	274,004	80,502	66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126			66.01
66.02	PHYSIATRY				66.02
67	OCCUPATIONAL THERAPY	0.178423	89,796	16,022	67
68	SPEECH PATHOLOGY	0.168116	139,802	23,503	68
69.01	CV DIAGNOSTIC	0.091435	625,653	57,207	69.01
69.02	ELECTROPHYSIOLOGY LAB				69.02
70.01	NEUROPHYSIOLOGY	0.092958	84,243	7,831	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958	2,841,096	497,072	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615	1,306,807	455,573	72
73	DRUGS CHARGED TO PATIENTS	0.246241	5,018,997	1,235,883	73
76	CARDIAC REHAB	1.372825	485	666	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				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375	12,053	2,801	90.01
90.02	DIABETES CENTER	4.947368			90.02
91	EMERGENCY	0.247815	364,393	90,302	91
91.01	G.I. LABORATORY	0.250664	213,820	53,597	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091	22,611	21,415	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		23,509,853	5,273,392	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		23,509,853		202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

Win LASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-S110

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [] PPS
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	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		1,118,944		40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.157071			50
52	DELIVERY ROOM & LABOR ROOM	0.672889			52
53	ANESTHESIOLOGY	0.093531			53
54	RADIOLOGY-DIAGNOSTIC	0.290934	5,634	1,639	54
54.01	ULTRASOUND	0.319322	2,070	661	54.01
54.03	CARDIOVASCULAR LAB	0.161868			54.03
55	RADIOLOGY-THERAPEUTIC	0.346358			55
55.01	CHEMOTHERAPY	0.320697			55.01
56.01	NUCLEAR MEDICINE	0.120170			56.01
57	CT SCAN	0.138183	4,100	567	57
58	MRI	0.238907	2,400	573	58
60	LABORATORY	0.142881	165,503	23,647	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008			63
65	RESPIRATORY THERAPY	0.134432	27,486	3,695	65
66	PHYSICAL THERAPY	0.293800	4,763	1,399	66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126			66.01
66.02	PHYSIATRY				66.02
67	OCCUPATIONAL THERAPY	0.178423			67
68	SPEECH PATHOLOGY	0.168116	755	127	68
69.01	CV DIAGNOSTIC	0.091435	19,543	1,787	69.01
69.02	ELECTROPHYSIOLOGY LAB				69.02
70.01	NEUROPHYSIOLOGY	0.092958			70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958	4,397	769	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615			72
73	DRUGS CHARGED TO PATIENTS	0.246241	204,093	50,256	73
76	CARDIAC REHAB	1.372825			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				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375	442	103	90.01
90.02	DIABETES CENTER	4.947368			90.02
91	EMERGENCY	0.247815	1,750	434	91
91.01	G.I. LABORATORY	0.250664	6,378	1,599	91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		449,314	87,256	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		449,314		202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-T110

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [XX] TITLE XIX [XX] IRF [] NF [] ICF/MR [XX] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	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				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.157071			50
52	DELIVERY ROOM & LABOR ROOM	0.672889			52
53	ANESTHESIOLOGY	0.093531			53
54	RADIOLOGY-DIAGNOSTIC	0.290934	961	280	54
54.01	ULTRASOUND	0.319322			54.01
54.03	CARDIOVASCULAR LAB	0.161868			54.03
55	RADIOLOGY-THERAPEUTIC	0.346358			55
55.01	CHEMOTHERAPY	0.320697			55.01
56.01	NUCLEAR MEDICINE	0.120170			56.01
57	CT SCAN	0.138183	800	111	57
58	MRI	0.238907			58
60	LABORATORY	0.142881	15,517	2,217	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.187008			63
65	RESPIRATORY THERAPY	0.134432	4,113	553	65
66	PHYSICAL THERAPY	0.293800	73,848	21,697	66
66.01	SOUTHEAST OUTPATIENT REHAB	0.422126			66.01
66.02	PHYSIATRY				66.02
67	OCCUPATIONAL THERAPY	0.178423	82,216	14,669	67
68	SPEECH PATHOLOGY	0.168116	91,580	15,396	68
69.01	CV DIAGNOSTIC	0.091435	597	55	69.01
69.02	ELECTROPHYSIOLOGY LAB				69.02
70.01	NEUROPHYSIOLOGY	0.092958	2,274	211	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174958	3,034	531	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348615			72
73	DRUGS CHARGED TO PATIENTS	0.246241	69,193	17,038	73
76	CARDIAC REHAB	1.372825			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				88
88.01	RHC II				88.01
88.02	RHC III				88.02
90.01	HYPERBARIC WOUND CLINIC	0.232375			90.01
90.02	DIABETES CENTER	4.947368			90.02
91	EMERGENCY	0.247815			91
91.01	G.I. LABORATORY	0.250664			91.01
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.947091			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		344,133	72,758	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		344,133		202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)	27,480,947			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	9,160,316			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	2,517,155			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS				3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	178.72			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)(iv) 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)	0.0808			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.1370			31
32	SUM OF LINES 30 AND 31	0.2178			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0718			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	2,137,560			34
		PRIOR TO	ON OR AFTER		
		OCTOBER 1	OCTOBER 1		
	UNCOMPENSATED CARE ADJUSTMENT				
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		2,217,533		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		558,940		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	558,940			36
	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

Optimizer Systems, Inc.

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Micro System

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART ACHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
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)	41,854,918			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)	41,854,918			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	3,293,975			50
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				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	546,234			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	50,785			58
59	TOTAL (sum of amounts on lines 49 through 58)	45,745,912			59
60	PRIMARY PAYER PAYMENTS	29,704			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	45,716,208			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,523,668			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	97,179			63
64	ALLOWABLE BAD DEBTS (see instructions)	829,007			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	538,855			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	479,029			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	42,634,216			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 PAYMENT ADJUSTMENT (see instructions)	65,359			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-40,287			70.94
71	AMOUNT DUE PROVIDER (see instructions)	42,659,288			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	644,155			71.01
72	INTERIM PAYMENTS	42,593,037			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-577,904			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, 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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0110

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	30,203,044			2
3	PPS PAYMENTS	25,220,914			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	103,179			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 instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	25,324,093			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	5,125,982			26
27	SUBTOTAL ((lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	20,198,111			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)	20,198,111			30
31	PRIMARY PAYER PAYMENTS	3,605			31
32	SUBTOTAL (line 30 minus line 31)	20,194,506			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)	424,880			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	276,172			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	80,760			36
37	SUBTOTAL (see instructions)	20,470,678			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	20,470,678			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	309,107			40.01
41	INTERIM PAYMENTS	20,271,212			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-109,641			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

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S110

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
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 instructions, 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 (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				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

Optimizer Systems, Inc.

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-T110

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
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 instructions, 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 (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				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

Optimizer Systems, Inc.

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-0110

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		42,636,037		20,174,712	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					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM	.01	04/04/2013 411,300	08/21/2013	96,500	3.01
		.02	10/01/2013 300,100			3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM .03	04/04/2013 10,000			3.03
		TO .04				3.04
		PROVIDER .05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51	04/18/2014 744,800			3.51
		PROVIDER .52	04/04/2013 19,600			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
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	-43,000		96,500	3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		42,593,037		20,271,212	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. (1)	.01				5.01
		.02				5.02
		PROGRAM .03				5.03
		TO .04				5.04
		PROVIDER .05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		PROVIDER .52				5.52
		TO .53				5.53
		PROGRAM .54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	NAME OF CONTRACTOR		CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-S110

WORKSHEET E-1
PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF [] SNF
 BOXES: [] IRF [] SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		386,082			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					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					
			.01			3.01
			.02			3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03			3.03
		TO	.04			3.04
		PROVIDER	.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			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
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		386,082			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. (1)	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
			.10			5.10
			.50			5.50
			.51			5.51
		PROVIDER	.52			5.52
		TO	.53			5.53
		PROGRAM	.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		.01			6.01
			.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-T110

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,138,148		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				2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM				
			.01		3.01
			.02		3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03		3.03
		TO	.04		3.04
		PROVIDER	.05		3.05
			.06		3.06
			.07		3.07
			.08		3.08
			.09		3.09
			.10		3.10
			.50		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
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)				3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,138,148		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. (1)				
			.01		5.01
			.02		5.02
		PROGRAM	.03		5.03
		TO	.04		5.04
		PROVIDER	.05		5.05
			.06		5.06
			.07		5.07
			.08		5.08
			.09		5.09
			.10		5.10
			.50		5.50
			.51		5.51
		PROVIDER	.52		5.52
		TO	.53		5.53
		PROGRAM	.54		5.54
			.55		5.55
			.56		5.56
			.57		5.57
			.58		5.58
			.59		5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)				
			.01		6.01
			.02		6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	
					8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Optimizer Systems, Inc.

