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. [X] Electronically filed cost report Date: Time: 2. [ ] Manually submitted cost report 3. [ ] If this is an amended report enter the number of times the provider resubmitted the cost report 4. [F] Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. [ ] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. [ ] Initial Report for this Provider CCN 9. [ ] Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ___ 12. [ ] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 certification 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

(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		40,967	244,121	-3,155		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		-1,599				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						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		39,368	244,121	-3,155		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 resopnd 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.
Please do not send appilcations, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any corresponence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA **WORKSHEET S-2 PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 211 ST. FRANCIS DRIVE	P.O. Box:			1
2	City: CAPE GIRARDEAU	State: MO	ZIP Code: 63703	County: CAPE GIRARDEAU	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	SAINT FRANCIS MEDICAL CENTER	26-0183	16020	1	07 / 01 / 1966	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF	REHAB UNIT	26-T183	16020	5	07 / 01 / 1988	N	P	N	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	HOME HEALTH AGENCY	26-7515	16020		08 / 08 / 1996	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	HOSPICE	26-1657	16020		01 / 01 / 2015				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2014	To: 06 / 30 / 2015	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
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)	N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,973	1,620	1,328	663		190	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	315	114					25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA **WORKSHEET S-2 PART I**

		1	2	
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)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40

Prospective Payment System (PPS)-Capital		V	XVIII	XIX	
		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 Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. 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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services ad defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	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 baseline 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 osteopathci 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 reseived 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 Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA **WORKSHEET S-2 PART I**

	Section 5504 of the ACA Base Year FTE Residents in Nonprovider 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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in oolumn 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 Nonprovider 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 nonprovider 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 Faciltiy 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.	N			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, indicate which program year began during this cost reporting period. (see instructions)				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, indicate which program year began during this cost reporting period. (see instructions)	N	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
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N		81

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
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.	N		87

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA **WORKSHEET S-2 PART I**

		V	XIX	
Title V and XIX Services		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	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID 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? (see instructions)			106
107	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. (see instructions) If yes, the GME elinination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			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

		Physical	Occupational	Speech	Respiratory	
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	N	109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.				N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.		Y		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.		N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	1,430,394			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 cetfified 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 cetfified 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

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 (see instructions)	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:		143
144	Are provider based physicians' costs included in Worksheet A?			Y	144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.			Y	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, chapter 40, §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				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N	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. (see instructions)		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(n)? 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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		05 / 01 / 2013	07 / 29 / 2013	170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)			N	171

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

		Y/N	Date		
Provider Organization and Operation		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	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accnountant? 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		4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			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?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructinos.	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	
PS&R Report Data		1	2	3	4	
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	10/16/2015	Y	10/16/2015	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Reoprt data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

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 Cost			
22	Have assets been relifed 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 capitalization policy changed during the cost reporting period? If yes, see instructions.		27

Interest Expense			
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31

Purchased Services			
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33

Provider-Based Physicians			
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35

		Y/N	Date	
Home Office Costs		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render servcies to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information				
41	First name: DAVID	Last name: PRATHER	Title: CONTOLLER	41
42	Employer: SFMC			42
43	Phone number: 573-331-5244	E-mail Address: DPRATHER@SFMC.NET		43

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

						Inpatient Days / Outpatient Visits / Trips				
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	194	70,810			24,110	5,229	42,250	1
2	HMO and other (see instructions)						2,049	997		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						37			4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		194	70,810			24,110	5,229	42,250	7
8	Intensive Care Unit	31	32	11,680			4,285	1,112	6,616	8
8.01	NEONATOLOGY/NICU	31.01	33	12,045				4,975	5,401	8.01
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,271	1,506	13
14	Total (see instructions)		259	94,535			28,395	12,587	55,773	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	23	8,395			1,990	662	3,198	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					4,176		6,690	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		282							27
28	Observation Bed Days							592	6,987	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							190	335	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

		Full Time Equivalents			DISCHARGES				
	Component	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					5,828	2,285	11,120	1
2	HMO and other (see instructions)					396			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	NEONATOLOGY/NICU								8.01
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		2,140.05			5,828	2,285	11,120	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		22.34			158	34	262	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		11.11						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		2,173.50						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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	Total salaries (see instructions)	200	163,373,443		163,373,443	4,454,217.00	36.68	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		47,025		47,025	209.00	225.00	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		5,733,149		5,733,149	32,654.00	175.57	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		57,363,519	1,639,132	59,002,651	1,142,824.00	51.63	10
	OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)							11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		11,712		11,712	96.00	122.00	13
14	Home office salaries & wage-related costs							14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
	WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		30,491,839		30,491,839			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		10,096,550		10,096,550			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		4,514		4,514			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		705,274		705,274			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		1,566,046	501	1,566,547	24,172.00	64.81	26
27	Administrative & General		15,059,669	-1,555,456	13,504,213	440,522.00	30.66	27
28	Administrative & General under contract (see instructions)		1,220,499		1,220,499	5,746.00	212.41	28
29	Maintenance & Repairs		2,446,733	-427,536	2,019,197	79,144.00	25.51	29
30	Operation of Plant		287,850	340	288,190	10,082.00	28.58	30
31	Laundry & Linen Service		536,046	30	536,076	37,494.00	14.30	31
32	Housekeeping			1,476	1,476	96.00	15.38	32
33	Housekeeping under contract (see instructions)		2,767,976		2,767,976	292,908.00	9.45	33
34	Dietary		1,950,506	871	1,951,377	129,295.00	15.09	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		2,286,211	4,293	2,290,504	82,311.00	27.83	38
39	Central Services and Supply							39
40	Pharmacy							40
41	Medical Records & Medical Records Library		1,499,233	1,300	1,500,533	70,143.00	21.39	41
42	Social Service		341,485	340	341,825	12,652.00	27.02	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		161,628,769		161,628,769	4,720,217.00	34.24	1
2	Excluded area salaries (see instructions)		57,363,519	1,639,132	59,002,651	1,142,824.00	51.63	2
3	Subtotal salarles (line 1 minus line 2)		104,265,250	-1,639,132	102,626,118	3,577,393.00	28.69	3
4	Subtotal other wages & related costs (see instructions)		11,712		11,712	96.00	122.00	4
5	Subtotal wage-related costs (see instructions)		30,496,353		30,496,353		29.72%	5
6	Total (sum of lines 3 through 5)		134,773,315	-1,639,132	133,134,183	3,577,489.00	37.21	6
7	Total overhead cost (see instructions)		29,962,254	-1,973,841	27,988,413	1,184,565.00	23.63	7

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	5,238,729	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan	6,400	6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	22,940,412	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	319,636	10
11	Life Insurance (If employee is owner or beneficiary)	659,999	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	347,463	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,557,429	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	9,839,187	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	89,693	19
20	State or Federal Unemployment Taxes		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	26,310	22
23	Tuition Reimbursement	272,919	23
24	Total Wage Related cost (Sum of lines 1-23)	41,298,177	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25

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

	STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	Wage Index Fiscal Year Ending Date			1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)			2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month			3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)			4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)			5
	STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan			6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date			7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)			8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

	STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable			9
10	Ending Date of Averaging Period from Line 5			10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	**DEPOSIT DATE(S)**	**CONTRIB-UTION(S)**	11
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

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	172,156		1
2	Hospital	172,156		2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA **HHA CCN: 26-7515** **WORKSHEET S-4**

HOME HEALTH AGENCY STATISTICAL DATA County:

		Title V	Title XVIII	Title XIX	Other	Total	
	Description	1	2	3	4	5	
1	Home Health Aide Hours		70		10	80	1
2	Unduplicated Census Count (see instructions)		333.00		200.00	533.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	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)	1.03		1.03	4
5	Other Administrative Personnel	1.01		1.01	5
6	Direct Nursing Service	6.22		6.22	6
7	Nursing Supervisor				7
8	Physical Therapy Service	2.04		2.04	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service	0.23		0.23	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	0.12		0.12	12
13	Speech Pathology Supervisor				13
14	Medical Social Service				14
15	Medical Social Service Supervisor				15
16	Home Health Aide	0.02		0.02	16
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	99926	20

PPS ACTIVITY

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		1	2	3	4	5	
21	Skilled Nursing Visits	2,058	78	157	70	2,363	21
22	Skilled Nursing Visit Charges	614,411	22,842	51,343	20,586	709,182	22
23	Physical Therapy Visits	1,450	3	32	26	1,511	23
24	Physical Therapy Visit Charges	413,470	846	9,024	7,332	430,672	24
25	Occupational Therapy Visits	122		8	5	135	25
26	Occupational Therapy Visit Charges	35,477		2,256	1,410	39,143	26
27	Speech Pathology Visits	80		3	13	96	27
28	Speech Pathology Visit Charges	25,838		1,128	3,666	30,632	28
29	Medical Social Service Visits	1				1	29
30	Medical Social Service Visit Charges	393				393	30
31	Home Health Aide Visits	60		3	7	70	31
32	Home Health Aide Visit Charges	8,870		432	1,168	10,470	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,771	81	203	121	4,176	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,098,459	23,688	64,183	34,162	1,220,492	35
36	Total Number of Episodes (standard/non-outlier)	320		67	9	396	36
37	Total Number of Ourlier Episodes		2			2	37
38	Total Non-Routine Medical Supply Charges	85,849	2,156	5,186	4,363	97,554	38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA **WORKSHEET S-5**

RENAL DIALYSIS STATISTICS

		Outpatient		Training		Home		
	DESCRIPTION	Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period							1
2	Number of times per week patient receives dialysis							2
3	Average patient dialysis time including setup							3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished							5
6	Number of stations							6
7	Treatment capacity per day per station							7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)			10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)			10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)		4	10.03

TRANSPLANT INFORMATION

11	Number of patients on transplant list		11
12	Number of patients transplanted during the cost reporting period		12

EPOETIN

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider		13
14	Epoetin amount from Worksheet A for home dialysis program		14
15	Number of EPO units furnished relating to the renal dialysis department		15
16	Number of EPO units furnished relating to the home dialysis department		16

ARANESP

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider		17
18	ARANESP amount from Worksheet A for home dialysis program		18
19	Number of ARANESP units furnished relating to the renal dialysis department		19
20	Number of ARANESP units furnished relating to the home dialysis department		20

PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable mrthod(s))

21	MCP	INITIAL METHOD	

	Erythropoiesis-Stimulating Agents (ESA) Statistics:	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22

HOSPICE IDENTIFICATION DATA **HOSPICE CCN: 26-1657** **WORKSHEET S-9 PARTS I & II**

PART I - ENROLLMENT DAYS

		Unduplicated Days						
		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	
1	Continuous Home Care	4		2			4	1
2	Routine Home Care	801	28	514		126	955	2
3	Inpatient Respite Care							3
4	General Inpatient Care							4
5	Total Hospice Days	805	28	516		126	959	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	35	2	17		126	163	6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)	23.00	14.00	30.35		1.00	5.88	8
9	Unduplicated Census Count							9

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

HOSPITAL UNCOMPENSATED 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)	0.176567	1

Medicaid (see instructions for each line)

2	Net revenue from Medicaid	33,046,801	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	6,658,985	5
6	Medicaid charges	276,204,732	6
7	Medicaid cost (line 1 times line 6)	48,768,641	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.	9,062,855	8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP		9
10	Stand-alone SCHIP charges		10
11	Stand-alone SCHIP cost (line 1 times line 10)		11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.		12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)		13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)		14
15	State or local indigent care program cost (line 1 times line 14)		15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.		16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundnig charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	9,062,855	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	31,054,556	5,371,635	36,426,191	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,483,210	948,453	6,431,663	21
22	Partial payment by patients approved for charity care	23,034	42,876	65,910	22
23	Cost of charity care (line 21 minus line 22)	5,460,176	905,577	6,365,753	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)	14,804,691	26
27	Medicare bad debts for the entire hospital complex (see instructions)	1,334,602	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	13,470,089	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,378,373	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	8,744,126	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	17,806,981	31

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		11,670,311	11,670,311	4,431,033	16,101,344	-997,104	15,104,240	1
2	00200	Cap Rel Costs-Mvble Equip		16,357,294	16,357,294	167,497	16,524,791	-30,401	16,494,390	2
3	00300	Other Cap Rel Costs		660,252	660,252	-660,252			-0-	3
4	00400	Employee Benefits Department	1,566,046	4,190,153	5,756,199	301,748	6,057,947	-687,948	5,369,999	4
5.01	00540	COMMUNICATIONS	224,756	67,964	292,720	268,631	561,351	-34,859	526,492	5.01
5.02	00550	DATA PROCESSING	2,291,231	4,366,183	6,657,414	9,007	6,666,421		6,666,421	5.02
5.03	00560	PURCHASING	480,749	301,928	782,677	-41,042	741,635		741,635	5.03
5.04	00570	ADMITTING								5.04
5.05	00580	CREDIT & COLLECTIONS	780,466	6,530,882	7,311,348	3,326	7,314,674		7,314,674	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	11,282,467	36,613,462	47,895,929	-9,683,929	38,212,000	-874,856	37,337,144	5.06
6	00600	Maintenance & Repairs	2,446,733	1,380,932	3,827,665	-635,662	3,192,003		3,192,003	6
7	00700	Operation of Plant	287,850	4,050,172	4,338,022	462	4,338,484	-6,204	4,332,280	7
7.10	00701	SPD SOILED PROCESSING		5,353	5,353	45	5,398		5,398	7.10
8	00800	Laundry & Linen Service	536,046	574,102	1,110,148	45	1,110,193		1,110,193	8
9	00900	Housekeeping		3,010,325	3,010,325	2,194	3,012,519		3,012,519	9
10	01000	Dietary	1,950,506	1,869,830	3,820,336	1,295	3,821,631	-1,294,243	2,527,388	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,560,777	417,746	1,978,523	1,444	1,979,967		1,979,967	13
13.10	01301	SPD STERILE PROCESSING	725,434	640,800	1,366,234	4,938	1,371,172	-100,259	1,270,913	13.10
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	1,499,233	1,587,322	3,086,555	1,932	3,088,487	-1,717	3,086,770	16
17	01700	Social Service	341,485	102,098	443,583	506	444,089		444,089	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
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 SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	18,544,960	6,045,900	24,590,860	43,581	24,634,441		24,634,441	30
31	03100	Intensive Care Unit	5,562,084	1,856,633	7,418,717	36,395	7,455,112		7,455,112	31
31.01	02060	NEONATOLOGY/NICU	2,726,574	1,191,454	3,918,028	42,316	3,960,344	-41,279	3,919,065	31.01
41	04100	Subprovider - IRF	1,157,610	411,733	1,569,343	5,481	1,574,824		1,574,824	41
43	04300	Nursery	963,611	387,271	1,350,882	6,164	1,357,046		1,357,046	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	8,190,479	5,743,626	13,934,105	64,158	13,998,263		13,998,263	50
51	05100	Recovery Room	893,869	278,335	1,172,204	5,378	1,177,582		1,177,582	51
52	05200	Delivery Room & Labor Room	1,026,596	301,174	1,327,770	6,542	1,334,312		1,334,312	52
53	05300	Anesthesiology	156,107	425,045	581,152	6,835	587,987		587,987	53
54	05400	Radiology-Diagnostic	4,319,778	4,023,221	8,342,999	13,069	8,356,068	-1,001,536	7,354,532	54
56	05600	Radioisotope	276,479	225,291	501,770	944	502,714		502,714	56
57	05700	CT Scan	463,839	518,546	982,385	1,212	983,597		983,597	57
58	05800	MRI	246,084	328,842	574,926	1,694	576,620		576,620	58
59	05900	Cardiac Catheterization	3,077,292	2,440,340	5,517,632	10,304	5,527,936		5,527,936	59
60	06000	Laboratory	4,367,097	8,155,922	12,523,019	-284,308	12,238,711		12,238,711	60
60.10	06001	CARDIOVASCULAR LABORATORY								60.10
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	2,887,152	1,959,738	4,846,890	41,944	4,888,834	-78,662	4,810,172	65
66	06600	Physical Therapy	2,055,686	651,161	2,706,847	2,653	2,709,500		2,709,500	66
67	06700	Occupational Therapy	898,166	238,413	1,136,579	1,311	1,137,890		1,137,890	67
68	06800	Speech Pathology	662,313	176,370	838,683	2,540	841,223		841,223	68
69	06900	Electrocardiology	1,292,772	1,326,085	2,618,857	81,376	2,700,233	-213,120	2,487,113	69
70	07000	Electroencephalography	1,160,611	779,396	1,940,007	5,609	1,945,616	-325,617	1,619,999	70
71	07100	Medical Supplies Charged to Patients	793,319	39,945,874	40,739,193	-24,368,531	16,370,662		16,370,662	71
72	07200	Impl. Dev. Charged to Patients				24,397,093	24,397,093		24,397,093	72
73	07300	Drugs Charged to Patients	3,245,590	22,065,424	25,311,014	35,822	25,346,836	-7,884	25,338,952	73
73.10	07301	REHABILITATION SERVICES	4,287,857	3,453,865	7,741,722	23,184	7,764,906	-257,691	7,507,215	73.10
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								
91	09100	Emergency	11,779,545	3,275,224	15,054,769	19,272	15,074,041	-6,380,257	8,693,784	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services		242,861	242,861		242,861		242,861	95
97	09700	Durable Medical Equip-Sold	158,285	981,120	1,139,405	74	1,139,479		1,139,479	97
101	10100	Home Health Agency	831,917	342,626	1,174,543	15	1,174,558		1,174,558	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		7,211,266	7,211,266	-7,211,266				113
116	11600	Hospice	300,635	182,859	483,494	417	483,911		483,911	116

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	
118		SUBTOTALS (sum of lines 1-117)	108,300,086	209,562,724	317,862,810	-12,835,504	305,027,306	-12,333,637	292,693,669	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
194	07950	FITNESS CENTER	1,173,729	533,015	1,706,744	3,692	1,710,436		1,710,436	194
194.01	07951	RETAIL PHARMACY	722,156	4,199,135	4,921,291	253	4,921,544		4,921,544	194.01
194.02	07952	GARDEN VIEW DELI	20,227	71,562	91,789		91,789		91,789	194.02
194.03	07953	MEDICAL OFFICE BLDG								194.03
194.04	07954	PHYSICIAN SERVICES	2,776,306	419,602	3,195,908	563	3,196,471		3,196,471	194.04
194.05	07955	ENDOCRINOLOGIST	926,755	342,803	1,269,558	576	1,270,134		1,270,134	194.05
194.06	07956	HOSPITALIST	6,585,218	4,070,744	10,655,962	2,661	10,658,623		10,658,623	194.06
194.07	07957	NEONATOLOGY PHYSICIANS	1,802,813	305,101	2,107,914	119	2,108,033		2,108,033	194.07
194.08	07958	ANESTHESIOLOGISTS	3,635,629	8,226,392	11,862,021		11,862,021		11,862,021	194.08
194.09	07959	PHYSICIAN CARDIOLOGIST	7,042,659	1,142,429	8,185,088	3,097	8,188,185		8,188,185	194.09
194.10	07960	PHYSICIAN ONCOLOGIST	2,767,189	465,384	3,232,573	1,713	3,234,286		3,234,286	194.10
194.11	07961	PERINATOLOGY	504,226	110,157	614,383	2,096	616,479		616,479	194.11
194.12	07962	TRAUMA PHYSICIANS	1,021,236	620,047	1,641,283	268	1,641,551		1,641,551	194.12
194.13	07963	LANDMARK HOSPITAL				15,619	15,619		15,619	194.13
194.14	07964	GYN SURG ONCOLOGIST	735,823	92,292	828,115	238	828,353		828,353	194.14
194.15	07965	CAPE GASTROENTEROLOGY	3,646,538	650,935	4,297,473	724	4,298,197		4,298,197	194.15
194.16	07966	CAPE PHYSICIAN ASSOCIATES	4,345,860	2,075,150	6,421,010	6,535	6,427,545		6,427,545	194.16
194.17	07967	NONPATIENT MEALS								194.17
194.18	07968	BEAUTY SHOP								194.18
194.19	07969	MARKETING COSTS				12,775,536	12,775,536		12,775,536	194.19
194.20	07970	CAPE PRIMARY CARE	1,378,237	628,152	2,006,389	2,530	2,008,919		2,008,919	194.20
194.21	07971	CAPE CARE FOR WOMEN	4,538,850	1,730,188	6,269,038	4,286	6,273,324		6,273,324	194.21
194.22	07972	JACKSON FAMILY CLINIC	1,016,275	515,995	1,532,270	2,658	1,534,928		1,534,928	194.22
194.23	07973	CAPE MEDICAL GROUP	380,449	307,196	687,645	1,908	689,553		689,553	194.23
194.24	07974	CAPE ENT GROUP	2,027,162	479,974	2,507,136	2,623	2,509,759		2,509,759	194.24
194.25	07975	CHARLESTON FAMILY CARE	552,236	250,144	802,380	720	803,100		803,100	194.25
194.26	07976	AWL FAMILY HEALTHCARE SYSTEMS								194.26
194.27	07977	CAPE CEREBROVASCULAR & ENDOVASCULAR	229,712	46,923	276,635		276,635		276,635	194.27
194.28	07978	HOSPICE								194.28
194.29	07979	IMMEDIATE CONVENIENT CARE - JACKSON	378,951	176,139	555,090	1,489	556,579		556,579	194.29
194.30	07980	JACKSON PHYSICIAN ASSOCIATES	477,372	194,316	671,688	3,561	675,249		675,249	194.30
194.31	07981	PHYSICIANS PARK PRIMARY CARE	2,471,382	8,494,092	10,965,474		10,965,474		10,965,474	194.31
194.32	07982	IMMEDIATE CONVENIENT CARE - BLACK RI	44,620	102,152	146,772		146,772		146,772	194.32
194.33	07983	FARMINGTON PHYSICIAN ASSOCIATES	1,698,236	759,735	2,457,971		2,457,971		2,457,971	194.33
194.34	07984	PIEDMONT PHYSICIAN ASSOCIATES	812,585	541,182	1,353,767	744	1,354,511		1,354,511	194.34
194.35	07985	CAPE PEDIATRIC GROUP	88,984	573,510	662,494	819	663,313		663,313	194.35
194.36	07986	POPLAR BLUFF NEUROLOGY SPECIALISTS	278,835	94,623	373,458	476	373,934		373,934	194.36
194.37	07987	IMMEDIATE CONVENIENT CARE CAPE	993,107	531,254	1,524,361		1,524,361		1,524,361	194.37
200		TOTAL (sum of lines 118-199)	163,373,443	248,313,047	411,686,490		411,686,490	-12,333,637	399,352,853	200

