

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0115		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2010 TIME 15:19

PART I - 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 BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: MEMORIAL HOSP & HEALTH CARE CTR 15-0115 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	367,212	52,058	0
2	SUBPROVIDER	0	29,182	0	0
2 .01	SUBPROVIDER II	0	18,768	0	0
5	HOSPITAL-BASED SNF	0	2,354	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
9	RHC	0	0	314	0
9 .01	RHC II	0	0	14,471	0
100	TOTAL	0	417,516	66,843	0

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 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: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 800 WEST 9TH STREET P. O. BOX:
 1.01 CITY: JASPER STATE: IN ZIP CODE: 47546- COUNTY: DUBOIS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	MEMORIAL HOSP & HEALTH CARE CTR	15-0115	2.01	3	4	5	6
03.00 SUBPROVIDER	MEMORIAL HOSP & HCC (PSYCH)	15-S115		7/ 1/1985	N	P	O
03.01 SUBPROVIDER 2	MEMORIAL HOSP & HCC (REHAB)	15-T115		7/ 1/2005	N	P	O
06.00 HOSPITAL-BASED SNF	MEMORIAL HOSP & HEALTH CARE CTR	15-5305		8/ 4/1987	N	P	N
09.00 HOSPITAL-BASED HHA	MEMORIAL HOSP & HEALTH CARE CTR	15-7222		8/28/1991	N	P	N
14.00 HOSPITAL-BASED RHC	FRENCH LICK FAMILY MEDICINE	15-8507		6/19/2009	N	O	N
14.01 HOSPITAL-BASED RHC 2	LOOGOOTEE FAMILY MEDICINE	15-8508		12/14/2009	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4
 20.01 SUBPROVIDER II 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N 99915

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MI PPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	100	0.8473	0.8529	
28.02	0.00	2	9915	0015

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	96.00%	Y
28.04 RECRUITMENT	1.00%	Y
28.05 RETENTION	1.00%	Y
28.06 TRAINING	2.00%	Y

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	60,026,364		60,026,364	2,277,646.50	26.35	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,402,430		1,402,430	13,351.83	105.04	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	11,683,069		11,683,069	77,919.27	149.94	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,066,462		1,066,462	50,567.45	21.09	
8.01 EXCLUDED AREA SALARIES	15,423,418	160,401	15,583,819	503,398.01	30.96	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	2,503,048		2,503,048	25,030.48	100.00	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,030,043		7,030,043			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,529,992		3,529,992			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	317,674		317,674			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	2,646,408		2,646,408			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)	72,846		72,846			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	395,948		395,948	17,413.91	22.74	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	6,225,026		6,225,026	292,409.68	21.29	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,468,064		1,468,064	67,891.76	21.62	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	224,145		224,145	20,460.09	10.96	
26 HOUSEKEEPING	996,170		996,170	87,737.49	11.35	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	992,505	-665,343	327,162	23,317.71	14.03	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		665,343	665,343	47,420.76	14.03	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	620,444		620,444	21,473.96	28.89	
31 CENTRAL SERVICE AND SUPPLY	238,326		238,326	18,688.68	12.75	
32 PHARMACY	1,196,793		1,196,793	37,911.25	31.57	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	810,772		810,772	48,030.01	16.88	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	46,940,865		46,940,865	2,186,375.40	21.47	
2 EXCLUDED AREA SALARIES	16,489,880	160,401	16,650,281	553,965.46	30.06	
3 SUBTOTAL SALARIES	30,450,985	-160,401	30,290,584	1,632,409.94	18.56	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,503,048		2,503,048	25,030.48	100.00	
5 SUBTOTAL WAGE-RELATED COSTS	7,030,043		7,030,043		23.21	
6 TOTAL	39,984,076	-160,401	39,823,675	1,657,440.42	24.03	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	13,168,193		13,168,193	682,755.30	19.29	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,363	855	377
2 UNDUPLICATED CENSUS COUNT		284.00	28.00	124.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	2,595
2 UNDUPLICATED CENSUS COUNT	436.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	3.14		3.14
6 DIRECTING NURSING SERVICE	4.76		4.76
7 NURSING SUPERVISOR	1.05		1.05
8 PHYSICAL THERAPY SERVICE	1.65		1.65
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.51		.51
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.05		.05
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.02		.02
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.80		2.80
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	1,628	381	76	71
22 SKILLED NURSING VISIT CHARGES	270,240	60,735	13,540	11,809
23 PHYSICAL THERAPY VISITS	1,411	4	16	50
24 PHYSICAL THERAPY VISIT CHARGES	242,692	688	2,752	8,600
25 OCCUPATIONAL THERAPY VISITS	388	0	2	21
26 OCCUPATIONAL THERAPY VISIT CHARGES	66,736	0	344	3,612
27 SPEECH PATHOLOGY VISITS	22	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,784	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	3	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	615	0	0	0
31 HOME HEALTH AIDE VISITS	1,311	0	3	49
32 HOME HEALTH AIDE VISIT CHARGES	98,325	0	225	3,675
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,763	385	97	191
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	682,392	61,423	16,861	27,696
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	252	0	33	12
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	8	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	11,698	1,667	831	263

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,156
22 SKILLED NURSING VISIT CHARGES	0	0	356,324
23 PHYSICAL THERAPY VISITS	0	0	1,481
24 PHYSICAL THERAPY VISIT CHARGES	0	0	254,732
25 OCCUPATIONAL THERAPY VISITS	0	0	411
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	70,692
27 SPEECH PATHOLOGY VISITS	0	0	22
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,784
29 MEDICAL SOCIAL SERVICE VISITS	0	0	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	615
31 HOME HEALTH AIDE VISITS	0	0	1,363
32 HOME HEALTH AIDE VISIT CHARGES	0	0	102,225
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	5,436
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	788,372
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	297
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	9
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	14,459

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8473
 Wage Index Factor (after 10/01): 0.8529
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9915
 SNF CBSA Code : 0015

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 522 SOUTH MAPLE STREET
 1.01 CITY: FRENCH LICK STATE: IN ZIP CODE: 47432 COUNTY: ORANGE
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT
 PHYSICIAN NAME BILLING NUMBER
 10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD
 PHYSICIAN NAME HOURS OF SUPERVISION
 11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	600	1500	800	1200	800	1700	600	1500		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.
 15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVII I TITLE XIX
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.
 17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 105 COOPER STREET
 1.01 CITY: LOOGOOTEE STATE: IN ZIP CODE: 47553 COUNTY: MARTIN
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT
 PHYSICIAN NAME BILLING NUMBER
 10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD
 PHYSICIAN NAME HOURS OF SUPERVISION
 11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1800	800	1800	800	1800	800	1800	800	1200		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.
 15 PROVIDER NAME: PROVIDER NUMBER:
 TITLE V TITLE XVII I TITLE XIX
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.
 17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	11,239,849
17.01	GROSS MEDICAID REVENUES	21,181,443
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	32,421,292
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.429408
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0115

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/24/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		12,693,392	12,693,392		12,693,392
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	395,948	13,908,540	14,304,488		14,304,488
6	0600 ADMINISTRATIVE & GENERAL	6,225,026	6,987,145	13,212,171		13,212,171
7	0700 MAINTENANCE & REPAIRS	1,468,064	4,861,087	6,329,151		6,329,151
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE	224,145	99,149	323,294		323,294
10	1000 HOUSEKEEPING	996,170	200,649	1,196,819		1,196,819
11	1100 DIETARY	992,505	572,919	1,565,424	-1,059,377	506,047
12	1200 CAFETERIA				1,049,409	1,049,409
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	620,444	37,611	658,055		658,055
15	1500 CENTRAL SERVICES & SUPPLY	238,326	271,678	510,004	-213,257	296,747
16	1600 PHARMACY	1,196,793	3,752,711	4,949,504		4,949,504
17	1700 MEDICAL RECORDS & LIBRARY	810,772	80,714	891,486		891,486
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,983,277	516,745	6,500,022	-630,487	5,869,535
26	2600 INTENSIVE CARE UNIT	2,335,159	91,993	2,427,152	-7,472	2,419,680
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	1,048,671	173,944	1,222,615		1,222,615
31.01	3101 SUBPROVIDER 2	582,324	134,623	716,947		716,947
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	1,066,462	48,424	1,114,886	-11,401	1,103,485
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,207,603	3,322,401	6,530,004	-2,514,947	4,015,057
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM				416,582	416,582
40	4000 ANESTHESIOLOGY	2,971,423	457,578	3,429,001	-135,047	3,293,954
41	4100 RADIOLOGY-DIAGNOSTIC	1,848,684	1,157,669	3,006,353	-87,793	2,918,560
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	186,152	395,533	581,685		581,685
44	4400 LABORATORY	2,147,607	3,213,214	5,360,821		5,360,821
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	997,681	376,151	1,373,832	-107,674	1,266,158
50	5000 PHYSICAL THERAPY	1,502,322	255,107	1,757,429	-50,800	1,706,629
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	1,399,330	4,297,744	5,697,074	-2,350,587	3,346,487
53.01	5302 PULMONARY				55,224	55,224
53.02	5301 CARDIOPULMONARY	99,473	5,387	104,860		104,860
53.03	5303 SLEEP LAB	87,240	29,665	116,905		116,905
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,812,670	4,812,670	-1,164,097	3,648,573
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				6,827,089	6,827,089
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	404,581	129,117	533,698		533,698
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	225,027	365,473	590,500	-6,553	583,947
60.01	6001 IMED	381,800	117,326	499,126	-4,838	494,288
60.02	6002 ONCOLOGY	965,983	4,765,037	5,731,020		5,731,020
61	6100 EMERGENCY	5,142,954	658,041	5,800,995		5,800,995
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 FRENCH LICK RHC	155,255	74,561	229,816		229,816
63.51	6311 LOGOOTEER RHC	326,740	68,534	395,274	-191,570	203,704
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES	1,409,458	140,749	1,550,207		1,550,207
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	753,635	136,896	890,531		890,531
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0115
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/24/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE	91,565	14,649	106,214		106,214
95	SUBTOTALS	48,488,599	69,224,826	117,713,425	-187,596	117,525,829
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	10,025,434	2,670,144	12,695,578	187,596	12,883,174
99	9900 NONPAID WORKERS					
100	7955 OTHER NONREIMBURSABLE COST CENTERS					
100.02	7950 MEMORIAL HOSPITAL FOUNDATION	135,171	73	135,244		135,244
100.03	7951 MKT/PHY SERVICES	951,757	851,650	1,803,407		1,803,407
100.04	7952 COMMUNITY EDUCATION	268,444	98,655	367,099		367,099
100.06	7953 MAB					
100.08	7954 PUBLIC RELATIONS	156,959	281,536	438,495		438,495
100.09	7958 UNUSED SPACE					
101	TOTAL	60,026,364	73,126,884	133,153,248	-0-	133,153,248

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0115
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/24/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,930,376	10,763,016
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS	-19,140	14,285,348
6	0600 ADMINISTRATIVE & GENERAL	-140,397	13,071,774
7	0700 MAINTENANCE & REPAIRS	-1,798	6,327,353
8	0800 OPERATION OF PLANT		
9	0900 LAUNDRY & LINEN SERVICE	-758	322,536
10	1000 HOUSEKEEPING		1,196,819
11	1100 DIETARY	-477	505,570
12	1200 CAFETERIA	-430,131	619,278
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-90	657,965
15	1500 CENTRAL SERVICES & SUPPLY		296,747
16	1600 PHARMACY	-236,544	4,712,960
17	1700 MEDICAL RECORDS & LIBRARY	-17,915	873,571
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMEDICAL PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		5,869,535
26	2600 INTENSIVE CARE UNIT		2,419,680
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-150,496	1,072,119
31.01	3101 SUBPROVIDER 2	-118,840	598,107
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	-7,200	1,096,285
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-5,425	4,009,632
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		416,582
40	4000 ANESTHESIOLOGY	-3,040,794	253,160
41	4100 RADIOLOGY-DIAGNOSTIC		2,918,560
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		581,685
44	4400 LABORATORY	-190,406	5,170,415
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-25,302	1,240,856
50	5000 PHYSICAL THERAPY	-9,072	1,697,557
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-1,180,326	2,166,161
53.01	5302 PULMONARY		55,224
53.02	5301 CARDIOPULMONARY		104,860
53.03	5303 SLEEP LAB	-221	116,684
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,648,573
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		6,827,089
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-89,547	444,151
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		583,947
60.01	6001 IMED	-194,796	299,492
60.02	6002 ONCOLOGY	-1,988	5,729,032
61	6100 EMERGENCY	-2,943,126	2,857,869
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 FRENCH LICK RHC	-7,274	222,542
63.51	6311 LOGOOTEERHC	-6,518	197,186
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES	-6,969	1,543,238
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY	-699	889,832
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0115
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/24/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		106,214
95	SUBTOTALS	-10,756,625	106,769,204
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		12,883,174
99	9900 NONPAID WORKERS		
100	7955 OTHER NONREIMBURSABLE COST CENTERS		
100.02	7950 MEMORIAL HOSPITAL FOUNDATION		135,244
100.03	7951 MKT/PHY SERVICES		1,803,407
100.04	7952 COMMUNITY EDUCATION		367,099
100.06	7953 MAB		
100.08	7954 PUBLIC RELATIONS		438,495
100.09	7958 UNUSED SPACE		
101	TOTAL	-10,756,625	122,396,623

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	PULMONARY	5302	ELECTROCARDIOLOGY
53.02	CARDIOPULMONARY	5301	ELECTROCARDIOLOGY
53.03	SLEEP LAB	5303	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	IMED	6001	CLINIC
60.02	ONCOLOGY	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	FRENCH LICK RHC	6310	RURAL HEALTH CLINIC #####
63.51	LOGOOTEERHC	6311	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	

RECLASSIFICATIONS

PROVIDER NO:
150115

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/24/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PULMONARY FUNCTION TESTING	A	PULMONARY	53.01	55,224	
2 LABOR AND DELIVERY	B	DELIVERY ROOM & LABOR ROOM	39	350,796	65,786
3 CAFETERIA	C	CAFETERIA	12	665,343	384,066
4 IMPLANTABLE DEVICES	D	IMPL. DEV. CHARGED TO PATIENT	55.30		6,827,089
5 LOGOOTEENON RHC EXPENSES	E	PHYSICIANS' PRIVATE OFFICES	98	160,401	31,169
6 BILLABLE SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,662,992
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
36 TOTAL RECLASSIFICATIONS				1,231,764	12,971,102

(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.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
150115