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Micro System

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

CHECK [XX] HOSPITAL [] 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	9,582	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	20,694	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	36,235	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	790,070,617	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	21,433,738	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)	2,164,034	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	43,281	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	2,120,753	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	2,138,103	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-17,350	32

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S110

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IPF
 BOX:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	405,746	1
2	NET IPF PPS OUTLIER PAYMENT		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		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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	8.123288	9
10	TEACHING ADJUSTMENT FACTOR $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$		10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	405,746	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	405,746	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	405,746	18
19	DEDUCTIBLES	78,116	19
20	SUBTOTAL (line 18 minus line 19)	327,630	20
21	COINSURANCE	2,368	21
22	SUBTOTAL (line 20 minus line 21)	325,262	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	20,652	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	13,424	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	7,471	25
26	SUBTOTAL (sum of lines 22 and 24)	338,686	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)	37,648	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	376,334	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	5,683	31.01
32	INTERIM PAYMENTS	386,082	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	-15,431	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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-T110

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IRF
 BOX:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	NET FEDERAL PPS PAYMENT (see instructions)	1,993,815		1
2	MEDICARE SSI RATIO (see instructions)	0.024600		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	96,301		3
4	OUTLIER PAYMENTS	70,957		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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	7.153425		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)			11
12	TEACHING ADJUSTMENT (see instructions)			12
13	TOTAL PPS PAYMENT (see instructions)	2,161,073		13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)			14
15	ORGAN ACQUISITION			15
16	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)			16
17	SUBTOTAL (see instructions)	2,161,073		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	2,161,073		19
20	DEDUCTIBLES	15,336		20
21	SUBTOTAL (line 19 minus line 20)	2,145,737		21
22	COINSURANCE	19,240		22
23	SUBTOTAL (line 21 minus line 22)	2,126,497		23
24	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	4,440		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	2,886		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	4,440		26
27	SUBTOTAL (sum of lines 23 and 25)	2,129,383		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IRF only)			28
29	OTHER PASS THROUGH COSTS (see instructions)	26,548		29
30	OUTLIER PAYMENTS RECONCILIATION			30
31	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	2,155,931		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	32,555		32.01
33	INTERIM PAYMENTS	2,138,148		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	-14,772		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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0110

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	INPATIENT HOSPITAL SNE/NF SERVICES	9,850,599		1
2	MEDICAL AND OTHER SERVICES		11,832,065	2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	9,850,599	11,832,065	4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	9,850,599	11,832,065	7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	ROUTINE SERVICE CHARGES	4,393,020		8
9	ANCILLARY SERVICE CHARGES	23,509,853	54,907,463	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)	27,902,873	54,907,463	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	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	27,902,873	54,907,463	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	18,052,274	43,075,398	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)	9,850,599	11,832,065	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	9,850,599	11,832,065	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)	9,850,599	11,832,065	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)	9,850,599	11,832,065	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)	9,850,599	11,832,065	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	9,850,599	11,832,065	40
41	INTERIM PAYMENTS	4,621,824	9,925,319	41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	5,228,775	1,906,746	42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S110

WORKSHEET E-3
PART VII

CHECK TITLE V
 APPLICABLE TITLE XIX
 BOXES :

PPS
 TEFRA
 OTHER

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNE/NF SERVICES	1,128,056		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	1,128,056		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	1,128,056		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	1,118,944		8
9	ANCILLARY SERVICE CHARGES	449,314		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)	1,568,258		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	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	1,568,258		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	440,202		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)	1,128,056		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	1,128,056		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)	1,128,056		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)	1,128,056		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)	1,128,056		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	1,128,056		40
41	INTERIM PAYMENTS	907,033		41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	221,023		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-T110

WORKSHEET E-3
PART VII

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XIX
 BOXES :

[] PPS
 [] TEFRA
 [XX] OTHER

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNE/NF SERVICES	266,287		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	266,287		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	266,287		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	129,115		8
9	ANCILLARY SERVICE CHARGES	344,133		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)	473,248		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	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	473,248		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	206,961		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)	266,287		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	266,287		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)	266,287		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)	266,287		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)	266,287		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	266,287		40
41	INTERIM PAYMENTS	208,945		41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	57,342		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

ASSETS (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5,886,036			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	78,479,203			4
5	OTHER RECEIVABLES	35,968,163			5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-32,259,434			6
7	INVENTORY	10,773,887			7
8	PREPAID EXPENSES	2,641,268			8
9	OTHER CURRENT ASSETS	1,048,979			9
10	DUE FROM OTHER FUNDS	5,952,308			10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	108,490,410			11
FIXED ASSETS					
12	LAND	17,681,907			12
13	LAND IMPROVEMENTS	12,917,364			13
14	ACCUMULATED DEPRECIATION	-7,016,130			14
15	BUILDINGS	193,199,102			15
16	ACCUMULATED DEPRECIATION	-97,327,015			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	19,504,909			19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	111,207,384			23
24	ACCUMULATED DEPRECIATION	-60,302,524			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)	189,864,997			30
OTHER ASSETS					
31	INVESTMENTS	84,231,651			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	5,095,005			34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	89,326,656			35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	387,682,063			36
LIABILITIES AND FUND BALANCES					
LIABILITIES AND FUND BALANCES (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	23,735,774			37
38	SALARIES, WAGES & FEES PAYABLE	11,483,876			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (short term)	2,335,444			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	3,984,479			44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	41,539,573			45
LONG TERM LIABILITIES					
46	MORTGAGE PAYABLE	135,295,164			46
47	NOTES PAYABLE	1,682,539			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	287,337			49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	137,265,040			50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	178,804,613			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	208,877,450			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED				54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE				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)	208,877,450			59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	387,682,063			60

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCES AT BEGINNING OF PERIOD		230,024,708		1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		-21,147,259		2
3	TOTAL (sum of line 1 and line 2)		208,877,449		3
4	ADDITIONS (credit adjustments)	1			4
5					5
6					6
7					7
8					8
9					9
10	TOTAL ADDITIONS (sum of lines 4-9)		1		10
11	SUBTOTAL (line 3 plus line 10)		208,877,450		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)		208,877,450		19

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCES AT BEGINNING OF PERIOD				1
2	NET INCOME (loss) (from Worksheet G-3, line 29)				2
3	TOTAL (sum of line 1 and line 2)				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)				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)				19

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	28,970,956		28,970,956	1
2	SUBPROVIDER IPF	3,530,896		3,530,896	2
3	SUBPROVIDER IRF	1,533,639		1,533,639	3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	34,035,491		34,035,491	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
13.01	ADULT SPECIAL CARE	8,360,929		8,360,929	13.01
14	SURGICAL INTENSIVE CARE UNIT				14
14.01	CARDIOTHORACIC ICU	3,507,260		3,507,260	14.01
15	NEONATOLOGY				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	11,868,189		11,868,189	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	45,903,680		45,903,680	17
18	ANCILLARY SERVICES	478,433,675	323,254,863	801,688,538	18
19	OUTPATIENT SERVICES				19
20	RHC		1,479,234	1,479,234	20
20.01	RHC II		3,046,850	3,046,850	20.01
20.02	RHC III		1,919,861	1,919,861	20.02
21	FOHC				21
22	HOME HEALTH AGENCY		1,091,858	1,091,858	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	524,337,355	330,792,666	855,130,021	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		303,388,444	29
30	RENTALS-PROPERTY INTERNAL NET	2,901,546		30
31	NON-PATIENT BAD DEBT	145,263		31
32	SERVIR TB EXPENSES	41,344		32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)		3,088,153	36
37	OTHER RECONCILING ITEMS	-3		37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)		-3	42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		306,476,594	43

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	855,130,021	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	594,392,631	2
3	NET PATIENT REVENUES (line 1 minus line 2)	260,737,390	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	306,476,594	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-45,739,204	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1,275,811	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	59,569	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	908,053	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	84,669	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	22,636	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	95,290	18
19	TUITION (fees, sale of textbooks, uniforms, etc.)	2,181,176	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 (BUILDING BLOCKS GRANT)	784,721	24
24.01	OTHER (MAIN STREET FITNESS)	699,429	24.01
24.02	OTHER (PRISONER MEALS)	59,344	24.02
24.03	OTHER (CANCER CENTER SERVICE LINE MISC)	19,000	24.03
24.04	OTHER (02 DEBT SERVICE INCOME)	362	24.04
24.05	OTHER (07 DEBT SERVICE INCOME)	965	24.05
24.06	OTHER (93 DEBT SERVICE INCOME)	221	24.06
24.07	OTHER (SOUTHEAST PHARMACY-MT AUBURN)	9,317	24.07
24.08	OTHER (SOUTHEAST PHARMACY-BROADWAY)	214,298	24.08
24.09	OTHER (LONG TERM CARE PHARMACY)	4,783	24.09
24.10	OTHER (HEALTHPOINT-CAPE)	2,369,155	24.10
24.11	OTHER (HEALTHPOINT-SPECIAL PROGRAMS)	190,251	24.11
24.12	OTHER (GAIN ON INVESTMENTS)	4,379,298	24.12
24.13	OTHER (INTEREST AND DIVIDEND)	1,184,600	24.13
24.14	OTHER (13 DEBT SERVICE INCOME)	1,098	24.14
24.15	OTHER (CHANGE IN UNREALIZED GAIN (LOSS))	3,476,132	24.15
24.16	OTHER (OUTREACH LAB)	1,569,040	24.16
24.17	OTHER (MISC OTHER OPERATING REVENUE)	3,696,974	24.17
24.18	OTHER (RENTAL INCOME - INTERNAL)	2,901,546	24.18
25	TOTAL OTHER INCOME (sum of lines 6-24)	26,187,738	25
26	TOTAL (line 5 plus line 25)	-19,551,466	26
27	OTHER EXPENSES (LOSS ON EQUIPMENT DISPOSAL)	32,617	27
27.01	OTHER EXPENSES (LACEY'S RESTAURANT)	17,583	27.01
27.02	OTHER EXPENSES (SOUTHEAST PHARMACY-JACKSON)	136,603	27.02
27.03	OTHER EXPENSES (JAZZMAN'S RESTAURANT)	60,854	27.03
27.04	OTHER EXPENSES (NET RENTAL LOSS)	1,148,472	27.04
27.05	OTHER EXPENSES (OTHER INCOME (EXPENSE))	198,848	27.05
27.06	OTHER EXPENSES (GIFT SHOP)	816	27.06
28	TOTAL OTHER EXPENSES (sum of line 27 and subscripts)	1,595,793	28
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	-21,147,259	29

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7121

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	225,177	24,573	473	1,333	203,220	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	347,728	46,707	4,220			6
7	PHYSICAL THERAPY	261,351	35,104	1,065			7
8	OCCUPATIONAL THERAPY	47,518	6,383	239			8
9	SPEECH PATHOLOGY	4,752	638	229			9
10	MEDICAL SOCIAL SERVICES	9,504	1,277	19			10
11	HOME HEALTH AIDE	5,646	758	53			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	152,059	20,175				23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	1,053,735	135,615	6,298	1,333	203,220	24