RECLASSIFICATIONS **WORKSHEET A-6**

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS EMPLOYEE BENEFITS	A	Employee Benefits Department	4		301,004	1
2							2
500	Total reclassifications					301,004	500
	Code Letter - A						
1	RECLASS INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		3,938,278	1
500	Total reclassifications					3,938,278	500
	Code Letter - B						
1	RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	5.01		268,047	1
500	Total reclassifications					268,047	500
	Code Letter - C						
1	RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	5.06	41,087		1
500	Total reclassifications				41,087		500
	Code Letter - D						
1	RECLASS MARKETING COST	E	MARKETING COSTS	194.19	1,594,832	11,180,704	1
500	Total reclassifications				1,594,832	11,180,704	500
	Code Letter - E						
1	RECLASS BIOMED	F	Employee Benefits Department	4	501	243	1
2			COMMUNICATIONS	5.01	395	189	2
3			DATA PROCESSING	5.02	6,058	2,949	3
4			PURCHASING	5.03	30	15	4
5			CREDIT & COLLECTIONS	5.05	2,237	1,089	5
6			OTHER ADMINISTRATIVE & GENERA	5.06	30,656	14,923	6
7			Maintenance & Repairs	6	49,079	23,891	7
8			Operation of Plant	7	310	152	8
9			SPD SOILED PROCESSING	7.10	30	15	9
10			Laundry & Linen Service	8	30	15	10
11			Housekeeping	9	1,476	718	11
12			Dietary	10	871	424	12
13			Nursing Administration	13	971	473	13
14			SPD STERILE PROCESSING	13.10	3,322	1,616	14
15			Medical Records & Library	16	1,300	632	15
16			Social Service	17	340	166	16
17			Adults & Pediatrics	30	52,579	25,596	17
18			Intensive Care Unit	31	29,255	14,241	18
19			NEONATOLOGY/NICU	31.01	28,461	13,855	19
20			Subprovider - IRF	41	3,743	1,822	20
21			Nursery	43	4,146	2,018	21
22			Operating Room	50	48,940	23,824	22
23			Recovery Room	51	3,617	1,761	23
24			Delivery Room & Labor Room	52	4,400	2,142	24
25			Anesthesiology	53	4,597	2,238	25
26			Radiology-Diagnostic	54	8,790	4,279	26
27			CT Scan	57	815	397	27
28			MRI	58	1,139	555	28
29			Radioisotope	56	635	309	29
30			Laboratory	60	11,230	5,466	30
31			Cardiac Catheterization	59	7,203	3,506	31
32			Respiratory Therapy	65	28,211	13,733	32
33			Physical Therapy	66	1,784	869	33
34			Occupational Therapy	67	882	429	34
35			Speech Pathology	68	1,708	832	35
36			Electrocardiology	69	5,473	2,664	36
37			Electroencephalography	70	3,772	1,837	37
38			Medical Supplies Charged to P	71	19,210	9,352	38
39			Drugs Charged to Patients	73	24,093	11,729	39
40			REHABILITATION SERVICES	73.10	15,593	7,591	40
41			Emergency	91	28,061	13,660	41
42			Durable Medical Equip-Sold	97	50	24	42
43			Home Health Agency	101	10	5	43
44			Hospice	116	280	137	44
45			FITNESS CENTER	194	2,483	1,209	45
46			RETAIL PHARMACY	194.01	170	83	46
47			PHYSICIAN SERVICES	194.04	378	185	47
48			ENDOCRINOLOGIST	194.05	388	188	48
49			HOSPITALIST	194.06	1,790	871	49
50			NEONATOLOGY PHYSICIANS	194.07	80	39	50
51			PHYSICIAN CARDIOLOGIST	194.09	2,083	1,014	51
52			PHYSICIAN ONCOLOGIST	194.10	1,152	561	52
53			PERINATOLOGY	194.11	1,410	686	53
54			TRAUMA PHYSICIANS	194.12	180	88	54
55			LANDMARK HOSPITAL	194.13	10,505	5,114	55

RECLASSIFICATIONS **WORKSHEET A-6**

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
56			GYN SURG ONCOLOGIST	194.14	160	78	56
57			CAPE GASTROENTEROLOGY	194.15	487	237	57
58			CAPE PHYSICIAN ASSOCIATES	194.16	4,395	2,140	58
59			CAPE PRIMARY CARE	194.20	1,701	829	59
60			CAPE CARE FOR WOMEN	194.21	2,883	1,403	60
61			JACKSON FAMILY CLINIC	194.22	1,788	870	61
62			CAPE MEDICAL GROUP	194.23	1,283	625	62
63			CAPE ENT GROUP	194.24	1,764	859	63
64			CHARLESTON FAMILY CARE	194.25	484	236	64
65			IMMEDIATE CONVENIENT CARE - J	194.29	1,001	488	65
66			JACKSON PHYSICIAN ASSOCIATES	194.30	2,395	1,166	66
67			PIEDMONT PHYSICIAN ASSOCIATES	194.34	501	243	67
68			CAPE PEDIATRIC GROUP	194.35	551	268	68
69			POPLAR BLUFF NEUROLOGY SPECIA	194.36	320	156	69
500	Total reclassifications				476,615	232,017	500
	Code Letter - F						
1	RECLASS CAPITALIZED INTEREST CREDIT	G	OTHER ADMINISTRATIVE & GENERA	5.06		3,272,988	1
2	BALANCE IN A&G	G					2
500	Total reclassifications					3,272,988	500
	Code Letter - G						
1	RECLASS EKG COSTS	H	Electrocardiology	69	59,903	13,336	1
2							2
3							3
4							4
5							5
6							6
7							7
500	Total reclassifications				59,903	13,336	500
	Code Letter - H						
1	RECLASS IMP. DEVICES CHARGED	I	Impl. Dev. Charged to Patient	72	433,612	23,963,481	1
500	Total reclassifications				433,612	23,963,481	500
	Code Letter - I						
	GRAND TOTAL (Increases)				2,606,049	43,169,855	

(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.

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	RECLASS EMPLOYEE BENEFITS	A						1
2			Laboratory	60		301,004		2
500	Total reclassifications					301,004		500
	Code letter - A							
1	RECLASS INTEREST EXPENSE	B	Interest Expense	113		3,938,278	11	1
500	Total reclassifications					3,938,278		500
	Code letter - B							
1	RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	5.06		268,047		1
500	Total reclassifications					268,047		500
	Code letter - C							
1	RECLASS MAIL CLERK	D	PURCHASING	5.03	41,087			1
500	Total reclassifications				41,087			500
	Code letter - D							
1	RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	5.06	1,594,832	11,180,704		1
500	Total reclassifications				1,594,832	11,180,704		500
	Code letter - E							
1	RECLASS BIOMED	F						1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
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26								26
27								27
28								28
29								29
30								30
31								31
32								32
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35								35
36								36
37								37
38								38
39								39
40								40
41								41
42								42
43								43
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45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54

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	
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69			Maintenance & Repairs	6	476,615	232,017		69
500	Total reclassifications				476,615	232,017		500
	Code letter - F							
1	RECLASS CAPITALIZED INTEREST CREDIT	G	Interest Expense	113		3,272,988		1
2	BALANCE IN A&G	G						2
500	Total reclassifications					3,272,988		500
	Code letter - G							
1	RECLASS EKG COSTS	H						1
2			Adults & Pediatrics	30	27,656	6,938		2
3			Intensive Care Unit	31	5,723	1,378		3
4			Subprovider - IRF	41	65	19		4
5			Operating Room	50	6,898	1,708		5
6			Cardiac Catheterization	59	326	79		6
7			Emergency	91	19,235	3,214		7
500	Total reclassifications				59,903	13,336		500
	Code letter - H							
1	RECLASS IMP. DEVICES CHARGED	I	Medical Supplies Charged to P	71	433,612	23,963,481		1
500	Total reclassifications				433,612	23,963,481		500
	Code letter - I							
	GRAND TOTAL (Decreases)				2,606,049	43,169,855		

(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.

RECONCILIATION OF CAPITAL COST CENTERS **WORKSHEET A-7 PARTS I, II & III**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

			Acquisitions						
	Description	Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1	2	3	4	5	6	7	
1	Land	3,565,168	3,202,992		3,202,992		6,768,160		1
2	Land Improvements	8,161,855	93,532		93,532		8,255,387	3,535,886	2
3	Buildings and Fixtures	218,382,890	67,245,023		67,245,023	12,648,763	272,979,150	19,280,196	3
4	Building Improvements								4
5	Fixed Equipment	103,951,339	1,181,562		1,181,562		105,132,901	23,303,121	5
6	Movable Equipment	136,441,754	10,981,983		10,981,983	13,789,181	133,634,556	40,847,186	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	470,503,006	82,705,092		82,705,092	26,437,944	526,770,154	86,966,389	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	470,503,006	82,705,092		82,705,092	26,437,944	526,770,154	86,966,389	10

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

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	11,670,311						11,670,311	1
2	Cap Rel Costs-Mvble Equip	16,357,294						16,357,294	2
3	Total (sum of lines 1-2)	28,027,605						28,027,605	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

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
	Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	393,135,598		393,135,598	0.746313			492,755	492,755	1
2	Cap Rel Costs-Mvble Equ	133,634,556		133,634,556	0.253687			167,497	167,497	2
3	Total (sum of lines 1-2)	526,770,154		526,770,154	1.000000			660,252	660,252	3

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	11,653,777		2,957,708			492,755	15,104,240	1
2	Cap Rel Costs-Mvble Equip	16,326,893					167,497	16,494,390	2
3	Total (sum of lines 1-2)	27,980,670		2,957,708			660,252	31,598,630	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.)

ADJUSTMENTS TO EXPENSES **WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-980,570	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	A	-34,859	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	-8,045,103				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-1,316				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-1,294,243	Dietary	10		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients	B	-7,884	Drugs Charged to Patients	73		17
18	Sale of medical records and abstracts	B	-1,717	Medical Records & Library	16		18
19	Nursing school (tuition,fees,books,etc.)						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			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		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						32
33	DEPR. ON PT. PHONE	A	-1,750	Cap Rel Costs-Mvble Equip	2	9	33
34	TELEVISION ELECTRIC USAGE	A	-6,204	Operation of Plant	7		34
35	PHYSICIAN RECRUITMENT	A	-427,348	OTHER ADMINISTRATIVE & GENERAL	5.06		35
36	COMMUNITY WELLNESS	B	-128,414	REHABILITATION SERVICES	73.10		36
37	OUTSIDE STERILE PROCESS	B	-100,259	SPD STERILE PROCESSING	13.10		37
38							38
39	COMMUNITY TRAINING CENTER	B	-109,208	REHABILITATION SERVICES	73.10		39
40	SPEC. EDUC. REIMB	B	-959	OTHER ADMINISTRATIVE & GENERAL	5.06		40
41	MISC. INCOME	B	-70,307	OTHER ADMINISTRATIVE & GENERAL	5.06		41
42	NON-ALLOW SUPPLIES-REHAB.	B	-11,158	REHABILITATION SERVICES	73.10		42
43							43
44							44
45	REHAB GYM USE	B	-4,279	REHABILITATION SERVICES	73.10		45
45.01	ADJ. DEPR. EXP.	A	-9,094	Cap Rel Costs-Bldg & Fixt	1	9	45.01
45.02	ADJ. DEPR. EXP.	A	-2,730	Cap Rel Costs-Mvble Equip	2	9	45.02
45.04	ADJ. DEPR. EXP	A	-22,577	Cap Rel Costs-Mvble Equip	2	9	45.04
45.05	AHA DUES FOR LOBBYING	A	-47,832	OTHER ADMINISTRATIVE & GENERAL	5.06		45.05
45.06	DEPR. NEW BLDG & FIX.	A	-6,124	Cap Rel Costs-Bldg & Fixt	1	9	45.06
45.07	DEPR. NEW MOV. EQUIP.	A	-3,344	Cap Rel Costs-Mvble Equip	2	9	45.07
45.08	NON-ALLOWABLE EXPENSE	A	-45,623	OTHER ADMINISTRATIVE & GENERAL	5.06		45.08
45.09	NON-ALLOWABLE GOODWILL EXPENSE	A	-282,787	OTHER ADMINISTRATIVE & GENERAL	5.06		45.09
45.10	ER PHYSICAN BENEFITS	A	-687,948	Employee Benefits Department	4		45.10
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-12,333,637				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

ADJUSTMENTS TO EXPENSES **WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	

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.

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	1	Cap Rel Costs-Bldg & Fixt	SFHS		1,316	-1,316	9	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				1,316	-1,316		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.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	E	SFMC		SFHS		HEALTHCARE	6
7							7
8							8
9							9
10							10

(1) Use the following symbols to indicate the interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
G. Other (financial Or non-financial) specify:

PROVIDER-BASED PHYSICIANS ADJUSTMENTS **WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	41	Subprovider - IRF SUBPROVIDER				153,400				1
2	54	Radiology-Diagnostic RADIOLOGY-DIAGN	1,001,536	1,001,536		195,000				2
3	57	CT Scan CT SCAN				195,000				3
4	65	Respiratory Therapy RESPIRATORY THE	78,662	78,662		153,400				4
5	69	Electrocardiology ELECTROCARDIOLO	213,120	213,120		153,400				5
6	70	Electroencephalograp ELECTROENCEPHAL	325,617	325,617		153,400				6
7	73.10	REHABILITATION SERVI REHABILITATION	11,712		11,712	153,400	96	7,080	354	7
8	91	Emergency EMERGENCY	6,395,671	6,348,646	47,025	153,400	209	15,414	771	8
9	31.01	NEONATOLOGY/NICU NICU	41,279	41,279		153,400				9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	8,067,597	8,008,860	58,737		305	22,494	1,125	200

PROVIDER-BASED PHYSICIANS ADJUSTMENTS **WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	41	Subprovider - IRF SUBPROVIDER								1
2	54	Radiology-Diagnostic RADIOLOGY-DIAGN							1,001,536	2
3	57	CT Scan CT SCAN								3
4	65	Respiratory Therapy RESPIRATORY THE							78,662	4
5	69	Electrocardiology ELECTROCARDIOLO							213,120	5
6	70	Electroencephalograp ELECTROENCEPHAL							325,617	6
7	73.10	REHABILITATION SERVI REHABILITATION					7,080	4,632	4,632	7
8	91	Emergency EMERGENCY					15,414	31,611	6,380,257	8
9	31.01	NEONATOLOGY/NICU NICU							41,279	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					22,494	36,243	8,045,103	200

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI-CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	15,104,240	15,104,240					1
2	Cap Rel Costs-Mvble Equip	16,494,390		16,494,390				2
4	Employee Benefits Department	5,369,999	222,694	25,260	5,617,953			4
5.01	COMMUNICATIONS	526,492	13,729	175,220	7,862	723,303		5.01
5.02	DATA PROCESSING	6,666,421	99,702	4,825,736	80,219	20,773	11,692,851	5.02
5.03	PURCHASING	741,635	115,011	5,294	15,354	6,347	46,790	5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	7,314,674	51,976	4,473	27,331	21,927	184,821	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	37,337,144	819,756	226,963	340,788	54,529	1,698,476	5.06
6	Maintenance & Repairs	3,192,003	645,772	146,091	70,508	47,605	107,617	6
7	Operation of Plant	4,332,280	1,795,057	6,994	10,062	2,308	2,340	7
7.10	SPD SOILED PROCESSING	5,398	153,147	23,479	1	866	114,636	7.10
8	Laundry & Linen Service	1,110,193	108,421	44,450	18,719	1,443	21,056	8
9	Housekeeping	3,012,519	102,690	13,138	52	2,020	2,340	9
10	Dietary	2,527,388	216,576	230,203	68,140	9,232	236,290	10
11	Cafeteria		169,485					11
12	Maintenance of Personnel							12
13	Nursing Administration	1,979,967	11,609	96,142	54,535	7,213	161,426	13
13.10	SPD STERILE PROCESSING	1,270,913	82,444	25,175	25,447	3,174		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	3,086,770	107,128	3,526	52,397	23,658	231,611	16
17	Social Service	444,089	2,911		11,936	3,462	32,753	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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	24,634,441	2,048,701	671,421	648,465	94,628	1,160,395	30
31	Intensive Care Unit	7,455,112	420,264	328,896	195,044	10,386	212,895	31
31.01	NEONATOLOGY/NICU	3,919,065	288,081	265,872	96,203	10,964	81,883	31.01
41	Subprovider - IRF	1,574,824	168,779	25,412	40,551	9,232	112,296	41
43	Nursery	1,357,046	10,874	517	33,793		77,204	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,998,263	1,078,647	2,613,882	287,471	58,568	758,000	50
51	Recovery Room	1,177,582	59,874	74,773	31,339	3,462	60,827	51
52	Delivery Room & Labor Room	1,334,312			36,001		100,599	52
53	Anesthesiology	587,987	3,018	20,025	5,612	2,308	9,358	53
54	Radiology-Diagnostic	7,354,532	355,375	1,897,822	151,149	38,084	360,284	54
56	Radioisotope	502,714	48,900	104,935	9,677	2,308	4,679	56
57	CT Scan	983,597	40,536	281,611	16,225	2,308	9,358	57
58	MRI	576,620	28,176	160,104	8,633	2,020	4,679	58
59	Cardiac Catheterization	5,527,936	724,479	1,055,629	107,696	21,927	210,556	59
60	Laboratory	12,238,711	323,910	367,720	152,887	28,563	409,414	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,810,172	104,150	75,757	101,802	11,541	123,994	65
66	Physical Therapy	2,709,500	398,095	24,302	71,845	2,597	65,506	66
67	Occupational Therapy	1,137,890	94,835	3,386	31,394	3,751	7,019	67
68	Speech Pathology	841,223	20,087	7,297	23,187	2,597	28,074	68
69	Electrocardiology	2,487,113		443,507	47,425	3,751	154,407	69
70	Electroencephalography	1,619,999	66,011	72,706	40,659	8,367	858,599	70
71	Medical Supplies Charged to Patients	16,370,662	134,585	55,059	12,768	1,443	16,377	71
72	Impl. Dev. Charged to Patients	24,397,093	164,494	67,295	15,605	1,731	18,716	72
73	Drugs Charged to Patients	25,338,952	152,738	173,899	114,174	9,809	152,068	73
73.10	REHABILITATION SERVICES	7,507,215	927,640	711,496	150,272	37,218	956,858	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	8,693,784	734,392	411,774	209,800	34,622	479,599	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	242,861				289		95
97	Durable Medical Equip-Sold	1,139,479			34,579	1,731	35,093	97
101	Home Health Agency	1,174,558	30,793	197	29,050	6,347	88,901	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	483,911	80,841		10,508		4,679	116
118	SUBTOTALS (sum of lines 1-117)	292,693,669	13,226,383	15,767,438	3,497,165	615,109	9,402,473	118
	NONREIMBURSABLE COST CENTERS							

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI-CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
190	Gift, Flower, Coffee Shop & Canteen		47,824			1,154		190
194	FITNESS CENTER	1,710,436	782,828	54,807	41,072	13,272	163,765	194
194.01	RETAIL PHARMACY	4,921,544	41,145	21,994	25,223	10,675	21,056	194.01
194.02	GARDEN VIEW DELI	91,789	19,873	728	706	866		194.02
194.03	MEDICAL OFFICE BLDG			633				194.03
194.04	PHYSICIAN SERVICES	3,196,471	66,871	14,215	96,959	4,328	201,198	194.04
194.05	ENDOCRINOLOGIST	1,270,134		32,358	32,375		112,296	194.05
194.06	HOSPITALIST	10,658,623	16,156	52,021	230,012	1,731	245,648	194.06
194.07	NEONATOLOGY PHYSICIANS	2,108,033	20,161	878	62,955	1,731	42,111	194.07
194.08	ANESTHESIOLOGISTS	11,862,021	12,659		126,953			194.08
194.09	PHYSICIAN CARDIOLOGIST	8,188,185	165,627	116,144	245,995	577	276,062	194.09
194.10	PHYSICIAN ONCOLOGIST	3,234,286	142,407	26,054	96,668	10,386	46,790	194.10
194.11	PERINATOLOGY	616,479	52,397	34,119	17,656	4,039	51,469	194.11
194.12	TRAUMA PHYSICIANS	1,641,551	49,964	647	35,667	5,482		194.12
194.13	LANDMARK HOSPITAL	15,619			367			194.13
194.14	GYN SURG ONCOLOGIST	828,353		7,643	25,700	5,482	53,809	194.14
194.15	CAPE GASTROENTEROLOGY	4,298,197		22,455	127,350	4,616	39,772	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	6,427,545	457,744	67,846	151,907	43,566	531,068	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,201			289		194.18
194.19	MARKETING COSTS	12,775,536			55,690			194.19
194.20	CAPE PRIMARY CARE	2,008,919		41,673	206,779		39,772	194.20
194.21	CAPE CARE FOR WOMEN	6,273,324		72,345	158,593			194.21
194.22	JACKSON FAMILY CLINIC	1,534,928		40,494	35,550		163,765	194.22
194.23	CAPE MEDICAL GROUP	689,553		27,809	13,330		67,846	194.23
194.24	CAPE ENT GROUP	2,509,759		63,499	70,848		156,747	194.24
194.25	CHARLESTON FAMILY CARE	803,100		28,590	19,300		49,130	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR	276,635			8,021		4,679	194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON	556,579			29,937			194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	675,249			16,669		23,395	194.30
194.31	PHYSICIANS PARK PRIMARY CARE	10,965,474			86,298			194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	146,772			1,558			194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	2,457,971			59,384			194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	1,354,511			28,392			194.34
194.35	CAPE PEDIATRIC GROUP	663,313			3,126			194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	373,934			9,748			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	1,524,361						194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	399,352,853	15,104,240	16,494,390	5,617,953	723,303	11,692,851	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	PURCHASING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	4A	5.06	6	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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	930,431						5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	1,598	7,606,800					5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	9,149		40,486,805	40,486,805			5.06
6	Maintenance & Repairs	6,686		4,216,282	475,677	4,691,959		6
7	Operation of Plant	4,423		6,153,464	694,228	641,184	7,488,876	7
7.10	SPD SOILED PROCESSING	280		297,807	33,598	54,703	101,133	7.10
8	Laundry & Linen Service	4,074		1,308,356	147,607	38,728	71,598	8
9	Housekeeping	3,603		3,136,362	353,841	36,680	67,812	9
10	Dietary	4,376		3,292,205	371,423	77,360	143,019	10
11	Cafeteria			169,485	19,121	60,539	111,922	11
12	Maintenance of Personnel							12
13	Nursing Administration	352		2,311,244	260,752	4,147	7,666	13
13.10	SPD STERILE PROCESSING	3,610		1,410,763	159,161	29,449	54,443	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	1,009		3,506,099	395,555	38,266	70,744	16
17	Social Service	6		495,157	55,863	1,040	1,923	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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	11,055	452,966	29,722,072	3,353,110	731,781	1,352,887	30
31	Intensive Care Unit	4,340	174,413	8,801,350	992,960	150,116	277,527	31
31.01	NEONATOLOGY/NICU	2,669	138,070	4,802,807	541,848	102,901	190,238	31.01
41	Subprovider - IRF	521	19,139	1,950,754	220,082	60,287	111,455	41
43	Nursery	1,802	30,089	1,511,325	170,506	3,884	7,181	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,561	509,737	19,329,129	2,180,693	385,287	712,299	50
51	Recovery Room	196	81,801	1,489,854	168,084	21,387	39,539	51
52	Delivery Room & Labor Room	481	42,724	1,514,117	170,821			52
53	Anesthesiology	4,658	168,042	801,008	90,369	1,078	1,993	53
54	Radiology-Diagnostic	11,581	377,113	10,545,940	1,189,782	126,938	234,676	54
56	Radioisotope	1,766	61,139	736,118	83,048	17,467	32,292	56
57	CT Scan	5,673	499,036	1,838,344	207,400	14,479	26,769	57
58	MRI	3,905	126,790	910,927	102,770	10,064	18,606	58
59	Cardiac Catheterization	13,461	307,271	7,968,955	899,050	258,780	478,419	59
60	Laboratory	59,418	1,087,264	14,667,887	1,654,816	115,699	213,898	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	8,891	357,534	5,593,841	631,092	37,202	68,777	65
66	Physical Therapy	280	72,197	3,344,322	377,303	142,197	262,887	66
67	Occupational Therapy	238	33,299	1,311,812	147,997	33,874	62,625	67
68	Speech Pathology	182	21,076	943,723	106,470	7,175	13,265	68
69	Electrocardiology	4,868	141,985	3,283,056	370,391			69
70	Electroencephalography	1,384	35,738	2,703,463	305,002	23,579	43,591	70
71	Medical Supplies Charged to Patients	189,094	723,922	17,503,910	1,974,774	48,073	88,875	71
72	Impl. Dev. Charged to Patients	231,152	884,794	25,780,880	2,908,573	58,756	108,626	72
73	Drugs Charged to Patients	212,978	699,559	26,854,177	3,029,661	54,557	100,862	73
73.10	REHABILITATION SERVICES	8,014	148,520	10,447,233	1,178,646	331,348	612,579	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	8,888	395,196	10,968,055	1,237,405	262,320	484,965	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		1,786	244,936	27,633			95
97	Durable Medical Equip-Sold	56	15,600	1,226,538	138,377			97
101	Home Health Agency	1,148		1,330,994	150,161	10,999	20,334	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	100		580,039	65,439	28,876	53,384	116
118	SUBTOTALS (sum of lines 1-117)	852,526	7,606,800	285,491,595	27,641,089	4,021,200	6,248,809	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			48,978	5,526	17,082	31,581	190
194	FITNESS CENTER	1,135		2,767,315	312,206	279,622	516,951	194