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/24/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 PULMONARY FUNCTION TESTING	A	RESPIRATORY THERAPY	49	55,224		
2 LABOR AND DELIVERY	B	ADULTS & PEDIATRICS	25	350,796	65,786	
3 CAFETERIA	C	DIETARY	11	665,343	384,066	
4 IMPLANTABLE DEVICES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,827,089	
5 LOOGOOTEENON RHC EXPENSES	E	LOOGOOTEENON RHC	63.51	160,401	31,169	
6 BILLABLE SUPPLIES	F	DIETARY	11		9,968	
7		CENTRAL SERVICES & SUPPLY	15		213,257	
8		ADULTS & PEDIATRICS	25		213,905	
9		INTENSIVE CARE UNIT	26		7,472	
10		SKILLED NURSING FACILITY	34		11,401	
11		OPERATING ROOM	37		2,514,947	
12		ANESTHESIOLOGY	40		135,047	
13		RADIOLOGY-DIAGNOSTIC	41		87,793	
14		RESPIRATORY THERAPY	49		52,450	
15		PHYSICAL THERAPY	50		50,800	
16		ELECTROCARDIOLOGY	53		2,350,587	
17		IMED	60.01		4,838	
18		CLINIC	60		6,553	
19		PHYSICIANS' PRIVATE OFFICES	98		3,974	
36 TOTAL RECLASSIFICATIONS				1,231,764	12,971,102	

(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.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
150115

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : PULMONARY FUNCTION TESTING

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	PULMONARY	55,224
TOTAL RECLASSIFICATIONS FOR CODE A		55,224

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
RESPIRATORY THERAPY	49	55,224
TOTAL RECLASSIFICATIONS FOR CODE A		55,224

RECLASS CODE: B
EXPLANATION : LABOR AND DELIVERY

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	416,582
TOTAL RECLASSIFICATIONS FOR CODE B		416,582

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	416,582
TOTAL RECLASSIFICATIONS FOR CODE B		416,582

RECLASS CODE: C
EXPLANATION : CAFETERIA

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	1,049,409
TOTAL RECLASSIFICATIONS FOR CODE C		1,049,409

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	1,049,409
TOTAL RECLASSIFICATIONS FOR CODE C		1,049,409

RECLASS CODE: D
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	6,827,089
TOTAL RECLASSIFICATIONS FOR CODE D		6,827,089

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
MEDICAL SUPPLIES CHARGED TO PA	55	6,827,089
TOTAL RECLASSIFICATIONS FOR CODE D		6,827,089

RECLASS CODE: E
EXPLANATION : LOOGOTEE NON RHC EXPENSES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	191,570
TOTAL RECLASSIFICATIONS FOR CODE E		191,570

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
LOOGOTEE RHC	63.51	191,570
TOTAL RECLASSIFICATIONS FOR CODE E		191,570

RECLASS CODE: F
EXPLANATION : BILLABLE SUPPLIES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	5,662,992
2.00		0
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
10.00		0
11.00		0
12.00		0
13.00		0
14.00		0
TOTAL RECLASSIFICATIONS FOR CODE F		5,662,992

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	9,968
CENTRAL SERVICES & SUPPLY	15	213,257
ADULTS & PEDIATRICS	25	213,905
INTENSIVE CARE UNIT	26	7,472
SKILLED NURSING FACILITY	34	11,401
OPERATING ROOM	37	2,514,947
ANESTHESIOLOGY	40	135,047
RADIOLOGY-DIAGNOSTIC	41	87,793
RESPIRATORY THERAPY	49	52,450
PHYSICAL THERAPY	50	50,800
ELECTROCARDIOLOGY	53	2,350,587
IMED	60.01	4,838
CLINIC	60	6,553
PHYSICIANS' PRIVATE OFFICES	98	3,974
TOTAL RECLASSIFICATIONS FOR CODE F		5,662,992

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	4,370,016	1,175,798		1,175,798		5,545,814	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	97,417,222	5,755,260		5,755,260		103,172,482	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	57,221,688	2,629,213		2,629,213		59,850,901	
7 SUBTOTAL	159,008,926	9,560,271		9,560,271		168,569,197	
8 RECONCILING ITEMS							
9 TOTAL	159,008,926	9,560,271		9,560,271		168,569,197	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
* 1	DESCRIPTION	1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	168,569,197		168,569,197	1.000000			
4	NEW CAP REL COSTS-MV							
5	TOTAL	168,569,197		168,569,197	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
* 1	DESCRIPTION	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	12,681,006		-1,917,990				10,763,016
4	NEW CAP REL COSTS-MV							
5	TOTAL	12,681,006		-1,917,990				10,763,016

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
* 1	DESCRIPTION	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	12,693,392						12,693,392
4	NEW CAP REL COSTS-MV							
5	TOTAL	12,693,392						12,693,392

* All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-86	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-8,274	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,530,321			
13 SALE OF SCRAP, WASTE, ETC.	B	-5,188	ADMINISTRATIVE & GENERAL	6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-758	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-425,430	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-236,544	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-17,915	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-4,701	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
38					
39 MAINTENANCE	B	-971	MAINTENANCE & REPAIRS	7	
40 MISC. REVENUE	B	-934	ADMINISTRATIVE & GENERAL	6	
41 TELEPHONE DEPRECIATION	A	-12,020	NEW CAP REL COSTS-BLDG &	3	9
42 ADVERTISING - BENEFITS	A	-19,140	EMPLOYEE BENEFITS	5	
43 ADVERTISING - ADMIN & GENERAL	A	-575	ADMINISTRATIVE & GENERAL	6	
44 ADVERTISING - ONCOLOGY	A	-1,988	ONCOLOGY	60.02	
45 ADVERTISING - AMBULANCE	A	-4,209	AMBULANCE SERVICES	65	
46 AHA LIVES - 1993	A	-366	NEW CAP REL COSTS-BLDG &	3	9
47 CLINICAL ENGINEERING	B	-827	MAINTENANCE & REPAIRS	7	
48 CRNA EXPENSE	A	-1,402,430	ANESTHESIOLOGY	40	
49 MISC. PROC. CENTER	B	-2,080	ADMINISTRATIVE & GENERAL	6	
49.01 ADVERTISING - REHAB	A	-990	SUBPROVIDER 2	31.01	
49.02 MISC. DIETARY	B	-477	DIETARY	11	
49.03 MISC. LAB	B	-40,406	LABORATORY	44	
49.04					
49.05 MISC. FINANCE	B	-64,313	ADMINISTRATIVE & GENERAL	6	
49.06 MISC. AMBULANCE	B	-2,760	AMBULANCE SERVICES	65	
49.07					
49.08 ACCOUNTS PAYABLE DISCOUNT	B	-37,380	ADMINISTRATIVE & GENERAL	6	
49.09 INTEREST	B	-1,917,990	NEW CAP REL COSTS-BLDG &	3	11
49.10 AHA IHA LOBBYING DUES	A	-3,567	ADMINISTRATIVE & GENERAL	6	
49.11 MISC. SURGERY	B	-5,425	OPERATING ROOM	37	
49.12 MISC. HOME HEALTH	B	-699	HOME HEALTH AGENCY	71	
49.13 MISC. SLEEP LAB	B	-221	SLEEP LAB	53.03	
49.14 MISC. CLINICAL	B	-90	NURSING ADMINSTRATION	14	
49.15 MISC. PHYSICAL THERAPY	B	-96	PHYSICAL THERAPY	50	
49.16 MISC. LOOGOTEE	B	-6,518	LOOGOTEE RHC	63.51	
49.17 MISC. FRENCH LICK	B	-936	FRENCH LICK RHC	63.50	
49.18					
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,756,625			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0115

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/24/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL 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 61	ER SALARY	2,635,566	2,635,566					
2 40	ANESTHESIA SALARY	1,440,283	1,440,283					
3 60 1	IMED SALARY	179,138	179,138					
4 31	PSYCH - CONTRACTED	150,496	150,496					
5 31 1	REHAB - CONTRACTED	117,850	117,850					
6 6	A&G CONTRACTED	18,000	18,000					
7 40	ANESTHESIA - CONTRACTED	198,081	198,081					
8 53	EKG - CONTRACTED	1,180,326	1,180,326					
9 44	LAB - CONTRACTED	150,000	150,000					
10 49	RT - CONTRACTED	25,302	25,302					
11 50	PT - CONTRACTED	8,976	8,976					
12 59	OP PSYCH - CONTRACTED	89,547	89,547					
13 60 1	IMED - CONTRACTED	15,658	15,658					
14 34	SNF - CONTRACTED	7,200	7,200					
15 61	ER - CONTRACTED	307,560	307,560					
16 63 50	FRENCH LICK - CONTRACTED	6,338	6,338					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	6,530,321	6,530,321					

WKSHT A LINE NO.	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 DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	61	ER SALARY						2,635,566
2	40	ANESTHESIA SALARY						1,440,283
3	60	1 IMED SALARY						179,138
4	31	PSYCH - CONTRACTED						150,496
5	31	1 REHAB - CONTRACTED						117,850
6	6	A&G CONTRACTED						18,000
7	40	ANESTHESIA - CONTRACTED						198,081
8	53	EKG - CONTRACTED						1,180,326
9	44	LAB - CONTRACTED						150,000
10	49	RT - CONTRACTED						25,302
11	50	PT - CONTRACTED						8,976
12	59	OP PSYCH - CONTRACTED						89,547
13	60	1 IMED - CONTRACTED						15,658
14	34	SNF - CONTRACTED						7,200
15	61	ER - CONTRACTED						307,560
16	63	50 FRENCH LICK - CONTRACTED						6,338
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						6,530,321

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0115
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE FEET	ENTERED
11	DIETARY	10	DAYS	ENTERED
12	CAFETERIA	11	HOURS	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	Revenues	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	10,763,016			10,763,016			
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	14,285,348			69,097		14,354,445	
007 ADMINISTRATIVE & GENERAL	13,071,774			2,194,667		1,498,513	16,764,954
008 MAINTENANCE & REPAIRS	6,327,353			896,341		353,398	7,577,092
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	322,536			40,582		53,957	417,075
011 HOUSEKEEPING	1,196,819			30,136		239,802	1,466,757
012 DIETARY	505,570			146,036		78,756	730,362
013 CAFETERIA	619,278			30,978		160,164	810,420
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	657,965			23,277		149,356	830,598
016 CENTRAL SERVICES & SUPPLY	296,747			24,914		57,371	379,032
017 PHARMACY	4,712,960			84,921		288,097	5,085,978
018 MEDICAL RECORDS & LIBRARY	873,571			97,549		195,172	1,166,292
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,869,535			1,005,178		1,355,873	8,230,586
027 INTENSIVE CARE UNIT	2,419,680			324,203		562,129	3,306,012
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,072,119			91,079		252,440	1,415,638
032 01 SUBPROVIDER 2	598,107			133,563		140,179	871,849
033 NURSERY							
034 SKILLED NURSING FACILITY	1,096,285			175,657		256,723	1,528,665
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	4,009,632			580,510		772,147	5,362,289
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO	416,582			64,607		84,445	565,634
042 ANESTHESIOLOGY	253,160					715,293	968,453
043 RADIOLOGY-DIAGNOSTIC	2,918,560			290,294		445,023	3,653,877
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE	581,685			27,673		44,811	654,169
046 LABORATORY	5,170,415			133,376		516,981	5,820,772
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	1,240,856			47,270		226,872	1,514,998
052 PHYSICAL THERAPY	1,697,557			131,989		361,645	2,191,191
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	2,166,161			340,947		336,852	2,843,960
056 01 PULMONARY	55,224			10,103		13,294	78,621
057 02 CARDIOPULMONARY	104,860			27,455		23,946	156,261
058 03 SLEEP LAB	116,684			39,896		21,001	177,581
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	3,648,573						3,648,573
061 30 IMPL. DEV. CHARGED TO PAT	6,827,089						6,827,089
062 DRUGS CHARGED TO PATIENTS							
063 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PART)							
065 PSYCHIATRIC/PSYCHOLOGICAL	444,151			33,426		97,392	574,969
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC	583,947			805,044		54,169	1,443,160
068 01 IMED	299,492			72,308		91,908	463,708
069 02 ONCOLOGY	5,729,032			203,003		232,535	6,164,570
070 EMERGENCY	2,857,869			241,465		1,238,032	4,337,366
071 OBSERVATION BEDS (NON-DIS							
072 50 FRENCH LICK RHC	222,542			32,241		37,374	292,157
073 51 LOOGOTEE RHC	197,186			103,333		40,042	340,561
074 OTHER REIMBURS COST CNTRS							
075 HOME PROGRAM DIALYSIS							
076 AMBULANCE SERVICES	1,543,238			48,642		339,290	1,931,170
077 DURABLE MEDICAL EQUIP-REN							
078 DURABLE MEDICAL EQUIP-SOL							
079 CORF							
080 I&R SERVICES-NOT APPRVD P							
081 HOME HEALTH AGENCY	889,832			40,208		181,418	1,111,458
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
085 SPEC PURPOSE COST CENTERS							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
093 HOSPI CE	106,214			15,201		22,042	143,457
095 SUBTOTALS	106,769,204			8,657,169		11,538,442	101,847,354
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				23,214			23,214
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	12,883,174			1,421,942		2,451,948	16,757,064
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 02 MEMORIAL HOSPITAL FOUNDAT	135,244			8,294		32,539	176,077
100 03 MKT/PHY SERVICES	1,803,407			141,811		229,111	2,174,329
100 04 COMMUNITY EDUCATION	367,099			101,244		64,621	532,964
100 06 MAB							
100 08 PUBLIC RELATIONS	438,495			13,953		37,784	490,232
100 09 UNUSED SPACE				395,389			395,389
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	122,396,623			10,763,016		14,354,445	122,396,623