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7121

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	454,776	39,239	494,015	-963	493,052	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	398,655		398,655		398,655	6
7	PHYSICAL THERAPY	297,520		297,520		297,520	7
8	OCCUPATIONAL THERAPY	54,140		54,140		54,140	8
9	SPEECH PATHOLOGY	5,619		5,619		5,619	9
10	MEDICAL SOCIAL SERVICES	10,800		10,800		10,800	10
11	HOME HEALTH AIDE	6,457		6,457		6,457	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	172,234		172,234		172,234	23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	1,400,201	39,239	1,439,440	-963	1,438,477	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7121

WORKSHEET H-1
PART I

	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
	0	1	2	3	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDGS & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION (see instructions)					4
5 ADMINISTRATIVE AND GENERAL	493,052				5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE	398,655				6
7 PHYSICAL THERAPY	297,520				7
8 OCCUPATIONAL THERAPY	54,140				8
9 SPEECH PATHOLOGY	5,619				9
10 MEDICAL SOCIAL SERVICES	10,800				10
11 HOME HEALTH AIDE	6,457				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	172,234				23
23.50 TELEMEDICINE					23.50
24 TOTAL (sum of lines 1-23)	1,438,477				24

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7121

WORKSHEET H-1
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL		493,052	493,052		5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		398,655	207,905	606,560	6
7	PHYSICAL THERAPY		297,520	155,161	452,681	7
8	OCCUPATIONAL THERAPY		54,140	28,235	82,375	8
9	SPEECH PATHOLOGY		5,619	2,930	8,549	9
10	MEDICAL SOCIAL SERVICES		10,800	5,632	16,432	10
11	HOME HEALTH AIDE		6,457	3,367	9,824	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		172,234	89,822	262,056	23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		1,438,477		1,438,477	24

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 26-7121

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED-BLDGS & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION (see instructions)							4
5	ADMINISTRATIVE AND GENERAL					-493,052	945,425	5
HHA REIMBURSABLE SERVICES								
6	SKILLED NURSING CARE						398,655	6
7	PHYSICAL THERAPY						297,520	7
8	OCCUPATIONAL THERAPY						54,140	8
9	SPEECH PATHOLOGY						5,619	9
10	MEDICAL SOCIAL SERVICES						10,800	10
11	HOME HEALTH AIDE						6,457	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						172,234	23
23.50	TELEMEDICINE							23.50
24	TOTAL (sum of lines 1-23)					-493,052	945,425	24
25	COST TO BE ALLOC (per Worksheet H-1, Part I)						493,052	25
26	UNIT COST MULTIPLIER						0.521514	26

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7121

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	NEW CAP-RE L CSTS-BLD GS & FIX #				
		0	1	1.01	1.02	1.03	1.04	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE	606,560						2
3	PHYSICAL THERAPY	452,681						3
4	OCCUPATIONAL THERAPY	82,375						4
5	SPEECH PATHOLOGY	8,549						5
6	MEDICAL SOCIAL SERVICES	16,432						6
7	HOME HEALTH AIDE	9,824						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	262,056						19
20	TOTALS (sum of lines 1-19)(2)	1,438,477						20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7121

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	NEW CAP-RE L CSTS-BLD GS & FIX #						
		1.05	1.06	1.07	1.08	1.09	1.10	
1	ADMINISTRATIVE AND GENERAL				49,377			1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)				49,377			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7121

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	COMMUNICAT IONS 5.01	SUBTOTAL (cols.0-4) 4A	DATA PROCE SSING 5.02	PURCHASING 5.03	
1	ADMINISTRATIVE AND GENERAL	63,558	30,459	14,551	157,945	5,713	1,208	1
2	SKILLED NURSING CARE		42,017		648,577	23,460		2
3	PHYSICAL THERAPY		31,579		484,260	17,517		3
4	OCCUPATIONAL THERAPY		5,742		88,117	3,187		4
5	SPEECH PATHOLOGY		574		9,123	330		5
6	MEDICAL SOCIAL SERVICES		1,148		17,580	636		6
7	HOME HEALTH AIDE		682		10,506	380		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		18,373		280,429	10,144		19
20	TOTALS (sum of lines 1-19)(2)	63,558	130,574	14,551	1,696,537	61,367	1,208	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7121

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	ADMITTING	CREDIT & C OLLECTIONS	SUBTOTAL (cols.0-4)	OTHER ADMI NISTRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5.05		5.06	6	7	
1	ADMINISTRATIVE AND GENERAL	4,269	6,761	175,896	20,700	22,024	47,534	1
2	SKILLED NURSING CARE			672,037	79,091			2
3	PHYSICAL THERAPY			501,777	59,052			3
4	OCCUPATIONAL THERAPY			91,304	10,745			4
5	SPEECH PATHOLOGY			9,453	1,112			5
6	MEDICAL SOCIAL SERVICES			18,216	2,144			6
7	HOME HEALTH AIDE			10,886	1,281			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			290,573	34,196			19
20	TOTALS (sum of lines 1-19)(2)	4,269	6,761	1,770,142	208,321	22,024	47,534	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7121

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	
		8	9	10	11	12	13	
1	ADMINISTRATIVE AND GENERAL		25,915				179,267	1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)		25,915				179,267	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7121

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	
		14	15	16	17	19	20	
1	ADMINISTRATIVE AND GENERAL	624					150,750	1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	624					150,750	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7121

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	SCHOOL OF MEDICAL TECHNOLOGY 20.01	SCHOOL OF SURGICAL TECHNOLOGY 20.02	SCHOOL OF RADIOL TECH 20.03	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 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
20	TOTALS (sum of lines 1-19)(2)							20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7121

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	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	622,710		622,710				1
2	SKILLED NURSING CARE	751,128		751,128	262,498	1,013,626		2
3	PHYSICAL THERAPY	560,829		560,829	195,993	756,822		3
4	OCCUPATIONAL THERAPY	102,049		102,049	35,663	137,712		4
5	SPEECH PATHOLOGY	10,565		10,565	3,692	14,257		5
6	MEDICAL SOCIAL SERVICES	20,360		20,360	7,115	27,475		6
7	HOME HEALTH AIDE	12,167		12,167	4,252	16,419		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	324,769		324,769	113,497	438,266		19
20	TOTALS (sum of lines 1-19)(2)	2,404,577		2,404,577	622,710	2,404,577		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.349471			21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7121

WORKSHEET H-2
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET					
		1	1.01	1.02	1.03	1.04	1.05	
1	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	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 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 FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEE T	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEE T	CAP MOVABLE EQUIPMENT DIRECT COSTS	
		1.06	1.07	1.08	1.09	1.10	2	
1	ADMINISTRATIVE AND GENERAL			3,286			63,580	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	TOTALS (sum of lines 1-19)			3,286			63,580	20
21	TOTAL COST TO BE ALLOCATED			49,377			63,558	21
22	UNIT COST MULTIPLIER			15.026476				22
22	UNIT COST MULTIPLIER						0.999654	22

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7121

WORKSHEET H-2
PART II

	HHA COST CENTER	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICATIONS NONPATIENT	RECONCILIATION	DATA PROCESSING ACCUM COST	PURCHASING SUPPLY COSTS	ADMITTING GROSS REVENUES	
		4	5.01	4A.02	5.02	5.03	5.04	
1	ADMINISTRATIVE AND GENERAL	252,079	33		157,945	11,698	1,091,858	1
2	SKILLED NURSING CARE	347,728			648,577			2
3	PHYSICAL THERAPY	261,351			484,260			3
4	OCCUPATIONAL THERAPY	47,518			88,117			4
5	SPEECH PATHOLOGY	4,752			9,123			5
6	MEDICAL SOCIAL SERVICES	9,504			17,580			6
7	HOME HEALTH AIDE	5,646			10,506			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	152,059			280,429			19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	1,080,637	33		1,696,537	11,698	1,091,858	20
21	TOTAL COST TO BE ALLOCATED	130,574	14,551		61,367	1,208	4,269	21
22	UNIT COST MULTIPLIER	0.120831				0.103266		22
22	UNIT COST MULTIPLIER		440.939394		0.036172		0.003910	22

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7121

WORKSHEET H-2
PART II

	HHA COST CENTER	CREDIT & COLLECTIONS AJUSTED GROSS REVE	RECONCILIATION	OTHER ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS REQUISITIO	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		5.05		5.06	6	7	8	
1	ADMINISTRATIVE AND GENERAL	1,091,858		175,896	49	3,286		1
2	SKILLED NURSING CARE			672,037				2
3	PHYSICAL THERAPY			501,777				3
4	OCCUPATIONAL THERAPY			91,304				4
5	SPEECH PATHOLOGY			9,453				5
6	MEDICAL SOCIAL SERVICES			18,216				6
7	HOME HEALTH AIDE			10,886				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			290,573				19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	1,091,858		1,770,142	49	3,286		20
21	TOTAL COST TO BE ALLOCATED	6,761		208,321	22,024	47,534		21
22	UNIT COST MULTIPLIER	0.006192		0.117686		14.465612		22
22	UNIT COST MULTIPLIER				449.469388			22

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7121

WORKSHEET H-2
PART II

	HHA COST CENTER	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION FTE'S SERVICE	CENTRAL SERVICES & SUPPLY SUPPLY COSTS		
		9	10	11	12	13	14	15	
1	ADMINISTRATIVE AND GENERAL	3,286						8,448	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	TOTALS (sum of lines 1-19)	3,286				15	8,448		20
21	TOTAL COST TO BE ALLOCATED	25,915				179,267	624		21
22	UNIT COST MULTIPLIER	7.886488				11.951.133333			22
22	UNIT COST MULTIPLIER						0.073864		22

Optimizer Systems, Inc.

WinLASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7121

**WORKSHEET H-2
PART II**

	HHA COST CENTER	PHARMACY COSTED REQUIS. 15	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	
1	ADMINISTRATIVE AND GENERAL					1,316		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	TOTALS (sum of lines 1-19)					1,316		20
21	TOTAL COST TO BE ALLOCATED					150,750		21
22	UNIT COST MULTIPLIER					114.551672		22
22	UNIT COST MULTIPLIER							22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7121

WORKSHEET H-2
PART II

	HHA COST CENTER	SCHOOL OF SURGICAL TECHNOLOGY TIME SPENT	SCHOOL OF RADIOL TECH TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		20.02	20.03	21	22	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	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 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							
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PER VISIT (col. 3 ÷ col. 4)
			1	2	3	4	5
1	SKILLED NURSING CARE	2	1,013,626		1,013,626	3,249	311.98
2	PHYSICAL THERAPY	3	756,822		756,822	2,518	300.56
3	OCCUPATIONAL THERAPY	4	137,712		137,712	266	517.71
4	SPEECH PATHOLOGY	5	14,257		14,257	32	445.53
5	MEDICAL SOCIAL SERVICES	6	27,475		27,475	50	549.50
6	HOME HEALTH AIDE	7	16,419		16,419	230	71.39
7	TOTAL (sum of lines 1-6)		1,966,311		1,966,311	6,345	

LIMITATION COST COMPUTATION				PROGRAM VISITS			
	PATIENT SERVICES	CBSA NO.	PART A	PART B			
				NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
		1	2	3	4		
8	SKILLED NURSING CARE	16020	801	1,079		8	
9	PHYSICAL THERAPY	16020	607	903		9	
10	OCCUPATIONAL THERAPY	16020	106	107		10	
11	SPEECH PATHOLOGY	16020	7	20		11	
12	MEDICAL SOCIAL SERVICES	16020	11	16		12	
13	HOME HEALTH AIDE	16020	92	89		13	
14	TOTAL (sum of lines 8-13)		1,624	2,214		14	

SUPPLIES AND DRUGS COSTS COMPUTATIONS							
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)
			1	2	3	4	5
15	COST OF MEDICAL SUPPLIES	8					15
16	COST OF DRUGS	9					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	2	3	4
1	PHYSICAL THERAPY	66	0.293800			col. 2, line 2
1.01	SOUTHEAST OUTPATIENT REHAB	66.01	0.422126			col. 2, line 2
1.02	PHYSIATRY	66.02				col. 2, line 2
2	OCCUPATIONAL THERAPY	67	0.178423			col. 2, line 3
3	SPEECH PATHOLOGY	68	0.168116			col. 2, line 4
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.174958			col. 2, line 15
5	DRUGS CHARGED TO PATIENTS	73	0.246241			col. 2, line 16

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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 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	
	REASONABLE COST OF PART A & PART B SERVICES				
1	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

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES	PART B SERVICES	
		1	2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	298,521	415,258	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	7,214	6,594	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	2,270	3,108	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2,339	5,939	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		3,279	16
17	TOTAL OTHER PAYMENTS	305	922	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)	310,649	435,100	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	310,649	435,100	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	310,649	435,100	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)	310,649	435,100	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	310,649	435,100	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	4,320	7,360	31.01
32	INTERIM PAYMENTS (see instructions)	306,329	427,740	32
33	TENTATIVE SETTLEMENT (for contractor use only)			33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)			34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115-2			35

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 26-7121

WORKSHEET H-5

	DESCRIPTION	PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		306,329		427,740	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					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		306,329		427,740	4
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
		PROVIDER				5.51
		TO				5.52
		PROGRAM				5.53
						5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)					6.01
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 26-1537

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	250,469	28,482			114,957	6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE	602	79		295,731		7
8	INPATIENT - RESPITE CARE	1,806	238				8
	VISITING SERVICES						
9	PHYSICIAN SERVICES	192,116	20,474				9
10	NURSING CARE	651,392	85,906	38,115			10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES	125,005	16,486				15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THERAPY					127,208	22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					115,957	26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES					446	28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R Dept.)					100,983	31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS	28,378	3,742				35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING	6,203	659				37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	1,255,971	156,066	38,115	295,731	459,551	39

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 26-1537

WORKSHEET K

	TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	393,908	26,902	420,810	-112	420,698	6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE	296,412		296,412		296,412	7
8 INPATIENT - RESPITE CARE	2,044		2,044		2,044	8
VISITING SERVICES						
9 PHYSICIAN SERVICES	212,590		212,590	-202,275	10,315	9
10 NURSING CARE	775,413		775,413		775,413	10
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY						12
13 OCCUPATIONAL THERAPY						13
14 SPEECH/LANGUAGE PATHOLOGY						14
15 MEDICAL SOCIAL SERVICES	141,491		141,491		141,491	15
16 SPIRITUAL COUNSELING						16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER						19
20 HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21 OTHER						21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL AND INFUSION THERAPY	127,208		127,208		127,208	22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN	115,957		115,957		115,957	26
27 PATIENT TRANSPORTATION						27
28 IMAGING SERVICES	446		446		446	28
29 LABS AND DIAGNOSTICS						29
30 MEDICAL SUPPLIES						30
31 OUTPATIENT SERVICES (including E/R Dept.)	100,983		100,983		100,983	31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER						34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS	32,120		32,120		32,120	35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING	6,862		6,862		6,862	37
38 OTHER PROGRAM COSTS						38
39 TOTAL (sum of lines 1-38)	2,205,434	53,804	2,232,336	-404,774	2,029,949	39

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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 26-1537

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL		72,595				6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE					602	7
8	INPATIENT - RESPITE CARE					1,806	8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					599,669	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS			28,378			35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING			6,203			37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)		72,595	34,581		602,077	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 26-1537

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL			177,874	250,469	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE				602	7
8 INPATIENT - RESPITE CARE				1,806	8
VISITING SERVICES					
9 PHYSICIAN SERVICES			192,116	192,116	9
10 NURSING CARE		51,723		651,392	10
11 NURSING CARE-CONTINUOUS HOME CARE					11
12 PHYSICAL THERAPY					12
13 OCCUPATIONAL THERAPY					13
14 SPEECH/LANGUAGE PATHOLOGY					14
15 MEDICAL SOCIAL SERVICES			125,005	125,005	15
16 SPIRITUAL COUNSELING					16
17 DIETARY COUNSELING					17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER					19
20 HH AIDE & HOMEMAKER - CONT. HOME C					20
21 OTHER					21
OTHER HOSPICE SERVICE COSTS					
22 DRUGS, BIOLOGICAL AND INFUSION THE					22
23 ANALGESICS					23
24 SEDATIVES/HYPNOTICS					24
25 OTHER - SPECIFY					25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27 PATIENT TRANSPORTATION					27
28 IMAGING SERVICES					28
29 LABS AND DIAGNOSTICS					29
30 MEDICAL SUPPLIES					30
31 OUTPATIENT SERVICES (including E/R					31
32 RADIATION THERAPY					32
33 CHEMOTHERAPY					33
34 OTHER					34
HOSPICE NONREIMBURSABLE SERVICE					
35 BEREAVEMENT PROGRAM COSTS				28,378	35
36 VOLUNTEER PROGRAM COSTS					36
37 FUNDRAISING				6,203	37
38 OTHER PROGRAM COSTS					38
39 TOTAL (sum of lines 1-38)		51,723	494,995	1,255,971	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 26-1537

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINISTRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL		9,574				6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE					79	7
8	INPATIENT - RESPITE CARE					238	8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					79,085	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS			3,742			35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING			659			37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)		9,574	4,401		79,402	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

Optimizer Systems, Inc.

Win LASH

Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 26-1537

WORKSHEET K-2

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL			18,908	28,482	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE				79	7
8 INPATIENT - RESPITE CARE				238	8
VISITING SERVICES					
9 PHYSICIAN SERVICES			20,474	20,474	9
10 NURSING CARE		6,821		85,906	10
11 NURSING CARE-CONTINUOUS HOME CARE					11
12 PHYSICAL THERAPY					12
13 OCCUPATIONAL THERAPY					13
14 SPEECH/LANGUAGE PATHOLOGY					14
15 MEDICAL SOCIAL SERVICES			16,486	16,486	15
16 SPIRITUAL COUNSELING					16
17 DIETARY COUNSELING					17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER					19
20 HH AIDE & HOMEMAKER - CONT. HOME C					20
21 OTHER					21
OTHER HOSPICE SERVICE COSTS					
22 DRUGS, BIOLOGICAL AND INFUSION THE					22
23 ANALGESICS					23
24 SEDATIVES/HYPNOTICS					24
25 OTHER - SPECIFY					25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27 PATIENT TRANSPORTATION					27
28 IMAGING SERVICES					28
29 LABS AND DIAGNOSTICS					29
30 MEDICAL SUPPLIES					30
31 OUTPATIENT SERVICES (including E/R					31
32 RADIATION THERAPY					32
33 CHEMOTHERAPY					33
34 OTHER					34
HOSPICE NONREIMBURSABLE SERVICE					
35 BEREAVEMENT PROGRAM COSTS				3,742	35
36 VOLUNTEER PROGRAM COSTS					36
37 FUNDRAISING				659	37
38 OTHER PROGRAM COSTS					38
39 TOTAL (sum of lines 1-38)		6,821	55,868	156,066	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 26-1537

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE					295,731	7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)					295,731	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 26-1537

WORKSHEET K-3

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1					1
2					2
3					3
4					4
5					5
6					6
INPATIENT CARE SERVICE					
7				295,731	7
8					8
VISITING SERVICES					
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
OTHER HOSPICE SERVICE COSTS					
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
HOSPICE NONREIMBURSABLE SERVICE					
35					35
36					36
37					37
38					38
39				295,731	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 26-1537

