



The following files are included on the attached CD:

1. ECR file with encryption that agrees to the signed hardcopy signature page
2. PI file that agrees to the signed hardcopy signature page
3. Bad Debt Schedules in excel format
4. A .pdf file containing all suggested cost report supplements including:
 - a. 2552-10 cost report
 - b. Worksheet A Expense Grouping Schedule
 - c. There were no Worksheet A-6 Reclassifications
 - d. Support for Worksheet A-8 Adjustments
 - e. Support for Worksheet A-8-1 (if applicable)
 - f. PS&R Crosswalk
 - g. PS&R
 - h. Worksheet G Balance Sheet Groupings
 - i. Worksheet G-2, G-3 Revenue Groupings
 - j. Trial Balance
 - k. Medicare Bad Debt Schedule**
 - l. The provider does not have audited financial statements
 - m. The provider does not have GME

The password for the bad debt is “costreport”.

Any further questions about the cost report filing should be directed to:

Michael Freeman
TFG Consulting, LLC
8550 United Plaza Blvd., Suite 702
Baton Rouge, LA 70809
mfreeman@tfgconsulting.org
225.610.1100 (office)
225.301.2510 (mobile)
www.tfgconsulting.org (website)

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 - 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 4 - REOPENED
 - 5 - AMENDED
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR 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 CENTRAL INDIANA-AMG SPECIALTY HOSPITAL (15-2025) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2012 AND ENDING 08/31/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		59,723				1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		59,723				200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2401 W. UNIVERSITY AVE, 8TH FLOOR N
 2 CITY: MUNCIE STATE: IN

P.O.BOX:
 ZIP CODE: 47303 COUNTY: DELAWARE

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			3	
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	CENTRAL INDIANA-AMG SPECIALTY	15-2025	34620	2	02/16/2005	N	P	P	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2012				TO: 08/31/2013				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6		
									24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1			27	
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35	
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:	ENDING:		36	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37	
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:	ENDING:		38	
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1 N	2 N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	1 N	2	3	56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY FTEs, AND PRIMARY CARE FTEs ADDED UNDER SECTION 5503). (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	PROGRAM NAME 1	PROGRAM CODE 2	3	4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				61.20
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
64		64

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

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME.
 ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF
 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS
 OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER
 OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL.
 ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)).
 (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
-------------------	-------------------	--	---	---

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66		66

ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT
 FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.
 ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT
 FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF
 (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED
 PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER
 IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)).
 (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
-------------------	-------------------	--	---	---

INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.		Y	80
----	--	--	---	----

TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.	N		85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		V	XIX		
		1	2		
TITLE V AND XIX INPATIENT SERVICES					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	N	90	
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91	
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92	
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93	
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94	
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95	
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96	
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97	
RURAL PROVIDERS					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	N	N	N	109
MISCELLANEOUS COST REPORTING INFORMATION					
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.		N	115	
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	116	
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	117	
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.			118	
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01	
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.		N	118.02	
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	121	
TRANSPLANT CENTER INFORMATION					
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		N	125	
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126	
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127	
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128	
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129	
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130	
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131	
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132	
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133	
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ALL PROVIDERS

140 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1,
 CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS
 ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER. 1
 Y PPLIED 140

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

141 NAME: NAME: ACADIANA MANAGEMENT GRO CONTRACTOR'S NAME: NOVITAS CONTRACTOR'S NUMBER: 0000 141
 142 STREET: STREET: 101 LA RUE FRANCE, P.O. BOX: 142
 143 CITY: LAFAYETTE STATE: LA ZIP CODE: 70508 143
 144 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y 144
 145 IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT
 SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO. Y 145
 146 HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y'
 FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE
 APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2. N 146
 147 WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO. N 147
 148 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO. N 148
 149 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO. N 149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE
 APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO
 FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII		TITLE V	TITLE XIX
	PART A	PART B		
155 HOSPITAL	N	N	N	155
156 SUBPROVIDER - IPF	N	N	N	156
157 SUBPROVIDER - IRF	N	N	N	157
158 SUBPROVIDER - (OTHER)	N	N	N	158
159 SNF	N	N	N	159
160 HHA	N	N	N	160
161 CMHC		N	N	161
161.10 CORF				161.10