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL	16,764,954						
008 MAINTENANCE & REPAIRS	1,202,568	8,779,660					
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	66,194	50,382		533,651			
011 HOUSEKEEPING	232,790	37,414			1,736,961		
012 DIETARY	115,916	181,300			36,231	1,063,809	
013 CAFETERIA	128,623	38,459			7,685		985,187
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	131,825	28,897			5,775		12,293
016 CENTRAL SERVICES & SUPPLY	60,157	30,930		2,468	6,181		10,699
017 PHARMACY	807,201	105,428			21,068		21,702
018 MEDICAL RECORDS & LIBRARY	185,103	121,105			24,201		27,495
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,306,285	1,247,905		181,043	249,378	539,530	143,005
027 INTENSIVE CARE UNIT	524,700	402,491		57,883	80,433	183,655	53,039
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	224,677	113,073		9,961	22,596	98,231	20,853
031 01 SUBPROVIDER 2	138,372	165,816		13,563	33,136	55,222	13,964
033 NURSERY							
034 SKILLED NURSING FACILITY	242,616	218,075		36,529	43,580	187,171	28,947
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	851,054	720,690		95,516	144,021		74,936
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO	89,772	80,208		3,762	16,029		
042 ANESTHESIOLOGY	153,704						14,798
043 RADIOLOGY-DIAGNOSTIC	579,910	360,393		42,815	72,020		44,332
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE	103,824	34,355			6,866		3,114
046 LABORATORY	923,821	165,583		800	33,090		60,926
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	240,447	58,685			11,727		24,005
052 PHYSICAL THERAPY	347,766	163,861		7,468	32,746		34,474
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	451,368	423,278		22,543	84,587		31,438
056 01 PULMONARY	12,478	12,542			2,506		
057 02 CARDIOPULMONARY	24,800	34,084			6,811		2,424
058 03 SLEEP LAB	28,184	49,530		973	9,898		2,674
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	579,069						
061 30 IMPL. DEV. CHARGED TO PAT	1,083,534						
062 DRUGS CHARGED TO PATIENTS							
063 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PART)							
065 PSYCHIATRIC/PSYCHOLOGICAL	91,254	41,497			8,293		6,310
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC	229,045	999,443			199,726		5,857
068 01 IMED	73,596	89,769		99	17,939		6,652
069 02 ONCOLOGY	978,385	252,024		4,010	50,364		23,243
070 EMERGENCY	688,388	299,773		54,218	59,906		54,116
071 OBSERVATION BEDS (NON-DIS							
072 50 FRENCH LICK RHC	46,369						3,870
073 51 LOOGOTEE RHC	54,051						6,666
074 OTHER REIMBURS COST CNTRS							
075 HOME PROGRAM DIALYSIS							
076 AMBULANCE SERVICES	306,498	60,388			12,068		46,851
077 DURABLE MEDICAL EQUIP-REN							
078 DURABLE MEDICAL EQUIP-SOL							
079 CORF							
080 I&R SERVICES-NOT APPRVD P							
081 HOME HEALTH AGENCY	176,401	49,917			9,975		17,767
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
085 SPEC PURPOSE COST CENTERS							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTER							
093 HOSPICE	22,768	18,871			3,771		1,309
095 SUBTOTALS	13,503,513	6,656,166		533,651	1,312,607	1,063,809	797,759
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,684	28,820			5,759		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	2,659,577	1,765,307			352,775		143,233
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS							
100 02 MEMORIAL HOSPITAL FOUNDATION	27,945	10,297			2,058		2,281
100 03 MKT/PHY SERVICES	345,090	176,055			35,182		29,632
100 04 COMMUNITY EDUCATION	84,587	125,692			25,118		8,647
100 06 MAB							
100 08 PUBLIC RELATIONS	77,805	17,323			3,462		3,635
100 09 UNUSED SPACE	62,753						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	16,764,954	8,779,660		533,651	1,736,961	1,063,809	985,187

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		1,009,388						
016 CENTRAL SERVICES & SUPPLY			489,467					
017 PHARMACY				6,041,377				
018 MEDICAL RECORDS & LIBRARY					1,524,196			
020 SOCIAL SERVICE								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS		546,719		927	100,277			
028 INTENSIVE CARE UNIT		202,771		913	30,749			
029 CORONARY CARE UNIT								
031 BURN INTENSIVE CARE UNIT								
031 SUBPROVIDER		79,721		1,726	15,208			
031 01 SUBPROVIDER 2		53,385		6	8,409			
033 NURSERY								
034 SKILLED NURSING FACILITY				18	7,951			
035 NURSING FACILITY								
036 01 ICF/MR								
037 OTHER LONG TERM CARE								
038 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM				18,611	164,933			
040 RECOVERY ROOM								
041 DELIVERY ROOM & LABOR ROO					9,364			
042 ANESTHESIOLOGY				677	16,697			
043 RADIOLOGY-DIAGNOSTIC				97,313	202,027			
044 RADIOLOGY-THERAPEUTIC								
045 RADIOISOTOPE					30,437			
046 LABORATORY				118	137,425			
047 PBP CLINICAL LAB SERVICES								
048 WHOLE BLOOD & PACKED RED								
049 BLOOD STORING, PROCESSING								
050 INTRAVENOUS THERAPY								
051 RESPIRATORY THERAPY				49,250	19,715			
052 PHYSICAL THERAPY				4,038	29,140			
053 OCCUPATIONAL THERAPY								
054 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY				355	120,000			
053 01 PULMONARY					2,501			
053 02 CARDIOPULMONARY					3,779			
053 03 SLEEP LAB					4,315			
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED			489,467		63,303			
055 30 IMPL. DEV. CHARGED TO PAT					76,006			
056 DRUGS CHARGED TO PATIENTS				2,573,461	226,370			
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
059 PSYCHIATRIC/PSYCHOLOGICAL						3,883		
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC				1,154	13,163			
060 01 IMED		33,517		25,567	4,501			
060 02 ONCOLOGY		93,275		3,154,624	140,808			
061 EMERGENCY				5,378	61,773			
062 OBSERVATION BEDS (NON-DIS								
063 50 FRENCH LICK RHC				3,921	2,907			
063 51 LOOGOTEE RHC				5,903	5,960			
064 OTHER REIMBURS COST CNTRS								
065 HOME PROGRAM DIALYSIS								
066 AMBULANCE SERVICES				4,720	13,763			
067 DURABLE MEDICAL EQUIP-REN								
069 DURABLE MEDICAL EQUIP-SOL								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
072 HOME HEALTH AGENCY				208	8,832			
082 LUNG ACQUISITION								
083 SPEC PURPOSE COST CENTERS								
084 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
085 SPEC PURPOSE COST CENTERS							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTER							
093 HOSPICE					135		
095 SUBTOTALS		1,009,388	489,467	5,949,023	1,524,196		
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE				91,887			
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS							
100 02 MEMORIAL HOSPITAL FOUNDATION							
100 03 MKT/PHY SERVICES							
100 04 COMMUNITY EDUCATION					467		
100 06 MAB							
100 08 PUBLIC RELATIONS							
100 09 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,009,388	489,467	6,041,377	1,524,196		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM						
026	INPAT ROUTINE SRVC CNTRS						
027	ADULTS & PEDIATRICS				12,545,655		12,545,655
028	INTENSIVE CARE UNIT				4,842,646		4,842,646
029	CORONARY CARE UNIT						
031	BURN INTENSIVE CARE UNIT						
031	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER				2,001,684		2,001,684
031	01 SUBPROVIDER 2				1,353,722		1,353,722
033	NURSERY						
034	SKILLED NURSING FACILITY				2,293,552		2,293,552
035	NURSING FACILITY						
036	01 ICF/MR						
037	OTHER LONG TERM CARE						
038	ANCILLARY SRVC COST CNTRS						
039	OPERATING ROOM				7,432,050		7,432,050
040	RECOVERY ROOM						
041	DELIVERY ROOM & LABOR ROO				764,769		764,769
042	ANESTHESIOLOGY				1,154,329		1,154,329
043	RADIOLOGY-DIAGNOSTIC				5,052,687		5,052,687
044	RADIOLOGY-THERAPEUTIC						
045	RADIOISOTOPE				832,765		832,765
046	LABORATORY				7,142,535		7,142,535
047	PBP CLINICAL LAB SERVICES						
048	WHOLE BLOOD & PACKED RED						
049	BLOOD STORING, PROCESSING						
050	INTRAVENOUS THERAPY						
051	RESPIRATORY THERAPY				1,918,827		1,918,827
052	PHYSICAL THERAPY				2,810,684		2,810,684
053	OCCUPATIONAL THERAPY						
053	01 SPEECH PATHOLOGY				3,977,529		3,977,529
053	02 ELECTROCARDIOLOGY						
053	03 PULMONARY				108,648		108,648
054	CARDIOPULMONARY				228,159		228,159
055	SLEEP LAB				273,155		273,155
056	ELECTROENCEPHALOGRAPHY						
057	MEDICAL SUPPLIES CHARGED				4,780,412		4,780,412
058	30 IMPL. DEV. CHARGED TO PAT				7,986,629		7,986,629
059	DRUGS CHARGED TO PATIENTS				2,799,831		2,799,831
060	RENAL DIALYSIS						
061	ASC (NON-DISTINCT PART)						
062	PSYCHIATRIC/PSYCHOLOGICAL				726,206		726,206
063	OUTPAT SERVICE COST CNTRS						
064	CLINIC				2,891,548		2,891,548
065	01 IMED				715,348		715,348
066	02 ONCOLOGY				10,861,303		10,861,303
067	EMERGENCY				5,560,918		5,560,918
068	OBSERVATION BEDS (NON-DIS						
069	50 FRENCH LICK RHC				349,224		349,224
070	51 LOOGOTEE RHC				413,141		413,141
071	OTHER REIMBURS COST CNTRS						
072	HOME PROGRAM DIALYSIS						
073	AMBULANCE SERVICES				2,375,458		2,375,458
074	DURABLE MEDICAL EQUIP-REN						
075	DURABLE MEDICAL EQUIP-SOL						
076	CORF						
077	I&R SERVICES-NOT APPRVD P						
078	HOME HEALTH AGENCY				1,374,558		1,374,558
079	LUNG ACQUISITION						
080	SPEC PURPOSE COST CENTERS						
081	KIDNEY ACQUISITION						
082	LIVER ACQUISITION						

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
085 SPEC PURPOSE COST CENTERS							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE					190,311		190,311
095 SUBTOTALS					95,758,283		95,758,283
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					61,477		61,477
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					21,769,843		21,769,843
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 02 MEMORIAL HOSPITAL FOUNDAT					218,658		218,658
100 03 MKT/PHY SERVICES					2,760,288		2,760,288
100 04 COMMUNITY EDUCATION					777,475		777,475
100 06 MAB							
100 08 PUBLIC RELATIONS					592,457		592,457
100 09 UNUSED SPACE					458,142		458,142
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL					122,396,623		122,396,623

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS			69,097		69,097	69,097
007	ADMINISTRATIVE & GENERAL			2,194,667		2,194,667	7,215
008	MAINTENANCE & REPAIRS			896,341		896,341	1,701
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE			40,582		40,582	260
011	HOUSEKEEPING			30,136		30,136	1,155
012	DIETARY			146,036		146,036	379
013	CAFETERIA			30,978		30,978	771
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION			23,277		23,277	719
016	CENTRAL SERVICES & SUPPLY			24,914		24,914	276
017	PHARMACY			84,921		84,921	1,387
018	MEDICAL RECORDS & LIBRARY			97,549		97,549	940
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS			1,005,178		1,005,178	6,528
027	INTENSIVE CARE UNIT			324,203		324,203	2,706
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER			91,079		91,079	1,215
032	01 SUBPROVIDER 2			133,563		133,563	675
033	NURSERY						
034	SKILLED NURSING FACILITY			175,657		175,657	1,236
035	NURSING FACILITY						
036	01 ICF/MR						
037	OTHER LONG TERM CARE						
038	ANCILLARY SRVC COST CNTRS						
039	OPERATING ROOM			580,510		580,510	3,718
040	RECOVERY ROOM						
041	DELIVERY ROOM & LABOR ROO			64,607		64,607	407
042	ANESTHESIOLOGY						3,444
043	RADIOLOGY-DIAGNOSTIC			290,294		290,294	2,143
044	RADIOLOGY-THERAPEUTIC						
045	RADIOISOTOPE			27,673		27,673	216
046	LABORATORY			133,376		133,376	2,489
047	PBP CLINICAL LAB SERVICES						
048	WHOLE BLOOD & PACKED RED						
049	BLOOD STORING, PROCESSING						
050	INTRAVENOUS THERAPY						
051	RESPIRATORY THERAPY			47,270		47,270	1,092
052	PHYSICAL THERAPY			131,989		131,989	1,741
053	OCCUPATIONAL THERAPY						
054	SPEECH PATHOLOGY						
055	ELECTROCARDIOLOGY			340,947		340,947	1,622
056	01 PULMONARY			10,103		10,103	64
057	02 CARDIOPULMONARY			27,455		27,455	115
058	03 SLEEP LAB			39,896		39,896	101
059	ELECTROENCEPHALOGRAPHY						
060	MEDICAL SUPPLIES CHARGED						
061	30 IMPL. DEV. CHARGED TO PAT						
062	DRUGS CHARGED TO PATIENTS						
063	RENAL DIALYSIS						
064	ASC (NON-DISTINCT PART)						
065	PSYCHIATRIC/PSYCHOLOGICAL			33,426		33,426	469
066	OUTPAT SERVICE COST CNTRS						
067	CLINIC			805,044		805,044	261
068	01 IMED			72,308		72,308	443
069	02 ONCOLOGY			203,003		203,003	1,120
070	EMERGENCY			241,465		241,465	5,961
071	OBSERVATION BEDS (NON-DIS						
072	50 FRENCH LICK RHC			32,241		32,241	180
073	51 LOOGOOTEE RHC			103,333		103,333	193
074	OTHER REIMBURS COST CNTRS						
075	HOME PROGRAM DIALYSIS						
076	AMBULANCE SERVICES			48,642		48,642	1,634
077	DURABLE MEDICAL EQUIP-REN						
078	DURABLE MEDICAL EQUIP-SOL						
079	CORF						
080	I&R SERVICES-NOT APPRVD P						
081	HOME HEALTH AGENCY			40,208		40,208	873
082	LUNG ACQUISITION						
083	SPEC PURPOSE COST CENTERS						
084	KIDNEY ACQUISITION						
085	LIVER ACQUISITION						

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
085 SPEC PURPOSE COST CENTERS							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTER							
093 HOSPICE				15,201		15,201	106
095 SUBTOTALS				8,657,169		8,657,169	55,555
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				23,214		23,214	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE				1,421,942		1,421,942	11,789
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS							
100 02 MEMORIAL HOSPITAL FOUNDATION				8,294		8,294	157
100 03 MKT/PHY SERVICES				141,811		141,811	1,103
100 04 COMMUNITY EDUCATION				101,244		101,244	311
100 06 MAB							
100 08 PUBLIC RELATIONS				13,953		13,953	182
100 09 UNUSED SPACE				395,389		395,389	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				10,763,016		10,763,016	69,097