WORKSHEET K-4
PART I

	COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS			
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	
		0	1	2	3	4
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL	420,698				6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE	296,412				7
8	INPATIENT - RESPITE CARE	2,044				8
	VISITING SERVICES					
9	PHYSICIAN SERVICES	10,315				9
10	NURSING CARE	775,413				10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES	141,491				15
16	SPIRITUAL COUNSELING					16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER					19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER					21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE	127,208				22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN	115,957				26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES	446				28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R	100,983				31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS	32,120				35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING	6,862				37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)	2,029,949				39

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 26-1537

WORKSHEET K-4
PART I

	VOLUNTEER SERVICES COORDI- NATOR	SUBTOTAL (cols. 0 - 5)	ADMINIS- TRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
	5	5A	6	7	
GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX				1
2	CAPITAL RELATED COSTS-MOVABLE EQUI				2
3	PLANT OPERATION AND MAINTENANCE				3
4	TRANSPORTATION - STAFF				4
5	VOLUNTEER SERVICE COORDINATION				5
6	ADMINISTRATIVE AND GENERAL	420,698	420,698		6
INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE	296,412	77,490	373,902	7
8	INPATIENT - RESPITE CARE	2,044	534	2,578	8
VISITING SERVICES					
9	PHYSICIAN SERVICES	10,315	2,697	13,012	9
10	NURSING CARE	775,413	202,712	978,125	10
11	NURSING CARE-CONTINUOUS HOME CARE				11
12	PHYSICAL THERAPY				12
13	OCCUPATIONAL THERAPY				13
14	SPEECH/LANGUAGE PATHOLOGY				14
15	MEDICAL SOCIAL SERVICES	141,491	36,989	178,480	15
16	SPIRITUAL COUNSELING				16
17	DIETARY COUNSELING				17
18	COUNSELING - OTHER				18
19	HOME HEALTH AIDE AND HOMEMAKER				19
20	HH AIDE & HOMEMAKER - CONT. HOME C				20
21	OTHER				21
OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE	127,208	33,255	160,463	22
23	ANALGESICS				23
24	SEDATIVES/HYPNOTICS				24
25	OTHER - SPECIFY				25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN	115,957	30,314	146,271	26
27	PATIENT TRANSPORTATION				27
28	IMAGING SERVICES	446	117	563	28
29	LABS AND DIAGNOSTICS				29
30	MEDICAL SUPPLIES				30
31	OUTPATIENT SERVICES (including E/R	100,983	26,399	127,382	31
32	RADIATION THERAPY				32
33	CHEMOTHERAPY				33
34	OTHER				34
HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS	32,120	8,397	40,517	35
36	VOLUNTEER PROGRAM COSTS				36
37	FUNDRAISING	6,862	1,794	8,656	37
38	OTHER PROGRAM COSTS				38
39	TOTAL (sum of lines 1-38)	2,029,949		2,029,949	39

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 26-1537

WORKSHEET K-4
PART II

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				VOLUNTEER SERVICES COORDINATOR (Hours)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)				
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED COSTS-BLDG AND FIX								1
2	CAPITAL RELATED COSTS-MOVABLE EQUI								2
3	PLANT OPERATION AND MAINTENANCE								3
4	TRANSPORTATION - STAFF								4
5	VOLUNTEER SERVICE COORDINATION								5
6	ADMINISTRATIVE AND GENERAL						-420,698	1,609,251	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE							296,412	7
8	INPATIENT - RESPITE CARE							2,044	8
	VISITING SERVICES								
9	PHYSICIAN SERVICES							10,315	9
10	NURSING CARE							775,413	10
11	NURSING CARE-CONTINUOUS HOME CARE								11
12	PHYSICAL THERAPY								12
13	OCCUPATIONAL THERAPY								13
14	SPEECH/LANGUAGE PATHOLOGY								14
15	MEDICAL SOCIAL SERVICES							141,491	15
16	SPIRITUAL COUNSELING								16
17	DIETARY COUNSELING								17
18	COUNSELING - OTHER								18
19	HOME HEALTH AIDE AND HOME MAKER								19
20	HH AIDE & HOME MAKER - CONT. HOME C								20
21	OTHER								21
	OTHER HOSPICE SERVICE COSTS								
22	DRUGS, BIOLOGICAL AND INFUSION THE							127,208	22
23	ANALGESICS								23
24	SEDATIVES/HYPNOTICS								24
25	OTHER - SPECIFY								25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN							115,957	26
27	PATIENT TRANSPORTATION								27
28	IMAGING SERVICES							446	28
29	LABS AND DIAGNOSTICS								29
30	MEDICAL SUPPLIES								30
31	OUTPATIENT SERVICES (including E/R							100,983	31
32	RADIATION THERAPY								32
33	CHEMOTHERAPY								33
34	OTHER								34
	HOSPICE NONREIMBURSABLE SERVICE								
35	BEREAVEMENT PROGRAM COSTS							32,120	35
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING							6,862	37
38	OTHER PROGRAM COSTS								38
39	TOTAL (sum of lines 1-38)							420,698	39
40	UNIT COST MULTIPLIER							0.261425	40

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 26-1537

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	NEW CAP-RE L CSTS-BLD GS & FIX #				
		0	1	1.01	1.02	1.03	1.04	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE	373,902						2
3	INPATIENT - RESPITE CARE	2,578						3
4	PHYSICIAN SERVICES	13,012						4
5	NURSING CARE	978,125						5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	178,480						10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOME MAKER							14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH	160,463						17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN	146,271						21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES	563						23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/	127,382						26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS	40,517						30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING	8,656						32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	2,029,949						34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 26-1537

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	NEW CAP-RE L CSTS-BLD GS & FIX #						
		1.05	1.06	1.07	1.08	1.09	1.10	
1	ADMINISTRATIVE AND GENERAL				49,377			1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)				49,377			34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 26-1537

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	COMMUNICAT IONS 5.01	SUBTOTAL 4A	DATA PROCE SSING 5.02	PURCHASING 5.03	
1	ADMINISTRATIVE AND GENERAL	5,315	33,515	16,315	104,522	3,781	1,144	1
2	INPATIENT - GENERAL CARE		73		373,975	13,527		2
3	INPATIENT - RESPITE CARE		218		2,796	101		3
4	PHYSICIAN SERVICES		23,214		36,226	1,310		4
5	NURSING CARE		78,708		1,056,833	38,229		5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES		15,104		193,584	7,002		10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH				160,463	5,804		17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN				146,271	5,291		21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES				563	20		23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/				127,382	4,608		26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS		3,429		43,946	1,590		30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING		750		9,406	340		32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	5,315	155,011	16,315	2,255,967	81,603	1,144	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 26-1537

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	ADMITTING	CREDIT & C OLLECTIONS	SUBTOTAL	OTHER ADMI NISTRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5.05		5.06	6	7	
1	ADMINISTRATIVE AND GENERAL	12,874	20,388	142,709	16,795	20,675	47,534	1
2	INPATIENT - GENERAL CARE			387,502	45,604			2
3	INPATIENT - RESPITE CARE			2,897	341			3
4	PHYSICIAN SERVICES			37,536	4,417			4
5	NURSING CARE			1,095,062	128,873			5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES			200,586	23,606			10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH			166,267	19,567			17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN			151,562	17,837			21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES			583	69			23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/			131,990	15,533			26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS			45,536	5,359			30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING			9,746	1,147			32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	12,874	20,388	2,371,976	279,148	20,675	47,534	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 26-1537

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	
		8	9	10	11	12	13	
1	ADMINISTRATIVE AND GENERAL		25,915				262,925	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOME MAKER							14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)		25,915				262,925	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 26-1537

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	NONPHYSIC. ANESTHET. 19	NURSING SCHOOL 20	
1	ADMINISTRATIVE AND GENERAL	621						1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOME MAKER							14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)	621						34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 26-1537

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOL TECH	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		20.01	20.02	20.03	21	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 HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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) (2)							34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 26-1537

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	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	517,174		517,174				1
2	INPATIENT - GENERAL CARE	433,106		433,106	89,898	523,004		2
3	INPATIENT - RESPITE CARE	3,238		3,238	672	3,910		3
4	PHYSICIAN SERVICES	41,953		41,953	8,708	50,661		4
5	NURSING CARE	1,223,935		1,223,935	254,047	1,477,982		5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	224,192		224,192	46,534	270,726		10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH	185,834		185,834	38,573	224,407		17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN	169,399		169,399	35,161	204,560		21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES	652		652	135	787		23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/	147,523		147,523	30,621	178,144		26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS	50,895		50,895	10,564	61,459		30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING	10,893		10,893	2,261	13,154		32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	3,008,794		3,008,794		3,008,794		34
35	UNIT COST MULTIPLIER (see instruc				0.207565			35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 26-1537

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET					
		1	1.01	1.02	1.03	1.04	1.05	
1	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 HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOME MAKER							14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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
36	UNIT COST MULTIPLIER							36

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 26-1537

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEET	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEE T	NEW CAP-RE L CSTS-BLD GS & FIX # SQUARE FEE T	CAP MOVABLE EQUIPMENT DIRECT COSTS	
		1.06	1.07	1.08	1.09	1.10	2	
1	ADMINISTRATIVE AND GENERAL			3,286			5,317	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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)			3,286			5,317	34
35	TOTAL COST TO BE ALLOCATED			49,377			5,315	35
36	UNIT COST MULTIPLIER			15.026476				36
36	UNIT COST MULTIPLIER						0.999624	36

Optimizer Systems, Inc.



Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 26-1537

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICATIONS NONPATIENT	RECONCILIATION	DATA PROCESSING ACCUM COST	PURCHASING SUPPLY COSTS	ADMITTING GROSS REVENUES	
		4	5.01	4A.02	5.02	5.03	5.04	
1	ADMINISTRATIVE AND GENERAL	277,371	37		104,522	11,074	3,292,556	1
2	INPATIENT - GENERAL CARE	602			373,975			2
3	INPATIENT - RESPITE CARE	1,806			2,796			3
4	PHYSICIAN SERVICES	192,116			36,226			4
5	NURSING CARE	651,392			1,056,833			5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	125,005			193,584			10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH				160,463			17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN				146,271			21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES				563			23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/				127,382			26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS	28,378			43,946			30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING	6,203			9,406			32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	1,282,873	37		2,255,967	11,074	3,292,556	34
35	TOTAL COST TO BE ALLOCATED	155,011	16,315		81,603	1,144	12,874	35
36	UNIT COST MULTIPLIER	0.120831				0.103305		36
36	UNIT COST MULTIPLIER		440.945946		0.036172		0.003910	36

Optimizer Systems, Inc.

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Micro System

SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 26-1537

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CREDIT & COLLECTIONS AJUSTED GROSS REVE	RECON- CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS REQUISITIO	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		5.05		5.06	6	7	8	
1	ADMINISTRATIVE AND GENERAL	3,292,556		142,709	46	3,286		1
2	INPATIENT - GENERAL CARE			387,502				2
3	INPATIENT - RESPITE CARE			2,897				3
4	PHYSICIAN SERVICES			37,536				4
5	NURSING CARE			1,095,062				5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES			200,586				10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH			166,267				17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN			151,562				21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES			583				23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/			131,990				26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS			45,536				30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING			9,746				32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	3,292,556		2,371,976	46	3,286		34
35	TOTAL COST TO BE ALLOCATED	20,388		279,148	20,675	47,534		35
36	UNIT COST MULTIPLIER	0.006192		0.117686		14.465612		36
36	UNIT COST MULTIPLIER				449.456522			36

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 26-1537

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	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 SUPPLY COSTS	
		9	10	11	12	13	14	
1	ADMINISTRATIVE AND GENERAL	3,286				22	8,414	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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)	3,286				22	8,414	34
35	TOTAL COST TO BE ALLOCATED	25,915				262,925	621	35
36	UNIT COST MULTIPLIER	7.886488				11.951.136364		36
36	UNIT COST MULTIPLIER						0.073806	36

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 26-1537

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	SCHOOL OF MEDICAL TECHNOLOGY TIME SPENT	
		15	16	17	19	20	20.01	
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 HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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
36	UNIT COST MULTIPLIER							36

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 26-1537

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	SCHOOL OF SURGICAL TECHNOLOGY TIME SPENT	SCHOOL OF RADIOL TECH TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		20.02	20.03	21	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 HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							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
36	UNIT COST MULTIPLIER							36

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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 26-1537

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HOSPICE CHARGES (Provider Records)	HOSPICE SHARED ANCILLARY COSTS (cols. 1 x 2)	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.293800			1
1.01	SOUTHEAST OUTPATIENT REHAB	66.01	0.422126			1.01
1.02	PHYSIATRY	66.02				1.02
2	OCCUPATIONAL THERAPY	67	0.178423			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.168116			3
4	DRUGS, BIOLOGICAL AND INFUSION THERAPY	73	0.246241			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.142881			6
7	MEDICAL SUPPLIES	71	0.174958			7
8	OUTPATIENT SERVICES (including E/R Dept.)	93				8
9	RADIATION THERAPY	55	0.346358			9
9.01	CHEMOTHERAPY	55.01	0.320697			9.01
10	CARDIAC REHAB	76	1.372825			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

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 26-1537

WORKSHEET K-6

COMPUTATION OF PER DIEM COSTS		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (see instructions)				3,008,794	1
2	TOTAL UNDUPLICATED DAYS (Worksheet S-9, column 6, line 5)				21,515	2
3	AVERAGE COST PER DIEM (line 1 divided by line 2)				139.85	3
4	UNDUPLICATED MEDICARE DAYS (Worksheet S-9, column 1, line 5)	19,148				4
5	AGGREGATE MEDICARE COST (line 3 times line 4)	2,677,848				5
6	UNDUPLICATED MEDICAID DAYS (Worksheet S-9, column 2, line 5)		646			6
7	AGGREGATE MEDICAID COST (line 3 times line 6)		90,343			7
8	UNDUPLICATED SNF DAYS (Worksheet S-9, column 3, line 5)					8
9	AGGREGATE SNF COST (line 3 times line 8)					9
10	UNDUPLICATED NF DAYS (Worksheet S-9, column 4, line 5)					10
11	AGGREGATE NF COST (line 3 times line 10)					11
12	OTHER UNDUPLICATED DAYS (Worksheet S-9, column 5, line 5)			1,721		12
13	AGGREGATE COST FOR OTHER DAYS (line 3 times line 12)			240,682		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 26-0110

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] SUB (OTHER) [] COST METHOD
 BOXES: [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	2,914,308	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	248,232	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	99.27	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0808	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1370	8
9	SUM OF LINES 7 AND 8	0.2178	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0451	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	131,435	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	3,293,975	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 (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (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 (from prior year Worksheet 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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS 0	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	NEW CAP-REL CSTS-BLDGS & FIX #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 DEPARTMENT						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 SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-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	CT SCAN						57
58	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 CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	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
	OUTPATIENT SERVICE COST CENTERS							
88	RURAL HEALTH CLINIC							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 (NON-DISTINCT PART)							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							
113	INTEREST EXPENSE							113
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	TOTAL (sum of lines 118-201)							202

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

COMPONENT CCN: 26-8656

WORKSHEET M-1

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

	COMPENSATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN	551,349	61,754	613,103	-25,835	587,268	587,268	1
2	PHYSICIAN ASSISTANT							2
3	NURSE PRACTITIONER	34,642	4,071	38,713		38,713	38,713	3
4	VISITING NURSE							4
5	OTHER NURSE	201,162	22,217	223,379	-12,105	211,274	211,274	5
6	CLINICAL PSYCHOLOGIST							6
7	CLINICAL SOCIAL WORKER							7
8	LABORATORY TECHNICIAN	16,955	1,992	18,947		18,947	18,947	8
9	OTHER FACILITY HEALTH CARE STAFF COSTS	77,538	9,112	86,650		86,650	86,650	9
10	SUBTOTAL (sum of lines 1-9)	881,646	99,146	980,792	-37,940	942,852	942,852	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		28,720	28,720		28,720	28,720	15
16	TRANSPORTATION (Health Care Staff)							16
17	DEPRECIATION-MEDICAL EQUIPMENT							17
18	PROFESSIONAL LIABILITY INSURANCE		21,175	21,175		21,175	21,175	18
19	OTHER HEALTH CARE COSTS		7,436	7,436		7,436	7,436	19
20	ALLOWABLE GME COSTS							20
21	SUBTOTAL (sum of lines 15-20)		57,331	57,331		57,331	57,331	21
22	TOTAL COST OF HEALTH CARE SERVICES (sum of lines 10, 14, and 21)	881,646	156,477	1,038,123	-37,940	1,000,183	1,000,183	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		46,992	46,992	1,102	48,094	48,094	30
31	TOTAL FACILITY OVERHEAD (sum of lines 29 and 30)		46,992	46,992	1,102	48,094	48,094	31
32	TOTAL FACILITY COSTS (sum of lines 22, 28 and 31)	881,646	203,469	1,085,115	-36,838	1,048,277	1,048,277	32

The net expenses for cost allocation on Worksheet A for the RHC/FQHC cost center line must equal the total facility costs in column 7, line 32 of this worksheet.

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

COMPONENT CCN: 26-8656

WORKSHEET M-2

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD (1)	MINIMUM VISITS (col. 1 x col. 3)	GREATER OF COL. 2 OR COL. 4	
	POSITIONS	1	2	3	4	5	
1	PHYSICIANS	2.52	10,350	4,200	10,584		1
2	PHYSICIAN ASSISTANTS			2,100			2
3	NURSE PRACTITIONERS	0.45	596	2,100	945		3
4	SUBTOTAL (sum of lines 1-3)	2.97	10,946		11,529	11,529	4
5	VISITING NURSE						5
6	CLINICAL PSYCHOLOGIST						6
7	CLINICAL SOCIAL WORKER						7
7.01	MEDICAL NUTRITION THERAPIST (FQHC only)						7.01
7.02	DIABETES SELF MANAGEMENT TRAINING (FQHC only)						7.02
8	TOTAL FTEs AND VISITS (sum of lines 4-7)	2.97	10,946			11,529	8
9	PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES (from Worksheet M-1, column 7, line 22)		1,000,183	10
11	TOTAL NONREIMBURSABLE COSTS (from Worksheet M-1, column 7, line 28)			11
12	COST OF ALL SERVICES (excluding overhead) (sum of lines 10 and 11)		1,000,183	12
13	RATIO OF RHC/FQHC SERVICES (line 10 divided by line 12)		1.000000	13
14	TOTAL FACILITY OVERHEAD (from Worksheet M-1, column 7, line 31)		48,094	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (see instructions)		658,941	15
16	TOTAL OVERHEAD (sum of lines 14 and 15)		707,035	16
17	ALLOWABLE DIRECT GME OVERHEAD (see instructions)			17
18	SUBTRACT LINE 17 FROM LINE 16		707,035	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (line 13 x line 18)		707,035	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (sum of lines 10 and 19)		1,707,218	20

(1) The productivity standard for physicians is 4,200 and 2,100 for physician assistants and nurse practitioners. If an exception to the standard has been granted (Worksheet S-8, line 12 equals 'Y'), column 3, lines 1 thru 3 of this worksheet should contain, at a minimum, one element that is different than the standard.