MULTICAMPUS

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

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN
 COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. N 167
 168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),
 ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168
 169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
 (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE
 FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS) 170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2		1
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3	2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y			3
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	N	2	3	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
APPROVED EDUCATIONAL ACTIVITIES					
			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BED COMPLEMENT					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.				Y/N
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.				Y
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.				N
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.				N
PS&R REPORT DATA					
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/03/2013	Y	12/03/2013
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- | | | | |
|----|--|-----|------|
| | | Y/N | DATE |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | 1 | 2 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | N | |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | | |
|----|--------------------------|--|--------------------------|----|
| 41 | FIRST NAME: MICHAEL | LAST NAME: FREEMAN | TITLE: MANAGING DIRECTOR | 41 |
| 42 | EMPLOYER: TFG CONSULTING | | | 42 |
| 43 | PHONE NUMBER: 2256101100 | E-MAIL ADDRESS: MFREEMAN@TFGCONSULTING.ORG | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)
	1	2	3	4	5	6
SALARIES						
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200			111,509.00	1
2	NON-PHYSICIAN ANESTHETIST PART A					2
3	NON-PHYSICIAN ANESTHETIST PART B					3
4	PHYSICIAN-PART A ADMINISTRATIVE					4
4.01	PHYSICIAN-PART A - TEACHING					4.01
5	PHYSICIAN-PART B					5
6	NON-PHYSICIAN-PART B					6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21				7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)					7.01
8	HOME OFFICE PERSONNEL					8
9	SNF	44				9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)					10
OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)					11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES					12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE					13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS					14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE					15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS					16
17	WAGE-RELATED COSTS (CORE)	474,940				17
18	WAGE-RELATED COSTS (OTHER)					18
19	EXCLUDED AREAS					19
20	NON-PHYSICIAN ANESTHETIST PART A					20
21	NON-PHYSICIAN ANESTHETIST PART B					21
22	PHYSICIAN PART A - ADMINISTRATIVE					22
22.01	PHYSICIAN PART A - TEACHING					22.01
23	PHYSICIAN PART B					23
24	WAGE-RELATED COSTS (RHC/FQHC)					24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES					25
26	EMPLOYEE BENEFITS DEPARTMENT					26
27	ADMINISTRATIVE & GENERAL	505,717			18,123.00	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)					28
29	MAINTENANCE & REPAIRS					29
30	OPERATION OF PLANT					30
31	LAUNDRY & LINEN SERVICE					31
32	HOUSEKEEPING					32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					33
34	DIETARY	60,170			1,648.00	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					35
36	CAFETERIA					36
37	MAINTENANCE OF PERSONNEL					37
38	NURSING ADMINISTRATION					38
39	CENTRAL SERVICES AND SUPPLY					39
40	PHARMACY					40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	58,317			2,188.00	41
42	SOCIAL SERVICE					42
43	OTHER GENERAL SERVICE					43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	3,351,947		3,351,947	111,509.00	30.06	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	3,351,947		3,351,947	111,509.00	30.06	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)						4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	474,940		474,940		14.17%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	3,826,887		3,826,887	111,509.00	34.32	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	624,204		624,204	21,959.00	28.43	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	21,938	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	142,188	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	35,573	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	270,582	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT		23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	470,281	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	4,659	25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTIC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100				1	
2	00200		887,835	887,835	2	
3	00300				3	
4	00400		474,940	474,940	4	
5	00500	505,717	2,148,814	2,654,531	5	
6	00600				6	
7	00700		20,561	20,561	7	
8	00800		39,883	39,883	8	
9	00900		124,180	124,180	9	
10	01000	60,170	133,983	194,153	10	
11	01100				11	
12	01200				12	
13	01300				13	
14	01400				14	
15	01500				15	
16	01600	58,317	44,788	103,105	16	
17	01700				17	
18	01850				18	
19	01900				19	
20	02000				20	
21	02100				21	
22	02200				22	
23	02300				23	
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	2,157,061	325,586	2,482,647	30	
ANCILLARY SERVICE COST CENTERS						
50	05000		111,773	111,773	50	
54	05400		271,989	271,989	54	
60	06000		224,985	224,985	60	
62.30	06250				62.30	
65	06500	463,565	89,820	553,385	65	
66	06600	107,117	99,327	206,444	66	
67	06700		97,975	97,975	67	
68	06800		79,711	79,711	68	
71	07100		98,791	98,791	71	
73	07300		1,142,833	1,142,833	73	
74	07400		168,975	168,975	74	
76.97	07697				76.97	
76.98	07698				76.98	
76.99	07699				76.99	
OUTPATIENT SERVICE COST CENTERS						
92	09200				92	
OTHER REIMBURSABLE COST CENTERS						
94	09400				94	
99.10	09910				99.10	
99.20	09920				99.20	
99.30	09930				99.30	
99.40	09940				99.40	
SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)		3,351,947	6,586,749	9,938,696	118
200	NONREIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 118-199)		3,351,947	6,586,749	9,938,696	200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100 CAP REL COSTS-BLDG & FIXT	887,835	-217,791	670,044	1
2	00200 CAP REL COSTS-MVBLE EQUIP				2
3	00300 OTHER CAP REL COSTS				3
4	00400 EMPLOYEE BENEFITS DEPARTMENT	474,940		474,940	4
5	00500 ADMINISTRATIVE & GENERAL	2,654,531	-650,990	2,003,541	5
6	00600 MAINTENANCE & REPAIRS				6
7	00700 OPERATION OF PLANT	20,561		20,561	7
8	00800 LAUNDRY & LINEN SERVICE	39,883		39,883	8
9	00900 HOUSEKEEPING	124,180		124,180	9
10	01000 DIETARY	194,153		194,153	10
11	01100 CAFETERIA				11
12	01200 MAINTENANCE OF PERSONNEL				12
13	01300 NURSING ADMINISTRATION				13
14	01400 CENTRAL SERVICES & SUPPLY				14
15	01500 PHARMACY				15
16	01600 MEDICAL RECORDS & LIBRARY	103,105	-679	102,426	16
17	01700 SOCIAL SERVICE				17
18	01850 RECREATIONAL THERAPY				18
19	01900 NONPHYSICIAN ANESTHETISTS				19
20	02000 NURSING SCHOOL				20
21	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21
22	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000 ADULTS & PEDIATRICS	2,482,647		2,482,647	30
ANCILLARY SERVICE COST CENTERS					
50	05000 OPERATING ROOM	111,773		111,773	50
54	05400 RADIOLOGY-DIAGNOSTIC	271,989		271,989	54
60	06000 LABORATORY	224,985		224,985	60
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500 RESPIRATORY THERAPY	553,385		553,385	65
66	06600 PHYSICAL THERAPY	206,444		206,444	66
67	06700 OCCUPATIONAL THERAPY	97,975		97,975	67
68	06800 SPEECH PATHOLOGY	79,711		79,711	68
71	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	98,791		98,791	71
73	07300 DRUGS CHARGED TO PATIENTS	1,142,833		1,142,833	73
74	07400 RENAL DIALYSIS	168,975		168,975	74
76.97	07697 CARDIAC REHABILITATION				76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
92	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS					
94	09400 HOME PROGRAM DIALYSIS				94
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	9,938,696	-869,460	9,069,236	118
NONREIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 118-199)	9,938,696	-869,460	9,069,236	200
GRAND TOTAL (INCREASES)					
GRAND TOTAL (DECREASES)					