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	PURCHASING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	4A	5.06	6	7	
194.01	RETAIL PHARMACY	44,533		5,086,170	573,817	14,697	27,171	194.01
194.02	GARDEN VIEW DELI	90		114,052	12,867	7,098	13,123	194.02
194.03	MEDICAL OFFICE BLDG			633	71			194.03
194.04	PHYSICIAN SERVICES	625		3,580,667	403,967	23,886	44,159	194.04
194.05	ENDOCRINOLOGIST	1,203		1,448,366	163,403			194.05
194.06	HOSPITALIST	4,194		11,208,385	1,264,519	5,771	10,669	194.06
194.07	NEONATOLOGY PHYSICIANS	214		2,236,083	252,273	7,201	13,314	194.07
194.08	ANESTHESIOLOGISTS			12,001,633	1,354,012	4,522	8,360	194.08
194.09	PHYSICIAN CARDIOLOGIST	956		8,993,546	1,014,643	59,161	109,374	194.09
194.10	PHYSICIAN ONCOLOGIST	503		3,557,094	401,308	50,867	94,040	194.10
194.11	PERINATOLOGY	180		776,339	87,586	18,716	34,601	194.11
194.12	TRAUMA PHYSICIANS	1		1,733,312	195,551	17,847	32,994	194.12
194.13	LANDMARK HOSPITAL			15,986	1,804			194.13
194.14	GYN SURG ONCOLOGIST	102		921,089	103,916			194.14
194.15	CAPE GASTROENTEROLOGY	780		4,493,170	506,915			194.15
194.16	CAPE PHYSICIAN ASSOCIATES	8,416		7,688,092	867,363	163,503	302,277	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP			2,490	281	786	1,453	194.18
194.19	MARKETING COSTS			12,831,226	1,447,606			194.19
194.20	CAPE PRIMARY CARE	10		2,297,153	259,163			194.20
194.21	CAPE CARE FOR WOMEN	5,204		6,509,466	734,391			194.21
194.22	JACKSON FAMILY CLINIC	2,585		1,777,322	200,516			194.22
194.23	CAPE MEDICAL GROUP	809		799,347	90,182			194.23
194.24	CAPE ENT GROUP	1,311		2,802,164	316,137			194.24
194.25	CHARLESTON FAMILY CARE	1,106		901,226	101,675			194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS	3		3				194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR	63		289,398	32,650			194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON	138		586,654	66,186			194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	263		715,576	80,731			194.30
194.31	PHYSICIANS PARK PRIMARY CARE	2,616		11,054,388	1,247,145			194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			148,330	16,734			194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	865		2,518,220	284,103			194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES			1,382,903	156,018			194.34
194.35	CAPE PEDIATRIC GROUP			666,439	75,187			194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS			383,682	43,287			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE			1,524,361	171,977			194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	930,431	7,606,800	399,352,853	40,486,805	4,691,959	7,488,876	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	
		7.10	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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
7.10	SPD SOILED PROCESSING	487,241						7.10
8	Laundry & Linen Service	236,217	1,802,506					8
9	Housekeeping	251,024	41,451	3,887,170				9
10	Dietary		8,738	76,699	3,969,444			10
11	Cafeteria			60,022	1,716,223	2,137,312		11
12	Maintenance of Personnel							12
13	Nursing Administration			4,111		24,337	2,612,257	13
13.10	SPD STERILE PROCESSING		47,634	29,197		28,835		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			37,939		45,245		16
17	Social Service			1,031		8,163		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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		822,272	725,531	1,267,176	425,034	1,318,240	30
31	Intensive Care Unit		170,260	148,833	174,710	106,084	329,021	31
31.01	NEONATOLOGY/NICU		52,726	102,022		52,568	163,041	31.01
41	Subprovider - IRF			59,772	84,450	24,802	76,923	41
43	Nursery		49,286	3,851		19,866		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		234,019	381,995		161,053		50
51	Recovery Room		17,956	21,204		18,509		51
52	Delivery Room & Labor Room					21,884	67,873	52
53	Anesthesiology			1,069		3,098		53
54	Radiology-Diagnostic		1,779	125,853		72,415		54
56	Radioisotope		23	17,318		5,028		56
57	CT Scan		779	14,356		9,690		57
58	MRI		290	9,978		5,870		58
59	Cardiac Catheterization		28,690	256,569		47,852		59
60	Laboratory		85	114,711		114,188	56,869	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		720	36,884		66,866		65
66	Physical Therapy		26,767	140,982		40,619		66
67	Occupational Therapy			33,585		16,655		67
68	Speech Pathology			7,114		11,142		68
69	Electrocardiology		10,899			23,874		69
70	Electroencephalography		10,731	23,377		23,236	72,066	70
71	Medical Supplies Charged to Patients		599	47,662		14,668		71
72	Impl. Dev. Charged to Patients		732	58,254		17,928		72
73	Drugs Charged to Patients		568	54,091		48,860		73
73.10	REHABILITATION SERVICES		42,288	328,517		91,818	75,549	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		119,620	260,080		145,954	452,675	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold					18,270		97
101	Home Health Agency			10,905		20,151		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice			28,629		5,850		116
118	SUBTOTALS (sum of lines 1-117)	487,241	1,688,912	3,222,141	3,242,559	1,740,412	2,612,257	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			16,936				190
194	FITNESS CENTER		66,781	277,233		43,784		194

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	
		7.10	8	9	10	11	13	
194.01	RETAIL PHARMACY			14,571		9,676		194.01
194.02	GARDEN VIEW DELI			7,038		1,049		194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES		41,478	23,682		13,573		194.04
194.05	ENDOCRINOLOGIST					13,496		194.05
194.06	HOSPITALIST			5,721		46,302		194.06
194.07	NEONATOLOGY PHYSICIANS			7,140		10,995		194.07
194.08	ANESTHESIOLOGISTS			4,483		23,286		194.08
194.09	PHYSICIAN CARDIOLOGIST		3,964	58,656		53,459		194.09
194.10	PHYSICIAN ONCOLOGIST			50,433		18,589		194.10
194.11	PERINATOLOGY		295	18,556		4,678		194.11
194.12	TRAUMA PHYSICIANS			17,694		4,049		194.12
194.13	LANDMARK HOSPITAL							194.13
194.14	GYN SURG ONCOLOGIST					5,867		194.14
194.15	CAPE GASTROENTEROLOGY					20,619		194.15
194.16	CAPE PHYSICIAN ASSOCIATES			162,107		75,082		194.16
194.17	NONPATIENT MEALS				726,885			194.17
194.18	BEAUTY SHOP		1,076	779		332		194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE					23,349		194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.23	CAPE MEDICAL GROUP					9,028		194.23
194.24	CAPE ENT GROUP					19,142		194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR					545		194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON							194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE							194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI							194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES							194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES							194.34
194.35	CAPE PEDIATRIC GROUP							194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS							194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	487,241	1,802,506	3,887,170	3,969,444	2,137,312	2,612,257	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		13.10	16	17	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
13.10	SPD STERILE PROCESSING	1,759,482						13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		4,093,848					16
17	Social Service			563,177				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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		2,025,635	355,764	42,099,502		42,099,502	30
31	Intensive Care Unit	22	72,461	20,181	11,243,525		11,243,525	31
31.01	NEONATOLOGY/NICU	4,356	25,382	24,936	6,062,825		6,062,825	31.01
41	Subprovider - IRF		28,248	30,642	2,647,415		2,647,415	41
43	Nursery	22,463	88,837		1,877,199		1,877,199	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,433,826	336,105		25,154,406		25,154,406	50
51	Recovery Room		144,922		1,921,455		1,921,455	51
52	Delivery Room & Labor Room				1,774,695		1,774,695	52
53	Anesthesiology				898,615		898,615	53
54	Radiology-Diagnostic	84,659	79,421		12,461,463		12,461,463	54
56	Radioisotope				891,294		891,294	56
57	CT Scan				2,111,817		2,111,817	57
58	MRI				1,058,505		1,058,505	58
59	Cardiac Catheterization	5,845	4,503	1,479	9,950,142		9,950,142	59
60	Laboratory	13,586			16,951,739		16,951,739	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	59,472			6,494,854		6,494,854	65
66	Physical Therapy	132	38,482		4,373,691		4,373,691	66
67	Occupational Therapy				1,606,548		1,606,548	67
68	Speech Pathology	320			1,089,209		1,089,209	68
69	Electrocardiology		20,060		3,708,280		3,708,280	69
70	Electroencephalography		6,141		3,211,186		3,211,186	70
71	Medical Supplies Charged to Patients	58,788			19,737,349		19,737,349	71
72	Impl. Dev. Charged to Patients	71,845			29,005,594		29,005,594	72
73	Drugs Charged to Patients				30,142,776		30,142,776	73
73.10	REHABILITATION SERVICES	463	3,684	63,714	13,175,839		13,175,839	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	3,705	1,219,967	66,461	15,221,207		15,221,207	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services				272,569		272,569	95
97	Durable Medical Equip-Sold				1,383,185		1,383,185	97
101	Home Health Agency				1,543,544		1,543,544	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice				762,217		762,217	116
118	SUBTOTALS (sum of lines 1-117)	1,759,482	4,093,848	563,177	268,832,645		268,832,645	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				120,103		120,103	190
194	FITNESS CENTER				4,263,892		4,263,892	194

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		13.10	16	17	24	25	26	
194.01	RETAIL PHARMACY				5,726,102		5,726,102	194.01
194.02	GARDEN VIEW DELI				155,227		155,227	194.02
194.03	MEDICAL OFFICE BLDG				704		704	194.03
194.04	PHYSICIAN SERVICES				4,131,412		4,131,412	194.04
194.05	ENDOCRINOLOGIST				1,625,265		1,625,265	194.05
194.06	HOSPITALIST				12,541,367		12,541,367	194.06
194.07	NEONATOLOGY PHYSICIANS				2,527,006		2,527,006	194.07
194.08	ANESTHESIOLOGISTS				13,396,296		13,396,296	194.08
194.09	PHYSICIAN CARDIOLOGIST				10,292,803		10,292,803	194.09
194.10	PHYSICIAN ONCOLOGIST				4,172,331		4,172,331	194.10
194.11	PERINATOLOGY				940,771		940,771	194.11
194.12	TRAUMA PHYSICIANS				2,001,447		2,001,447	194.12
194.13	LANDMARK HOSPITAL				17,790		17,790	194.13
194.14	GYN SURG ONCOLOGIST				1,030,872		1,030,872	194.14
194.15	CAPE GASTROENTEROLOGY				5,020,704		5,020,704	194.15
194.16	CAPE PHYSICIAN ASSOCIATES				9,258,424		9,258,424	194.16
194.17	NONPATIENT MEALS				726,885		726,885	194.17
194.18	BEAUTY SHOP				7,197		7,197	194.18
194.19	MARKETING COSTS				14,278,832		14,278,832	194.19
194.20	CAPE PRIMARY CARE				2,579,665		2,579,665	194.20
194.21	CAPE CARE FOR WOMEN				7,243,857		7,243,857	194.21
194.22	JACKSON FAMILY CLINIC				1,977,838		1,977,838	194.22
194.23	CAPE MEDICAL GROUP				898,557		898,557	194.23
194.24	CAPE ENT GROUP				3,137,443		3,137,443	194.24
194.25	CHARLESTON FAMILY CARE				1,002,901		1,002,901	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS				3		3	194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR				322,593		322,593	194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON				652,840		652,840	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES				796,307		796,307	194.30
194.31	PHYSICIANS PARK PRIMARY CARE				12,301,533		12,301,533	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				165,064		165,064	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES				2,802,323		2,802,323	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES				1,538,921		1,538,921	194.34
194.35	CAPE PEDIATRIC GROUP				741,626		741,626	194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				426,969		426,969	194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE				1,696,338		1,696,338	194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,759,482	4,093,848	563,177	399,352,853		399,352,853	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI-CATIONS	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		222,694	25,260	247,954	247,954		4
5.01	COMMUNICATIONS		13,729	175,220	188,949	347	189,296	5.01
5.02	DATA PROCESSING		99,702	4,825,736	4,925,438	3,540	5,437	5.02
5.03	PURCHASING		115,011	5,294	120,305	678	1,661	5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS		51,976	4,473	56,449	1,206	5,739	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		819,756	226,963	1,046,719	15,039	14,271	5.06
6	Maintenance & Repairs		645,772	146,091	791,863	3,112	12,459	6
7	Operation of Plant		1,795,057	6,994	1,802,051	444	604	7
7.10	SPD SOILED PROCESSING		153,147	23,479	176,626		227	7.10
8	Laundry & Linen Service		108,421	44,450	152,871	826	378	8
9	Housekeeping		102,690	13,138	115,828	2	529	9
10	Dietary		216,576	230,203	446,779	3,007	2,416	10
11	Cafeteria		169,485		169,485			11
12	Maintenance of Personnel							12
13	Nursing Administration		11,609	96,142	107,751	2,407	1,888	13
13.10	SPD STERILE PROCESSING		82,444	25,175	107,619	1,123	831	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		107,128	3,526	110,654	2,312	6,192	16
17	Social Service		2,911		2,911	527	906	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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		2,048,701	671,421	2,720,122	28,643	24,759	30
31	Intensive Care Unit		420,264	328,896	749,160	8,607	2,718	31
31.01	NEONATOLOGY/NICU		288,081	265,872	553,953	4,246	2,869	31.01
41	Subprovider - IRF		168,779	25,412	194,191	1,790	2,416	41
43	Nursery		10,874	517	11,391	1,491		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,078,647	2,613,882	3,692,529	12,686	15,328	50
51	Recovery Room		59,874	74,773	134,647	1,383	906	51
52	Delivery Room & Labor Room					1,589		52
53	Anesthesiology		3,018	20,025	23,043	248	604	53
54	Radiology-Diagnostic		355,375	1,897,822	2,253,197	6,670	9,967	54
56	Radioisotope		48,900	104,935	153,835	427	604	56
57	CT Scan		40,536	281,611	322,147	716	604	57
58	MRI		28,176	160,104	188,280	381	529	58
59	Cardiac Catheterization		724,479	1,055,629	1,780,108	4,753	5,739	59
60	Laboratory		323,910	367,720	691,630	6,747	7,475	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		104,150	75,757	179,907	4,493	3,020	65
66	Physical Therapy		398,095	24,302	422,397	3,171	680	66
67	Occupational Therapy		94,835	3,386	98,221	1,385	982	67
68	Speech Pathology		20,087	7,297	27,384	1,023	680	68
69	Electrocardiology			443,507	443,507	2,093	982	69
70	Electroencephalography		66,011	72,706	138,717	1,794	2,190	70
71	Medical Supplies Charged to Patients		134,585	55,059	189,644	563	378	71
72	Impl. Dev. Charged to Patients		164,494	67,295	231,789	689	453	72
73	Drugs Charged to Patients		152,738	173,899	326,637	5,039	2,567	73
73.10	REHABILITATION SERVICES		927,640	711,496	1,639,136	6,632	9,740	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		734,392	411,774	1,146,166	9,259	9,061	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						76	95
97	Durable Medical Equip-Sold					1,526	453	97
101	Home Health Agency		30,793	197	30,990	1,282	1,661	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		80,841		80,841	464		116
118	SUBTOTALS (sum of lines 1-117)		13,226,383	15,767,438	28,993,821	154,360	160,979	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		47,824		47,824		302	190
194	FITNESS CENTER		782,828	54,807	837,635	1,813	3,473	194

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI-CATIONS	
		0	1	2	2A	4	5.01	
194.01	RETAIL PHARMACY		41,145	21,994	63,139	1,113	2,794	194.01
194.02	GARDEN VIEW DELI		19,873	728	20,601	31	227	194.02
194.03	MEDICAL OFFICE BLDG			633	633			194.03
194.04	PHYSICIAN SERVICES		66,871	14,215	81,086	4,279	1,133	194.04
194.05	ENDOCRINOLOGIST			32,358	32,358	1,429		194.05
194.06	HOSPITALIST		16,156	52,021	68,177	10,151	453	194.06
194.07	NEONATOLOGY PHYSICIANS		20,161	878	21,039	2,778	453	194.07
194.08	ANESTHESIOLOGISTS		12,659		12,659	5,603		194.08
194.09	PHYSICIAN CARDIOLOGIST		165,627	116,144	281,771	10,856	151	194.09
194.10	PHYSICIAN ONCOLOGIST		142,407	26,054	168,461	4,266	2,718	194.10
194.11	PERINATOLOGY		52,397	34,119	86,516	779	1,057	194.11
194.12	TRAUMA PHYSICIANS		49,964	647	50,611	1,574	1,435	194.12
194.13	LANDMARK HOSPITAL					16		194.13
194.14	GYN SURG ONCOLOGIST			7,643	7,643	1,134	1,435	194.14
194.15	CAPE GASTROENTEROLOGY			22,455	22,455	5,620	1,208	194.15
194.16	CAPE PHYSICIAN ASSOCIATES		457,744	67,846	525,590	6,704	11,402	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,201		2,201		76	194.18
194.19	MARKETING COSTS					2,458		194.19
194.20	CAPE PRIMARY CARE			41,673	41,673	9,125		194.20
194.21	CAPE CARE FOR WOMEN			72,345	72,345	6,999		194.21
194.22	JACKSON FAMILY CLINIC			40,494	40,494	1,569		194.22
194.23	CAPE MEDICAL GROUP			27,809	27,809	588		194.23
194.24	CAPE ENT GROUP			63,499	63,499	3,127		194.24
194.25	CHARLESTON FAMILY CARE			28,590	28,590	852		194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR					354		194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON					1,321		194.29
194.30	JACKSON PHYSICIAN ASSOCIATES					736		194.30
194.31	PHYSICIANS PARK PRIMARY CARE					3,808		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					69		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					2,621		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					1,253		194.34
194.35	CAPE PEDIATRIC GROUP					138		194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					430		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		15,104,240	16,494,390	31,598,630	247,954	189,296	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCHASING	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
		5.02	5.03	5.05	5.06	6	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING	4,934,415						5.02
5.03	PURCHASING	19,746	142,390					5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	77,995	245	141,634				5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	716,760	1,400		1,794,189			5.06
6	Maintenance & Repairs	45,415	1,024		21,081	874,954		6
7	Operation of Plant	987	677		30,767	119,568	1,955,098	7
7.10	SPD SOILED PROCESSING	48,377	43		1,489	10,201	26,402	7.10
8	Laundry & Linen Service	8,886	624		6,542	7,222	18,692	8
9	Housekeeping	987	552		15,682	6,840	17,704	9
10	Dietary	99,715	670		16,461	14,426	37,338	10
11	Cafeteria				847	11,289	29,219	11
12	Maintenance of Personnel							12
13	Nursing Administration	68,122	54		11,556	773	2,001	13
13.10	SPD STERILE PROCESSING		553		7,054	5,492	14,213	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	97,741	154		17,530	7,136	18,469	16
17	Social Service	13,822	1		2,476	194	502	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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	489,690	1,692	8,413	148,468	136,459	353,195	30
31	Intensive Care Unit	89,842	664	3,240	44,007	27,994	72,453	31
31.01	NEONATOLOGY/NICU	34,555	409	2,565	24,014	19,189	49,665	31.01
41	Subprovider - IRF	47,389	80	355	9,754	11,242	29,097	41
43	Nursery	32,580	276	559	7,557	724	1,875	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	319,878	3,760	9,468	96,646	71,848	185,958	50
51	Recovery Room	25,669	30	1,519	7,449	3,988	10,322	51
52	Delivery Room & Labor Room	42,453	74	794	7,571			52
53	Anesthesiology	3,949	713	3,121	4,005	201	520	53
54	Radiology-Diagnostic	152,041	1,773	7,004	52,730	23,671	61,266	54
56	Radioisotope	1,975	270	1,136	3,681	3,257	8,430	56
57	CT Scan	3,949	868	9,269	9,192	2,700	6,988	57
58	MRI	1,975	598	2,355	4,555	1,877	4,858	58
59	Cardiac Catheterization	88,855	2,061	5,707	39,845	48,257	124,899	59
60	Laboratory	172,774	9,096	20,540	73,339	21,576	55,842	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	52,326	1,361	6,641	27,969	6,937	17,955	65
66	Physical Therapy	27,644	43	1,341	16,722	26,517	68,631	66
67	Occupational Therapy	2,962	36	619	6,559	6,317	16,349	67
68	Speech Pathology	11,847	28	391	4,719	1,338	3,463	68
69	Electrocardiology	65,160	745	2,637	16,415			69
70	Electroencephalography	362,331	212	664	13,517	4,397	11,380	70
71	Medical Supplies Charged to Patients	6,911	28,947	13,446	87,520	8,965	23,202	71
72	Impl. Dev. Charged to Patients	7,898	35,341	16,434	128,904	10,957	28,359	72
73	Drugs Charged to Patients	64,173	32,603	12,994	134,271	10,174	26,332	73
73.10	REHABILITATION SERVICES	403,797	1,227	2,759	52,236	61,790	159,924	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	202,392	1,361	7,340	54,840	48,918	126,608	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services			33	1,225			95
97	Durable Medical Equip-Sold	14,809	9	290	6,133			97
101	Home Health Agency	37,517	176		6,655	2,051	5,309	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,975	15		2,900	5,385	13,937	116
118	SUBTOTALS (sum of lines 1-117)	3,967,869	130,465	141,634	1,224,883	749,870	1,631,357	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				245	3,186	8,245	190
194	FITNESS CENTER	69,109	174		13,837	52,144	134,959	194