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

COMPONENT CCN: 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 Worksheet M-2, line 20)	1,707,218	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 15)	12,177	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (line 1 minus line 2)	1,695,041	3
4	TOTAL VISITS (from Worksheet M-2, column 5, line 8)	11,529	4
5	PHYSICIANS VISITS UNDER AGREEMENT (from Worksheet M-2, column 5, line 9)		5
6	TOTAL ADJUSTED VISITS (line 4 plus line 5)	11,529	6
7	ADJUSTED COST PER VISIT (line 3 divided by line 6)	147.02	7

		CALCULATION OF LIMIT (1)		
		PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1	(SEE INSTR.)
		1	2	3
8	PER VISIT PAYMENT LIMIT (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		79.17	8
9	RATE FOR PROGRAM COVERED VISITS (see instructions)		79.17	9
CALCULATION OF SETTLEMENT				
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (from contractor records)		3,632	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (line 9 x line 10)		287,545	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, columns 1, 2, and 3)		287,545	16
16.01	TOTAL PROGRAM CHARGES (see instructions)(from contractor's records)		420,611	16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (see instructions)(from provider's records)		4,771	16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS (see instructions)		3,262	16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS (see instructions)		186,870	16.04
16.05	TOTAL PROGRAM COST (see instructions)		190,132	16.05
17	PRIMARY PAYER PAYMENTS		1,452	17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (see instructions)(from contractor records)		50,695	18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (see instructions) (from contractor records)		73,983	19
20	NET MEDICARE COST EXCLUDING VACCINES (see instructions)		188,680	20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 16)		4,879	21
22	TOTAL REIMBURSABLE PROGRAM COST (line 20 plus line 21)		193,559	22
23	ALLOWABLE BAD DEBTS (see instructions)			23
24	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			24
25	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			25
26	NET REIMBURSABLE AMOUNT (see instructions)		193,559	26
26.01	SEQUESTRATION ADJUSTMENT (see instructions)		2,923	26.01
27	INTERIM PAYMENTS		184,175	27
28	TENTATIVE SETTLEMENT (for contractor use only)			28
29	BALANCE DUE COMPONENT/PROGRAM (line 26 minus lines 26.01, 27 and 28)		6,461	29
30	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, CHAPTER 1, SECTION 115.2			30

(1) Lines 8 through 14: Fiscal year providers use columns 1 & 2, calendar year providers use column 2 only.

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CALCULATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

COMPONENT CCN: 26-8656

WORKSHEET M-4

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

		PNEUMO- COCCAL	INFLUENZA	
		1	2	
1	HEALTH CARE STAFF COST (from Worksheet M-1, column 7, line 10)	942,852	942,852	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000136	0.002335	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (line 1 x line 2)	128	2,202	3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (from your records)	936	3,868	4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (line 3 plus line 4)	1,064	6,070	5
6	TOTAL DIRECT COST OF THE FACILITY (from Worksheet M-1, column 7, line 22)	1,000,183	1,000,183	6
7	TOTAL OVERHEAD (from Worksheet M-2, line 16)	707,035	707,035	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (line 5 divided by line 6)	0.001064	0.006069	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (line 7 x line 8)	752	4,291	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (sum of lines 5 and 9)	1,816	10,361	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (from your records)	15	257	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (line 10/line 11)	121.07	40.32	12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	7	100	13
14	PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (line 12 x line 13)	847	4,032	14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		12,177	15
16	TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		4,879	16

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC
PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

COMPONENT CCN: 26-8656

WORKSHEET M-5

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			184,175	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				2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01		3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02		3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03		3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04		3.04
		PROVIDER	.05		3.05
			.06		3.06
			.07		3.07
			.08		3.08
			.09		3.09
			.10		3.10
			.50		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
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99		3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. J-3, line 27)			184,175	
	TO BE COMPLETED BY CONTRACTOR				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01		5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02		5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03		5.03
		TO	.04		5.04
		PROVIDER	.05		5.05
			.06		5.06
			.07		5.07
			.08		5.08
			.09		5.09
			.10		5.10
			.50		5.50
			.51		5.51
		PROVIDER	.52		5.52
		TO	.53		5.53
		PROGRAM	.54		5.54
			.55		5.55
			.56		5.56
			.57		5.57
			.58		5.58
			.59		5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99		5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		.01		6.01
			.02		6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which you agree to the amount of repayment, even though the total repayment is not accomplished until a later date.

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

COMPONENT CCN: 26-8657

WORKSHEET M-1

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

	COMPENSATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN	1,121,241	104,843	1,226,084		1,226,084	1,226,084	1
2	PHYSICIAN ASSISTANT				25,835	25,835	25,835	2
3	NURSE PRACTITIONER	32,888	2,769	35,657	-2,595	33,062	33,062	3
4	VISITING NURSE							4
5	OTHER NURSE	330,952	31,355	362,307	12,105	374,412	374,412	5
6	CLINICAL PSYCHOLOGIST							6
7	CLINICAL SOCIAL WORKER							7
8	LABORATORY TECHNICIAN							8
9	OTHER FACILITY HEALTH CARE STAFF COSTS	173,252	15,835	189,087		189,087	189,087	9
10	SUBTOTAL (sum of lines 1-9)	1,658,333	154,802	1,813,135	35,345	1,848,480	1,848,480	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		124,725	124,725		124,725	124,725	15
16	TRANSPORTATION (Health Care Staff)		47	47		47	47	16
17	DEPRECIATION-MEDICAL EQUIPMENT							17
18	PROFESSIONAL LIABILITY INSURANCE		27,965	27,965		27,965	27,965	18
19	OTHER HEALTH CARE COSTS		3,546	3,546		3,546	3,546	19
20	ALLOWABLE GME COSTS							20
21	SUBTOTAL (sum of lines 15-20)		156,283	156,283		156,283	156,283	21
22	TOTAL COST OF HEALTH CARE SERVICES (sum of lines 10, 14, and 21)	1,658,333	311,085	1,969,418	35,345	2,004,763	2,004,763	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		48,727	48,727	17,167	65,894	65,894	30
31	TOTAL FACILITY OVERHEAD (sum of lines 29 and 30)		48,727	48,727	17,167	65,894	65,894	31
32	TOTAL FACILITY COSTS (sum of lines 22, 28 and 31)	1,658,333	359,812	2,018,145	52,512	2,070,657	2,070,657	32

The net expenses for cost allocation on Worksheet A for the RHC/FQHC cost center line must equal the total facility costs in column 7, line 32 of this worksheet.

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ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

COMPONENT CCN: 26-8657

WORKSHEET M-2

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD (1)	MINIMUM VISITS (col. 1 x col. 3)	GREATER OF COL. 2 OR COL. 4	
	POSITIONS	1	2	3	4	5	
1	PHYSICIANS	3.80	17,639	4,200	15,960		1
2	PHYSICIAN ASSISTANTS			2,100			2
3	NURSE PRACTITIONERS	0.32	788	2,100	672		3
4	SUBTOTAL (sum of lines 1-3)	4.12	18,427		16,632	18,427	4
5	VISITING NURSE						5
6	CLINICAL PSYCHOLOGIST						6
7	CLINICAL SOCIAL WORKER						7
7.01	MEDICAL NUTRITION THERAPIST (FQHC only)						7.01
7.02	DIABETES SELF MANAGEMENT TRAINING (FQHC only)						7.02
8	TOTAL FTEs AND VISITS (sum of lines 4-7)	4.12	18,427			18,427	8
9	PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES (from Worksheet M-1, column 7, line 22)		2,004,763	10
11	TOTAL NONREIMBURSABLE COSTS (from Worksheet M-1, column 7, line 28)			11
12	COST OF ALL SERVICES (excluding overhead) (sum of lines 10 and 11)		2,004,763	12
13	RATIO OF RHC/FQHC SERVICES (line 10 divided by line 12)		1.000000	13
14	TOTAL FACILITY OVERHEAD (from Worksheet M-1, column 7, line 31)		65,894	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (see instructions)		1,237,377	15
16	TOTAL OVERHEAD (sum of lines 14 and 15)		1,303,271	16
17	ALLOWABLE DIRECT GME OVERHEAD (see instructions)			17
18	SUBTRACT LINE 17 FROM LINE 16		1,303,271	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (line 13 x line 18)		1,303,271	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (sum of lines 10 and 19)		3,308,034	20

(1) The productivity standard for physicians is 4,200 and 2,100 for physician assistants and nurse practitioners. If an exception to the standard has been granted (Worksheet S-8, line 12 equals 'Y'), column 3, lines 1 thru 3 of this worksheet should contain, at a minimum, one element that is different than the standard.

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SOUTHEAST MISSOURI HOSPITAL Provider CCN: 26-0110	In Lieu of Form CMS-2552-10	Period : From: 01/01/2013 To: 12/31/2013	Run Date: 05/28/2014 Run Time: 14:55 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

COMPONENT CCN: 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 Worksheet M-2, line 20)	3,308,034	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 15)	80,222	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (line 1 minus line 2)	3,227,812	3
4	TOTAL VISITS (from Worksheet M-2, column 5, line 8)	18,427	4
5	PHYSICIANS VISITS UNDER AGREEMENT (from Worksheet M-2, column 5, line 9)		5
6	TOTAL ADJUSTED VISITS (line 4 plus line 5)	18,427	6
7	ADJUSTED COST PER VISIT (line 3 divided by line 6)	175.17	7

		CALCULATION OF LIMIT (1)			
		PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1	(SEE INSTR.)	
		1	2	3	
8	PER VISIT PAYMENT LIMIT (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		79.17		8
9	RATE FOR PROGRAM COVERED VISITS (see instructions)		79.17		9
CALCULATION OF SETTLEMENT					
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (from contractor records)		4,724		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (line 9 x line 10)		373,999		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, columns 1, 2, and 3)		373,999		16
16.01	TOTAL PROGRAM CHARGES (see instructions)(from contractor's records)		720,343		16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (see instructions)(from provider's records)		23,582		16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS (see instructions)		12,244		16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS (see instructions)		241,982		16.04
16.05	TOTAL PROGRAM COST (see instructions)		254,226		16.05
17	PRIMARY PAYER PAYMENTS		3,189		17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (see instructions)(from contractor records)		59,278		18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (see instructions) (from contractor records)		132,206		19
20	NET MEDICARE COST EXCLUDING VACCINES (see instructions)		251,037		20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 16)		17,255		21
22	TOTAL REIMBURSABLE PROGRAM COST (line 20 plus line 21)		268,292		22
23	ALLOWABLE BAD DEBTS (see instructions)				23
24	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				24
25	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				25
26	NET REIMBURSABLE AMOUNT (see instructions)		268,292		26
26.01	SEQUESTRATION ADJUSTMENT (see instructions)		4,051		26.01
27	INTERIM PAYMENTS		242,976		27
28	TENTATIVE SETTLEMENT (for contractor use only)				28
29	BALANCE DUE COMPONENT/PROGRAM (line 26 minus lines 26.01, 27 and 28)		21,265		29
30	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, CHAPTER 1, SECTION 115.2				30

(1) Lines 8 through 14: Fiscal year providers use columns 1 & 2, calendar year providers use column 2 only.