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	2,469,776	-2,239,016		-2,239,016		230,760		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	2,469,776	-2,239,016		-2,239,016		230,760		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	2,469,776	-2,239,016		-2,239,016		230,760		10

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

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT		655,662	217,527	13,946	700		887,835 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)		655,662	217,527	13,946	700		887,835 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

----- COMPUTATION OF RATIOS ----- ALLOCATION OF OTHER CAPITAL -----

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	-217,791	655,662	217,527	13,946	700		670,044 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL	-217,791	655,662	217,527	13,946	700		670,044 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-264	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					9
9 PARKING LOT (CHAPTER 21)					10
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-280,276			11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-334,417			13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS					15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS					18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-679	MEDICAL RECORDS & LIBRARY	16	19
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					20
20 VENDING MACHINES					21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT	A	-217,527	CAP REL COSTS-BLDG & FIXT	1	9 22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 ADVERTISING	A	-33,406	ADMINISTRATIVE & GENERAL	5	33
34 OTHER	B	-2,891	ADMINISTRATIVE & GENERAL	5	34
35					35
36					36
37					37
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-869,460			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL. 5) 5	NET ADJUSTMENTS (COL. 4-5) 6	WKST A-7 REF 7
1	5	ADMINISTRATIVE & GENERAL				
2		HO OPERATING	1,078,880	1,413,297	-334,417	1
3						2
4						3
5		TOTALS (SUM OF LINES 1-4)	1,078,880	1,413,297	-334,417	4
		TRANSFER COL. 6, LINE 5 TO				5
		WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME 2	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6
6	F		ACADIANA MANAGEMENT GROUP		MANAGEMENT COMPANY
7					
8					
9					
10					

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER CCN: 15-2025 CENTRAL INDIANA-AMG SPECIALTY
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/28/2014 21:38

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	5 ADMINISTRATIVE & GENERAL AGGREGATE	298,817	261,330	37,487	171,400	225	18,541	927 1
200	TOTAL	298,817	261,330	37,487		225	18,541	927 200