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCHASING	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
		5.02	5.03	5.05	5.06	6	7	
194.01	RETAIL PHARMACY	8,886	6,817		25,431	2,741	7,093	194.01
194.02	GARDEN VIEW DELI		14		570	1,324	3,426	194.02
194.03	MEDICAL OFFICE BLDG				3			194.03
194.04	PHYSICIAN SERVICES	84,906	96		17,903	4,454	11,529	194.04
194.05	ENDOCRINOLOGIST	47,389	184		7,242			194.05
194.06	HOSPITALIST	103,664	642		56,042	1,076	2,785	194.06
194.07	NEONATOLOGY PHYSICIANS	17,771	33		11,180	1,343	3,476	194.07
194.08	ANESTHESIOLOGISTS				60,008	843	2,182	194.08
194.09	PHYSICIAN CARDIOLOGIST	116,499	146		44,968	11,032	28,554	194.09
194.10	PHYSICIAN ONCOLOGIST	19,746	77		17,785	9,486	24,551	194.10
194.11	PERINATOLOGY	21,720	27		3,882	3,490	9,033	194.11
194.12	TRAUMA PHYSICIANS				8,667	3,328	8,614	194.12
194.13	LANDMARK HOSPITAL				80			194.13
194.14	GYN SURG ONCOLOGIST	22,707	16		4,605			194.14
194.15	CAPE GASTROENTEROLOGY	16,784	119		22,466			194.15
194.16	CAPE PHYSICIAN ASSOCIATES	224,112	1,288		38,440	30,490	78,915	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP				12	147	379	194.18
194.19	MARKETING COSTS				64,156			194.19
194.20	CAPE PRIMARY CARE	16,784	1		11,486			194.20
194.21	CAPE CARE FOR WOMEN		797		32,547			194.21
194.22	JACKSON FAMILY CLINIC	69,109	396		8,887			194.22
194.23	CAPE MEDICAL GROUP	28,631	124		3,997			194.23
194.24	CAPE ENT GROUP	66,148	201		14,011			194.24
194.25	CHARLESTON FAMILY CARE	20,733	169		4,506			194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS		1					194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR	1,975	10		1,447			194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON		21		2,933			194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	9,873	40		3,578			194.30
194.31	PHYSICIANS PARK PRIMARY CARE		400		55,272			194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				742			194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES		132		12,591			194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES				6,915			194.34
194.35	CAPE PEDIATRIC GROUP				3,332			194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				1,918			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE				7,622			194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,934,415	142,390	141,634	1,794,189	874,954	1,955,098	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	
		7.10	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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
7.10	SPD SOILED PROCESSING	263,365						7.10
8	Laundry & Linen Service	127,680	323,721					8
9	Housekeeping	135,685	7,444	301,253				9
10	Dietary		1,569	5,944	628,325			10
11	Cafeteria			4,652	271,661	487,153		11
12	Maintenance of Personnel							12
13	Nursing Administration			319		5,547	200,418	13
13.10	SPD STERILE PROCESSING		8,555	2,263		6,572		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			2,940		10,313		16
17	Social Service			80		1,861		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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		147,681	56,228	200,582	96,876	101,139	30
31	Intensive Care Unit		30,577	11,535	27,655	24,180	25,243	31
31.01	NEONATOLOGY/NICU		9,469	7,907		11,982	12,509	31.01
41	Subprovider - IRF			4,632	13,368	5,653	5,902	41
43	Nursery		8,851	298		4,528		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		42,028	29,605		36,708		50
51	Recovery Room		3,225	1,643		4,219		51
52	Delivery Room & Labor Room					4,988	5,207	52
53	Anesthesiology			83		706		53
54	Radiology-Diagnostic		320	9,754		16,505		54
56	Radioisotope		4	1,342		1,146		56
57	CT Scan		140	1,113		2,209		57
58	MRI		52	773		1,338		58
59	Cardiac Catheterization		5,152	19,884		10,907		59
60	Laboratory		15	8,890		26,027	4,363	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		129	2,858		15,241		65
66	Physical Therapy		4,807	10,926		9,258		66
67	Occupational Therapy			2,603		3,796		67
68	Speech Pathology			551		2,539		68
69	Electrocardiology		1,957			5,442		69
70	Electroencephalography		1,927	1,812		5,296	5,529	70
71	Medical Supplies Charged to Patients		108	3,694		3,343		71
72	Impl. Dev. Charged to Patients		131	4,515		4,086		72
73	Drugs Charged to Patients		102	4,192		11,137		73
73.10	REHABILITATION SERVICES		7,595	25,460		20,928	5,796	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		21,483	20,156		33,267	34,730	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold					4,164		97
101	Home Health Agency			845		4,593		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice			2,219		1,333		116
118	SUBTOTALS (sum of lines 1-117)	263,365	303,321	249,716	513,266	396,688	200,418	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			1,313				190
194	FITNESS CENTER		11,993	21,485		9,980		194

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	
		7.10	8	9	10	11	13	
194.01	RETAIL PHARMACY			1,129		2,205		194.01
194.02	GARDEN VIEW DELI			545		239		194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES		7,449	1,835		3,094		194.04
194.05	ENDOCRINOLOGIST					3,076		194.05
194.06	HOSPITALIST			443		10,554		194.06
194.07	NEONATOLOGY PHYSICIANS			553		2,506		194.07
194.08	ANESTHESIOLOGISTS			347		5,307		194.08
194.09	PHYSICIAN CARDIOLOGIST		712	4,546		12,185		194.09
194.10	PHYSICIAN ONCOLOGIST			3,909		4,237		194.10
194.11	PERINATOLOGY		53	1,438		1,066		194.11
194.12	TRAUMA PHYSICIANS			1,371		923		194.12
194.13	LANDMARK HOSPITAL							194.13
194.14	GYN SURG ONCOLOGIST					1,337		194.14
194.15	CAPE GASTROENTEROLOGY					4,700		194.15
194.16	CAPE PHYSICIAN ASSOCIATES			12,563		17,113		194.16
194.17	NONPATIENT MEALS				115,059			194.17
194.18	BEAUTY SHOP		193	60		76		194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE					5,322		194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.23	CAPE MEDICAL GROUP					2,058		194.23
194.24	CAPE ENT GROUP					4,363		194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR					124		194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON							194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE							194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI							194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES							194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES							194.34
194.35	CAPE PEDIATRIC GROUP							194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS							194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	263,365	323,721	301,253	628,325	487,153	200,418	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		13.10	16	17	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
13.10	SPD STERILE PROCESSING	154,275						13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		273,441					16
17	Social Service			23,280				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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		135,298	14,706	4,663,951		4,663,951	30
31	Intensive Care Unit	2	4,840	834	1,123,551		1,123,551	31
31.01	NEONATOLOGY/NICU	382	1,695	1,031	736,440		736,440	31.01
41	Subprovider - IRF		1,887	1,267	329,023		329,023	41
43	Nursery	1,970	5,934		78,034		78,034	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	125,720	22,450		4,664,612		4,664,612	50
51	Recovery Room		9,680		204,680		204,680	51
52	Delivery Room & Labor Room				62,676		62,676	52
53	Anesthesiology				37,193		37,193	53
54	Radiology-Diagnostic	7,423	5,305		2,607,626		2,607,626	54
56	Radioisotope				176,107		176,107	56
57	CT Scan				359,895		359,895	57
58	MRI				207,571		207,571	58
59	Cardiac Catheterization	512	301	61	2,137,041		2,137,041	59
60	Laboratory	1,191			1,099,505		1,099,505	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,215			324,052		324,052	65
66	Physical Therapy	12	2,570		594,719		594,719	66
67	Occupational Therapy				139,829		139,829	67
68	Speech Pathology	28			53,991		53,991	68
69	Electrocardiology		1,340		540,278		540,278	69
70	Electroencephalography		410		550,176		550,176	70
71	Medical Supplies Charged to Patients	5,155			371,876		371,876	71
72	Impl. Dev. Charged to Patients	6,299			475,855		475,855	72
73	Drugs Charged to Patients				630,221		630,221	73
73.10	REHABILITATION SERVICES	41	246	2,634	2,399,941		2,399,941	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	325	81,485	2,747	1,800,138		1,800,138	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services				1,334		1,334	95
97	Durable Medical Equip-Sold				27,384		27,384	97
101	Home Health Agency				91,079		91,079	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice				109,069		109,069	116
118	SUBTOTALS (sum of lines 1-117)	154,275	273,441	23,280	26,597,847		26,597,847	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				61,115		61,115	190
194	FITNESS CENTER				1,156,602		1,156,602	194

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		13.10	16	17	24	25	26	
194.01	RETAIL PHARMACY				121,348		121,348	194.01
194.02	GARDEN VIEW DELI				26,977		26,977	194.02
194.03	MEDICAL OFFICE BLDG				636		636	194.03
194.04	PHYSICIAN SERVICES				217,764		217,764	194.04
194.05	ENDOCRINOLOGIST				91,678		91,678	194.05
194.06	HOSPITALIST				253,987		253,987	194.06
194.07	NEONATOLOGY PHYSICIANS				61,132		61,132	194.07
194.08	ANESTHESIOLOGISTS				86,949		86,949	194.08
194.09	PHYSICIAN CARDIOLOGIST				511,420		511,420	194.09
194.10	PHYSICIAN ONCOLOGIST				255,236		255,236	194.10
194.11	PERINATOLOGY				129,061		129,061	194.11
194.12	TRAUMA PHYSICIANS				76,523		76,523	194.12
194.13	LANDMARK HOSPITAL				96		96	194.13
194.14	GYN SURG ONCOLOGIST				38,877		38,877	194.14
194.15	CAPE GASTROENTEROLOGY				73,352		73,352	194.15
194.16	CAPE PHYSICIAN ASSOCIATES				946,617		946,617	194.16
194.17	NONPATIENT MEALS				115,059		115,059	194.17
194.18	BEAUTY SHOP				3,144		3,144	194.18
194.19	MARKETING COSTS				66,614		66,614	194.19
194.20	CAPE PRIMARY CARE				84,391		84,391	194.20
194.21	CAPE CARE FOR WOMEN				112,688		112,688	194.21
194.22	JACKSON FAMILY CLINIC				120,455		120,455	194.22
194.23	CAPE MEDICAL GROUP				63,207		63,207	194.23
194.24	CAPE ENT GROUP				151,349		151,349	194.24
194.25	CHARLESTON FAMILY CARE				54,850		54,850	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS				1		1	194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR				3,910		3,910	194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON				4,275		4,275	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES				14,227		14,227	194.30
194.31	PHYSICIANS PARK PRIMARY CARE				59,480		59,480	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				811		811	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES				15,344		15,344	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES				8,168		8,168	194.34
194.35	CAPE PEDIATRIC GROUP				3,470		3,470	194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				2,348		2,348	194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE				7,622		7,622	194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	154,275	273,441	23,280	31,598,630		31,598,630	202

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNI-CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDERS	PURCHASING COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	6,972,627						1
2	Cap Rel Costs-Mvble Equip		16,217,237					2
4	Employee Benefits Department	102,803	24,836	160,884,647				4
5.01	COMMUNICATIONS	6,338	172,276	225,151	2,507			5.01
5.02	DATA PROCESSING	46,026	4,744,650	2,297,289	72	4,998		5.02
5.03	PURCHASING	53,093	5,205	439,692	22	20	88,794,939	5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	23,994	4,398	782,703	76	79	152,483	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	378,427	223,149	9,759,378	189	726	873,119	5.06
6	Maintenance & Repairs	298,110	143,636	2,019,197	165	46	638,112	6
7	Operation of Plant	828,659	6,876	288,160	8	1	422,149	7
7.10	SPD SOILED PROCESSING	70,698	23,084	30	3	49	26,698	7.10
8	Laundry & Linen Service	50,051	43,703	536,076	5	9	388,798	8
9	Housekeeping	47,405	12,917	1,476	7	1	343,892	9
10	Dietary	99,979	226,335	1,951,377	32	101	417,660	10
11	Cafeteria	78,240						11
12	Maintenance of Personnel							12
13	Nursing Administration	5,359	94,527	1,561,748	25	69	33,629	13
13.10	SPD STERILE PROCESSING	38,059	24,752	728,756	11		344,542	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	49,454	3,467	1,500,533	82	99	96,258	16
17	Social Service	1,344		341,825	12	14	544	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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	945,748	660,139	18,569,883	328	496	1,055,037	30
31	Intensive Care Unit	194,008	323,370	5,585,616	36	91	414,167	31
31.01	NEONATOLOGY/NICU	132,988	261,405	2,755,035	38	35	254,768	31.01
41	Subprovider - IRF	77,914	24,985	1,161,288	32	48	49,711	41
43	Nursery	5,020	508	967,757		33	171,992	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	497,940	2,569,961	8,232,521	203	324	2,344,075	50
51	Recovery Room	27,640	73,517	897,486	12	26	18,737	51
52	Delivery Room & Labor Room			1,030,996		43	45,886	52
53	Anesthesiology	1,393	19,689	160,704	8	4	444,544	53
54	Radiology-Diagnostic	164,053	1,865,933	4,328,568	132	154	1,105,283	54
56	Radioisotope	22,574	103,172	277,114	8	2	168,514	56
57	CT Scan	18,713	276,879	464,654	8	4	541,436	57
58	MRI	13,007	157,414	247,223	7	2	372,665	58
59	Cardiac Catheterization	334,444	1,037,891	3,084,169	76	90	1,284,647	59
60	Laboratory	149,528	361,541	4,378,327	99	175	5,670,739	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	48,079	74,484	2,915,363	40	53	848,564	65
66	Physical Therapy	183,774	23,894	2,057,470	9	28	26,715	66
67	Occupational Therapy	43,779	3,329	899,048	13	3	22,729	67
68	Speech Pathology	9,273	7,174	664,021	9	12	17,385	68
69	Electrocardiology		436,055	1,358,148	13	66	464,604	69
70	Electroencephalography	30,473	71,484	1,164,383	29	367	132,051	70
71	Medical Supplies Charged to Patients	62,129	54,134	365,639	5	7	18,046,797	71
72	Impl. Dev. Charged to Patients	75,936	66,164	446,890	6	8	22,057,197	72
73	Drugs Charged to Patients	70,509	170,977	3,269,683	34	65	20,326,225	73
73.10	REHABILITATION SERVICES	428,230	699,541	4,303,450	129	409	764,819	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	339,020	404,855	6,008,197	120	205	848,251	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services				1			95
97	Durable Medical Equip-Sold			990,262	6	15	5,343	97
101	Home Health Agency	14,215	194	831,927	22	38	109,532	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	37,319		300,915		2	9,578	116
118	SUBTOTALS (sum of lines 1-117)	6,105,745	15,502,500	100,150,128	2,132	4,019	81,359,875	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	22,077			4			190
194	FITNESS CENTER	361,380	53,886	1,176,212	46	70	108,353	194

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNI-CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDERS	PURCHASING COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
194.01	RETAIL PHARMACY	18,994	21,624	722,326	37	9	4,250,139	194.01
194.02	GARDEN VIEW DELI	9,174	716	20,227	3		8,594	194.02
194.03	MEDICAL OFFICE BLDG		622					194.03
194.04	PHYSICIAN SERVICES	30,870	13,976	2,776,684	15	86	59,687	194.04
194.05	ENDOCRINOLOGIST		31,814	927,143		48	114,797	194.05
194.06	HOSPITALIST	7,458	51,147	6,587,008	6	105	400,223	194.06
194.07	NEONATOLOGY PHYSICIANS	9,307	863	1,802,893	6	18	20,426	194.07
194.08	ANESTHESIOLOGISTS	5,844		3,635,629				194.08
194.09	PHYSICIAN CARDIOLOGIST	76,459	114,192	7,044,742	2	118	91,242	194.09
194.10	PHYSICIAN ONCOLOGIST	65,740	25,616	2,768,341	36	20	48,025	194.10
194.11	PERINATOLOGY	24,188	33,546	505,636	14	22	17,133	194.11
194.12	TRAUMA PHYSICIANS	23,065	636	1,021,416	19		63	194.12
194.13	LANDMARK HOSPITAL			10,505				194.13
194.14	GYN SURG ONCOLOGIST		7,515	735,983	19	23	9,734	194.14
194.15	CAPE GASTROENTEROLOGY		22,078	3,647,025	16	17	74,475	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	211,310	66,706	4,350,255	151	227	803,196	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP	1,016			1			194.18
194.19	MARKETING COSTS			1,594,832				194.19
194.20	CAPE PRIMARY CARE		40,973	5,921,671		17	934	194.20
194.21	CAPE CARE FOR WOMEN		71,129	4,541,733			496,682	194.21
194.22	JACKSON FAMILY CLINIC		39,814	1,018,063		70	246,696	194.22
194.23	CAPE MEDICAL GROUP		27,342	381,732		29	77,169	194.23
194.24	CAPE ENT GROUP		62,432	2,028,926		67	125,107	194.24
194.25	CHARLESTON FAMILY CARE		28,110	552,720		21	105,513	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS						334	194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR			229,712		2	5,991	194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON			857,324			13,129	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES			477,372		10	25,146	194.30
194.31	PHYSICIANS PARK PRIMARY CARE			2,471,382			249,679	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			44,620				194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES			1,700,631			82,597	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES			813,086				194.34
194.35	CAPE PEDIATRIC GROUP			89,535				194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS			279,155				194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	15,104,240	16,494,390	5,617,953	723,303	11,692,851	930,431	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.166219	1.017090	0.034919	288.513363	2,339.506002	0.010478	203
204	Cost to be allocated (Per Wkst. B, Part II)			247,954	189,296	4,934,415	142,390	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001541	75.506980	987.277911	0.001604	205

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CREDIT & COLLECTION GROSS CHARGES	RECON-CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	SPD SOILED PROCESSIN G HOURS	
		5.05	5A.06	5.06	6	7	7.10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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	1,519,347,252						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		-40,486,805	358,866,048				5.06
6	Maintenance & Repairs			4,216,282	6,063,836			6
7	Operation of Plant			6,153,464	828,659	5,235,177		7
7.10	SPD SOILED PROCESSING			297,807	70,698	70,698	23,296	7.10
8	Laundry & Linen Service			1,308,356	50,051	50,051	11,294	8
9	Housekeeping			3,136,362	47,405	47,405	12,002	9
10	Dietary			3,292,205	99,979	99,979		10
11	Cafeteria			169,485	78,240	78,240		11
12	Maintenance of Personnel							12
13	Nursing Administration			2,311,244	5,359	5,359		13
13.10	SPD STERILE PROCESSING			1,410,763	38,059	38,059		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			3,506,099	49,454	49,454		16
17	Social Service			495,157	1,344	1,344		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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	90,466,450		29,722,072	945,748	945,748		30
31	Intensive Care Unit	34,833,743		8,801,350	194,008	194,008		31
31.01	NEONATOLOGY/NICU	27,575,360		4,802,807	132,988	132,988		31.01
41	Subprovider - IRF	3,822,540		1,950,754	77,914	77,914		41
43	Nursery	6,009,370		1,511,325	5,020	5,020		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	101,804,830		19,329,129	497,940	497,940		50
51	Recovery Room	16,337,340		1,489,854	27,640	27,640		51
52	Delivery Room & Labor Room	8,532,760		1,514,117				52
53	Anesthesiology	33,561,441		801,008	1,393	1,393		53
54	Radiology-Diagnostic	75,317,102		10,545,940	164,053	164,053		54
56	Radioisotope	12,210,798		736,118	22,574	22,574		56
57	CT Scan	99,667,642		1,838,344	18,713	18,713		57
58	MRI	25,322,645		910,927	13,007	13,007		58
59	Cardiac Catheterization	61,368,198		7,968,955	334,444	334,444		59
60	Laboratory	217,263,057		14,667,887	149,528	149,528		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	71,406,861		5,593,841	48,079	48,079		65
66	Physical Therapy	14,419,158		3,344,322	183,774	183,774		66
67	Occupational Therapy	6,650,569		1,311,812	43,779	43,779		67
68	Speech Pathology	4,209,245		943,723	9,273	9,273		68
69	Electrocardiology	28,357,308		3,283,056				69
70	Electroencephalography	7,137,636		2,703,463	30,473	30,473		70
71	Medical Supplies Charged to Patients	144,582,026		17,503,910	62,129	62,129		71
72	Impl. Dev. Charged to Patients	176,711,366		25,780,880	75,936	75,936		72
73	Drugs Charged to Patients	139,716,256		26,854,177	70,509	70,509		73
73.10	REHABILITATION SERVICES	29,662,562		10,447,233	428,230	428,230		73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	78,928,667		10,968,055	339,020	339,020		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	356,746		244,936				95
97	Durable Medical Equip-Sold	3,115,576		1,226,538				97
101	Home Health Agency			1,330,994	14,215	14,215		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice			580,039	37,319	37,319		116
118	SUBTOTALS (sum of lines 1-117)	1,519,347,252	-40,486,805	245,004,790	5,196,954	4,368,295	23,296	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			48,978	22,077	22,077		190
194	FITNESS CENTER			2,767,315	361,380	361,380		194

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CREDIT & COLLECTION GROSS CHARGES	RECON-CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	SPD SOILED PROCESSING HOURS	
		5.05	5A.06	5.06	6	7	7.10	
194.01	RETAIL PHARMACY			5,086,170	18,994	18,994		194.01
194.02	GARDEN VIEW DELI			114,052	9,174	9,174		194.02
194.03	MEDICAL OFFICE BLDG			633				194.03
194.04	PHYSICIAN SERVICES			3,580,667	30,870	30,870		194.04
194.05	ENDOCRINOLOGIST			1,448,366				194.05
194.06	HOSPITALIST			11,208,385	7,458	7,458		194.06
194.07	NEONATOLOGY PHYSICIANS			2,236,083	9,307	9,307		194.07
194.08	ANESTHESIOLOGISTS			12,001,633	5,844	5,844		194.08
194.09	PHYSICIAN CARDIOLOGIST			8,993,546	76,459	76,459		194.09
194.10	PHYSICIAN ONCOLOGIST			3,557,094	65,740	65,740		194.10
194.11	PERINATOLOGY			776,339	24,188	24,188		194.11
194.12	TRAUMA PHYSICIANS			1,733,312	23,065	23,065		194.12
194.13	LANDMARK HOSPITAL			15,986				194.13
194.14	GYN SURG ONCOLOGIST			921,089				194.14
194.15	CAPE GASTROENTEROLOGY			4,493,170				194.15
194.16	CAPE PHYSICIAN ASSOCIATES			7,688,092	211,310	211,310		194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP			2,490	1,016	1,016		194.18
194.19	MARKETING COSTS			12,831,226				194.19
194.20	CAPE PRIMARY CARE			2,297,153				194.20
194.21	CAPE CARE FOR WOMEN			6,509,466				194.21
194.22	JACKSON FAMILY CLINIC			1,777,322				194.22
194.23	CAPE MEDICAL GROUP			799,347				194.23
194.24	CAPE ENT GROUP			2,802,164				194.24
194.25	CHARLESTON FAMILY CARE			901,226				194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS			3				194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR			289,398				194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON			586,654				194.29
194.30	JACKSON PHYSICIAN ASSOCIATES			715,576				194.30
194.31	PHYSICIANS PARK PRIMARY CARE			11,054,388				194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			148,330				194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES			2,518,220				194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES			1,382,903				194.34
194.35	CAPE PEDIATRIC GROUP			666,439				194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS			383,682				194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE			1,524,361				194.37
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	7,606,800		40,486,805	4,691,959	7,488,876	487,241	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.005007		0.112819	0.773761	1.430491	20.915221	203
204	Cost to be allocated (Per Wkst. B, Part II)	141,634		1,794,189	874,954	1,955,098	263,365	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000093		0.005000	0.144291	0.373454	11.305160	205