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
007 ADMINSTRATIVE & GENERAL	2,201,882													
008 MAINTENANCE & REPAIRS	157,944	1,055,986												
009 OPERATION OF PLANT														
010 LAUNDRY & LINEN SERVICE	8,694	6,060		55,596										
011 HOUSEKEEPING	30,575	4,500						66,366						
012 DIETARY	15,224	21,806						1,384		184,829				
013 CAFETERIA	16,893	4,626						294					53,562	
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION	17,314	3,476						221					668	
016 CENTRAL SERVICES & SUPPLY	7,901	3,720		257				236					582	
017 PHARMACY	106,017	12,680						805					1,180	
018 MEDICAL RECORDS & LIBRARY	24,311	14,566						925					1,495	
019 SOCIAL SERVICE														
020 NONPHYSICIAN ANESTHETISTS														
021 NURSING SCHOOL														
022 I&R SERVICES-SALARY & FRI														
023 I&R SERVICES-OTHER PRGM C														
024 PARAMED ED PRGM														
025 INPAT ROUTINE SRVC CNTRS														
026 ADULTS & PEDIATRICS	171,567	150,094		18,860	9,528	93,739	7,775							
027 INTENSIVE CARE UNIT	68,914	48,410		6,030	3,073	31,909	2,884							
028 CORONARY CARE UNIT														
029 BURN INTENSIVE CARE UNIT														
030 SURGICAL INTENSIVE CARE U														
031 SUBPROVIDER	29,509	13,600		1,038	863	17,067	1,134							
031 01 SUBPROVIDER 2	18,174	19,944		1,413	1,266	9,594	759							
033 NURSERY														
034 SKILLED NURSING FACILITY	31,865	26,229		3,806	1,665	32,520	1,574							
035 NURSING FACILITY														
035 01 ICF/MR														
036 OTHER LONG TERM CARE														
037 ANCILLARY SRVC COST CNTRS														
038 OPERATING ROOM	111,777	86,682		9,951	5,503		4,074							
039 RECOVERY ROOM														
040 DELIVERY ROOM & LABOR ROO	11,791	9,647		392	612									
041 ANESTHESIOLOGY	20,187						805							
042 RADIOLOGY-DIAGNOSTIC	76,165	43,347		4,461	2,752		2,410							
043 RADIOLOGY-THERAPEUTIC														
044 RADIOISOTOPE	13,636	4,132			262		169							
045 LABORATORY	121,334	19,916		83	1,264		3,312							
046 PBP CLINICAL LAB SERVICES														
047 WHOLE BLOOD & PACKED RED														
048 BLOOD STORING, PROCESSING														
049 INTRAVENOUS THERAPY														
049 RESPIRATORY THERAPY	31,580	7,058			448		1,305							
050 PHYSICAL THERAPY	45,675	19,709		778	1,251		1,874							
051 OCCUPATIONAL THERAPY														
052 SPEECH PATHOLOGY														
053 ELECTROCARDIOLOGY	59,282	50,910		2,349	3,232		1,709							
053 01 PULMONARY	1,639	1,509			96									
053 02 CARDIOPULMONARY	3,257	4,100			260		132							
053 03 SLEEP LAB	3,702	5,957		101	378		145							
054 ELECTROENCEPHALOGRAPHY														
055 MEDICAL SUPPLIES CHARGED	76,055													
055 30 IMPL. DEV. CHARGED TO PAT	142,311													
056 DRUGS CHARGED TO PATIENTS														
057 RENAL DIALYSIS														
058 ASC (NON-DISTINCT PART)														
059 PSYCHIATRIC/PSYCHOLOGICAL	11,985	4,991			317		343							
060 OUTPAT SERVICE COST CNTRS														
060 CLINIC	30,083	120,209			7,631		318							
060 01 IMED	9,666	10,797			685		362							
060 02 ONCOLOGY	128,500	30,312			418		1,264							
061 EMERGENCY	90,412	36,056		5,649	2,289		2,942							
062 OBSERVATION BEDS (NON-DIS														
063 50 FRENCH LICK RHC	6,090						210							
063 51 LOOGOTEE RHC	7,099						362							
064 OTHER REIMBURS COST CNTRS														
065 HOME PROGRAM DIALYSIS														
066 AMBULANCE SERVICES	40,255	7,263			461		2,547							
067 DURABLE MEDICAL EQUIP-REN														
067 DURABLE MEDICAL EQUIP-SOL														
069 CORF														
070 I&R SERVICES-NOT APPRVD P														
071 HOME HEALTH AGENCY	23,168	6,004			381		966							
082 LUNG ACQUISITION														
083 SPEC PURPOSE COST CENTERS														
083 KIDNEY ACQUISITION														
084 LIVER ACQUISITION														

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
085 SPEC PURPOSE COST CENTERS							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTER							
093 HOSPICE	2,990	2,270			144		71
095 SUBTOTALS	1,773,541	800,580		55,596	50,150	184,829	43,371
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	484	3,466			220		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	349,292	212,325			13,481		7,788
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS							
100 02 MEMORIAL HOSPITAL FOUNDATION	3,670	1,238			79		124
100 03 MKT/PHY SERVICES	45,324	21,175			1,344		1,611
100 04 COMMUNITY EDUCATION	11,110	15,118			960		470
100 06 MAB							
100 08 PUBLIC RELATIONS	10,219	2,084			132		198
100 09 UNUSED SPACE	8,242						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,201,882	1,055,986		55,596	66,366	184,829	53,562

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		45,675						
016 CENTRAL SERVICES & SUPPLY			37,886					
017 PHARMACY				206,990				
018 MEDICAL RECORDS & LIBRARY					139,786			
020 SOCIAL SERVICE								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS		24,739		32	9,203			
028 INTENSIVE CARE UNIT		9,175		31	2,822			
029 CORONARY CARE UNIT								
031 BURN INTENSIVE CARE UNIT								
031 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER		3,607		59	1,396			
031 01 SUBPROVIDER 2		2,416			772			
033 NURSERY								
034 SKILLED NURSING FACILITY				1	730			
035 NURSING FACILITY								
036 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM				638	15,137			
039 RECOVERY ROOM								
040 DELIVERY ROOM & LABOR ROO					859			
041 ANESTHESIOLOGY				23	1,532			
042 RADIOLOGY-DIAGNOSTIC				3,334	18,541			
043 RADIOLOGY-THERAPEUTIC								
044 RADIOISOTOPE					2,793			
045 LABORATORY				4	12,612			
046 PBP CLINICAL LAB SERVICES								
047 WHOLE BLOOD & PACKED RED								
048 BLOOD STORING, PROCESSING								
049 INTRAVENOUS THERAPY								
050 RESPIRATORY THERAPY				1,687	1,809			
051 PHYSICAL THERAPY				138	2,674			
052 OCCUPATIONAL THERAPY								
053 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY				12	11,013			
053 01 PULMONARY					230			
053 02 CARDIOPULMONARY					347			
053 03 SLEEP LAB					396			
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED			37,886		5,810			
055 30 IMPL. DEV. CHARGED TO PAT					6,976			
056 DRUGS CHARGED TO PATIENTS				88,173	20,677			
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
059 PSYCHIATRIC/PSYCHOLOGICAL					356			
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC				40	1,208			
060 01 IMED		1,517		876	413			
060 02 ONCOLOGY		4,221		108,084	12,923			
061 EMERGENCY				184	5,669			
062 OBSERVATION BEDS (NON-DIS								
063 50 FRENCH LICK RHC				134	267			
063 51 LOOGOOTEE RHC				202	547			
064 OTHER REIMBURS COST CNTRS								
065 HOME PROGRAM DIALYSIS								
066 AMBULANCE SERVICES				162	1,263			
067 DURABLE MEDICAL EQUIP-REN								
069 DURABLE MEDICAL EQUIP-SOL								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY				7	811			
082 LUNG ACQUISITION								
083 SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
085 SPEC PURPOSE COST CENTERS								
086 HEART ACQUISITION								
092 OTHER ORGAN ACQUISITION								
093 AMBULATORY SURGICAL CENTER								
093 HOSPICE					5			
095 SUBTOTALS		45,675	37,886	203,826	139,786			
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE				3,148				
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COSTS								
100 02 MEMORIAL HOSPITAL FOUNDATION								
100 03 MKT/PHY SERVICES								
100 04 COMMUNITY EDUCATION				16				
100 06 MAB								
100 08 PUBLIC RELATIONS								
100 09 UNUSED SPACE								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		45,675	37,886	206,990	139,786			

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM						
026	INPAT ROUTINE SRVC CNTRS				1,497,243		1,497,243
027	ADULTS & PEDIATRICS				500,157		500,157
028	INTENSIVE CARE UNIT						
029	CORONARY CARE UNIT						
031	BURN INTENSIVE CARE UNIT						
031	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER				160,567		160,567
031	01 SUBPROVIDER 2				188,576		188,576
033	NURSERY						
034	SKILLED NURSING FACILITY				275,283		275,283
035	NURSING FACILITY						
036	01 ICF/MR						
037	OTHER LONG TERM CARE						
038	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM				817,990		817,990
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR ROO				88,315		88,315
041	ANESTHESIOLOGY				25,991		25,991
042	RADIOLOGY-DIAGNOSTIC				443,447		443,447
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE				48,881		48,881
045	LABORATORY				294,390		294,390
046	PBP CLINICAL LAB SERVICES						
047	WHOLE BLOOD & PACKED RED						
048	BLOOD STORING, PROCESSING						
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY				92,249		92,249
051	PHYSICAL THERAPY				205,829		205,829
052	OCCUPATIONAL THERAPY						
053	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY				471,076		471,076
053	01 PULMONARY				13,641		13,641
053	02 CARDIOPULMONARY				35,666		35,666
053	03 SLEEP LAB				50,676		50,676
055	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED				119,751		119,751
056	30 IMPL. DEV. CHARGED TO PAT				149,287		149,287
057	DRUGS CHARGED TO PATIENTS				108,850		108,850
058	RENAL DIALYSIS						
059	ASC (NON-DISTINCT PART)						
060	PSYCHIATRIC/PSYCHOLOGICAL				51,887		51,887
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC				964,794		964,794
060	01 IMED				97,077		97,077
060	02 ONCOLOGY				491,769		491,769
061	EMERGENCY				390,627		390,627
062	OBSERVATION BEDS (NON-DIS						
063	50 FRENCH LICK RHC				39,122		39,122
063	51 LOOGOTEE RHC				111,736		111,736
064	OTHER REIMBURS COST CNTRS						
065	HOME PROGRAM DIALYSIS						
066	AMBULANCE SERVICES				102,227		102,227
067	DURABLE MEDICAL EQUIP-REN						
069	DURABLE MEDICAL EQUIP-SOL						
070	CORF						
071	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY				72,418		72,418
082	LUNG ACQUISITION						
083	SPEC PURPOSE COST CENTERS						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
085 SPEC PURPOSE COST CENTERS							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE					20,787		20,787
095 SUBTOTALS					7,930,309		7,930,309
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					27,384		27,384
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					2,019,765		2,019,765
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 02 MEMORIAL HOSPITAL FOUNDAT					13,562		13,562
100 03 MKT/PHY SERVICES					212,368		212,368
100 04 COMMUNITY EDUCATION					129,229		129,229
100 06 MAB							
100 08 PUBLIC RELATIONS					26,768		26,768
100 09 UNUSED SPACE					403,631		403,631
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					10,763,016		10,763,016

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	S RECONCILIATION
	1	2	3	4	5	6a. 00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			690,360			
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS			4,432		59,630,416	
007 ADMINISTRATIVE & GENE			140,770		6,225,026	-16,764,954
008 MAINTENANCE & REPAIRS			57,493		1,468,064	
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVI			2,603		224,145	
011 HOUSEKEEPING			1,933		996,170	
012 DIETARY			9,367		327,162	
013 CAFETERIA			1,987		665,343	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO			1,493		620,444	
016 CENTRAL SERVICES & SU			1,598		238,326	
017 PHARMACY			5,447		1,196,793	
018 MEDICAL RECORDS & LIB			6,257		810,772	
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN			64,474		5,632,481	
026 ADULTS & PEDIATRICS			20,795		2,335,159	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
030 SURGICAL INTENSIVE CA						
031 SUBPROVIDER			5,842		1,048,671	
032 01 SUBPROVIDER 2			8,567		582,324	
033 NURSERY						
034 SKILLED NURSING FACIL			11,267		1,066,462	
035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM			37,235		3,207,603	
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR			4,144		350,796	
042 ANESTHESIOLOGY					2,971,423	
043 RADIOLOGY-DIAGNOSTIC			18,620		1,848,684	
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE			1,775		186,152	
046 LABORATORY			8,555		2,147,607	
047 PBP CLINICAL LAB SERV						
048 WHOLE BLOOD & PACKED						
049 BLOOD STORING, PROCES						
050 INTRAVENOUS THERAPY						
051 RESPIRATORY THERAPY			3,032		942,457	
052 PHYSICAL THERAPY			8,466		1,502,322	
053 OCCUPATIONAL THERAPY						
054 SPEECH PATHOLOGY						
055 ELECTROCARDIOLOGY			21,869		1,399,330	
056 01 PULMONARY			648		55,224	
057 02 CARDIOPULMONARY			1,761		99,473	
058 03 SLEEP LAB			2,559		87,240	
059 ELECTROENCEPHALOGRAPH						
060 MEDICAL SUPPLIES CHAR						
061 30 IMPL. DEV. CHARGED TO						
062 DRUGS CHARGED TO PATI						
063 RENAL DIALYSIS						
064 ASC (NON-DI STINCT PAR						
065 PSYCHIATRIC/PSYCHOLOG			2,144		404,581	
066 OUTPAT SERVICE COST C						
067 CLINIC			51,637		225,027	
068 01 IMED			4,638		381,800	
069 02 ONCOLOGY			13,021		965,983	
070 EMERGENCY			15,488		5,142,954	
071 OBSERVATION BEDS (NON						
072 50 FRENCH LICK RHC			2,068		155,255	
073 51 LOOGOOTEE RHC			6,628		166,339	
074 OTHER REIMBURS COST C						
075 HOME PROGRAM DIALYSIS						
076 AMBULANCE SERVICES			3,120		1,409,458	
077 DURABLE MEDICAL EQUIP						
078 DURABLE MEDICAL EQUIP						
079 CORF						
080 I&R SERVICES-NOT APPR						
081 HOME HEALTH AGENCY			2,579		753,635	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCI L-) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE) FEET	(DOLLAR)VALUE	(GROSS)ALARIES	
	1	2	3	4	5	6a.00
082 OTHER REIMBURS COST C						
LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE			975		91,565	
095 SUBTOTALS			555,287		47,932,250	-16,764,954
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			1,489			
097 RESEARCH						
098 PHYSICIANS' PRIVATE O			91,206		10,185,835	
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 02 MEMORIAL HOSPITAL FOU			532		135,171	
100 03 MKT/PHY SERVICES			9,096		951,757	
100 04 COMMUNITY EDUCATION			6,494		268,444	
100 06 MAB						
100 08 PUBLIC RELATIONS			895		156,959	
100 09 UNUSED SPACE			25,361			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			10,763,016		14,354,445	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			15.590440		.240724	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					69,097	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001159	
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(DAYS)	(HOURS)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	105,631,669						
007 MAINTENANCE & REPAIRS	7,577,092	453,608					
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	417,075	2,603		887,351			
010 HOUSEKEEPING	1,466,757	1,933			449,072		
011 DIETARY	730,362	9,367				28,742	
012 CAFETERIA	810,420	1,987			1,987		1,720,995
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	830,598	1,493			1,493		21,474
015 CENTRAL SERVICES & SUPPLIES	379,032	1,598		4,103	1,598		18,689
016 PHARMACY	5,085,978	5,447			5,447		37,911
017 MEDICAL RECORDS & LIBRARY	1,166,292	6,257			6,257		48,030
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	8,230,586	64,474		301,038	64,474	14,577	249,812
027 CORONARY CARE UNIT	3,306,012	20,795		96,248	20,795	4,962	92,652
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	1,415,638	5,842		16,563	5,842	2,654	36,427
031 01 SUBPROVIDER 2	871,849	8,567		22,552	8,567	1,492	24,393
033 NURSERY							
034 SKILLED NURSING FACILITY	1,528,665	11,267		60,740	11,267	5,057	50,567
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	5,362,289	37,235		158,823	37,235		130,904
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	565,634	4,144		6,255	4,144		
040 ANESTHESIOLOGY	968,453						25,851
041 RADIOLOGY-DIAGNOSTIC	3,653,877	18,620		71,193	18,620		77,443
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	654,169	1,775			1,775		5,440
044 LABORATORY	5,820,772	8,555		1,330	8,555		106,430
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
047 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,514,998	3,032			3,032		41,933
050 PHYSICAL THERAPY	2,191,191	8,466		12,417	8,466		60,222
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,843,960	21,869		37,485	21,869		54,919
053 01 PULMONARY	78,621	648			648		
053 02 CARDIOPULMONARY	156,261	1,761			1,761		4,235
053 03 SLEEP LAB	177,581	2,559		1,618	2,559		4,671
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED	3,648,573						
055 30 IMPL. DEV. CHARGED TO PATIENT	6,827,089						
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS							
058 ASC (NON-DIAGNOSTIC) PARAPROFESSORIAL/PSYCHOLOGICAL							
059 OUTPATIENT SERVICE COST CENTER	574,969	2,144			2,144		11,023
060 CLINIC	1,443,160	51,637			51,637		10,231
060 01 IMED	463,708	4,638		165	4,638		11,621
060 02 ONCOLOGY	6,164,570	13,021		6,667	13,021		40,602
061 EMERGENCY	4,337,366	15,488		90,154	15,488		94,534
062 OBSERVATION BEDS (NON-REVENUE)							
063 50 FRENCH LICK RHC	292,157						6,760
063 51 LOOGOOTEE RHC	340,561						11,644
064 OTHER REIMBURSED COST CENTER							
065 HOME PROGRAM DIALYSIS							
066 DURABLE MEDICAL EQUIPMENT	1,931,170	3,120			3,120		81,843
067 DURABLE MEDICAL EQUIPMENT							
069 CORF							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY	1,111,458	2,579			2,579		31,037