PROVIDER CCN: 15-2025 CENTRAL INDIANA-AMG SPECIALTY
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/28/2014 21:38

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.		12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GENERAL AGGREGATE				18,541	18,946	280,276	1
200		TOTAL				18,541	18,946	280,276	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	ADMINIS-TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	670,044	670,044				1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	474,940		474,940			4
5 ADMINISTRATIVE & GENERAL	2,003,541	69,581	71,656	2,144,778	2,144,778	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	20,561			20,561	6,369	7
8 LAUNDRY & LINEN SERVICE	39,883			39,883	12,353	8
9 HOUSEKEEPING	124,180			124,180	38,463	9
10 DIETARY	194,153		8,526	202,679	62,778	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	102,426	12,806	8,263	123,495	38,251	16
17 SOCIAL SERVICE						17
18 RECREATIONAL THERAPY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	2,482,647	510,264	305,634	3,298,545	1,021,691	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	111,773			111,773	34,620	50
54 RADIOLOGY-DIAGNOSTIC	271,989			271,989	84,246	54
60 LABORATORY	224,985			224,985	69,687	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	553,385	11,934	65,683	631,002	195,446	65
66 PHYSICAL THERAPY	206,444	6,463	15,178	228,085	70,647	66
67 OCCUPATIONAL THERAPY	97,975	6,463		104,438	32,349	67
68 SPEECH PATHOLOGY	79,711	6,423		86,134	26,679	68
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	98,791	46,110		144,901	44,881	71
73 DRUGS CHARGED TO PATIENTS	1,142,833			1,142,833	353,980	73
74 RENAL DIALYSIS	168,975			168,975	52,338	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
92 OUTPATIENT SERVICE COST CENTERS						
OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	9,069,236	670,044	474,940	9,069,236	2,144,778	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,069,236	670,044	474,940	9,069,236	2,144,778	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	26,930					7
8 LAUNDRY & LINEN SERVICE		52,236				8
9 HOUSEKEEPING			162,643			9
10 DIETARY				265,457		10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	574		3,469		165,789	16
17 SOCIAL SERVICE						17
18 RECREATIONAL THERAPY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	22,885	52,236	138,212	265,457	165,789	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	535		3,232			65
66 PHYSICAL THERAPY	290		1,750			66
67 OCCUPATIONAL THERAPY	290		1,750			67
68 SPEECH PATHOLOGY	288		1,740			68
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,068		12,490			71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	26,930	52,236	162,643	265,457	165,789	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	26,930	52,236	162,643	265,457	165,789	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
18 RECREATIONAL THERAPY				18
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	4,964,815		4,964,815	30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	146,393		146,393	50
54 RADIOLOGY-DIAGNOSTIC	356,235		356,235	54
60 LABORATORY	294,672		294,672	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	830,215		830,215	65
66 PHYSICAL THERAPY	300,772		300,772	66
67 OCCUPATIONAL THERAPY	138,827		138,827	67
68 SPEECH PATHOLOGY	114,841		114,841	68
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	204,340		204,340	71
73 DRUGS CHARGED TO PATIENTS	1,496,813		1,496,813	73
74 RENAL DIALYSIS	221,313		221,313	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	9,069,236		9,069,236	118
NONREIMBURSABLE COST CENTERS				
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	9,069,236		9,069,236	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	SUBTOTAL	ADMINIS-	OPERATION	
	CAP-REL COSTS	BLDGS & FIXTURES		TRATIVE & GENERAL	OF PLANT	
	0	1	2A	5	7	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5		69,581	69,581	69,581		5
6						6
7				207	207	7
8				401		8
9				1,248		9
10				2,037		10
11						11
12						12