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQ	DIETARY MEALS SERVED	CAFETERIA HOURS	NURSING ADMINIS-TRATION HOURS OF SERVIC	SPD STERIL E PROCESSI NG SURVEY	
		8	9	10	11	13	13.10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service	13,033,097						8
9	Housekeeping	299,712	5,067,023					9
10	Dietary	63,183	99,979	450,950				10
11	Cafeteria		78,240	194,972	3,315,436			11
12	Maintenance of Personnel							12
13	Nursing Administration		5,359		37,752	1,306,523		13
13.10	SPD STERILE PROCESSING	344,419	38,059		44,730		159,553	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		49,454		70,185			16
17	Social Service		1,344		12,663			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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	5,945,469	945,748	143,958	659,319	659,319		30
31	Intensive Care Unit	1,231,076	194,008	19,848	164,560	164,560	2	31
31.01	NEONATOLOGY/NICU	381,238	132,988		81,545	81,545	395	31.01
41	Subprovider - IRF		77,914	9,594	38,473	38,473		41
43	Nursery	356,364	5,020		30,817		2,037	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,692,086	497,940		249,828		130,022	50
51	Recovery Room	129,829	27,640		28,712			51
52	Delivery Room & Labor Room				33,947	33,947		52
53	Anesthesiology		1,393		4,806			53
54	Radiology-Diagnostic	12,866	164,053		112,331		7,677	54
56	Radioisotope	169	22,574		7,799			56
57	CT Scan	5,634	18,713		15,032			57
58	MRI	2,099	13,007		9,106			58
59	Cardiac Catheterization	207,441	334,444		74,229		530	59
60	Laboratory	614	149,528		177,130	28,443	1,232	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,207	48,079		103,724		5,393	65
66	Physical Therapy	193,538	183,774		63,009		12	66
67	Occupational Therapy		43,779		25,835			67
68	Speech Pathology		9,273		17,283		29	68
69	Electrocardiology	78,805			37,034			69
70	Electroencephalography	77,589	30,473		36,044	36,044		70
71	Medical Supplies Charged to Patients	4,329	62,129		22,753		5,331	71
72	Impl. Dev. Charged to Patients	5,290	75,936		27,810		6,515	72
73	Drugs Charged to Patients	4,108	70,509		75,793			73
73.10	REHABILITATION SERVICES	305,768	428,230		142,429	37,786	42	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	864,916	339,020		226,406	226,406	336	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold				28,340			97
101	Home Health Agency		14,215		31,258			101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		37,319		9,075			116
118	SUBTOTALS (sum of lines 1-117)	12,211,749	4,200,141	368,372	2,699,757	1,306,523	159,553	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		22,077					190
194	FITNESS CENTER	482,863	361,380		67,918			194

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQ	DIETARY MEALS SERVED	CAFETERIA HOURS	NURSING ADMINIS-TRATION HOURS OF SERVIC	SPD STERIL E PROCESSI NG SURVEY	
		8	9	10	11	13	13.10	
194.01	RETAIL PHARMACY		18,994		15,010			194.01
194.02	GARDEN VIEW DELI		9,174		1,628			194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES	299,910	30,870		21,054			194.04
194.05	ENDOCRINOLOGIST				20,935			194.05
194.06	HOSPITALIST		7,458		71,825			194.06
194.07	NEONATOLOGY PHYSICIANS		9,307		17,056			194.07
194.08	ANESTHESIOLOGISTS		5,844		36,121			194.08
194.09	PHYSICIAN CARDIOLOGIST	28,660	76,459		82,927			194.09
194.10	PHYSICIAN ONCOLOGIST		65,740		28,835			194.10
194.11	PERINATOLOGY	2,135	24,188		7,257			194.11
194.12	TRAUMA PHYSICIANS		23,065		6,281			194.12
194.13	LANDMARK HOSPITAL							194.13
194.14	GYN SURG ONCOLOGIST				9,101			194.14
194.15	CAPE GASTROENTEROLOGY				31,984			194.15
194.16	CAPE PHYSICIAN ASSOCIATES		211,310		116,468			194.16
194.17	NONPATIENT MEALS			82,578				194.17
194.18	BEAUTY SHOP	7,780	1,016		515			194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE				36,220			194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.23	CAPE MEDICAL GROUP				14,005			194.23
194.24	CAPE ENT GROUP				29,693			194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR				846			194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON							194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE							194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI							194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES							194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES							194.34
194.35	CAPE PEDIATRIC GROUP							194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS							194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,802,506	3,887,170	3,969,444	2,137,312	2,612,257	1,759,482	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.138302	0.767151	8.802404	0.644655	1.999396	11.027571	203
204	Cost to be allocated (Per Wkst. B, Part II)	323,721	301,253	628,325	487,153	200,418	154,275	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.024838	0.059454	1.393336	0.146935	0.153398	0.966920	205

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES					
		16	17					
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
13.10	SPD STERILE PROCESSING							13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	10,000						16
17	Social Service		5,330					17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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	4,948	3,367					30
31	Intensive Care Unit	177	191					31
31.01	NEONATOLOGY/NICU	62	236					31.01
41	Subprovider - IRF	69	290					41
43	Nursery	217						43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	821						50
51	Recovery Room	354						51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic	194						54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization	11	14					59
60	Laboratory							60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy	94						66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology	49						69
70	Electroencephalography	15						70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES	9	603					73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	2,980	629					91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	10,000	5,330					118
	NONREIMBURSABLE COST CENTERS							

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES					
		16	17					
190	Gift, Flower, Coffee Shop & Canteen							190
194	FITNESS CENTER							194
194.01	RETAIL PHARMACY							194.01
194.02	GARDEN VIEW DELI							194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES							194.04
194.05	ENDOCRINOLOGIST							194.05
194.06	HOSPITALIST							194.06
194.07	NEONATOLOGY PHYSICIANS							194.07
194.08	ANESTHESIOLOGISTS							194.08
194.09	PHYSICIAN CARDIOLOGIST							194.09
194.10	PHYSICIAN ONCOLOGIST							194.10
194.11	PERINATOLOGY							194.11
194.12	TRAUMA PHYSICIANS							194.12
194.13	LANDMARK HOSPITAL							194.13
194.14	GYN SURG ONCOLOGIST							194.14
194.15	CAPE GASTROENTEROLOGY							194.15
194.16	CAPE PHYSICIAN ASSOCIATES							194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP							194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE							194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP							194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON							194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE							194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI							194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES							194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES							194.34
194.35	CAPE PEDIATRIC GROUP							194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS							194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,093,848	563,177					202
203	Unit Cost Multiplier (Wkst. B, Part I)	409.384800	105.661726					203
204	Cost to be allocated (Per Wkst. B, Part II)	273,441	23,280					204
205	Unit Cost Multiplier (Wkst. B, Part II)	27.344100	4.367730					205

POST STEPDOWN ADJUSTMENTS **WORKSHEET B-2**

		WORKSHEET			
	DESCRIPTION	PART	LINE NO.	AMOUNT	
	1	2	3	4	

COMPUTATION OF RATIO OF COST TO CHARGES **WORKSHEET C PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis-allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	42,099,502		42,099,502		42,099,502	30
31	Intensive Care Unit	11,243,525		11,243,525		11,243,525	31
31.01	NEONATOLOGY/NICU	6,062,825		6,062,825		6,062,825	31.01
41	Subprovider - IRF	2,647,415		2,647,415		2,647,415	41
43	Nursery	1,877,199		1,877,199		1,877,199	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	25,154,406		25,154,406		25,154,406	50
51	Recovery Room	1,921,455		1,921,455		1,921,455	51
52	Delivery Room & Labor Room	1,774,695		1,774,695		1,774,695	52
53	Anesthesiology	898,615		898,615		898,615	53
54	Radiology-Diagnostic	12,461,463		12,461,463		12,461,463	54
56	Radioisotope	891,294		891,294		891,294	56
57	CT Scan	2,111,817		2,111,817		2,111,817	57
58	MRI	1,058,505		1,058,505		1,058,505	58
59	Cardiac Catheterization	9,950,142		9,950,142		9,950,142	59
60	Laboratory	16,951,739		16,951,739		16,951,739	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	6,494,854		6,494,854		6,494,854	65
66	Physical Therapy	4,373,691		4,373,691		4,373,691	66
67	Occupational Therapy	1,606,548		1,606,548		1,606,548	67
68	Speech Pathology	1,089,209		1,089,209		1,089,209	68
69	Electrocardiology	3,708,280		3,708,280		3,708,280	69
70	Electroencephalography	3,211,186		3,211,186		3,211,186	70
71	Medical Supplies Charged to Patients	19,737,349		19,737,349		19,737,349	71
72	Impl. Dev. Charged to Patients	29,005,594		29,005,594		29,005,594	72
73	Drugs Charged to Patients	30,142,776		30,142,776		30,142,776	73
73.10	REHABILITATION SERVICES	13,175,839		13,175,839	4,632	13,180,471	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	15,221,207		15,221,207	31,611	15,252,818	91
92	Observation Beds (Non-Distinct Part)	5,974,164		5,974,164		5,974,164	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	272,569		272,569		272,569	95
97	Durable Medical Equip-Sold	1,383,185		1,383,185		1,383,185	97
101	Home Health Agency	1,543,544		1,543,544		1,543,544	101
113	Interest Expense						113
116	Hospice	762,217		762,217		762,217	116
200	Subtotal (sum of lines 30 thru 199)	274,806,809		274,806,809	36,243	274,843,052	200
201	Less Observation Beds	5,974,164		5,974,164		5,974,164	201
202	Total (line 200 minus line 201)	268,832,645		268,832,645		268,868,888	202

COMPUTATION OF RATIO OF COST TO CHARGES **WORKSHEET C PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	78,772,380		78,772,380				30
31	Intensive Care Unit	34,833,743		34,833,743				31
31.01	NEONATOLOGY/NICU	27,575,360		27,575,360				31.01
41	Subprovider - IRF	3,822,540		3,822,540				41
43	Nursery	6,009,370		6,009,370				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	44,939,796	56,865,034	101,804,830	0.247085	0.247085	0.247085	50
51	Recovery Room	6,945,520	9,391,820	16,337,340	0.117611	0.117611	0.117611	51
52	Delivery Room & Labor Room	7,146,876	1,385,884	8,532,760	0.207986	0.207986	0.207986	52
53	Anesthesiology	16,168,777	17,392,665	33,561,442	0.026775	0.026775	0.026775	53
54	Radiology-Diagnostic	18,611,855	56,705,247	75,317,102	0.165453	0.165453	0.165453	54
56	Radioisotope	2,600,337	9,610,461	12,210,798	0.072992	0.072992	0.072992	56
57	CT Scan	25,066,319	74,601,323	99,667,642	0.021189	0.021189	0.021189	57
58	MRI	6,231,946	19,090,699	25,322,645	0.041801	0.041801	0.041801	58
59	Cardiac Catheterization	24,292,954	37,075,244	61,368,198	0.162138	0.162138	0.162138	59
60	Laboratory	72,092,412	145,170,645	217,263,057	0.078024	0.078024	0.078024	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	61,650,843	9,756,018	71,406,861	0.090956	0.090956	0.090956	65
66	Physical Therapy	7,491,609	6,927,549	14,419,158	0.303325	0.303325	0.303325	66
67	Occupational Therapy	5,593,194	1,057,375	6,650,569	0.241565	0.241565	0.241565	67
68	Speech Pathology	3,070,226	1,139,019	4,209,245	0.258766	0.258766	0.258766	68
69	Electrocardiology	9,866,977	18,490,331	28,357,308	0.130770	0.130770	0.130770	69
70	Electroencephalography	2,609,557	4,528,078	7,137,635	0.449895	0.449895	0.449895	70
71	Medical Supplies Charged to Patients	91,629,958	52,952,068	144,582,026	0.136513	0.136513	0.136513	71
72	Impl. Dev. Charged to Patients	111,992,171	64,719,195	176,711,366	0.164141	0.164141	0.164141	72
73	Drugs Charged to Patients	82,231,694	57,484,562	139,716,256	0.215743	0.215743	0.215743	73
73.10	REHABILITATION SERVICES	1,721,580	27,940,982	29,662,562	0.444191	0.444191	0.444347	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	18,730,741	60,197,926	78,928,667	0.192848	0.192848	0.193248	91
92	Observation Beds (Non-Distinct Part)	1,400,000	10,294,070	11,694,070	0.510871	0.510871	0.510871	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	95,510	261,236	356,746	0.764042	0.764042	0.764042	95
97	Durable Medical Equip-Sold		3,115,576	3,115,576	0.443958	0.443958	0.443958	97
101	Home Health Agency	564	2,030,347	2,030,911				101
113	Interest Expense							113
116	Hospice		1,175,482	1,175,482				116
200	Subtotal (sum of lines 30 thru 199)	773,194,809	749,358,836	1,522,553,645				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	773,194,809	749,358,836	1,522,553,645				202

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
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		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust-ment	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)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,663,951		4,663,951	49,237	94.72	24,110	2,283,699	30
31	Intensive Care Unit	1,123,551		1,123,551	6,616	169.82	4,285	727,679	31
31.01	NEONATOLOGY/NICU	736,440		736,440	5,401	136.35			31.01
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF	329,023		329,023	3,198	102.88	1,990	204,731	41
42	Subprovider I								42
43	Nursery	78,034		78,034	1,506	51.82			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	6,930,999		6,930,999	65,958		30,385	3,216,109	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 26-0183** **WORKSHEET D PART II**

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Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)          [XX] PPS
Applicable   [XX] Title XVIII, Part A    [  ] IPF                                    [  ] TEFRA
Boxes:       [  ] Title XIX              [  ] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,664,612	101,804,830	0.045819	30,481,868	1,396,649	50
51	Recovery Room	204,680	16,337,340	0.012528	4,907,515	61,481	51
52	Delivery Room & Labor Room	62,676	8,532,760	0.007345	70,036	514	52
53	Anesthesiology	37,193	33,561,442	0.001108	4,267,225	4,728	53
54	Radiology-Diagnostic	2,607,626	75,317,102	0.034622	10,775,681	373,076	54
56	Radioisotope	176,107	12,210,798	0.014422	2,146,698	30,960	56
57	CT Scan	359,895	99,667,642	0.003611	16,283,893	58,801	57
58	MRI	207,571	25,322,645	0.008197	3,496,264	28,659	58
59	Cardiac Catheterization	2,137,041	61,368,198	0.034823	16,885,262	587,995	59
60	Laboratory	1,099,505	217,263,057	0.005061	51,333,803	259,800	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	324,052	71,406,861	0.004538	24,429,874	110,863	65
66	Physical Therapy	594,719	14,419,158	0.041245	3,560,542	146,855	66
67	Occupational Therapy	139,829	6,650,569	0.021025	2,169,783	45,620	67
68	Speech Pathology	53,991	4,209,245	0.012827	1,171,339	15,025	68
69	Electrocardiology	540,278	28,357,308	0.019053	2,980,486	56,787	69
70	Electroencephalography	550,176	7,137,635	0.077081	1,100,015	84,790	70
71	Medical Supplies Charged to Pat	371,876	144,582,026	0.002572	52,203,366	134,267	71
72	Impl. Dev. Charged to Patients	475,855	176,711,366	0.002693	62,193,180	167,486	72
73	Drugs Charged to Patients	630,221	139,716,256	0.004511	48,751,910	219,920	73
73.10	REHABILITATION SERVICES	2,399,941	29,662,562	0.080908	861,549	69,706	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	1,800,138	78,928,667	0.022807	5,123,159	116,844	91
92	Observation Beds (Non-Distinct	661,842	11,694,070	0.056596	1,266,862	71,699	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	27,384	3,115,576	0.008789			97
200	Total (sum of lines 50-199)	20,127,208	1,367,977,113		346,460,310	4,042,525	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

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Check        [  ] Title V                  [XX] PPS
Applicable   [XX] Title XVIII, Part A      [  ] TEFRA
Boxes:       [  ] Title XIX                [  ] Other
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		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust-ment Amount (see instruct-ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
31.01	NEONATOLOGY/NICU						31.01
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

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Check        [  ] Title V                  [XX] PPS
Applicable   [XX] Title XVIII, Part A      [  ] TEFRA
Boxes:       [  ] Title XIX                [  ] Other
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		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	49,237		24,110		30
31	Intensive Care Unit	6,616		4,285		31
31.01	NEONATOLOGY/NICU	5,401				31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF	3,198		1,990		41
42	Subprovider I					42
43	Nursery	1,506				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	65,958		30,385		200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 26-0183** **WORKSHEET D PART IV**

Check Applicable Boxes:					
	[ ] Title V	[XX] Hospital	[ ] SUB (Other)	[ ] ICF/IID	[XX] PPS
	[XX] Title XVIII, Part A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[ ] Title XIX	[ ] IRF	[ ] NF		[ ] Other

		Non Physician Anesth-etist 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)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES							73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 26-0183** **WORKSHEET D PART IV**

Check Applicable Boxes:	[ ] Title V	[XX] Hospital	[ ] SUB (Other)	[ ] ICF/IID	[XX] PPS
	[XX] Title XVIII, Part A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[ ] Title XIX	[ ] IRF	[ ] NF		[ ] Other

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	101,804,830			30,481,868		25,582,212		50
51	Recovery Room	16,337,340			4,907,515		7,881,165		51
52	Delivery Room & Labor Room	8,532,760			70,036				52
53	Anesthesiology	33,561,442			4,267,225		3,422,364		53
54	Radiology-Diagnostic	75,317,102			10,775,681		14,743,889		54
56	Radioisotope	12,210,798			2,146,698		7,789,657		56
57	CT Scan	99,667,642			16,283,893		44,350,634		57
58	MRI	25,322,645			3,496,264		8,102,192		58
59	Cardiac Catheterization	61,368,198			16,885,262		21,545,158		59
60	Laboratory	217,263,057			51,333,803		27,612,014		60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	71,406,861			24,429,874		1,560,505		65
66	Physical Therapy	14,419,158			3,560,542		16,460		66
67	Occupational Therapy	6,650,569			2,169,783				67
68	Speech Pathology	4,209,245			1,171,339		86,446		68
69	Electrocardiology	28,357,308			2,980,486		4,334,891		69
70	Electroencephalography	7,137,635			1,100,015		1,302,981		70
71	Medical Supplies Charged to Pat	144,582,026			52,203,366		25,681,925		71
72	Impl. Dev. Charged to Patients	176,711,366			62,193,180		20,069,501		72
73	Drugs Charged to Patients	139,716,256			48,751,910		33,835,709		73
73.10	REHABILITATION SERVICES	29,662,562			861,549		5,656,926		73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	78,928,667			5,123,159		20,330,859		91
92	Observation Beds (Non-Distinct	11,694,070			1,266,862		4,437,178		92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	3,115,576							97
200	Total (sum of lines 50-199)	1,367,977,113			346,460,310		278,342,666		200

(A) Worksheet A line numbers

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 26-0183** **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/IID
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			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.247085	25,582,212			6,320,981			50
51	Recovery Room	0.117611	7,881,165			926,912			51
52	Delivery Room & Labor Room	0.207986							52
53	Anesthesiology	0.026775	3,422,364			91,634			53
54	Radiology-Diagnostic	0.165453	14,743,889			2,439,421			54
56	Radioisotope	0.072992	7,789,657			568,583			56
57	CT Scan	0.021189	44,350,634			939,746			57
58	MRI	0.041801	8,102,192			338,680			58
59	Cardiac Catheterization	0.162138	21,545,158			3,493,289			59
60	Laboratory	0.078024	27,612,014			2,154,400			60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.090956	1,560,505			141,937			65
66	Physical Therapy	0.303325	16,460			4,993			66
67	Occupational Therapy	0.241565							67
68	Speech Pathology	0.258766	86,446			22,369			68
69	Electrocardiology	0.130770	4,334,891			566,874			69
70	Electroencephalography	0.449895	1,302,981			586,205			70
71	Medical Supplies Charged to Pat	0.136513	25,681,925			3,505,917			71
72	Impl. Dev. Charged to Patients	0.164141	20,069,501			3,294,228			72
73	Drugs Charged to Patients	0.215743	33,835,709		71,485	7,299,817		15,422	73
73.10	REHABILITATION SERVICES	0.444191	5,656,926			2,512,756			73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.192848	20,330,859			3,920,765			91
92	Observation Beds (Non-Distinct	0.510871	4,437,178			2,266,826			92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.764042							95
97	Durable Medical Equip-Sold	0.443958							97
200	Subtotal (see instructions)		278,342,666		71,485	41,396,333		15,422	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		278,342,666		71,485	41,396,333		15,422	202

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 26-T183** **WORKSHEET D PART II**

```
Check        [  ] Title V                 [  ] Hospital     [  ] SUB (Other)          [XX] PPS
Applicable   [XX] Title XVIII, Part A     [  ] IPF                                    [  ] TEFRA
Boxes:       [  ] Title XIX               [XX] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,664,612	101,804,830	0.045819	21,197	971	50
51	Recovery Room	204,680	16,337,340	0.012528	2,252	28	51
52	Delivery Room & Labor Room	62,676	8,532,760	0.007345			52
53	Anesthesiology	37,193	33,561,442	0.001108	1,021	1	53
54	Radiology-Diagnostic	2,607,626	75,317,102	0.034622	79,927	2,767	54
56	Radioisotope	176,107	12,210,798	0.014422	1,616	23	56
57	CT Scan	359,895	99,667,642	0.003611	65,347	236	57
58	MRI	207,571	25,322,645	0.008197	33,264	273	58
59	Cardiac Catheterization	2,137,041	61,368,198	0.034823	4,938	172	59
60	Laboratory	1,099,505	217,263,057	0.005061	485,748	2,458	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	324,052	71,406,861	0.004538	321,092	1,457	65
66	Physical Therapy	594,719	14,419,158	0.041245	1,078,369	44,477	66
67	Occupational Therapy	139,829	6,650,569	0.021025	1,066,384	22,421	67
68	Speech Pathology	53,991	4,209,245	0.012827	406,017	5,208	68
69	Electrocardiology	540,278	28,357,308	0.019053	4,858	93	69
70	Electroencephalography	550,176	7,137,635	0.077081	851	66	70
71	Medical Supplies Charged to Pat	371,876	144,582,026	0.002572	296,727	763	71
72	Impl. Dev. Charged to Patients	475,855	176,711,366	0.002693	3,613	10	72
73	Drugs Charged to Patients	630,221	139,716,256	0.004511	1,267,687	5,719	73
73.10	REHABILITATION SERVICES	2,399,941	29,662,562	0.080908	181,774	14,707	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	1,800,138	78,928,667	0.022807			91
92	Observation Beds (Non-Distinct		11,694,070				92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	27,384	3,115,576	0.008789			97
200	Total (sum of lines 50-199)	19,465,366	1,367,977,113		5,322,682	101,850	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 26-T183** **WORKSHEET D PART IV**

Check Applicable Boxes:					
	[ ] Title V	[ ] Hospital	[ ] SUB (Other)	[ ] ICF/IID	[XX] PPS
	[XX] Title XVIII, Part A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[ ] Title XIX	[XX] IRF	[ ] NF		[ ] Other

		Non Physician Anesth-etist 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)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES							73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 26-T183** **WORKSHEET D PART IV**

Check Applicable Boxes:	[ ] Title V	[ ] Hospital	[ ] SUB (Other)	[ ] ICF/IID	[XX] PPS
	[XX] Title XVIII, Part A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[ ] Title XIX	[XX] IRF	[ ] NF		[ ] Other

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	101,804,830			21,197				50
51	Recovery Room	16,337,340			2,252				51
52	Delivery Room & Labor Room	8,532,760							52
53	Anesthesiology	33,561,442			1,021				53
54	Radiology-Diagnostic	75,317,102			79,927				54
56	Radioisotope	12,210,798			1,616				56
57	CT Scan	99,667,642			65,347				57
58	MRI	25,322,645			33,264				58
59	Cardiac Catheterization	61,368,198			4,938				59
60	Laboratory	217,263,057			485,748				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	71,406,861			321,092				65
66	Physical Therapy	14,419,158			1,078,369				66
67	Occupational Therapy	6,650,569			1,066,384				67
68	Speech Pathology	4,209,245			406,017				68
69	Electrocardiology	28,357,308			4,858				69
70	Electroencephalography	7,137,635			851				70
71	Medical Supplies Charged to Pat	144,582,026			296,727				71
72	Impl. Dev. Charged to Patients	176,711,366			3,613				72
73	Drugs Charged to Patients	139,716,256			1,267,687				73
73.10	REHABILITATION SERVICES	29,662,562			181,774				73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	78,928,667							91
92	Observation Beds (Non-Distinct	11,694,070							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	3,115,576							97
200	Total (sum of lines 50-199)	1,367,977,113			5,322,682				200

(A) Worksheet A line numbers

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 26-T183** **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/IID
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			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.247085							50
51	Recovery Room	0.117611							51
52	Delivery Room & Labor Room	0.207986							52
53	Anesthesiology	0.026775							53
54	Radiology-Diagnostic	0.165453							54
56	Radioisotope	0.072992							56
57	CT Scan	0.021189							57
58	MRI	0.041801							58
59	Cardiac Catheterization	0.162138							59
60	Laboratory	0.078024							60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.090956							65
66	Physical Therapy	0.303325							66
67	Occupational Therapy	0.241565							67
68	Speech Pathology	0.258766							68
69	Electrocardiology	0.130770							69
70	Electroencephalography	0.449895							70
71	Medical Supplies Charged to Pat	0.136513							71
72	Impl. Dev. Charged to Patients	0.164141							72
73	Drugs Charged to Patients	0.215743							73
73.10	REHABILITATION SERVICES	0.444191							73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.192848							91
92	Observation Beds (Non-Distinct	0.510871							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.764042							95
97	Durable Medical Equip-Sold	0.443958							97
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS **WORKSHEET D PART I**