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CALCULATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

COMPONENT CCN: 26-8657

WORKSHEET M-4

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

		PNEUMO-COCCAL	INFLUENZA	
		1	2	
1	HEALTH CARE STAFF COST (from Worksheet M-1, column 7, line 10)	1,848,480	1,848,480	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.001995	0.004185	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (line 1 x line 2)	3,688	7,736	3
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (from your records)	28,241	8,952	4
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (line 3 plus line 4)	31,929	16,688	5
6	TOTAL DIRECT COST OF THE FACILITY (from Worksheet M-1, column 7, line 22)	2,004,763	2,004,763	6
7	TOTAL OVERHEAD (from Worksheet M-2, line 16)	1,303,271	1,303,271	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (line 5 divided by line 6)	0.015927	0.008324	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (line 7 x line 8)	20,757	10,848	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (sum of lines 5 and 9)	52,686	27,536	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (from your records)	346	726	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (line 10/line 11)	152.27	37.93	12
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	62	206	13
14	PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (line 12 x line 13)	9,441	7,814	14
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		80,222	15
16	TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		17,255	16

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

COMPONENT CCN: 26-8657

WORKSHEET M-5

CHECK APPLICABLE BOX: RHC FQHC

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			242,976	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				2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01		3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02		3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03		3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04		3.04
		PROVIDER	.05		3.05
			.06		3.06
			.07		3.07
			.08		3.08
			.09		3.09
			.10		3.10
			.50		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
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99		3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. J-3, line 27)			242,976	
	TO BE COMPLETED BY CONTRACTOR				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01		5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02		5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03		5.03
		TO	.04		5.04
		PROVIDER	.05		5.05
			.06		5.06
			.07		5.07
			.08		5.08
			.09		5.09
			.10		5.10
			.50		5.50
			.51		5.51
		PROVIDER	.52		5.52
		TO	.53		5.53
		PROGRAM	.54		5.54
			.55		5.55
			.56		5.56
			.57		5.57
			.58		5.58
			.59		5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99		5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		.01		6.01
			.02		6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER	NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which you agree to the amount of repayment, even though the total repayment is not accomplished until a later date.

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

COMPONENT CCN: 26-8674

WORKSHEET M-1

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

		COMPENS- ATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASS- IFICATIONS	RECLASS- IFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN	442,649	40,062	482,711	-17,276	465,435		465,435	1
2	PHYSICIAN ASSISTANT								2
3	NURSE PRACTITIONER	85,073	8,012	93,085		93,085		93,085	3
4	VISITING NURSE								4
5	OTHER NURSE	178,640	18,708	197,348	20,001	217,349		217,349	5
6	CLINICAL PSYCHOLOGIST								6
7	CLINICAL SOCIAL WORKER								7
8	LABORATORY TECHNICIAN								8
9	OTHER FACILITY HEALTH CARE STAFF COSTS	60,031	5,654	65,685		65,685		65,685	9
10	SUBTOTAL (sum of lines 1-9)	766,393	72,436	838,829	2,725	841,554		841,554	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		230,140	230,140		230,140		230,140	15
16	TRANSPORTATION (Health Care Staff)		153	153		153		153	16
17	DEPRECIATION-MEDICAL EQUIPMENT								17
18	PROFESSIONAL LIABILITY INSURANCE		7,216	7,216		7,216		7,216	18
19	OTHER HEALTH CARE COSTS		2,953	2,953		2,953		2,953	19
20	ALLOWABLE GME COSTS								20
21	SUBTOTAL (sum of lines 15-20)		240,462	240,462		240,462		240,462	21
22	TOTAL COST OF HEALTH CARE SERVICES (sum of lines 10, 14, and 21)	766,393	312,898	1,079,291	2,725	1,082,016		1,082,016	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		27,242	27,242	10,112	37,354		37,354	30
31	TOTAL FACILITY OVERHEAD (sum of lines 29 and 30)		27,242	27,242	10,112	37,354		37,354	31
32	TOTAL FACILITY COSTS (sum of lines 22, 28 and 31)	766,393	340,140	1,106,533	12,837	1,119,370		1,119,370	32

The net expenses for cost allocation on Worksheet A for the RHC/FQHC cost center line must equal the total facility costs in column 7, line 32 of this worksheet.

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ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

COMPONENT CCN: 26-8674

WORKSHEET M-2

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD (1)	MINIMUM VISITS (col. 1 x col. 3)	GREATER OF COL. 2 OR COL. 4	
	POSITIONS	1	2	3	4	5	
1	PHYSICIANS	1.52	7,079	4,200	6,384		1
2	PHYSICIAN ASSISTANTS			2,100			2
3	NURSE PRACTITIONERS	0.96	3,156	2,100	2,016		3
4	SUBTOTAL (sum of lines 1-3)	2.48	10,235		8,400	10,235	4
5	VISITING NURSE						5
6	CLINICAL PSYCHOLOGIST						6
7	CLINICAL SOCIAL WORKER						7
7.01	MEDICAL NUTRITION THERAPIST (FQHC only)						7.01
7.02	DIABETES SELF MANAGEMENT TRAINING (FQHC only)						7.02
8	TOTAL FTEs AND VISITS (sum of lines 4-7)	2.48	10,235			10,235	8
9	PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES (from Worksheet M-1, column 7, line 22)		1,082,016	10
11	TOTAL NONREIMBURSABLE COSTS (from Worksheet M-1, column 7, line 28)			11
12	COST OF ALL SERVICES (excluding overhead) (sum of lines 10 and 11)		1,082,016	12
13	RATIO OF RHC/FQHC SERVICES (line 10 divided by line 12)		1.000000	13
14	TOTAL FACILITY OVERHEAD (from Worksheet M-1, column 7, line 31)		37,354	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (see instructions)		691,046	15
16	TOTAL OVERHEAD (sum of lines 14 and 15)		728,400	16
17	ALLOWABLE DIRECT GME OVERHEAD (see instructions)			17
18	SUBTRACT LINE 17 FROM LINE 16		728,400	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (line 13 x line 18)		728,400	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (sum of lines 10 and 19)		1,810,416	20

(1) The productivity standard for physicians is 4,200 and 2,100 for physician assistants and nurse practitioners. If an exception to the standard has been granted (Worksheet S-8, line 12 equals 'Y'), column 3, lines 1 thru 3 of this worksheet should contain, at a minimum, one element that is different than the standard.

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

COMPONENT CCN: 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 Worksheet M-2, line 20)	1,810,416	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (from Worksheet M-4, line 15)	37,131	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (line 1 minus line 2)	1,773,285	3
4	TOTAL VISITS (from Worksheet M-2, column 5, line 8)	10,235	4
5	PHYSICIANS VISITS UNDER AGREEMENT (from Worksheet M-2, column 5, line 9)		5
6	TOTAL ADJUSTED VISITS (line 4 plus line 5)	10,235	6
7	ADJUSTED COST PER VISIT (line 3 divided by line 6)	173.26	7

		CALCULATION OF LIMIT (1)			
		PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1	(SEE INSTR.)	
		1	2	3	
8	PER VISIT PAYMENT LIMIT (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		79.17		8
9	RATE FOR PROGRAM COVERED VISITS (see instructions)		79.17		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, columns 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 (see instructions)				16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS (see instructions)				16.04
16.05	TOTAL PROGRAM COST (see instructions)				16.05
17	PRIMARY PAYER 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 Worksheet M-4, line 16)				21
22	TOTAL REIMBURSABLE PROGRAM COST (line 20 plus line 21)				22
23	ALLOWABLE BAD DEBTS (see instructions)				23
24	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				24
25	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				25
26	NET REIMBURSABLE AMOUNT (see instructions)				26
26.01	SEQUESTRATION ADJUSTMENT (see instructions)				26.01
27	INTERIM PAYMENTS				27
28	TENTATIVE SETTLEMENT (for contractor use only)				28
29	BALANCE DUE COMPONENT/PROGRAM (line 26 minus lines 26.01, 27 and 28)				29
30	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, CHAPTER 1, SECTION 115.2				30

(1) Lines 8 through 14: Fiscal year providers use columns 1 & 2, calendar year providers use column 2 only.

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CALCULATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

COMPONENT CCN: 26-8674

WORKSHEET M-4

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

		PNEUMO- COCCAL	INFLUENZA	
		1	2	
1	HEALTH CARE STAFF COST (from Worksheet M-1, column 7, line 10)	841,554	841,554	1
2	RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.010016	0.016354	2
3	PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (line 1 x line 2)	8,429	13,763	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)	8,429	13,763	5
6	TOTAL DIRECT COST OF THE FACILITY (from Worksheet M-1, column 7, line 22)	1,082,016	1,082,016	6
7	TOTAL OVERHEAD (from Worksheet M-2, line 16)	728,400	728,400	7
8	RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (line 5 divided by line 6)	0.007790	0.012720	8
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (line 7 x line 8)	5,674	9,265	9
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (sum of lines 5 and 9)	14,103	23,028	10
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (from your records)	1,610	1,445	11
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (line 10/line 11)	8.76	15.94	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 columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		37,131	15
16	TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)			16