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(DAYS)	(HOURS)
	6	7	8	9	10	11	12
082 OTHER REIMBURS COST C LUNG ACQUISITION SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE	143,457	975			975		2,287
095 SUBTOTALS	85,082,400	343,896		887,351	339,360	28,742	1,393,585
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	23,214	1,489			1,489		
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	16,757,064	91,206			91,206		250,207
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 02 MEMORIAL HOSPITAL FOU	176,077	532			532		3,984
100 03 MKT/PHY SERVICES	2,174,329	9,096			9,096		51,764
100 04 COMMUNITY EDUCATION	532,964	6,494			6,494		15,105
100 06 MAB							
100 08 PUBLIC RELATIONS	490,232	895			895		6,350
100 09 UNUSED SPACE	395,389						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	16,764,954	8,779,660		533,651	1,736,961	1,063,809	985,187
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.158711	19.355170		.601398	3.867890	37.012351	.572452
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	2,201,882	1,055,986		55,596	66,366	184,829	53,562
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020845	2.327970		.062654	.147785	6.430624	.031123

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECTING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED) EQUI S.)	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (Revenues)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION	461,219		100			
016	CENTRAL SERVICES & SUPPLY				7,273,885		
017	PHARMACY					220,280,549	
018	MEDICAL RECORDS & LIBRARY						
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & BENEFITS						
023	I&R SERVICES-OTHER PROGRAMS						
024	PARAMEDICAL PROGRAMS						
025	INPATIENT ROUTINE SERVICES						
026	ADULTS & PEDIATRICS	249,812			1,116	14,493,023	
027	INTENSIVE CARE UNIT	92,652			1,099	4,444,196	
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE UNIT						
031	SUBPROVIDER	36,427			2,078	2,198,032	
032	SUBPROVIDER 2	24,393			7	1,215,407	
033	NURSERY						
034	SKILLED NURSING FACILITY				22	1,149,202	
035	NURSING FACILITY						
036	ICF/MR						
037	OTHER LONG TERM CARE						
038	ANCILLARY SERVICE COST CENTER						
039	OPERATING ROOM				22,408	23,837,650	
040	RECOVERY ROOM						
041	DELIVERY ROOM & LABOR					1,353,371	
042	ANESTHESIOLOGY				815	2,413,230	
043	RADIOLOGY-DIAGNOSTIC				117,166	29,198,839	
044	RADIOLOGY-THERAPEUTIC						
045	RADIOISOTOPE					4,398,983	
046	LABORATORY				142	19,862,023	
047	PBP CLINICAL LAB SERVICE						
048	WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING						
049	INTRAVENOUS THERAPY				59,298	2,849,328	
050	RESPIRATORY THERAPY				4,862	4,211,601	
051	PHYSICAL THERAPY						
052	OCCUPATIONAL THERAPY						
053	SPEECH PATHOLOGY						
054	ELECTROCARDIOLOGY				428	17,343,617	
055	PULMONARY					361,448	
056	CARDIOPULMONARY					546,228	
057	SLEEP LAB					623,604	
058	ELECTROENCEPHALOGRAPHY						
059	MEDICAL SUPPLIES CHARACTERIZED BY			100		9,149,119	
060	IMPLANT, DEVELOPED, CHARGED TO					10,985,182	
061	DRUGS CHARGED TO PATIENTS				3,098,476	32,706,222	
062	RENAL DIALYSIS						
063	ASC (NON-DISTINCT PARALLEL)						
064	PSYCHIATRIC/PSYCHOLOGICAL					561,159	
065	OUTPATIENT SERVICE COST CENTER						
066	CLINIC						
067	IMED	15,315			1,389	1,902,420	
068	ONCOLOGY	42,620			30,783	650,519	
069	EMERGENCY				3,798,202	20,350,940	
070	OBSERVATION BEDS (NON-REVENUE)				6,475	8,928,061	
071	FRENCH LICK RHC				4,721	420,092	
072	LOOGOOTEE RHC				7,107	861,351	
073	OTHER REIMBURSED COST CENTER						
074	HOME PROGRAM DIALYSIS						
075	AMBULANCE SERVICES				5,683	1,989,227	
076	DURABLE MEDICAL EQUIPMENT						
077	DURABLE MEDICAL EQUIPMENT						
078	CORF						
079	I&R SERVICES-NOT APPROPRIATE						
080	HOME HEALTH AGENCY				250	1,276,475	

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECTING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(Revenues)	(TIME)SPENT	(ASSIGNED) TIME
	13	14	15	16	17	18	20
082 OTHER REIMBURS COST C LUNG ACQUISITION SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE				163			
095 SUBTOTALS		461,219	100	7,162,690	220,280,549		
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
098 PHYSICIANS' PRIVATE O				110,633			
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 02 MEMORIAL HOSPITAL FOU							
100 03 MKT/PHY SERVICES							
100 04 COMMUNITY EDUCATION				562			
100 06 MAB							
100 08 PUBLIC RELATIONS							
100 09 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		1,009,388	489,467	6,041,377	1,524,196		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		2.188522		.830557			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			4,894.670000		.006919		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		45,675	37,886	206,990	139,786		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.099031		.028457	.000635		
			378.860000				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	21	22	23	24
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSON				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS				
027 INTENSIVE CARE UNIT				
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE U				
031 SURGICAL INTENSIVE CA				
031 SUBPROVIDER				
031 01 SUBPROVIDER 2				
033 NURSERY				
034 SKILLED NURSING FACIL				
035 NURSING FACILITY				
035 01 ICF/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST C				
038 OPERATING ROOM				
039 RECOVERY ROOM				
040 DELIVERY ROOM & LABOR				
041 ANESTHESIOLOGY				
042 RADIOLOGY-DIAGNOSTIC				
043 RADIOLOGY-THERAPEUTIC				
044 RADIOISOTOPE				
044 LABORATORY				
045 PBP CLINICAL LAB SERV				
046 WHOLE BLOOD & PACKED				
047 BLOOD STORAGE, PROCES				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
053 01 PULMONARY				
053 02 CARDIOPULMONARY				
053 03 SLEEP LAB				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
055 30 IMPL. DEV. CHARGED TO				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
058 ASC (NON-DIESTINCT PAR				
059 PSYCHIATRIC/PSYCHOLOG				
060 OUTPAT SERVICE COST C				
060 CLINIC				
060 01 IMED				
060 02 ONCOLOGY				
061 EMERGENCY				
062 OBSERVATION BEDS (NON				
063 50 FRENCH LICK RHC				
063 51 LOOGOOTEE RHC				
064 OTHER REIMBURS COST C				
065 HOME PROGRAM DIALYSIS				
066 AMBULANCE SERVICES				
067 DURABLE MEDICAL EQUIP				
067 DURABLE MEDICAL EQUIP				
069 CORF				
070 I&R SERVICES-NOT APPR				
071 HOME HEALTH AGENCY				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
OTHER REIMBURS COST C	21	22	23	24
082 LUNG ACQUISITION				
SPEC PURPOSE COST CEN				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
086 OTHER ORGAN ACQUISITI				
092 AMBULATORY SURGICAL C				
093 HOSPICE				
095 SUBTOTALS				
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 OTHER NONREIMBURSABLE				
100 02 MEMORIAL HOSPITAL FOU				
100 03 MKT/PHY SERVICES				
100 04 COMMUNITY EDUCATION				
100 06 MAB				
100 08 PUBLIC RELATIONS				
100 09 UNUSED SPACE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER				
(WRKSHT B, PT III)				

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,545,655		12,545,655		12,545,655
26	INTENSIVE CARE UNIT	4,842,646		4,842,646		4,842,646
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	2,001,684		2,001,684		2,001,684
31	01 SUBPROVIDER 2	1,353,722		1,353,722		1,353,722
33	NURSERY					
34	SKILLED NURSING FACILITY	2,293,552		2,293,552		2,293,552
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,432,050		7,432,050		7,432,050
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	764,769		764,769		764,769
40	ANESTHESIOLOGY	1,154,329		1,154,329		1,154,329
41	RADIOLOGY-DIAGNOSTIC	5,052,687		5,052,687		5,052,687
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	832,765		832,765		832,765
44	LABORATORY	7,142,535		7,142,535		7,142,535
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,918,827		1,918,827		1,918,827
50	PHYSICAL THERAPY	2,810,684		2,810,684		2,810,684
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	3,977,529		3,977,529		3,977,529
53	01 PULMONARY	108,648		108,648		108,648
53	02 CARDIOPULMONARY	228,159		228,159		228,159
53	03 SLEEP LAB	273,155		273,155		273,155
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,780,412		4,780,412		4,780,412
55	30 IMPL. DEV. CHARGED TO PAT	7,986,629		7,986,629		7,986,629
56	DRUGS CHARGED TO PATIENTS	2,799,831		2,799,831		2,799,831
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	726,206		726,206		726,206
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,891,548		2,891,548		2,891,548
60	01 IMED	715,348		715,348		715,348
60	02 ONCOLOGY	10,861,303		10,861,303		10,861,303
61	EMERGENCY	5,560,918		5,560,918		5,560,918
62	OBSERVATION BEDS (NON-DIS	808,394		808,394		808,394
63	50 FRENCH LICK RHC	349,224		349,224		349,224
63	51 LOOGOTEE RHC	413,141		413,141		413,141
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	2,375,458		2,375,458		2,375,458
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	95,001,808		95,001,808		95,001,808
102	LESS OBSERVATION BEDS	808,394		808,394		808,394
103	TOTAL	94,193,414		94,193,414		94,193,414

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,493,023		14,493,023			
26	INTENSIVE CARE UNIT	4,444,196		4,444,196			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,198,032		2,198,032			
31	01 SUBPROVIDER 2	1,215,407		1,215,407			
33	NURSERY						
34	SKILLED NURSING FACILITY	1,149,202		1,149,202			
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,608,617	18,229,032	23,837,649	.311778	.311778	.311778
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	1,101,213	252,158	1,353,371	.565085	.565085	.565085
40	ANESTHESIOLOGY	808,476	1,604,754	2,413,230	.478334	.478334	.478334
41	RADIOLOGY-DIAGNOSTIC	4,209,563	24,989,276	29,198,839	.173044	.173044	.173044
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	421,705	3,977,278	4,398,983	.189309	.189309	.189309
44	LABORATORY	5,685,190	14,176,833	19,862,023	.359608	.359608	.359608
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,604,582	1,244,746	2,849,328	.673431	.673431	.673431
50	PHYSICAL THERAPY	2,610,202	1,601,398	4,211,600	.667367	.667367	.667367
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	8,293,336	9,050,281	17,343,617	.229337	.229337	.229337
53	01 PULMONARY	125,634	235,814	361,448	.300591	.300591	.300591
53	02 CARDIOPULMONARY		546,228	546,228	.417699	.417699	.417699
53	03 SLEEP LAB	1,674	621,930	623,604	.438026	.438026	.438026
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	5,112,892	4,036,228	9,149,120	.522500	.522500	.522500
55	30 IMPL. DEV. CHARGED TO PAT	8,856,683	2,128,499	10,985,182	.727037	.727037	.727037
56	DRUGS CHARGED TO PATIENTS	22,448,937	10,257,285	32,706,222	.085605	.085605	.085605
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL		561,159	561,159	1.294118	1.294118	1.294118
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	13,822	1,888,598	1,902,420	1.519931	1.519931	1.519931
60	01 IMED		650,519	650,519	1.099657	1.099657	1.099657
60	02 ONCOLOGY	375,697	19,975,243	20,350,940	.533700	.533700	.533700
61	EMERGENCY	1,891,173	7,036,888	8,928,061	.622858	.622858	.622858
62	OBSERVATION BEDS (NON-DIS		744,301	744,301	1.086112	1.086112	1.086112
63	50 FRENCH LICK RHC		420,092	420,092	.831304	.831304	.831304
63	51 LOOGOTEE RHC		469,613	469,613	.879748	.879748	.879748
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	686,838	1,302,389	1,989,227	1.194161	1.194161	1.194161
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	93,356,094	126,000,542	219,356,636			
102	LESS OBSERVATION BEDS						
103	TOTAL	93,356,094	126,000,542	219,356,636			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,432,050	817,990	6,614,060			7,432,050
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	764,769	88,315	676,454			764,769
40	ANESTHESIOLOGY	1,154,329	25,991	1,128,338			1,154,329
41	RADIOLOGY-DIAGNOSTIC	5,052,687	443,447	4,609,240			5,052,687
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	832,765	48,881	783,884			832,765
44	LABORATORY	7,142,535	294,390	6,848,145			7,142,535
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,918,827	92,249	1,826,578			1,918,827
50	PHYSICAL THERAPY	2,810,684	205,829	2,604,855			2,810,684
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,977,529	471,076	3,506,453			3,977,529
53 01	PULMONARY	108,648	13,641	95,007			108,648
53 02	CARDIOPULMONARY	228,159	35,666	192,493			228,159
53 03	SLEEP LAB	273,155	50,676	222,479			273,155
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,780,412	119,751	4,660,661			4,780,412
55 30	IMPL. DEV. CHARGED TO PAT	7,986,629	149,287	7,837,342			7,986,629
56	DRUGS CHARGED TO PATIENTS	2,799,831	108,850	2,690,981			2,799,831
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	726,206	51,887	674,319			726,206
60	CLINIC	2,891,548	964,794	1,926,754			2,891,548
60 01	IMED	715,348	97,077	618,271			715,348
60 02	ONCOLOGY	10,861,303	491,769	10,369,534			10,861,303
61	EMERGENCY	5,560,918	390,627	5,170,291			5,560,918
62	OBSERVATION BEDS (NON-DIS	808,394	96,242	712,152			808,394
63 50	FRENCH LICK RHC	349,224	39,122	310,102			349,224
63 51	LOOGOOTE RHC	413,141	111,736	301,405			413,141
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES	2,375,458	102,227	2,273,231			2,375,458
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	71,964,549	5,311,520	66,653,029			71,964,549
102	LESS OBSERVATION BEDS	808,394	96,242	712,152			808,394
103	TOTAL	71,156,155	5,215,278	65,940,877			71,156,155