```
Check        [  ] Title V                [XX] PPS
Applicable   [  ] Title XVIII, Part A    [  ] TEFRA
Boxes:       [XX] Title XIX
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		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust-ment	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)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,663,951		4,663,951	49,237	94.72	5,229	495,291	30
31	Intensive Care Unit	1,123,551		1,123,551	6,616	169.82	1,112	188,840	31
31.01	NEONATOLOGY/NICU	736,440		736,440	5,401	136.35	4,975	678,341	31.01
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF	329,023		329,023	3,198	102.88	662	68,107	41
42	Subprovider I								42
43	Nursery	78,034		78,034	1,506	51.82	1,271	65,863	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	6,930,999		6,930,999	65,958		13,249	1,496,442	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 26-0183** **WORKSHEET D PART II**

```
Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)          [XX] PPS
Applicable   [  ] Title XVIII, Part A    [  ] IPF                                    [  ] TEFRA
Boxes:       [XX] Title XIX              [  ] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,664,612	101,804,830	0.045819	7,781,270	356,530	50
51	Recovery Room	204,680	16,337,340	0.012528	1,222,556	15,316	51
52	Delivery Room & Labor Room	62,676	8,532,760	0.007345	3,538,874	25,993	52
53	Anesthesiology	37,193	33,561,442	0.001108	1,929,135	2,137	53
54	Radiology-Diagnostic	2,607,626	75,317,102	0.034622	2,829,469	97,962	54
56	Radioisotope	176,107	12,210,798	0.014422	423,014	6,101	56
57	CT Scan	359,895	99,667,642	0.003611	4,152,436	14,994	57
58	MRI	207,571	25,322,645	0.008197	1,065,601	8,735	58
59	Cardiac Catheterization	2,137,041	61,368,198	0.034823	2,767,561	96,375	59
60	Laboratory	1,099,505	217,263,057	0.005061	12,286,531	62,182	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	324,052	71,406,861	0.004538	14,896,469	67,600	65
66	Physical Therapy	594,719	14,419,158	0.041245	1,011,162	41,705	66
67	Occupational Therapy	139,829	6,650,569	0.021025	938,890	19,740	67
68	Speech Pathology	53,991	4,209,245	0.012827	860,826	11,042	68
69	Electrocardiology	540,278	28,357,308	0.019053	465,084	8,861	69
70	Electroencephalography	550,176	7,137,635	0.077081	572,767	44,149	70
71	Medical Supplies Charged to Pat	371,876	144,582,026	0.002572	12,169,234	31,299	71
72	Impl. Dev. Charged to Patients	475,855	176,711,366	0.002693	19,065,358	51,343	72
73	Drugs Charged to Patients	630,221	139,716,256	0.004511	16,260,265	73,350	73
73.10	REHABILITATION SERVICES	2,399,941	29,662,562	0.080908	195,338	15,804	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	1,800,138	78,928,667	0.022807	1,027,959	23,445	91
92	Observation Beds (Non-Distinct	661,842	11,694,070	0.056596	84,082	4,759	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	27,384	3,115,576	0.008789			97
200	Total (sum of lines 50-199)	20,127,208	1,367,977,113		105,543,881	1,079,422	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

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Check        [  ] Title V                  [XX] PPS
Applicable   [  ] Title XVIII, Part A      [  ] TEFRA
Boxes:       [XX] Title XIX                [  ] Other
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		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust-ment Amount (see instruct-ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
31.01	NEONATOLOGY/NICU						31.01
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

```
Check        [  ] Title V                  [XX] PPS
Applicable   [  ] Title XVIII, Part A      [  ] TEFRA
Boxes:       [XX] Title XIX                [  ] Other
```

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	49,237		5,229		30
31	Intensive Care Unit	6,616		1,112		31
31.01	NEONATOLOGY/NICU	5,401		4,975		31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF	3,198		662		41
42	Subprovider I					42
43	Nursery	1,506		1,271		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	65,958		13,249		200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 26-0183** **WORKSHEET D PART IV**

```
Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)          [  ] ICF/IID      [XX] PPS
Applicable   [  ] Title XVIII, Part A    [  ] IPF          [  ] SNF                                    [  ] TEFRA
Boxes:       [XX] Title XIX              [  ] IRF          [  ] NF                                     [  ] Other
```

		Non Physician Anesth-etist 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)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES							73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 26-0183** **WORKSHEET D PART IV**

```
Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)          [  ] ICF/IID      [XX] PPS
Applicable   [  ] Title XVIII, Part A    [  ] IPF          [  ] SNF                                    [  ] TEFRA
Boxes:       [XX] Title XIX              [  ] IRF          [  ] NF                                     [  ] Other
```

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	101,804,830			7,781,270				50
51	Recovery Room	16,337,340			1,222,556				51
52	Delivery Room & Labor Room	8,532,760			3,538,874				52
53	Anesthesiology	33,561,442			1,929,135				53
54	Radiology-Diagnostic	75,317,102			2,829,469				54
56	Radioisotope	12,210,798			423,014				56
57	CT Scan	99,667,642			4,152,436				57
58	MRI	25,322,645			1,065,601				58
59	Cardiac Catheterization	61,368,198			2,767,561				59
60	Laboratory	217,263,057			12,286,531				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	71,406,861			14,896,469				65
66	Physical Therapy	14,419,158			1,011,162				66
67	Occupational Therapy	6,650,569			938,890				67
68	Speech Pathology	4,209,245			860,826				68
69	Electrocardiology	28,357,308			465,084				69
70	Electroencephalography	7,137,635			572,767				70
71	Medical Supplies Charged to Pat	144,582,026			12,169,234				71
72	Impl. Dev. Charged to Patients	176,711,366			19,065,358				72
73	Drugs Charged to Patients	139,716,256			16,260,265				73
73.10	REHABILITATION SERVICES	29,662,562			195,338				73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	78,928,667			1,027,959				91
92	Observation Beds (Non-Distinct	11,694,070			84,082				92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	3,115,576							97
200	Total (sum of lines 50-199)	1,367,977,113			105,543,881				200

(A) Worksheet A line numbers

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 26-0183** **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/IID
```

			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.247085							50
51	Recovery Room	0.117611							51
52	Delivery Room & Labor Room	0.207986							52
53	Anesthesiology	0.026775							53
54	Radiology-Diagnostic	0.165453							54
56	Radioisotope	0.072992							56
57	CT Scan	0.021189							57
58	MRI	0.041801							58
59	Cardiac Catheterization	0.162138							59
60	Laboratory	0.078024							60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.090956							65
66	Physical Therapy	0.303325							66
67	Occupational Therapy	0.241565							67
68	Speech Pathology	0.258766							68
69	Electrocardiology	0.130770							69
70	Electroencephalography	0.449895							70
71	Medical Supplies Charged to Pat	0.136513							71
72	Impl. Dev. Charged to Patients	0.164141							72
73	Drugs Charged to Patients	0.215743							73
73.10	REHABILITATION SERVICES	0.444191							73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.192848							91
92	Observation Beds (Non-Distinct	0.510871							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.764042							95
97	Durable Medical Equip-Sold	0.443958							97
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

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 26-0183** **WORKSHEET D-1 PART I**

Check Applicable Boxes:					
	[ ] Title V - I/P	[XX] Hospital	[ ] SUB (Other)	[ ] ICF/IID	[XX] PPS
	[XX] Title XVIII, Part A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[ ] 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)	49,237	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,237	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	8,032	3
4	Semi-private room days (excluding swing-bed private room days)	34,218	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	24,110	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 XIX only)		15
16	Nursery days (title V or 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)	42,099,502	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 (line 21 minus line 26)	42,099,502	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	76,117,324	28
29	Private room charges (excluding swing-bed charges)	9,500,371	29
30	Semi-private room charges (excluding swing-bed charges)	66,616,953	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.553087	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,182.82	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,946.84	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 minus line 36)	42,099,502	37

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 26-0183** **WORKSHEET D-1 PART II**

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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
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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)					855.04	38
39	Program general inpatient routine service cost (line 9 x line 38)					20,615,014	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)					20,615,014	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	11,243,525	6,616	1,699.44	4,285	7,282,100	43
43.01	NEONATOLOGY/NICU	6,062,825	5,401	1,122.54			43.01
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

		1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	52,298,154	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	80,195,268	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	3,011,378	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	4,042,525	51
52	Total Program excludable cost (sum of lines 50 and 51)	7,053,903	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	73,141,365	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 etner zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 26-0183** **WORKSHEET D-1 PARTS III & IV**

Check Applicable Boxes:					
	[ ] Title V - I/P	[XX] Hospital	[ ] SUB (Other)	[ ] ICF/IID	[XX] PPS
	[XX] Title XVIII, Part A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[ ] Title XIX - I/P	[ ] IRF	[ ] NF		[ ] Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,987	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					855.04	88
89	Observation bed cost (line 87 x line 88) (see instructions)					5,974,164	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 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	4,663,951	42,099,502	0.110784	5,974,164	661,842	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 26-T183** **WORKSHEET D-1 PART I**

Check Applicable Boxes:					
	[ ] Title V - I/P	[ ] Hospital	[ ] SUB (Other)	[ ] ICF/IID	[XX] PPS
	[XX] Title XVIII, Part A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[ ] 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)	3,198	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,198	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)	3,198	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,990	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 XIX only)		15
16	Nursery days (title V or 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)	2,647,415	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 (line 21 minus line 26)	2,647,415	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 minus line 36)	2,647,415	37

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 26-T183** **WORKSHEET D-1 PART II**

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Check        [  ] Title V - I/P          [  ] Hospital     [  ] SUB (Other)          [XX] PPS
Applicable   [XX] Title XVIII, Part A    [  ] IPF                                    [  ] TEFRA
Boxes:       [  ] Title XIX - I/P        [XX] IRF                                    [  ] Other
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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)	827.83	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,647,382	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)	1,647,382	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,175,696	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,823,078	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	204,731	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	101,850	51
52	Total Program excludable cost (sum of lines 50 and 51)	306,581	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,516,497	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 etner zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 26-0183** **WORKSHEET D-1 PART I**

Check Applicable Boxes:					
	[ ] Title V - I/P	[XX] Hospital	[ ] SUB (Other)	[ ] ICF/IID	[XX] PPS
	[ ] Title XVIII, Part A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[XX] 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)	49,237	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,237	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	8,032	3
4	Semi-private room days (excluding swing-bed private room days)	34,218	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,229	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 XIX only)	1,506	15
16	Nursery days (title V or XIX only)	1,271	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)	42,099,502	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 (line 21 minus line 26)	42,099,502	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	76,117,324	28
29	Private room charges (excluding swing-bed charges)	9,500,371	29
30	Semi-private room charges (excluding swing-bed charges)	66,616,953	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.553087	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,182.82	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,946.84	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 minus line 36)	42,099,502	37

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 26-0183** **WORKSHEET D-1 PART II**

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Check        [  ] Title V - I/P          [XX] Hospital     [  ] SUB (Other)          [XX] PPS
Applicable   [  ] Title XVIII, Part A    [  ] IPF                                    [  ] TEFRA
Boxes:       [XX] Title XIX - I/P        [  ] IRF                                    [  ] Other
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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)					855.04	38
39	Program general inpatient routine service cost (line 9 x line 38)					4,471,004	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					4,471,004	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)	1,877,199	1,506	1,246.48	1,271	1,584,276	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	11,243,525	6,616	1,699.44	1,112	1,889,777	43
43.01	NEONATOLOGY/NICU	6,062,825	5,401	1,122.54	4,975	5,584,637	43.01
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
						1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,949,833	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					29,479,527	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,428,335	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,079,422	51
52	Total Program excludable cost (sum of lines 50 and 51)	2,507,757	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	26,971,770	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 etner zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 26-0183** **WORKSHEET D-1 PARTS III & IV**

Check Applicable Boxes:	**[ ] Title V - I/P**	**[XX] Hospital**	**[ ] SUB (Other)**	**[ ] ICF/IID**	**[XX] PPS**
	[ ] Title XVIII, Part A	**[ ] IPF**	**[ ] SNF**		**[ ] TEFRA**
	[XX] Title XIX - I/P	**[ ] IRF**	**[ ] NF**		**[ ] Other**

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,987	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)	col. 1÷col. 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						91
92	Allied Health						92
93	Other Medical Education						93

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 26-0183** **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/IID	[ ] Other

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		42,534,106		30
31	Intensive Care Unit		14,433,675		31
31.01	NEONATOLOGY/NICU				31.01
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.247085	30,481,868	7,531,612	50
51	Recovery Room	0.117611	4,907,515	577,178	51
52	Delivery Room & Labor Room	0.207986	70,036	14,567	52
53	Anesthesiology	0.026775	4,267,225	114,255	53
54	Radiology-Diagnostic	0.165453	10,775,681	1,782,869	54
56	Radioisotope	0.072992	2,146,698	156,692	56
57	CT Scan	0.021189	16,283,893	345,039	57
58	MRI	0.041801	3,496,264	146,147	58
59	Cardiac Catheterization	0.162138	16,885,262	2,737,743	59
60	Laboratory	0.078024	51,333,803	4,005,269	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.090956	24,429,874	2,222,044	65
66	Physical Therapy	0.303325	3,560,542	1,080,001	66
67	Occupational Therapy	0.241565	2,169,783	524,144	67
68	Speech Pathology	0.258766	1,171,339	303,103	68
69	Electrocardiology	0.130770	2,980,486	389,758	69
70	Electroencephalography	0.449895	1,100,015	494,891	70
71	Medical Supplies Charged to Patients	0.136513	52,203,366	7,126,438	71
72	Impl. Dev. Charged to Patients	0.164141	62,193,180	10,208,451	72
73	Drugs Charged to Patients	0.215743	48,751,910	10,517,883	73
73.10	REHABILITATION SERVICES	0.444347	861,549	382,827	73.10
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.193248	5,123,159	990,040	91
92	Observation Beds (Non-Distinct Part)	0.510871	1,266,862	647,203	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.443958			97
200	Total (sum of lines 50-94, and 96-98)		346,460,310	52,298,154	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		346,460,310		202

(A) Worksheet A line numbers

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 26-T183** **WORKSHEET D-3**

Check Applicable Boxes:	[ ] Title V	[ ] Hospital	[ ] SUB (Other)	[ ] Swing Bed SNF	[XX] PPS
	[XX] Title XVIII, Part A	[ ] IPF	[ ] SNF	[ ] Swing Bed NF	[ ] TEFRA
	[ ] Title XIX	[XX] IRF	[ ] NF	[ ] ICF/IID	[ ] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges 1	Inpatient Program Charges 2	Inpatient Program Costs (col. 1 x col. 2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	NEONATOLOGY/NICU				31.01
41	Subprovider - IRF		2,388,210		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.247085	21,197	5,237	50
51	Recovery Room	0.117611	2,252	265	51
52	Delivery Room & Labor Room	0.207986			52
53	Anesthesiology	0.026775	1,021	27	53
54	Radiology-Diagnostic	0.165453	79,927	13,224	54
56	Radioisotope	0.072992	1,616	118	56
57	CT Scan	0.021189	65,347	1,385	57
58	MRI	0.041801	33,264	1,390	58
59	Cardiac Catheterization	0.162138	4,938	801	59
60	Laboratory	0.078024	485,748	37,900	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.090956	321,092	29,205	65
66	Physical Therapy	0.303325	1,078,369	327,096	66
67	Occupational Therapy	0.241565	1,066,384	257,601	67
68	Speech Pathology	0.258766	406,017	105,063	68
69	Electrocardiology	0.130770	4,858	635	69
70	Electroencephalography	0.449895	851	383	70
71	Medical Supplies Charged to Patients	0.136513	296,727	40,507	71
72	Impl. Dev. Charged to Patients	0.164141	3,613	593	72
73	Drugs Charged to Patients	0.215743	1,267,687	273,495	73
73.10	REHABILITATION SERVICES	0.444347	181,774	80,771	73.10
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.193248			91
92	Observation Beds (Non-Distinct Part)	0.510871			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.443958			97
200	Total (sum of lines 50-94, and 96-98)		5,322,682	1,175,696	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		5,322,682		202

(A) Worksheet A line numbers

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 26-0183** **WORKSHEET D-3**

Check Applicable Boxes:	[ ] Title V	[XX] Hospital	[ ] SUB (Other)	[ ] Swing Bed SNF	[XX] PPS
	[ ] Title XVIII, Part A	[ ] IPF	[ ] SNF	[ ] Swing Bed NF	[ ] TEFRA
	[XX] Title XIX	[ ] IRF	[ ] NF	[ ] ICF/IID	[ ] Other

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		8,926,663		30
31	Intensive Care Unit		3,710,194		31
31.01	NEONATOLOGY/NICU		21,442,863		31.01
41	Subprovider - IRF				41
43	Nursery		2,271,322		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.247085	7,781,270	1,922,635	50
51	Recovery Room	0.117611	1,222,556	143,786	51
52	Delivery Room & Labor Room	0.207986	3,538,874	736,036	52
53	Anesthesiology	0.026775	1,929,135	51,653	53
54	Radiology-Diagnostic	0.165453	2,829,469	468,144	54
56	Radioisotope	0.072992	423,014	30,877	56
57	CT Scan	0.021189	4,152,436	87,986	57
58	MRI	0.041801	1,065,601	44,543	58
59	Cardiac Catheterization	0.162138	2,767,561	448,727	59
60	Laboratory	0.078024	12,286,531	958,644	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.090956	14,896,469	1,354,923	65
66	Physical Therapy	0.303325	1,011,162	306,711	66
67	Occupational Therapy	0.241565	938,890	226,803	67
68	Speech Pathology	0.258766	860,826	222,753	68
69	Electrocardiology	0.130770	465,084	60,819	69
70	Electroencephalography	0.449895	572,767	257,685	70
71	Medical Supplies Charged to Patients	0.136513	12,169,234	1,661,259	71
72	Impl. Dev. Charged to Patients	0.164141	19,065,358	3,129,407	72
73	Drugs Charged to Patients	0.215743	16,260,265	3,508,038	73
73.10	REHABILITATION SERVICES	0.444347	195,338	86,798	73.10
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.193248	1,027,959	198,651	91
92	Observation Beds (Non-Distinct Part)	0.510871	84,082	42,955	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.443958			97
200	Total (sum of lines 50-94, and 96-98)		105,543,881	15,949,833	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		105,543,881		202

(A) Worksheet A line numbers

CALCULATION OF REIMBURSEMENT SETTLEMENT **WORKSHEET E PART A**

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 (see instructions)	12,001,481			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	38,198,266			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	1			1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	4,055,164			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	239.86			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) 64 FR 26340 (May 12, 1998), and 67 FR 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 line 8 plus lines (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 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
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
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 factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0718			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2455			31
32	Sum of lines 30 and 31	0.3173			32
33	Allowable disproportionate share percentage (see instructions)	0.1539			33
34	Disproportionate share adjustment (see instructions)	1,931,435			34
		Prior to	**On or after**		
	Uncompensated Care Adjustment	**October 1**	**October 1**		
35	Total uncompensated care amount (see instructions)	9,046,380,143			35
35.01	Factor 3 (see instructions)	0.000437994			35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,962,260	3,475,171		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	998,707	2,599,237		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,597,944			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
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 41.01 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 41.01)				46

CALCULATION OF REIMBURSEMENT SETTLEMENT **WORKSHEET E PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	59,784,290			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 (see instructions)	59,784,290			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,534,457			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. 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 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	64,318,747			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	64,318,747			61
62	Deductibles billed to program beneficiaries	5,633,767			62
63	Coinsurance billed to program beneficiaries	188,187			63
64	Allowable bad debts (see instructions)	1,236,647			64
65	Adjusted reimbursable bad debts (see instructions)	803,821			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	978,715			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	59,300,614			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-142,428			70.93
71	Amount due provider (see instructions)	59,158,186			71
71.01	Sequestration adjustment (see instructions)	1,183,164			71.01
72	Interim payments	57,934,055			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	40,967			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. 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

	HSP Bonus Payment Amount	**Prior to 10/1**	**On or After 10/1**		
100	HSP bonus amount (see instructions)				100

	HVBP Adjustment for HSP Bonus Payment	**Prior to 10/1**	**On or After 10/1**		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

	HRR Adjustment for HSP Bonus Payment	**Prior to 10/1**	**On or After 10/1**		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 26-0183** **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)	15,422			1
2	Medical and other services reimbursed under OPPS (see instructions)	41,396,333			2
3	PPS payments	39,678,734			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	15,422			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	71,485			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	71,485			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)	71,485			18
19	Excess of customary charges over ressonable cost (complete only if line 18 exceeds line 11 (see instructions)	56,063			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)	15,422			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	39,678,734			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	8,156,612			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	31,537,544			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)	31,537,544			30
31	Primary payer payments	907			31
32	Subtotal (line 30 minus line 31)	31,536,637			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)	816,586			34
35	Adjusted reimbursable bad debts (see instructions)	530,781			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	534,943			36
37	Subtotal (see instructions)	32,067,418			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	32,067,418			40
40.01	Sequestration adjustment (see instructions)	641,348			40.01
41	Interim payments	31,181,949			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	244,121			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (sse instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 26-T183** **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 OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. 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, col. 4, line 69)				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 ressonable 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 physicians' services in a teaching hospital (see instructions)				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 minus 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
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (sse instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **COMPONENT CCN: 26-0183** **WORKSHEET E-1 PART I**

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Check        [XX] Hospital     [  ] SUB (Other)
Applicable   [  ] IPF          [  ] SNF
Boxes:       [  ] IRF          [  ] Swing Bed SNF
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				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				57,934,055		31,181,949	1
2	Interim payments payable on individual bills, eitehr 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. E or Wkst. E-3, line and column as appropriate)				57,934,055		31,181,949	4
	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)		.01		40,967		244,121	6.01
	based on the cost report (1)		.02					6.02
7	Total Medicare program liability (see instructions)				57,975,022		31,426,070	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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **COMPONENT CCN: 26-T183** **WORKSHEET E-1 PART I**

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Check        [  ] Hospital     [  ] SUB (Other)
Applicable   [  ] IPF          [  ] SNF
Boxes:       [XX] IRF          [  ] Swing Bed SNF
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				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				2,922,702			1
2	Interim payments payable on individual bills, eitehr 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. E or Wkst. E-3, line and column as appropriate)				2,922,702			4
	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)		.01					6.01
	based on the cost report (1)		.02		-1,599			6.02
7	Total Medicare program liability (see instructions)				2,921,103			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.

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT **WORKSHEET E-1 PART II**

Check applicable box: **[XX] Hospital** **[ ] CAH**

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 (Wkst. S-3, Pt. I, col. 15, line 14)	11,120	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	28,395	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	2,049	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	54,267	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,522,553,645	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	36,426,191	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	2,295,866	8
9	Sequestration adjustment amount (see instructions)	45,917	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	2,249,949	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	2,253,104	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-3,155	32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 26-T183** **WORKSHEET E-3 PART III**

Check Applicable Box: **[ ] Hospital** **[XX] Subprovider IRF**

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	2,788,572		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.071600		2
3	Inpatient Rehabilitation LIP payments (see instructions)	170,661		3
4	Outlier payments	64,455		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 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excludnig 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)	8.761644		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,023,688		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	3,023,688		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,023,688		19
20	Deductibles	33,316		20
21	Subtotal (line 19 minus line 20)	2,990,372		21
22	Coinsurance	9,655		22
23	Subtotal (line 21 minus line 22)	2,980,717		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	2,980,717		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	2,980,717		32
32.01	Sequestration adjustment (see instructions)	59,614		32.01
33	Interim payments	2,922,702		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	-1,599		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)			50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 26-0183** **WORKSHEET E-3 PART VII**

Check Applicable Boxes:	[ ] Title V	[XX] Hospital	[ ] NF	[XX] PPS
	[XX] Title XIX	[ ] SUB (Other)	[ ] ICF/IID	[ ] TEFRA
		[ ] SNF		[ ] Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)			4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	27,304,119		8
9	Ancillary service charges	105,543,881		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)	132,848,000		12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahrge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	132,848,000		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	132,848,000		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 physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			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	Titles V or XIX (sum of lines 21 and 27)			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)			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)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

BALANCE SHEET **WORKSHEET G**

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

	Assets	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	Cash on hand and in banks	91,467,410				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	115,771,325				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-54,722,500				6
7	Inventory	11,015,861				7
8	Prepaid expenses	8,578,790				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	172,110,886				11
	FIXED ASSETS					
12	Land	6,768,160				12
13	Land improvements	8,255,387				13
14	Accumulated depreciation	-6,129,520				14
15	Buildings	272,979,151				15
16	Accumulated depreciation	-69,525,138				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	105,132,901				19
20	Accumulated depreciation	-58,846,973				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	133,634,556				23
24	Accumulated depreciation	-86,395,460				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)	305,873,064				30
	OTHER ASSETS					
31	Investments	370,540,250				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	5,779,513				34
35	Total other assets (sum of lines 31-34)	376,319,763				35
36	Total assets (sum of lines 11, 30 and 35)	854,303,713				36

	Liabilities and Fund Balances	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	23,738,799				37
38	Salaries, wages and fees payable	28,679,939				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	43,804,478				44
45	Total current liabilities (sum of lines 37 thru 44)	96,223,216				45
	LONG TERM LIABILITIES					
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	194,031,507				49
50	Total long term liabilities (sum of lines 46 thru 49)	194,031,507				50
51	Total liabilities (sum of lines 45 and 50)	290,254,723				51
	CAPITAL ACCOUNTS					
52	General fund balance	564,048,990				52
53	Specific purpose fund					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 thru 58)	564,048,990				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	854,303,713				60

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		523,017,393			1
2	Net income (loss) (from Worksheet G-3, line 29)		41,031,597			2
3	Total (sum of line 1 and line 2)		564,048,990			3
4	Additions (credit adjustments) (specify)					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)		564,048,990			11
12	Deductions (debit adjustments) (specify)					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)		564,048,990			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) (specify)					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) (specify)					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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES **WORKSHEET G-2 PARTS I & II**

PART I - PATIENT REVENUES

		INPATIENT	OUTPATIENT	TOTAL	
	REVENUE CENTER	1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	94,972,627		94,972,627	1
2	Subprovider IPF				2
3	Subprovider IRF	3,822,540		3,822,540	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)	98,795,167		98,795,167	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	34,833,743		34,833,743	11
11.01	NEONATOLOGY/NICU	27,575,360		27,575,360	11.01
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	62,409,103		62,409,103	16
17	Total inpatient routine care services (sum of lines 10 and 16)	161,204,270		161,204,270	17
18	Ancillary services	631,901,501		631,901,501	18
19	Outpatient services		871,051,298	871,051,298	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		2,030,911	2,030,911	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)	793,105,771	873,082,209	1,666,187,980	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		411,686,490	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		411,686,490	43

STATEMENT OF REVENUES AND EXPENSES **WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,666,187,980	1
2	Less contractual allowances and discounts on patients' accounts	1,241,980,332	2
3	Net patient revenues (line 1 minus line 2)	424,207,648	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	411,686,490	4
5	Net income from service to patients (line 3 minus line 4)	12,521,158	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	1,371,589	6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,294,243	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients	7,884	17
18	Revenue from sale of medical records and abstracts	1,717	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (FITNESS CENTER)	2,023,602	24
24.01	Other (WELLNESS)		24.01
24.02	Other (MISC)	4,654,222	24.02
24.03	Other (OTHER: RETAIL PHARMACY)	5,154,090	24.03
24.04	Other (MEDICAL OFFICE BUILDING)	496,644	24.04
24.05	Other (GAIN ON INVESTMENTS)	13,793,351	24.05
25	Total other income (sum of lines 6-24)	28,797,342	25
26	Total (line 5 plus line 25)	41,318,500	26
27	Other expenses (LOSS ON SALE OF FIXED ASSETS)	286,903	27
27.01	Other expenses (LOSS ON INVESTMENTS)		27.01
28	Total other expenses (sum of line 27 and subscripts)	286,903	28
29	Net income (or loss) for the period (line 26 minus line 28)	41,031,597	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 26-7515** **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 CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	157,833	40,364			30,769	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	449,077	127,494	42,410			6
7	Physical Therapy	196,976	55,093	22,840			7
8	Occupational Therapy	17,307	5,916	1,589			8
9	Speech Pathology	9,125	2,381	1,259			9
10	Medical Social Services	166		21			10
11	Home Health Aide	1,444	583	898			11
12	Supplies (see instructions)					11,003	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	831,928	231,831	69,017		41,772	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 26-7515** **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 CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	228,966		228,966		228,966	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	618,981	10	618,991		618,991	6
7	Physical Therapy	274,909		274,909		274,909	7
8	Occupational Therapy	24,812		24,812		24,812	8
9	Speech Pathology	12,765		12,765		12,765	9
10	Medical Social Services	187		187		187	10
11	Home Health Aide	2,925		2,925		2,925	11
12	Supplies (see instructions)	11,003		11,003		11,003	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	1,174,548	10	1,174,558		1,174,558	24

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 26-7515** **WORKSHEET H-1 PART I**

			CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	228,966				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	618,991				6
7	Physical Therapy	274,909				7
8	Occupational Therapy	24,812				8
9	Speech Pathology	12,765				9
10	Medical Social Services	187				10
11	Home Health Aide	2,925				11
12	Supplies (see instructions)	11,003				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 Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	1,174,558				24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 26-7515** **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 CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		228,966	228,966		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		618,991	149,884	768,875	6
7	Physical Therapy		274,909	66,566	341,475	7
8	Occupational Therapy		24,812	6,008	30,820	8
9	Speech Pathology		12,765	3,091	15,856	9
10	Medical Social Services		187	45	232	10
11	Home Health Aide		2,925	708	3,633	11
12	Supplies (see instructions)		11,003	2,664	13,667	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 Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		1,174,558		1,174,558	24

COST ALLOCATION - HHA STATISTICAL BASIS **HHA CCN: 26-7515** **WORKSHEET H-1 PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORT-ATION (Mileage)	RECONCIL-IATION	ADMINI-STRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
	GENERAL SERVICE COST CENTERS							
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-228,966	945,592	5
	HHA REIMBURSABLE SERVICES							
6	Skilled Nursing Care						618,991	6
7	Physical Therapy						274,909	7
8	Occupational Therapy						24,812	8
9	Speech Pathology						12,765	9
10	Medical Social Services						187	10
11	Home Health Aide						2,925	11
12	Supplies (see instructions)						11,003	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 Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					-228,966	945,592	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						228,966	25
26	Unit Cost Multiplier						0.242140	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 26-7515** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI-CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
1	Administrative and General		30,793	197	5,511	6,347	88,901	1
2	Skilled Nursing Care	768,875			15,682			2
3	Physical Therapy	341,475			6,878			3
4	Occupational Therapy	30,820			604			4
5	Speech Pathology	15,856			319			5
6	Medical Social Services	232			6			6
7	Home Health Aide	3,633			50			7
8	Supplies	13,667						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)	1,174,558	30,793	197	29,050	6,347	88,901	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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 26-7515** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	PURCHASING	ADMITTING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General	1,148			132,897	14,993	10,999	1
2	Skilled Nursing Care				784,557	88,512		2
3	Physical Therapy				348,353	39,301		3
4	Occupational Therapy				31,424	3,545		4
5	Speech Pathology				16,175	1,825		5
6	Medical Social Services				238	27		6
7	Home Health Aide				3,683	416		7
8	Supplies				13,667	1,542		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)	1,148			1,330,994	150,161	10,999	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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 26-7515** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		7	7.10	8	9	10	11	
1	Administrative and General	20,334			10,905		20,151	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)	20,334			10,905		20,151	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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 26-7515** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	SPD STERIL E PROCESSI NG	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12	13	13.10	14	15	16	
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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 26-7515** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	19	20	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
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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 26-7515** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS		
		24	25	26	27	28		
1	Administrative and General	210,279		210,279				1
2	Skilled Nursing Care	873,069		873,069	137,698	1,010,767		2
3	Physical Therapy	387,654		387,654	61,140	448,794		3
4	Occupational Therapy	34,969		34,969	5,515	40,484		4
5	Speech Pathology	18,000		18,000	2,839	20,839		5
6	Medical Social Services	265		265	42	307		6
7	Home Health Aide	4,099		4,099	646	4,745		7
8	Supplies	15,209		15,209	2,399	17,608		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)	1,543,544		1,543,544	210,279	1,543,544		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.				0.157717			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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS **HHA CCN: 26-7515** **WORKSHEET H-2 PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNI-CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	14,215	194	157,833	22	38	109,532	1
2	Skilled Nursing Care			449,077				2
3	Physical Therapy			196,976				3
4	Occupational Therapy			17,307				4
5	Speech Pathology			9,125				5
6	Medical Social Services			165				6
7	Home Health Aide			1,444				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)	14,215	194	831,927	22	38	109,532	20
21	Total cost to be allocated	30,793	197	29,050	6,347	88,901	1,148	21
22	Unit Cost Multiplier	2.166233		0.034919		2,339.500000		22
22	Unit Cost Multiplier		1.015464		288.500000		0.010481	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS **HHA CCN: 26-7515** **WORKSHEET H-2 PART II**

	HHA COST CENTER	ADMITTING GROSS CHARGES	CREDIT & COLLECTION GROSS CHARGES	RECON-CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	
		5.04	5.05	4A.06	5.06	6	7	
1	Administrative and General				132,897	14,215	14,215	1
2	Skilled Nursing Care				784,557			2
3	Physical Therapy				348,353			3
4	Occupational Therapy				31,424			4
5	Speech Pathology				16,175			5
6	Medical Social Services				238			6
7	Home Health Aide				3,683			7
8	Supplies				13,667			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)				1,330,994	14,215	14,215	20
21	Total cost to be allocated				150,161	10,999	20,334	21
22	Unit Cost Multiplier					0.773760		22
22	Unit Cost Multiplier				0.112819		1.430461	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS **HHA CCN: 26-7515** **WORKSHEET H-2 PART II**

	HHA COST CENTER	SPD SOILED PROCESSIN G HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQ	DIETARY MEALS SERVED	CAFETERIA HOURS	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	
		7.10	8	9	10	11	12	
1	Administrative and General			14,215		31,258		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)			14,215		31,258		20
21	Total cost to be allocated			10,905		20,151		21
22	Unit Cost Multiplier			0.767147		0.644667		22
22	Unit Cost Multiplier							22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS **HHA CCN: 26-7515** **WORKSHEET H-2 PART II**

	HHA COST CENTER	NURSING ADMINIS-TRATION HOURS OF SERVIC	SPD STERIL E PROCESSI NG SURVEY	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES	
		13	13.10	14	15	16	17	
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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS **HHA CCN: 26-7515** **WORKSHEET H-2 PART II**

	HHA COST CENTER	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		19	20	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

APPORTIONMENT OF PATIENT SERVICE COSTS **HHA CCN: 26-7515** **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	1,010,767		1,010,767	4,111	245.87	1
2	Physical Therapy	3	448,794		448,794	2,214	202.71	2
3	Occupational Therapy	4	40,484		40,484	154	262.88	3
4	Speech Pathology	5	20,839		20,839	122	170.81	4
5	Medical Social Services	6	307		307	2	153.50	5
6	Home Health Aide	7	4,745		4,745	87	54.54	6
7	Total (sum of lines 1-6)		1,525,936		1,525,936	6,690		7

Limitation Cost Comoputation			Program Visits			
				PART B		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	99926		2,363		8
9	Physical Therapy	99926		1,511		9
10	Occupational Therapy	99926		135		10
11	Speech Pathology	99926		96		11
12	Medical Social Services	99926		1		12
13	Home Health Aide	99926		70		13
14	Total (sum of lines 8-13)			4,176		14

Supplies and Drugs Cost 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 Records)	Ratio (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	Cost of Medical Supplies	8	17,608		17,608	189,292	0.093020	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	0.303325			col. 2, line 2	1
2	Occupational Therapy	67	0.241565			col. 2, line 3	2
3	Speech Pathology	68	0.258766			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.136513			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.215743			col. 2, line 16	5
5.10	REHABILITATION SERVICES	73.10	0.444191			col. 2, line 16	5.10

APPORTIONMENT OF PATIENT SERVICE COSTS **HHA CCN: 26-7515** **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		Program Visits			Cost of Services				
			Part B			Part B			
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		2,363			580,991		580,991	1
2	Physical Therapy		1,511			306,295		306,295	2
3	Occupational Therapy		135			35,489		35,489	3
4	Speech Pathology		96			16,398		16,398	4
5	Medical Social Services		1			154		154	5
6	Home Health Aide		70			3,818		3,818	6
7	Total (sum of lines 1-6)		4,176			943,145		943,145	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services			
			Part B			Part B		
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6	7	8	9	10	11	
15	Cost of Medical Supplies							15
16	Cost of Drugs							16

CALCULATION OF HHA REIMBURSEMRNT SETTLEMENT **HHA CCN: 26-7515** **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

			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	Description	1	2	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 excced 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 amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		Part A Services	Part B Services	
	Description	1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		740,595	11
12	Total PPS Reimbursement - Full Episodes with Outliers		6,120	12
13	Total PPS Reimbursement - LUPA Episodes		27,506	13
14	Total PPS Reimbursement - PEP Episodes		11,076	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		785,297	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		785,297	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		785,297	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		785,297	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		785,297	31
31.01	Sequestration adjustment (see instructions)			31.01
32	Interim payments (see instructions)		785,297	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, §115-2			35

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES **HHA CCN: 26-7515** **WORKSHEET H-5**

				Part A		Part B		
				mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider						785,297	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. H-4, Part II, column as appropriate, line 32)						785,297	4
	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	Determine net settlement amount (balance due)		.01					6.01
	based on the cost report (see instructions)		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)						785,297	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.

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS **HOSPICE CCN: 26-1657** **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 Eqiup.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	117,600	27,036				6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care	153,368	35,259				7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services	24,624	5,661		7,500		9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy	1,203	276				12
13	Occupational Therapy						13
14	Speech / Language Pathology	19	4				14
15	Medical Social Services						15
16	Spiritual Counseling	999	230				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						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 Dept.)				1,343		31
32	Radiation Therapy						32
33	Chemotherapy				6,369		33
34	Other	2,822	649				34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs				98,532		38
39	Total (sum of lines 1-38)	300,635	69,115		113,744		39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS **HOSPICE CCN: 26-1657** **WORKSHEET K**

		TOTAL (cols. 1-5)	RECLASSI-FICATION	SUBTOTAL (col. 6 ± col. 7)	ADJUST-MENTS	TOTAL (col. 8 ± col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Eqiup.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	144,636	417	145,053		145,053	6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care	188,627		188,627		188,627	7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services	37,785		37,785		37,785	9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy	1,479		1,479		1,479	12
13	Occupational Therapy						13
14	Speech / Language Pathology	23		23		23	14
15	Medical Social Services						15
16	Spiritual Counseling	1,229		1,229		1,229	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						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 Dept.)	1,343		1,343		1,343	31
32	Radiation Therapy						32
33	Chemotherapy	6,369		6,369		6,369	33
34	Other	3,471		3,471		3,471	34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs	98,532		98,532		98,532	38
39	Total (sum of lines 1-38)	483,494	834	483,911		483,911	39

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES **HOSPICE CCN: 26-1657** **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 Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	79,660		37,940			6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care			16,389		134,475	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)	79,660		54,329		134,475	39

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

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES **HOSPICE CCN: 26-1657** **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 Eqiu					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General				117,600	6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care		2,504		153,368	7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services			24,624	24,624	9
10	Nursing Care					10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy	1,203			1,203	12
13	Occupational Therapy					13
14	Speech / Language Pathology	19			19	14
15	Medical Social Services					15
16	Spiritual Counseling			999	999	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			2,822	2,822	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)	1,222	2,504	28,445	300,635	39

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

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED) **HOSPICE CCN: 26-1657** **WORKSHEET K-2**

	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 Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	18,322		8,714			6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care			35,259			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	230					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)	18,552		43,973			39

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

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED) **HOSPICE CCN: 26-1657** **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 Eqiu					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General				27,036	6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care				35,259	7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services			5,661	5,661	9
10	Nursing Care					10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy	276			276	12
13	Occupational Therapy					13
14	Speech / Language Pathology	4			4	14
15	Medical Social Services					15
16	Spiritual Counseling				230	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			649	649	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)	280		6,310	69,115	39

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES **HOSPICE CCN: 26-1657** **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 Eqiu						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						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)						39

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES **HOSPICE CCN: 26-1657** **WORKSHEET K-3**

		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 Eqiu					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					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services			7,500	7,500	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			1,343	1,343	31
32	Radiation Therapy					32
33	Chemotherapy			6,369	6,369	33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs			98,532	98,532	38
39	Total (sum of lines 1-38)			113,744	113,744	39

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

COST ALLOCATION - HOSPICE GENERAL SERVICE COST **HOSPICE CCN: 26-1657** **WORKSHEET K-4 PART I**

			CAPITAL RELATED COSTS				
	COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANS-PORTATION	
		0	1	2	3	4	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	145,053					6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care	188,627					7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services	37,785					9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy	1,479					12
13	Occupational Therapy						13
14	Speech / Language Pathology	23					14
15	Medical Social Services						15
16	Spiritual Counseling	1,229					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	1,343					31
32	Radiation Therapy						32
33	Chemotherapy	6,369					33
34	Other	3,471					34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs	98,532					38
39	Total (sum of lines 1-38)	483,911					39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST **HOSPICE CCN: 26-1657** **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 Eqiu					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General		145,053	145,053		6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care		188,627	80,745	269,372	7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services		37,785	16,174	53,959	9
10	Nursing Care					10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy		1,479	633	2,112	12
13	Occupational Therapy					13
14	Speech / Language Pathology		23	10	33	14
15	Medical Social Services					15
16	Spiritual Counseling		1,229	526	1,755	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		1,343	575	1,918	31
32	Radiation Therapy					32
33	Chemotherapy		6,369	2,726	9,095	33
34	Other		3,471	1,486	4,957	34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs		98,532	42,178	140,710	38
39	Total (sum of lines 1-38)		483,911		483,911	39

COST ALLOCATION - HOSPICE STATISTICAL BASIS **HOSPICE CCN: 26-1657** **WORKSHEET K-4 PART II**

		CAPITAL RELATED COSTS							
	COST CENTER DESCRIPTIONS	BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT ($ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANS-PORTATION (Mileage)	VOLUNTEER SERVICES COORDI-NATOR (Hours)	RECONCIL-IATION	ADMINIS-TRATIVE & GENERAL (Acc. Cost)	
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	Capital Related Costs-Bldg and Fix								1
2	Capital Related Costs-Movable Eqiu								2
3	Plant Operation and Maintenance								3
4	Transportation - Staff								4
5	Volunteer Service Coordination								5
6	Administrative and General						-145,053	338,858	6
	INPATIENT CARE SERVICE								
7	Inpatient - General Care							188,627	7
8	Inpatient - Respite Care								8
	VISITING SERVICES								
9	Physician Services							37,785	9
10	Nursing Care								10
11	Nursing Care-Continuous Home Care								11
12	Physical Therapy							1,479	12
13	Occupational Therapy								13
14	Speech / Language Pathology							23	14
15	Medical Social Services								15
16	Spiritual Counseling							1,229	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							1,343	31
32	Radiation Therapy								32
33	Chemotherapy							6,369	33
34	Other							3,471	34
	HOSPICE NONREIMBURSABLE SERVICE								
35	Bereavement Program Costs								35
36	volunteer Program Costs								36
37	Fundraising								37
38	Other Program Costs							98,532	38
39	Cost to be Allocated (per Wskt K-4, Part I)							145,053	39
40	Unit Cost Multiplier							0.428064	40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 26-1657** **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	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI-CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
1	Administrative and General		80,841		4,116		4,679	1
2	Inpatient - General Care	269,372			5,355			2
3	Inpatient - Respite Care							3
4	Physician Services	53,959			860			4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy	2,112			42			7
8	Occupational Therapy							8
9	Speech / Language Pathology	33			1			9
10	Medical Social Services							10
11	Spiritual Counseling	1,755			35			11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)	1,918						26
27	Radiation Therapy							27
28	Chemotherapy	9,095						28
29	Other	4,957			99			29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs	140,710						33
34	Totals (sum of lines 1-33) (2)	483,911	80,841		10,508		4,679	34
35	Unit Cost Multiplier (see instructions)							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.

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 26-1657** **WORKSHEET K-5 PART I**

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

	HOSPICE COST CENTER (omit cents)	PURCHASING	ADMITTING	CREDIT & COLLECTION	SUBTOTAL	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General	100			89,736	10,124	28,876	1
2	Inpatient - General Care				274,727	30,994		2
3	Inpatient - Respite Care							3
4	Physician Services				54,819	6,185		4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy				2,154	243		7
8	Occupational Therapy							8
9	Speech / Language Pathology				34	4		9
10	Medical Social Services							10
11	Spiritual Counseling				1,790	202		11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)				1,918	216		26
27	Radiation Therapy							27
28	Chemotherapy				9,095	1,026		28
29	Other				5,056	570		29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs				140,710	15,875		33
34	Totals (sum of lines 1-33) (2)	100			580,039	65,439	28,876	34
35	Unit Cost Multiplier (see instructions)							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.