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	23,837,649	.311778	.311778
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	1,353,371	.565085	.565085
40	ANESTHESIOLOGY	2,413,230	.478334	.478334
41	RADIOLOGY-DIAGNOSTIC	29,198,839	.173044	.173044
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	4,398,983	.189309	.189309
44	LABORATORY	19,862,023	.359608	.359608
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,849,328	.673431	.673431
50	PHYSICAL THERAPY	4,211,600	.667367	.667367
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	17,343,617	.229337	.229337
53 01	PULMONARY	361,448	.300591	.300591
53 02	CARDIOPULMONARY	546,228	.417699	.417699
53 03	SLEEP LAB	623,604	.438026	.438026
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	9,149,120	.522500	.522500
55 30	IMPL. DEV. CHARGED TO PAT	10,985,182	.727037	.727037
56	DRUGS CHARGED TO PATIENTS	32,706,222	.085605	.085605
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	561,159	1.294118	1.294118
60	CLINIC	1,902,420	1.519931	1.519931
60 01	IMED	650,519	1.099657	1.099657
60 02	ONCOLOGY	20,350,940	.533700	.533700
61	EMERGENCY	8,928,061	.622858	.622858
62	OBSERVATION BEDS (NON-DIS	744,301	1.086112	1.086112
63 50	FRENCH LI CK RHC	420,092	.831304	.831304
63 51	LOOGOOTE E RHC	469,613	.879748	.879748
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES	1,989,227	1.194161	1.194161
67	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	195,856,776		
102	LESS OBSERVATION BEDS	744,301		
103	TOTAL	195,112,475		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,432,050	817,990	6,614,060	81,799	383,615	6,966,636
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	764,769	88,315	676,454	8,832	39,234	716,703
40	ANESTHESIOLOGY	1,154,329	25,991	1,128,338	2,599	65,444	1,086,286
41	RADIOLOGY-DIAGNOSTIC	5,052,687	443,447	4,609,240	44,345	267,336	4,741,006
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	832,765	48,881	783,884	4,888	45,465	782,412
44	LABORATORY	7,142,535	294,390	6,848,145	29,439	397,192	6,715,904
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,918,827	92,249	1,826,578	9,225	105,942	1,803,660
50	PHYSICAL THERAPY	2,810,684	205,829	2,604,855	20,583	151,082	2,639,019
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,977,529	471,076	3,506,453	47,108	203,374	3,727,047
53 01	PULMONARY	108,648	13,641	95,007	1,364	5,510	101,774
53 02	CARDIOPULMONARY	228,159	35,666	192,493	3,567	11,165	213,427
53 03	SLEEP LAB	273,155	50,676	222,479	5,068	12,904	255,183
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,780,412	119,751	4,660,661	11,975	270,318	4,498,119
55 30	IMPL. DEV. CHARGED TO PAT	7,986,629	149,287	7,837,342	14,929	454,566	7,517,134
56	DRUGS CHARGED TO PATIENTS	2,799,831	108,850	2,690,981	10,885	156,077	2,632,869
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	726,206	51,887	674,319	5,189	39,111	681,906
60	CLINIC	2,891,548	964,794	1,926,754	96,479	111,752	2,683,317
60 01	IMED	715,348	97,077	618,271	9,708	35,860	669,780
60 02	ONCOLOGY	10,861,303	491,769	10,369,534	49,177	601,433	10,210,693
61	EMERGENCY	5,560,918	390,627	5,170,291	39,063	299,877	5,221,978
62	OBSERVATION BEDS (NON-DIS	808,394	96,242	712,152	9,624	41,305	757,465
63 50	FRENCH LI CK RHC	349,224	39,122	310,102	3,912	17,986	327,326
63 51	LOOGOOTE RHC	413,141	111,736	301,405	11,174	17,481	384,486
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	2,375,458	102,227	2,273,231	10,223	131,847	2,233,388
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	71,964,549	5,311,520	66,653,029	531,155	3,865,876	67,567,518
102	LESS OBSERVATION BEDS	808,394	96,242	712,152	9,624	41,305	757,465
103	TOTAL	71,156,155	5,215,278	65,940,877	521,531	3,824,571	66,810,053

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	23,837,649	.292253	.308346
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	1,353,371	.529569	.558559
41	ANESTHESIOLOGY	2,413,230	.450138	.477257
42	RADIOLOGY-DIAGNOSTIC	29,198,839	.162370	.171525
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE	4,398,983	.177862	.188197
45	LABORATORY	19,862,023	.338128	.358125
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,849,328	.633012	.670194
51	PHYSICAL THERAPY	4,211,600	.626607	.662480
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	17,343,617	.214894	.226621
53	01 PULMONARY	361,448	.281573	.296817
53	02 CARDIOPULMONARY	546,228	.390729	.411169
53	03 SLEEP LAB	623,604	.409207	.429899
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	9,149,120	.491645	.521191
55	30 IMPL. DEV. CHARGED TO PAT	10,985,182	.684298	.725678
56	DRUGS CHARGED TO PATIENTS	32,706,222	.080501	.085273
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	561,159	1.215174	1.284871
60	CLINIC	1,902,420	1.410476	1.469218
60	01 IMED	650,519	1.029609	1.084734
60	02 ONCOLOGY	20,350,940	.501731	.531284
61	EMERGENCY	8,928,061	.584895	.618483
62	OBSERVATION BEDS (NON-DIS	744,301	1.017686	1.073181
63	50 FRENCH LICK RHC	420,092	.779177	.821991
63	51 LOOGOOTE RHC	469,613	.818729	.855954
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES	1,989,227	1.122742	1.189022
67	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	195,856,776		
102	LESS OBSERVATION BEDS	744,301		
103	TOTAL	195,112,475		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,497,243		1,497,243
26	INTENSIVE CARE UNIT				500,157		500,157
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				160,567		160,567
31 01	SUBPROVIDER 2				188,576		188,576
33	NURSERY						
101	TOTAL				2,346,543		2,346,543

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	15,573	6,897			96.14	663,078
26	INTENSIVE CARE UNIT	4,962	3,102			100.80	312,682
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,662	855			60.32	51,574
31 01	SUBPROVIDER 2	1,492	1,165			126.39	147,244
33	NURSERY	2,119					
101	TOTAL	26,808	12,019				1,174,578

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					15,573	
26	INTENSIVE CARE UNIT					4,962	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					2,662	
31 01	SUBPROVIDER 2					1,492	
33	NURSERY					2,119	
34	SKILLED NURSING FACILITY					5,057	
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					31,865	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		6,897
26	INTENSIVE CARE UNIT		3,102
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		855
31 01	SUBPROVIDER 2		1,165
33	NURSERY		
34	SKILLED NURSING FACILITY		4,186
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL		16,205

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY						
53	02 CARDIOPULMONARY						
53	03 SLEEP LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 FRENCH LI CK RHC						
63	51 LOOGOOTEE RHC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			23,837,649			2,313,297	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			1,353,371				
41	ANESTHESIOLOGY			2,413,230			259,543	
42	RADIOLOGY-DIAGNOSTIC			29,198,839			2,874,625	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE			4,398,983			193,851	
45	LABORATORY			19,862,023			3,261,565	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			2,849,328			704,023	
51	PHYSICAL THERAPY			4,211,600			736,842	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			17,343,617			3,220,278	
53	01 PULMONARY			361,448				
53	02 CARDIOPULMONARY			546,228				
53	03 SLEEP LAB			623,604				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			9,149,120			2,684,957	
55	30 IMPL. DEV. CHARGED TO PAT			10,985,182			4,926,763	
56	DRUGS CHARGED TO PATIENTS			32,706,222			11,040,595	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			561,159				
60	CLINIC			1,902,420			474	
60	01 IMED			650,519				
60	02 ONCOLOGY			20,350,940				
61	EMERGENCY			8,928,061			792,748	
62	OBSERVATION BEDS (NON-DIS			744,301				
63	50 FRENCH LICK RHC							
63	51 LOOGOOTEE RHC							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			192,977,844			33,009,561	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	4,876,330					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	377,481					
42	RADIOLOGY-DIAGNOSTIC	9,639,642					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE	1,152,120					
45	LABORATORY	648,137					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	33,727					
51	PHYSICAL THERAPY	21,759					
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,685,635					
53	01 PULMONARY						
53	02 CARDIOPULMONARY						
53	03 SLEEP LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,008,937					
55	30 IMPL. DEV. CHARGED TO PAT	974,290					
56	DRUGS CHARGED TO PATIENTS	10,257,285					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	118,168					
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	809,317					
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY	1,111,086					
62	OBSERVATION BEDS (NON-DIS	365,103					
63	50 FRENCH LICK RHC						
63	51 LOOGOOTEE RHC						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	34,079,017					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.311778	.311778			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.565085	.565085			
40 ANESTHESIOLOGY	.478334	.478334			
41 RADIOLOGY-DIAGNOSTIC	.173044	.173044			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.189309	.189309			
44 LABORATORY	.359608	.359608			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.673431	.673431			
50 PHYSICAL THERAPY	.667367	.667367			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.229337	.229337			
53 01 PULMONARY	.300591	.300591			
53 02 CARDIOPULMONARY	.417699	.417699			
53 03 SLEEP LAB	.438026	.438026			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.522500	.522500			
55 30 IMPL. DEV. CHARGED TO PATIENT	.727037	.727037			
56 DRUGS CHARGED TO PATIENTS	.085605	.085605			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.294118	1.294118			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.519931	1.519931			
60 01 IMED	1.099657	1.099657			
60 02 ONCOLOGY	.533700	.533700			
61 EMERGENCY	.622858	.622858			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.086112	1.086112			
63 50 FRENCH LICK RHC					
63 51 LOOGOOTEE RHC					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	1.194161	1.194161			
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center	Description	5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		4,876,330				
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY		377,481				
41	RADIOLOGY-DIAGNOSTIC		9,639,642				
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		1,152,120				
44	LABORATORY		648,137	153			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY						
46	WHOLE BLOOD & PACKED RED BLOOD CELLS						
47	BLOOD STORING, PROCESSING & TRANS.						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		33,727				
50	PHYSICAL THERAPY		21,759				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		2,685,635				
53 01	PULMONARY						
53 02	CARDIOPULMONARY						
53 03	SLEEP LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,008,937	338			
55 30	IMPL. DEV. CHARGED TO PATIENT		974,290				
56	DRUGS CHARGED TO PATIENTS		10,257,285				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		118,168				
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		809,317				
60 01	IMED						
60 02	ONCOLOGY						
61	EMERGENCY		1,111,086				
62	OBSERVATION BEDS (NON-DISTINCT PART)		365,103				
63 50	FRENCH LICK RHC						
63 51	LOOGOOTEE RHC						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-RENTED						
67	DURABLE MEDICAL EQUIP-SOLD						
101	SUBTOTAL		34,079,017	491			
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104	NET CHARGES		34,079,017	491			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B		HOSPITAL				
Cost Center	Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,520,332	
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				180,562	
41	RADIOLOGY-DIAGNOSTIC				1,668,082	
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE				218,107	
44	LABORATORY				233,075	55
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY				22,713	
50	PHYSICAL THERAPY				14,521	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				615,915	
53 01	PULMONARY					
53 02	CARDIOPULMONARY					
53 03	SLEEP LAB					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				527,170	177
55 30	IMPL. DEV. CHARGED TO PATIENT				708,345	
56	DRUGS CHARGED TO PATIENTS				878,075	
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				152,923	
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC				1,230,106	
60 01	IMED					
60 02	ONCOLOGY					
61	EMERGENCY				692,049	
62	OBSERVATION BEDS (NON-DISTINCT PART)				396,543	
63 50	FRENCH LICK RHC					
63 51	LOOGOOTEE RHC					
64	OTHER REIMBURS COST CNTRS					
65	HOME PROGRAM DIALYSIS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL				9,058,518	232
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				9,058,518	232

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 PULMONARY
- 53 02 CARDIOPULMONARY
- 53 03 SLEEP LAB
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 IMED
- 60 02 ONCOLOGY
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 FRENCH LICK RHC
- 63 51 LOOGOOTEE RHC
- 64 OTHER REIMBURS COST CNTRS
- 65 HOME PROGRAM DIALYSIS
- 66 AMBULANCE SERVICES
- 67 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0115
 COMPONENT NO: 15-S115
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.034315	
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.065256	
40	ANESTHESIOLOGY	.010770	
41	RADIOLOGY-DIAGNOSTIC	.015187	393
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.011112	
44	LABORATORY	.014822	893
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.032376	88
50	PHYSICAL THERAPY	.048872	185
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.027161	66
53 01	PULMONARY	.037740	
53 02	CARDIOPULMONARY	.065295	
53 03	SLEEP LAB	.081263	
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.013089	48
55 30	IMPL. DEV. CHARGED TO PAT	.013590	
56	DRUGS CHARGED TO PATIENTS	.003328	566
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	.092464	
60	CLINIC	.507140	
60 01	IMED	.149230	
60 02	ONCOLOGY	.024164	
61	EMERGENCY	.043753	911
62	OBSERVATION BEDS (NON-DIS	.129305	
63 50	FRENCH LICK RHC		
63 51	LOOGOOTEE RHC		
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		3,150