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 26-1657** **WORKSHEET K-5 PART I**

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

	HOSPICE COST CENTER (omit cents)	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		7	7.10	8	9	10	11	
1	Administrative and General	53,384			28,629		5,850	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 Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	53,384			28,629		5,850	34
35	Unit Cost Multiplier (see instructions)							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.

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 26-1657** **WORKSHEET K-5 PART I**

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

	HOSPICE COST CENTER (omit cents)	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	SPD STERIL E PROCESSI NG	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12	13	13.10	14	15	16	
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 Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)							34
35	Unit Cost Multiplier (see instructions)							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.

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 26-1657** **WORKSHEET K-5 PART I**

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

	HOSPICE COST CENTER (omit cents)	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	19	20	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 Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)							34
35	Unit Cost Multiplier (see instructions)							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.

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS **HOSPICE CCN: 26-1657** **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)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)		
		24	25	26	27	28		
1	Administrative and General	216,599		216,599				1
2	Inpatient - General Care	305,721		305,721	121,365	427,086		2
3	Inpatient - Respite Care							3
4	Physician Services	61,004		61,004	24,217	85,221		4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy	2,397		2,397	952	3,349		7
8	Occupational Therapy							8
9	Speech / Language Pathology	38		38	15	53		9
10	Medical Social Services							10
11	Spiritual Counseling	1,992		1,992	791	2,783		11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)	2,134		2,134	847	2,981		26
27	Radiation Therapy							27
28	Chemotherapy	10,121		10,121	4,018	14,139		28
29	Other	5,626		5,626	2,233	7,859		29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs	156,585		156,585	62,161	218,746		33
34	Totals (sum of lines 1-33) (2)	762,217		762,217		762,217		34
35	Unit Cost Multiplier (see instructions)				0.396979			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.

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS **HOSPICE CCN: 26-1657** **WORKSHEET K-5 PART II**

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

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNI-CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	37,319		117,880		2	9,578	1
2	Inpatient - General Care			153,368				2
3	Inpatient - Respite Care							3
4	Physician Services			24,624				4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy			1,203				7
8	Occupational Therapy							8
9	Speech / Language Pathology			19				9
10	Medical Social Services							10
11	Spiritual Counseling			999				11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other			2,822				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)	37,319		300,915		2	9,578	34
35	Total cost to be allocated	80,841		10,508		4,679	100	35
36	Unit Cost Multiplier (see instructions)	2.166216		0.034920		2,339.500000		36
36	Unit Cost Multiplier (see instructions)						0.010441	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS **HOSPICE CCN: 26-1657** **WORKSHEET K-5 PART II**

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

	HOSPICE COST CENTER	ADMITTING GROSS CHARGES	CREDIT & COLLECTION GROSS CHARGES	RECON-CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	
		5.04	5.05	4A.06	5.06	6	7	
1	Administrative and General				89,736	37,319	37,319	1
2	Inpatient - General Care				274,727			2
3	Inpatient - Respite Care							3
4	Physician Services				54,819			4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy				2,154			7
8	Occupational Therapy							8
9	Speech / Language Pathology				34			9
10	Medical Social Services							10
11	Spiritual Counseling				1,790			11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)				1,918			26
27	Radiation Therapy							27
28	Chemotherapy				9,095			28
29	Other				5,056			29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs				140,710			33
34	Totals (sum of lines 1-33)				580,039	37,319	37,319	34
35	Total cost to be allocated				65,439	28,876	53,384	35
36	Unit Cost Multiplier (see instructions)					0.773761		36
36	Unit Cost Multiplier (see instructions)				0.112818		1.430478	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS **HOSPICE CCN: 26-1657** **WORKSHEET K-5 PART II**

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

	HOSPICE COST CENTER	SPD SOILED PROCESSIN G HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQ	DIETARY MEALS SERVED	CAFETERIA HOURS	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	
		7.10	8	9	10	11	12	
1	Administrative and General			37,319		9,075		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 Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)			37,319		9,075		34
35	Total cost to be allocated			28,629		5,850		35
36	Unit Cost Multiplier (see instructions)			0.767143		0.644628		36
36	Unit Cost Multiplier (see instructions)							36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS **HOSPICE CCN: 26-1657** **WORKSHEET K-5 PART II**

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

	HOSPICE COST CENTER	NURSING ADMINIS-TRATION HOURS OF SERVIC	SPD STERIL E PROCESSI NG SURVEY	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES	
		13	13.10	14	15	16	17	
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 Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS **HOSPICE CCN: 26-1657** **WORKSHEET K-5 PART II**

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

	HOSPICE COST CENTER	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		19	20	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 Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical 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/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

APPORTIONMENT OF HOSPICE SHARED SERVICES **HOSPICE CCN: 26-1657** **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	0.303325			1
2	Occupational Therapy	67	0.241565			2
3	Speech / Language Pathology	68	0.258766			3
4	Drugs, Biological and Infusion Therapy	73	0.215743			4
4.10	REHABILITATION SERVICES	73.10	0.444191			4.10
5	Durable Medical Equipment/Oxygen	96				5
6	Labs and Diagnostics	60	0.078024			6
6.10	CARDIOVASCULAR LABORATORY	60.10				6.10
7	Medical Supplies	71	0.136513			7
8	Outpatient Services (including E/R Dept.)	93				8
9	Radiation Therapy	55				9
10	Other	76				10
10.97	CARDIAC REHABILITATION	76.97				10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
10.99	LITHOTRIPSY	76.99				10.99
11	Totals (sum of lines 1-10)					11

CALCULATION OF HOSPICE PER DIEM COST **HOSPICE CCN: 26-1657** **WORKSHEET K-6**

	COMPUTATION OF PER DIEM COST	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	Total cost (see instructions)				543,471	1
2	Total unduplicated days (Worksheet S-9, column 6, line 5)				959	2
3	Average cost per diem (line 1 divided by line 2)				566.71	3
4	Unduplicated Medicare days (Worksheet S-9, column 1, line 5)	805				4
5	Aggregate Medicare cost (line 3 times line 4)	456,202				5
6	Unduplicated Medicaid days (Worksheet S-9, column 2, line 5)		28			6
7	Aggregate Medicaid cost (line 3 times line 6)		15,868			7
8	Unduplicated SNF days (Worksheet S-9, column 3, line 5)	516				8
9	Aggregate SNF cost (line 3 times line 8)	292,422				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)			126		12
13	Aggregate cost for other days (line 3 times line 12)			71,405		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.

CALCULATION OF CAPITAL PAYMENT **COMPONENT CCN: 26-0183** **WORKSHEET L**

```
Check        [  ] Title V                  [XX] Hospital          [XX] PPS
Applicable   [XX] Title XVIII, Part A      [  ] SUB (Other)       [  ] Cost Method
Boxes:       [  ] Title XIX
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PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	3,988,012	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	281,641	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)	149.59	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0718	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2455	8
9	Sum of lines 7 and 8	0.3173	9
10	Allowable disproportionate share percentage (see instructions)	0.0664	10
11	Disproportionate share adjustment (see instructions)	264,804	11
12	Total prospective capital payments (see instructions)	4,534,457	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

CALCULATION OF CAPITAL PAYMENT **COMPONENT CCN: 26-0183** **WORKSHEET L**

```
Check        [  ] Title V                  [XX] Hospital          [XX] PPS
Applicable   [  ] Title XVIII, Part A      [  ] SUB (Other)       [  ] Cost Method
Boxes:       [XX] Title XIX
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PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier		1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments		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)		3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)		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

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		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
13.10	SPD STERILE PROCESSING							13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	NEONATOLOGY/NICU							31.01
41	Subprovider - IRF							41
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES							73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
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
194	FITNESS CENTER							194

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		
194.01	RETAIL PHARMACY							194.01
194.02	GARDEN VIEW DELI							194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES							194.04
194.05	ENDOCRINOLOGIST							194.05
194.06	HOSPITALIST							194.06
194.07	NEONATOLOGY PHYSICIANS							194.07
194.08	ANESTHESIOLOGISTS							194.08
194.09	PHYSICIAN CARDIOLOGIST							194.09
194.10	PHYSICIAN ONCOLOGIST							194.10
194.11	PERINATOLOGY							194.11
194.12	TRAUMA PHYSICIANS							194.12
194.13	LANDMARK HOSPITAL							194.13
194.14	GYN SURG ONCOLOGIST							194.14
194.15	CAPE GASTROENTEROLOGY							194.15
194.16	CAPE PHYSICIAN ASSOCIATES							194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP							194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE							194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP							194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON							194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE							194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI							194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES							194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES							194.34
194.35	CAPE PEDIATRIC GROUP							194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS							194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202

REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

		TITLE XVIII		TITLE XIX		TITLE V			
	COST CENTERS	PART A	PART B	INPATIENT	OUTPAT-IENT	INPATIENT	OUTPAT-IENT	TOTAL THIRD PARTY UTIL	
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	Adults & Pediatrics	48.97		10.62				59.59	30
31	Intensive Care Unit	64.77		16.81				81.58	31
31.01	NEONATOLOGY/NICU			92.11				92.11	31.01
43	Nursery			84.40				84.40	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	29.94	25.13	7.64				62.71	50
51	Recovery Room	30.04	48.24	7.48				85.76	51
52	Delivery Room & Labor Room	0.82		41.47				42.29	52
53	Anesthesiology	12.71	10.20	5.75				28.66	53
54	Radiology-Diagnostic	14.31	19.58	3.76				37.65	54
56	Radioisotope	17.58	63.79	3.46				84.83	56
57	CT Scan	16.34	44.50	4.17				65.01	57
58	MRI	13.81	32.00	4.21				50.02	58
59	Cardiac Catheterization	27.51	35.11	4.51				67.13	59
60	Laboratory	23.63	12.71	5.66				42.00	60
65	Respiratory Therapy	34.21	2.19	20.86				57.26	65
66	Physical Therapy	24.69	0.11	7.01				31.81	66
67	Occupational Therapy	32.63		14.12				46.75	67
68	Speech Pathology	27.83	2.05	20.45				50.33	68
69	Electrocardiology	10.51	15.29	1.64				27.44	69
70	Electroencephalography	15.41	18.26	8.02				41.69	70
71	Medical Supplies Charged to Pat	36.11	17.76	8.42				62.29	71
72	Impl. Dev. Charged to Patients	35.19	11.36	10.79				57.34	72
73	Drugs Charged to Patients	34.89	24.27	11.64				70.80	73
73.10	REHABILITATION SERVICES	2.90	19.07	0.66				22.63	73.10
91	Emergency	6.49	25.76	1.30				33.55	91
92	Observation Beds (Non-Distinct	10.83	37.94	0.72				49.49	92
200	TOTAL CHARGES	25.32	20.35	7.71				53.38	200

REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IRF

		TITLE XVIII		TITLE XIX		TITLE V			
	COST CENTERS	PART A	PART B	INPATIENT	OUTPAT-IENT	INPATIENT	OUTPAT-IENT	TOTAL THIRD PARTY UTIL	
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
41	Subprovider - IRF	62.23						62.23	41
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	0.02						0.02	50
51	Recovery Room	0.01						0.01	51
54	Radiology-Diagnostic	0.11						0.11	54
56	Radioisotope	0.01						0.01	56
57	CT Scan	0.07						0.07	57
58	MRI	0.13						0.13	58
59	Cardiac Catheterization	0.01						0.01	59
60	Laboratory	0.22						0.22	60
65	Respiratory Therapy	0.45						0.45	65
66	Physical Therapy	7.48						7.48	66
67	Occupational Therapy	16.03						16.03	67
68	Speech Pathology	9.65						9.65	68
69	Electrocardiology	0.02						0.02	69
70	Electroencephalography	0.01						0.01	70
71	Medical Supplies Charged to Pat	0.21						0.21	71
73	Drugs Charged to Patients	0.91						0.91	73
73.10	REHABILITATION SERVICES	0.61						0.61	73.10
200	TOTAL CHARGES	0.39						0.39	200

REPORT 98 - COST ALLOCATION SUMMARY

		DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
	COST CENTERS	AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	15,104,240	3.78	-15,104,240	-13.67			1
2	Cap Rel Costs-Mvble Equip	16,494,390	4.13	-16,494,390	-14.92			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	5,369,999	1.34	-5,369,999	-4.86			4
5.01	COMMUNICATIONS	526,492	0.13	-526,492	-0.48			5.01
5.02	DATA PROCESSING	6,666,421	1.67	-6,666,421	-6.03			5.02
5.03	PURCHASING	741,635	0.19	-741,635	-0.67			5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	7,314,674	1.83	-7,314,674	-6.62			5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	37,337,144	9.35	-37,337,144	-33.78			5.06
6	Maintenance & Repairs	3,192,003	0.80	-3,192,003	-2.89			6
7	Operation of Plant	4,332,280	1.08	-4,332,280	-3.92			7
7.10	SPD SOILED PROCESSING	5,398		-5,398				7.10
8	Laundry & Linen Service	1,110,193	0.28	-1,110,193	-1.00			8
9	Housekeeping	3,012,519	0.75	-3,012,519	-2.73			9
10	Dietary	2,527,388	0.63	-2,527,388	-2.29			10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,979,967	0.50	-1,979,967	-1.79			13
13.10	SPD STERILE PROCESSING	1,270,913	0.32	-1,270,913	-1.15			13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	3,086,770	0.77	-3,086,770	-2.79			16
17	Social Service	444,089	0.11	-444,089	-0.40			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
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 SERVICE COST CENTERS							
30	Adults & Pediatrics	24,634,441	6.17	17,465,061	15.80	42,099,502	10.54	30
31	Intensive Care Unit	7,455,112	1.87	3,788,413	3.43	11,243,525	2.82	31
31.01	NEONATOLOGY/NICU	3,919,065	0.98	2,143,760	1.94	6,062,825	1.52	31.01
41	Subprovider - IRF	1,574,824	0.39	1,072,591	0.97	2,647,415	0.66	41
43	Nursery	1,357,046	0.34	520,153	0.47	1,877,199	0.47	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,998,263	3.51	11,156,143	10.09	25,154,406	6.30	50
51	Recovery Room	1,177,582	0.29	743,873	0.67	1,921,455	0.48	51
52	Delivery Room & Labor Room	1,334,312	0.33	440,383	0.40	1,774,695	0.44	52
53	Anesthesiology	587,987	0.15	310,628	0.28	898,615	0.23	53
54	Radiology-Diagnostic	7,354,532	1.84	5,106,931	4.62	12,461,463	3.12	54
56	Radioisotope	502,714	0.13	388,580	0.35	891,294	0.22	56
57	CT Scan	983,597	0.25	1,128,220	1.02	2,111,817	0.53	57
58	MRI	576,620	0.14	481,885	0.44	1,058,505	0.27	58
59	Cardiac Catheterization	5,527,936	1.38	4,422,206	4.00	9,950,142	2.49	59
60	Laboratory	12,238,711	3.06	4,713,028	4.26	16,951,739	4.24	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,810,172	1.20	1,684,682	1.52	6,494,854	1.63	65
66	Physical Therapy	2,709,500	0.68	1,664,191	1.51	4,373,691	1.10	66
67	Occupational Therapy	1,137,890	0.28	468,658	0.42	1,606,548	0.40	67
68	Speech Pathology	841,223	0.21	247,986	0.22	1,089,209	0.27	68
69	Electrocardiology	2,487,113	0.62	1,221,167	1.10	3,708,280	0.93	69
70	Electroencephalography	1,619,999	0.41	1,591,187	1.44	3,211,186	0.80	70
71	Medical Supplies Charged to Patients	16,370,662	4.10	3,366,687	3.05	19,737,349	4.94	71
72	Impl. Dev. Charged to Patients	24,397,093	6.11	4,608,501	4.17	29,005,594	7.26	72
73	Drugs Charged to Patients	25,338,952	6.35	4,803,824	4.35	30,142,776	7.55	73
73.10	REHABILITATION SERVICES	7,507,215	1.88	5,668,624	5.13	13,175,839	3.30	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	8,693,784	2.18	6,527,423	5.91	15,221,207	3.81	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	242,861	0.06	29,708	0.03	272,569	0.07	95
97	Durable Medical Equip-Sold	1,139,479	0.29	243,706	0.22	1,383,185	0.35	97
101	Home Health Agency	1,174,558	0.29	368,986	0.33	1,543,544	0.39	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	483,911	0.12	278,306	0.25	762,217	0.19	116
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			120,103	0.11	120,103	0.03	190
194	FITNESS CENTER	1,710,436	0.43	2,553,456	2.31	4,263,892	1.07	194
194.01	RETAIL PHARMACY	4,921,544	1.23	804,558	0.73	5,726,102	1.43	194.01
194.02	GARDEN VIEW DELI	91,789	0.02	63,438	0.06	155,227	0.04	194.02
194.03	MEDICAL OFFICE BLDG			704		704		194.03
194.04	PHYSICIAN SERVICES	3,196,471	0.80	934,941	0.85	4,131,412	1.03	194.04

REPORT 98 - COST ALLOCATION SUMMARY

		DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
	COST CENTERS	AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
194.05	ENDOCRINOLOGIST	1,270,134	0.32	355,131	0.32	1,625,265	0.41	194.05
194.06	HOSPITALIST	10,658,623	2.67	1,882,744	1.70	12,541,367	3.14	194.06
194.07	NEONATOLOGY PHYSICIANS	2,108,033	0.53	418,973	0.38	2,527,006	0.63	194.07
194.08	ANESTHESIOLOGISTS	11,862,021	2.97	1,534,275	1.39	13,396,296	3.35	194.08
194.09	PHYSICIAN CARDIOLOGIST	8,188,185	2.05	2,104,618	1.90	10,292,803	2.58	194.09
194.10	PHYSICIAN ONCOLOGIST	3,234,286	0.81	938,045	0.85	4,172,331	1.04	194.10
194.11	PERINATOLOGY	616,479	0.15	324,292	0.29	940,771	0.24	194.11
194.12	TRAUMA PHYSICIANS	1,641,551	0.41	359,896	0.33	2,001,447	0.50	194.12
194.13	LANDMARK HOSPITAL	15,619		2,171		17,790		194.13
194.14	GYN SURG ONCOLOGIST	828,353	0.21	202,519	0.18	1,030,872	0.26	194.14
194.15	CAPE GASTROENTEROLOGY	4,298,197	1.08	722,507	0.65	5,020,704	1.26	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	6,427,545	1.61	2,830,879	2.56	9,258,424	2.32	194.16
194.17	NONPATIENT MEALS			726,885	0.66	726,885	0.18	194.17
194.18	BEAUTY SHOP			7,197	0.01	7,197		194.18
194.19	MARKETING COSTS	12,775,536	3.20	1,503,296	1.36	14,278,832	3.58	194.19
194.20	CAPE PRIMARY CARE	2,008,919	0.50	570,746	0.52	2,579,665	0.65	194.20
194.21	CAPE CARE FOR WOMEN	6,273,324	1.57	970,533	0.88	7,243,857	1.81	194.21
194.22	JACKSON FAMILY CLINIC	1,534,928	0.38	442,910	0.40	1,977,838	0.50	194.22
194.23	CAPE MEDICAL GROUP	689,553	0.17	209,004	0.19	898,557	0.23	194.23
194.24	CAPE ENT GROUP	2,509,759	0.63	627,684	0.57	3,137,443	0.79	194.24
194.25	CHARLESTON FAMILY CARE	803,100	0.20	199,801	0.18	1,002,901	0.25	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS			3		3		194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR	276,635	0.07	45,958	0.04	322,593	0.08	194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON	556,579	0.14	96,261	0.09	652,840	0.16	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	675,249	0.17	121,058	0.11	796,307	0.20	194.30
194.31	PHYSICIANS PARK PRIMARY CARE	10,965,474	2.75	1,336,059	1.21	12,301,533	3.08	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	146,772	0.04	18,292	0.02	165,064	0.04	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	2,457,971	0.62	344,352	0.31	2,802,323	0.70	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	1,354,511	0.34	184,410	0.17	1,538,921	0.39	194.34
194.35	CAPE PEDIATRIC GROUP	663,313	0.17	78,313	0.07	741,626	0.19	194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	373,934	0.09	53,035	0.05	426,969	0.11	194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	1,524,361	0.38	171,977	0.16	1,696,338	0.42	194.37
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	399,352,853	100.00			399,352,853	100.00	202

REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,664,612	101,804,830	0.045819	30,481,868	1,396,649	50
51	Recovery Room	204,680	16,337,340	0.012528	4,907,515	61,481	51
52	Delivery Room & Labor Room	62,676	8,532,760	0.007345	70,036	514	52
53	Anesthesiology	37,193	33,561,442	0.001108	4,267,225	4,728	53
54	Radiology-Diagnostic	2,607,626	75,317,102	0.034622	10,775,681	373,076	54
56	Radioisotope	176,107	12,210,798	0.014422	2,146,698	30,960	56
57	CT Scan	359,895	99,667,642	0.003611	16,283,893	58,801	57
58	MRI	207,571	25,322,645	0.008197	3,496,264	28,659	58
59	Cardiac Catheterization	2,137,041	61,368,198	0.034823	16,885,262	587,995	59
60	Laboratory	1,099,505	217,263,057	0.005061	51,333,803	259,800	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	324,052	71,406,861	0.004538	24,429,874	110,863	65
66	Physical Therapy	594,719	14,419,158	0.041245	3,560,542	146,855	66
67	Occupational Therapy	139,829	6,650,569	0.021025	2,169,783	45,620	67
68	Speech Pathology	53,991	4,209,245	0.012827	1,171,339	15,025	68
69	Electrocardiology	540,278	28,357,308	0.019053	2,980,486	56,787	69
70	Electroencephalography	550,176	7,137,635	0.077081	1,100,015	84,790	70
71	Medical Supplies Charged to Pat	371,876	144,582,026	0.002572	52,203,366	134,267	71
72	Impl. Dev. Charged to Patients	475,855	176,711,366	0.002693	62,193,180	167,486	72
73	Drugs Charged to Patients	630,221	139,716,256	0.004511	48,751,910	219,920	73
73.10	REHABILITATION SERVICES	2,399,941	29,662,562	0.080908	861,549	69,706	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	1,800,138	78,928,667	0.022807	5,123,159	116,844	91
92	Observation Beds (Non-Distinct	661,842	11,694,070	0.056596	1,266,862	71,699	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	27,384	3,115,576	0.008789			97
200	TOTAL	20,127,208	1,367,977,113		346,460,310	4,042,525	200

REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST-MENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	4,663,951		4,663,951	49,237	94.72	24,110	2,283,699	30
31	Intensive Care Unit	1,123,551		1,123,551	6,616	169.82	4,285	727,679	31
31.01	NEONATOLOGY/NICU	736,440		736,440	5,401	136.35			31.01
200	TOTAL	6,523,942		6,523,942	61,254		28,395	3,011,378	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	3,011,378
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	4,042,525
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	7,053,903
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	5,828
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	28,395
PER DISCHARGE CAPITAL COSTS	1,210.35

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	73,141,365
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	403,428,091
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.181

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 41 + Worksheet D, Part IV, column 11, line 200))	2,823,078
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 41, column 2 plus Worksheet D-3, line 202, column 2)	7,710,892
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.366

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	7,053,903
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column 1 less lines 61, 66-68, 74, 94, 95 & 96)	41,368,971
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	278,239,760
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.149