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 PULMONARY										
53	02 CARDIOPULMONARY										
53	03 SLEEP LAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 IMED										
60	02 ONCOLOGY										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	50 FRENCH LI CK RHC										
63	51 LOOGOOTEE RHC										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL										

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			23,837,649				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			1,353,371				
40	ANESTHESIOLOGY			2,413,230				
41	RADIOLOGY-DIAGNOSTIC			29,198,839			25,902	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,398,983				
44	LABORATORY			19,862,023			60,215	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,849,328			2,705	
50	PHYSICAL THERAPY			4,211,600			3,793	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			17,343,617			2,427	
53	01 PULMONARY			361,448				
53	02 CARDIOPULMONARY			546,228				
53	03 SLEEP LAB			623,604				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			9,149,120			3,642	
55	30 IMPL. DEV. CHARGED TO PAT			10,985,182				
56	DRUGS CHARGED TO PATIENTS			32,706,222			169,945	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			561,159				
60	CLINIC			1,902,420				
60	01 IMED			650,519				
60	02 ONCOLOGY			20,350,940				
61	EMERGENCY			8,928,061			20,832	
62	OBSERVATION BEDS (NON-DIS			744,301				
63	50 FRENCH LICK RHC							
63	51 LOOGOOTEE RHC							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			192,977,844			289,461	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY						
53	02 CARDIOPULMONARY						
53	03 SLEEP LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 FRENCH LICK RHC						
63	51 LOOGOOTEE RHC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
42	RADIOLOGY-DIAGNOSTIC											
43	RADIOLOGY-THERAPEUTIC											
44	RADIOISOTOPE											
45	LABORATORY											
46	PBP CLINICAL LAB SERVICES											
47	WHOLE BLOOD & PACKED RED											
48	BLOOD STORING, PROCESSING											
49	INTRAVENOUS THERAPY											
50	RESPIRATORY THERAPY											
51	PHYSICAL THERAPY											
52	OCCUPATIONAL THERAPY											
53	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
53	01 PULMONARY											
53	02 CARDIOPULMONARY											
53	03 SLEEP LAB											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
59	PSYCHIATRIC/PSYCHOLOGICAL											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 IMED											
60	02 ONCOLOGY											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	50 FRENCH LICK RHC											
63	51 LOOGOOTEE RHC											
64	OTHER REIMBURS COST CNTRS											
65	HOME PROGRAM DIALYSIS											
66	AMBULANCE SERVICES											
67	DURABLE MEDICAL EQUIP-REN											
101	DURABLE MEDICAL EQUIP-SOL											
	TOTAL											

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			23,837,649			625	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			1,353,371				
40	ANESTHESIOLOGY			2,413,230				
41	RADIOLOGY-DIAGNOSTIC			29,198,839			15,800	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,398,983				
44	LABORATORY			19,862,023			73,241	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,849,328			28,399	
50	PHYSICAL THERAPY			4,211,600			492,436	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			17,343,617			7,712	
53	01 PULMONARY			361,448				
53	02 CARDIOPULMONARY			546,228				
53	03 SLEEP LAB			623,604				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			9,149,120			42,798	
55	30 IMPL. DEV. CHARGED TO PAT			10,985,182				
56	DRUGS CHARGED TO PATIENTS			32,706,222			429,040	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			561,159				
60	CLINIC			1,902,420				
60	01 IMED			650,519				
60	02 ONCOLOGY			20,350,940				
61	EMERGENCY			8,928,061				
62	OBSERVATION BEDS (NON-DIS			744,301				
63	50 FRENCH LICK RHC							
63	51 LOOGOOTEE RHC							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			192,977,844			1,090,051	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY						
53	02 CARDIOPULMONARY						
53	03 SLEEP LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 FRENCH LICK RHC						
63	51 LOOGOOTEE RHC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
42	RADIOLOGY-THERAPEUTIC											
43	RADIOISOTOPE											
44	LABORATORY											
45	PBP CLINICAL LAB SERVICES											
46	WHOLE BLOOD & PACKED RED											
47	BLOOD STORING, PROCESSING											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
53	01 PULMONARY											
53	02 CARDIOPULMONARY											
53	03 SLEEP LAB											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 IMED											
60	02 ONCOLOGY											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	50 FRENCH LICK RHC											
63	51 LOOGOOTEE RHC											
	OTHER REIMBURS COST CNTRS											
64	HOME PROGRAM DIALYSIS											
65	AMBULANCE SERVICES											
66	DURABLE MEDICAL EQUIP-REN											
67	DURABLE MEDICAL EQUIP-SOL											
101	TOTAL											

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			23,837,649				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			1,353,371				
40	ANESTHESIOLOGY			2,413,230				
41	RADIOLOGY-DIAGNOSTIC			29,198,839			24,457	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,398,983				
44	LABORATORY			19,862,023			222,598	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,849,328			65,570	
50	PHYSICAL THERAPY			4,211,600			722,440	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			17,343,617			7,055	
53	01 PULMONARY			361,448				
53	02 CARDIOPULMONARY			546,228				
53	03 SLEEP LAB			623,604				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			9,149,120			143,120	
55	30 IMPL. DEV. CHARGED TO PAT			10,985,182				
56	DRUGS CHARGED TO PATIENTS			32,706,222			1,724,775	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			561,159				
60	CLINIC			1,902,420				
60	01 IMED			650,519				
60	02 ONCOLOGY			20,350,940				
61	EMERGENCY			8,928,061				
62	OBSERVATION BEDS (NON-DIS			744,301				
63	50 FRENCH LICK RHC							
63	51 LOOGOOTEE RHC							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			192,977,844			2,910,015	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY						
53	02 CARDIOPULMONARY						
53	03 SLEEP LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 FRENCH LICK RHC						
63	51 LOOGOOTEE RHC						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	996
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	805.60
85	OBSERVATION BED COST	802,378

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	12,545,655		802,378	
87	NEW CAPITAL-RELATED COST	1,497,243	.119344	802,378	95,759
88	NON PHYSICIAN ANESTHETIST	12,545,655		802,378	
89	MEDICAL EDUCATION	12,545,655		802,378	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER II PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	907.32
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,353,722			
87	NEW CAPITAL-RELATED COST	188,576	1,353,722		
88	NON PHYSICIAN ANESTHETIST		1,353,722		
89	MEDICAL EDUCATION		1,353,722		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,293,552
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	453.54
68	PROGRAM ROUTINE SERVICE COST	1,898,518
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,898,518
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	275,283
72	PER DIEM CAPITAL-RELATED COSTS	54.44
73	PROGRAM CAPITAL-RELATED COSTS	227,886
74	INPATIENT ROUTINE SERVICE COST	1,670,632
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,670,632
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,898,518
80	PROGRAM INPATIENT ANCILLARY SERVICES	834,617
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,733,135

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SUBPROVIDER I OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	8
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	751.95
85	OBSERVATION BED COST	6,016

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SUBPROVIDER II OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	907.32
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SNF OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	275,283
72	PER DIEM CAPITAL-RELATED COSTS	54.44
73	PROGRAM CAPITAL-RELATED COSTS	7,894
74	INPATIENT ROUTINE SERVICE COST	-7,894
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-7,894
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		5,655,821	
26	INTENSIVE CARE UNIT		2,619,296	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.311778	2,313,297	721,235
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.565085		
40	ANESTHESIOLOGY	.478334	259,543	124,148
41	RADIOLOGY-DIAGNOSTIC	.173044	2,874,625	497,437
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.189309	193,851	36,698
44	LABORATORY	.359608	3,261,565	1,172,885
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.673431	704,023	474,111
50	PHYSICAL THERAPY	.667367	736,842	491,744
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.229337	3,220,278	738,529
53	01 PULMONARY	.300591		
53	02 CARDIOPULMONARY	.417699		
53	03 SLEEP LAB	.438026		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.522500	2,684,957	1,402,890
55	30 IMPL. DEV. CHARGED TO PATIENT	.727037	4,926,763	3,581,939
56	DRUGS CHARGED TO PATIENTS	.085605	11,040,595	945,130
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.294118		
60	OUTPAT SERVICE COST CNTRS CLINIC	1.519931	474	720
60	01 IMED	1.099657		
60	02 ONCOLOGY	.533700		
61	EMERGENCY	.622858	792,748	493,769
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.086112		
63	50 FRENCH LICK RHC			
63	51 LOOGOOTE RHC			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		33,009,561	10,681,235
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		33,009,561	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		707,281	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.311778		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.565085		
40	ANESTHESIOLOGY	.478334		
41	RADIOLOGY-DIAGNOSTIC	.173044	25,902	4,482
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.189309		
44	LABORATORY	.359608	60,215	21,654
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.673431	2,705	1,822
50	PHYSICAL THERAPY	.667367	3,793	2,531
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.229337	2,427	557
53	01 PULMONARY	.300591		
53	02 CARDIOPULMONARY	.417699		
53	03 SLEEP LAB	.438026		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.522500	3,642	1,903
55	30 IMPL. DEV. CHARGED TO PATIENT	.727037		
56	DRUGS CHARGED TO PATIENTS	.085605	169,945	14,548
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.294118		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.519931		
60	01 IMED	1.099657		
60	02 ONCOLOGY	.533700		
61	EMERGENCY	.622858	20,832	12,975
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.086112		
63	50 FRENCH LICK RHC			
63	51 LOOGOOTE RHC			
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		289,461	60,472
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		289,461	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,409,388	
26	INTENSIVE CARE UNIT		345,613	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.311778	388,486	121,121
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.565085	56,752	32,070
40	ANESTHESIOLOGY	.478334	98,522	47,126
41	RADIOLOGY-DIAGNOSTIC	.173044	306,427	53,025
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.189309	16,461	3,116
44	LABORATORY	.359608	520,615	187,217
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.673431	228,688	154,006
50	PHYSICAL THERAPY	.667367	47,841	31,928
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.229337	539,708	123,775
53	01 PULMONARY	.300591	11,858	3,564
53	02 CARDIOPULMONARY	.417699		
53	03 SLEEP LAB	.438026		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.522500	52,375	27,366
55	30 IMPL. DEV. CHARGED TO PATIENT	.727037		
56	DRUGS CHARGED TO PATIENTS	.085605	2,087,622	178,711
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	1.294118		
60	CLINIC	1.519931	2,429	3,692
60	01 IMED	1.099657		
60	02 ONCOLOGY	.533700	63,162	33,710
61	EMERGENCY	.622858	163,277	101,698
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.086112		
63	50 FRENCH LICK RHC	.831304		
63	51 LOOGOOTE RHC	.879748		
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		4,584,223	1,102,125
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,584,223	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		19,388,549		8,561,722
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	1/28/2010	128,679	1/28/2010	91,275
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		128,679		91,275
4 TOTAL INTERIM PAYMENTS		19,517,228		8,652,997
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		367,212		52,058
7 TOTAL MEDICARE PROGRAM LIABILITY		19,884,440		8,705,055

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(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.

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		550,155		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			550,155	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	29,182	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			579,337	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(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.

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,535,082		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,535,082		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		18,768		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,553,850		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(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.

TITLE XVII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,484,159		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,484,159		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		2,354		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,486,513		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(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.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	579,337
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	550,155
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	29,182
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----
50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
53 ENTER THE TIME VALUE OF MONEY.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
35	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			
38	COINSURANCE			
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		3,167,749	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		3,167,749	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		3,167,749	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		2,755,001	
11	ANCILLARY SERVICE CHARGES		4,584,223	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		7,339,224	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		7,339,224	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		4,171,475	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		3,167,749	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		3,167,749	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		3,167,749	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		3,167,749	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		3,167,749	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		3,167,749	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3,167,749	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		3,167,749	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		606,244	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		606,244	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		606,244	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		580,383	
11	ANCILLARY SERVICE CHARGES		147,975	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		728,358	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		728,358	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		122,114	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		606,244	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		606,244	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		606,244	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		606,244	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		606,244	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		606,244	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		606,244	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		606,244	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	31,051,435			
2	TEMPORARY INVESTMENTS	1,470,000			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	18,080,856			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	5,706,087			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	56,308,378			
FIXED ASSETS					
12	LAND	5,545,814			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	103,172,482			
14.01	LESS ACCUMULATED DEPRECIATION	-48,560,535			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	59,850,901			
16.01	LESS ACCUMULATED DEPRECIATION	-28,170,249			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	91,838,413			
OTHER ASSETS					
22	INVESTMENTS	46,400,240			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,081,992			
26	TOTAL OTHER ASSETS	48,482,232			
27	TOTAL ASSETS	196,629,023			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,206,858			
29 SALARIES, WAGES & FEES PAYABLE	22,047,519			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,470,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS	800,000			
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	26,524,377			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	52,295,978			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	107,209			
42 TOTAL LONG-TERM LIABILITIES	52,403,187			
43 TOTAL LIABILITIES	78,927,564			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	117,701,459			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	117,701,459			
52 TOTAL LIABILITIES AND FUND BALANCES	196,629,023			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		108,778,572		
2 NET INCOME (LOSS)		6,260,712		
3 TOTAL		115,039,284		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NET ASSETS RELEASED FOR P		27,742		
6 CONTRIBUTIONS		386,472		
7 UNREALIZED GAIN		1,086,007		
8 CONTRIBUTED PROPERTY		6,000,000		
9				
10 TOTAL ADDITIONS		7,500,221		
11 SUBTOTAL		122,539,505		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE IN PENSION NET LOS		4,787,494		
14 NET ASSETS RELEASED		27,742		
15 MINORITY INTEREST IN EARN		22,810		
16				
17				
18 TOTAL DEDUCTIONS		4,838,046		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		117,701,459		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NET ASSETS RELEASED FOR P				
6 CONTRIBUTIONS				
7 UNREALIZED GAIN				
8 CONTRIBUTED PROPERTY				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE IN PENSION NET LOS				
14 NET ASSETS RELEASED				
15 MINORITY INTEREST IN EARN				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	14,493,023		14,493,023
2 00 SUBPROVIDER	2,198,032		2,198,032
2 01 SUBPROVIDER 2	1,215,407		1,215,407
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,149,202		1,149,202
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	19,055,664		19,055,664
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,444,196		4,444,196
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,444,196		4,444,196
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	23,499,860		23,499,860
17 00 ANCILLARY SERVICES	69,451,446	123,526,398	192,977,844
18 00 OUTPATIENT SERVICES			
18 50 FRENCH LI CK RHC		420,092	420,092
18 51 LOOGOOTEE RHC		469,613	469,613
19 00 HOME HEALTH AGENCY		1,276,475	1,276,475
20 00 AMBULANCE SERVICES	686,838	1,302,389	1,989,227
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00 OTHER GSR		1,294,760	1,294,760
24 01 PHYSICIANS		33,382,906	33,382,906
24 02 OTHER			
25 00 TOTAL PATIENT REVENUES	93,638,144	161,672,633	255,310,777

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		133,153,248	
ADD (SPECIFY)			
27 00 BAD DEBTS	6,343,009		
28 00 FOUNDATION DEPRECIATION	126,836		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		6,469,845	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		139,623,093	

DESCRIPTION

1	TOTAL PATIENT REVENUES	255,310,777
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	115,350,582
3	NET PATIENT REVENUES	139,960,195
4	LESS: TOTAL OPERATING EXPENSES	139,623,093
5	NET INCOME FROM SERVICE TO PATIENTS	337,102
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	4,014,893
24.01	NON-OPERATING GAINS	1,908,717
24.02		
25	TOTAL OTHER INCOME	5,923,610
26	TOTAL	6,260,712
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	6,260,712

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	295,771			19,909	38,784	354,464
HHA REIMBURSABLE SERVICES						
6	262,575		33,252			295,827
7	85,475		16,759			102,234
8	30,447		4,744			35,191
9	3,135		374			3,509
10	857		33			890
11	75,375		23,041			98,416
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	753,635		78,203	19,909	38,784	890,531

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		354,464	-699	353,765
HHA REIMBURSABLE SERVICES				
6		295,827		295,827
7		102,234		102,234
8		35,191		35,191
9		3,509		3,509
10		890		890
11		98,416		98,416
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		890,531	-699	889,832

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		353,765				353,765	353,765
HHA REIMBURSABLE SERVICES							
6		295,827				295,827	195,225
7		102,234				102,234	67,467
8		35,191				35,191	23,223
9		3,509				3,509	2,316
10		890				890	587
11		98,416				98,416	64,947
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		889,832				889,832	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		491,052					
7		169,701					
8		58,414					
9		5,825					
10		1,477					
11		163,363					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		889,832					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-353,765	536,067
6	SKILLED NURSING CARE					295,827	
7	PHYSICAL THERAPY					102,234	
8	OCCUPATIONAL THERAPY					35,191	
9	SPEECH PATHOLOGY					3,509	
10	MEDICAL SOCIAL SERVICES					890	
11	HOME HEALTH AIDE					98,416	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-353,765	536,067
25	COST TO BE ALLOCATED					353,765	
26	UNIT COST MULTIPLIER					.659927	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS
	0	1	2	3	4	5
1 ADMIN & GENERAL				40,208		181,418
2 SKILLED NURSING CARE	491,052					
3 PHYSICAL THERAPY	169,701					
4 OCCUPATIONAL THERAPY	58,414					
5 SPEECH PATHOLOGY	5,825					
6 MEDICAL SOCIAL SERVICES	1,477					
7 HOME HEALTH AIDE	163,363					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	889,832			40,208		181,418
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5A	6	7	8	9	10
1 ADMIN & GENERAL	221,626	35,174	49,917			9,975
2 SKILLED NURSING CARE	491,052	77,937				
3 PHYSICAL THERAPY	169,701	26,933				
4 OCCUPATIONAL THERAPY	58,414	9,271				
5 SPEECH PATHOLOGY	5,825	924				
6 MEDICAL SOCIAL SERVICES	1,477	234				
7 HOME HEALTH AIDE	163,363	25,928				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,111,458	176,401	49,917			9,975
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16
1 ADMIN & GENERAL		17,767				208
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		17,767				208
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL	8,832					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	8,832					
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	PARAMED RGM	ED P	SUBTOTAL	POST DOWN	STEP ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	24		25	26		27	28	29
1 ADMIN & GENERAL			343,499			343,499		
2 SKILLED NURSING CARE			568,989			568,989	189,560	758,549
3 PHYSICAL THERAPY			196,634			196,634	65,509	262,143
4 OCCUPATIONAL THERAPY			67,685			67,685	22,549	90,234
5 SPEECH PATHOLOGY			6,749			6,749	2,248	8,997
6 MEDICAL SOCIAL SERVICES			1,711			1,711	570	2,281
7 HOME HEALTH AIDE			189,291			189,291	63,063	252,354
8 SUPPLIES								
9 DRUGS								
9.20 COST ADMINISTERING DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SVCS								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROM ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DEL MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHER								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF 1-19) (2)			1,374,558			1,374,558	343,499	1,374,558
21 UNIT COST MULTIPLIER							0.333152	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6A
1 ADMIN & GENERAL			2,579		753,635	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			2,579		753,635	
21 COST TO BE ALLOCATED			40,208		181,418	
22 UNIT COST MULTIPLIER			15.590539		0.240724	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (DAYS)
	6	7	8	9	10	11
1 ADMIN & GENERAL	221,626	2,579			2,579	
2 SKILLED NURSING CARE	491,052					
3 PHYSICAL THERAPY	169,701					
4 OCCUPATIONAL THERAPY	58,414					
5 SPEECH PATHOLOGY	5,825					
6 MEDICAL SOCIAL SERVICES	1,477					
7 HOME HEALTH AIDE	163,363					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,111,458	2,579			2,579	
21 COST TO BE ALLOCATED	176,401	49,917			9,975	
22 UNIT COST MULTIPLIER	0.158711	19.355176			3.867778	

HHA 1

HHA COST CENTER	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER) HOUSED	NURSING ADMINISTRATION (DIRECT) SING HRS	CENTRAL SERVICES & SUPPL (COSTED) EQUI S.	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (Revenues)
	12	13	14	15	16	17
1 ADMIN & GENERAL	31,037				250	1,276,475
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	31,037				250	1,276,475
21 COST TO BE ALLOCATED	17,767				208	8,832
22 UNIT COST MULTIPLIER	0.572446				0.832000	0.006919

HHA COST CENTER	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETIST (ASSIGNED) TIME	NURSING SCHOOL (ASSIGNED) TIME	I&R SERVICES -SALARY & FR (ASSIGNED) TIME	I&R SERVICES -OTHER PRGM (ASSIGNED) TIME	PARAMEDICAL PRGM (ASSIGNED) TIME
	18	20	21	22	23	24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	758,549	2	758,549	4,002	189.54	1,260
2 PHYSICAL THERAPY	3	262,143		262,143	2,017	129.97	912
3 OCCUPATIONAL THERAPY	4	90,234		90,234	571	158.03	179
4 SPEECH PATHOLOGY	5	8,997		8,997	45	199.93	9
5 MEDICAL SOCIAL SERVICES	6	2,281		2,281	4	570.25	
6 HOME HEALTH AIDE SERVICE	7	252,354		252,354	2,773	91.00	507
7 TOTAL		1,374,558		1,374,558	9,412		2,867

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING	896		238,820	169,828		408,648
2 PHYSICAL THERAPY	569		118,533	73,953		192,486
3 OCCUPATIONAL THERAPY	232		28,287	36,663		64,950
4 SPEECH PATHOLOGY	13		1,799	2,599		4,398
5 MEDICAL SOCIAL SERVICES	3			1,711		1,711
6 HOME HEALTH AIDE SERVICES	856		46,137	77,896		124,033
7 TOTAL	2,569		433,576	362,650		796,226

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		9915					
9 PHYSICAL THERAPY		9915					
10 OCCUPATIONAL THERAPY		9915					
11 SPEECH PATHOLOGY		9915					
12 MEDICAL SOCIAL SERVICES		9915					
13 HOME HEALTH AIDE SERVICE		9915					
14 TOTAL							

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
8 SKILLED NURSING						
9 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
14 TOTAL						

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				14,459		6,215
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES		8,244			
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	
17 PER BENE COST LIMITATION (FRM FI)	9915	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.667367			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.522500			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.727037			
5 DRUGS CHARGED TO PATIENTS	56	.085605			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----			
			---- PROGRAM VISITS ----		----- PROGRAM COSTS -----	
			PRIOR 1/1/1998	TO 12/31/1998	PRIOR 1/1/1998	TO 12/31/1998
	1	2	3	4	5	
1 PHYSICAL THERAPY		129.97	2.01	3	3.01	
2 OCCUPATIONAL THERAPY		158.03				
3 SPEECH PATHOLOGY		199.93				
4 TOTAL (SUM OF LINES 1-3)						

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		423,136		307,325
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		423,136		307,325
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		423,136		307,325

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
15-0115	FROM 7/1/2009	WORKSHEET K
HOSPICE NO:	TO 6/30/2010	
-		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF		10,481		10,481
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	4,168	95,733		95,733
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	4,168	106,214		106,214

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
15-0115	FROM 7/ 1/2009	WORKSHEET K
HOSPICE NO:	TO 6/30/2010	
-		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
1 GENERAL SERVICE COST CENTERS		
2 CAPITAL RELATED COSTS-BLDG AND FIXT.		
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4 PLANT OPERATION AND MAINTENANCE		
5 TRANSPORTATION - STAFF		10,481
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINISTRATIVE AND GENERAL		
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPIRE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		
13 NURSING CARE		95,733
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		
19 SPIRITUAL COUNSELING		
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)		106,214

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
15-0115	FROM 7/ 1/2009	WORKSHEET K-1
HOSPICE NO:	TO 6/30/2010	
-		

HOSPICE 1

NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
5	6	7	8

- GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 10.20 NURSING CARE-CONTINUOUS HOME CARE
- 11 PHYSICAL THERAPY
- 12 OCCUPATIONAL THERAPY
- 13 SPEECH/LANGUAGE PATHOLOGY
- 14 MEDICAL SOCIAL SERVICES
- 15 SPIRITUAL COUNSELING
- 16 DIETARY COUNSELING
- 17 COUNSELING - OTHER
- 18 HOME HEALTH AIDE AND HOME MAKER
- 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE
- OTHER HOSPICE SERVICE COSTS
- 19 OTHER
- 20 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 20.30 ANALGESICS
- 20.31 SEDATIVES / HYPNOTICS
- 20.32 OTHER - SPECIFY
- 21 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 22 PATIENT TRANSPORTATION
- 23 IMAGING SERVICES
- 24 LABS AND DIAGNOSTICS
- 25 MEDICAL SUPPLIES
- 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 27 RADIATION THERAPY
- 28 CHEMOTHERAPY
- 29 OTHER
- 30 BEREAVEMENT PROGRAM COSTS
- 31 VOLUNTEER PROGRAM COSTS
- 32 FUNDRAISING
- 33 OTHER PROGRAM COSTS
- 34 TOTAL (SUM OF LINES 1 THRU 33)

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	91,565
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	91,565

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF	10,481			
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	95,733			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	106,214			

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF	10,481			
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	10,481		106,214	
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	10,481		106,214	

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	106,214
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	11 PHYSICAL THERAPY	
16	12 OCCUPATIONAL THERAPY	
17	13 SPEECH/LANGUAGE PATHOLOGY	
18	14 MEDICAL SOCIAL SERVICES	
19	15 SPIRITUAL COUNSELING	
20	16 DIETARY COUNSELING	
21	17 COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	19 OTHER	
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	106,214

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				100
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				100
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)				10,481
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	104.81000

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	5	6A	6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL			106,214
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			106,214
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			
45 UNIT COST MULTIPLIER	.000000		.000000

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				15,201
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	106,214			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		106,214			15,201
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1.00 ADMINISTRATIVE AND GENERAL				5,911
2.00 INPATIENT - GENERAL CARE		22,042	37,243	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			106,214	16,857
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		22,042	143,457	22,768
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	7	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	18,871			3,771
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	18,871			3,771
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	11	12	13	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			1,309	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL			135	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			135	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	20	21	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL			975	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			975	
30.00 TOTAL COST TO BE ALLOCATED			15,201	
31.00 UNIT COST MULTIPLIER	.000000	.000000	15.590769	.000000

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(GROSS SALARIES)		(ACCUMULATED COST)	(SQUARE FEET)
	5	6A	6	7
1.00 ADMINISTRATIVE AND GENERAL	91,565		37,243	975
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			106,214	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5	6A	6	7
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	91,565		143,457	975
30.00 TOTAL COST TO BE ALLOCATED	22,042		22,768	18,871
31.00 UNIT COST MULTIPLIER	.240725		.158710	19.354872

HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (DAYS)
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL			975	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			975	
30.00 TOTAL COST TO BE ALLOCATED			3,771	
31.00 UNIT COST MULTIPLIER	.000000	.000000	3.867692	.000000

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)
	12	13	14	15
1.00 ADMINISTRATIVE AND GENERAL	2,287			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,287			
30.00 TOTAL COST TO BE ALLOCATED	1,309			
31.00 UNIT COST MULTIPLIER	.572366	.000000	.000000	.000000

HOSPICE COST CENTER	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (Revenues)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	16	17	18	20
1.00 ADMINISTRATIVE AND GENERAL	163			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.667367	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.085605	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.359608	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.522500	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.727037	
8	EMERGENCY	61	.622858	
9	RADIOLOGY-DIAGNOSTIC	41	.173044	
10	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	1.294118	
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				190,311
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

RHC 2

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	65,160		65,160	
3 PHYSICIAN ASSISTANT				
4 NURSE PRACTITIONER	40,294		40,294	
5 VISITING NURSE				
6 OTHER NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS	33,142		33,142	
11 SUBTOTAL (SUM OF LINES 1-9)	138,596		138,596	
12 COSTS UNDER AGREEMENT				
13 PHYSICIAN SERVICES UNDER AGREEMENT				
14 PHYSICIAN SUPERVISION UNDER AGREEMENT				
15 OTHER COSTS UNDER AGREEMENT				
16 SUBTOTAL (SUM OF LINES 11-13)				
17 OTHER HEALTH CARE COSTS				
18 MEDICAL SUPPLIES		11,220	11,220	
19 TRANSPORTATION (HEALTH CARE STAFF)				
20 DEPRECIATION-MEDICAL EQUIPMENT				
21 PROFESSIONAL LIABILITY INSURANCE				
22 OTHER HEALTH CARE COSTS	27,743	26,145	53,888	
23 ALLOWABLE GME COSTS				
24 SUBTOTAL (SUM OF LINES 15-20)	27,743	37,365	65,108	
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	166,339	37,365	203,704	
26 COSTS OTHER THAN RHC/FQHC SERVICES				
27 PHARMACY				
28 DENTAL				
29 OPTOMETRY				
30 ALL OTHER NONREIMBURSABLE COSTS				
31 NONALLOWABLE GME COSTS				
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
33 FACILITY OVERHEAD				
34 FACILITY COSTS				
35 ADMINISTRATIVE COSTS				
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)				
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	166,339	37,365	203,704	

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.12	254	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.92	1,384	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.04	1,638	1,932
5	VISITING NURSE			2,436
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.04	1,638	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	222,542		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	222,542		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	126,682		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	126,682		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	126,682		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	126,682		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	349,224		
			GREATER OF COL. 2 OR COL. 4	5
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	2,436		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2,436		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.54	2,465	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.51	1,726	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.05	4,191	3,339
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.05	4,191	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	197,186		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	197,186		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	215,955		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	215,955		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	215,955		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	215,955		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	413,141		
			GREATER OF COL. 2 OR COL. 4	5
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	4,191		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4,191		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