13						13
14						14
15						15
16		12,806	12,806	1,241	4	16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30		510,264	510,264	33,144	177	30
ANCILLARY SERVICE COST CENTERS						
50				1,123		50
54				2,733		54
60				2,261		60
62.30						62.30
65		11,934	11,934	6,341	4	65
66		6,463	6,463	2,292	2	66
67		6,463	6,463	1,049	2	67
68		6,423	6,423	866	2	68
71		46,110	46,110	1,456	16	71
73				11,484		73
74				1,698		74
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
92						92
OTHER REIMBURSABLE COST CENTERS						
94						94
99.10						99.10
99.20						99.20
99.30						99.30
99.40						99.40
SPECIAL PURPOSE COST CENTERS						
118		670,044	670,044	69,581	207	118
NONREIMBURSABLE COST CENTERS						
200						200
201						201
202		670,044	670,044	69,581	207	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	401					8
9 HOUSEKEEPING		1,248				9
10 DIETARY			2,037			10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			27	14,078		16
17 SOCIAL SERVICE						17
18 RECREATIONAL THERAPY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	401	1,061	2,037	14,078	561,162	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					1,123	50
54 RADIOLOGY-DIAGNOSTIC					2,733	54
60 LABORATORY					2,261	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		25			18,304	65
66 PHYSICAL THERAPY		13			8,770	66
67 OCCUPATIONAL THERAPY		13			7,527	67
68 SPEECH PATHOLOGY		13			7,304	68
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		96			47,678	71
73 DRUGS CHARGED TO PATIENTS					11,484	73
74 RENAL DIALYSIS					1,698	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	401	1,248	2,037	14,078	670,044	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	401	1,248	2,037	14,078	670,044	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
18 RECREATIONAL THERAPY			18
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS		561,162	30
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM		1,123	50
54 RADIOLOGY-DIAGNOSTIC		2,733	54
60 LABORATORY		2,261	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY		18,304	65
66 PHYSICAL THERAPY		8,770	66
67 OCCUPATIONAL THERAPY		7,527	67
68 SPEECH PATHOLOGY		7,304	68
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		47,678	71
73 DRUGS CHARGED TO PATIENTS		11,484	73
74 RENAL DIALYSIS		1,698	74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)		670,044	118
NONREIMBURSABLE COST CENTERS			
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		670,044	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	16,900					1
2 CAP REL COSTS-MVBLE EQUIP		16,900				2
4 EMPLOYEE BENEFITS DEPARTMENT			3,351,947			4
5 ADMINISTRATIVE & GENERAL	1,755	1,755	505,717	-2,144,778	6,924,458	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT					20,561	7
8 LAUNDRY & LINEN SERVICE					39,883	8
9 HOUSEKEEPING					124,180	9
10 DIETARY			60,170		202,679	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	323	323	58,317		123,495	16
17 SOCIAL SERVICE						17
18 RECREATIONAL THERAPY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	12,870	12,870	2,157,061		3,298,545	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					111,773	50
54 RADIOLOGY-DIAGNOSTIC					271,989	54
60 LABORATORY					224,985	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	301	301	463,565		631,002	65
66 PHYSICAL THERAPY	163	163	107,117		228,085	66
67 OCCUPATIONAL THERAPY	163	163			104,438	67
68 SPEECH PATHOLOGY	162	162			86,134	68
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,163	1,163			144,901	71
73 DRUGS CHARGED TO PATIENTS					1,142,833	73
74 RENAL DIALYSIS					168,975	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SUBTOTALS (SUM OF LINES 1-117)	16,900	16,900	3,351,947	-2,144,778	6,924,458	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	670,044		474,940		2,144,778	202
203 UNIT COST MULT-WS B PT I	39.647574		0.141691		0.309739	203
204 COST TO BE ALLOC PER B PT II					69,581	204
205 UNIT COST MULT-WS B PT II					0.010049	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	15,145					6
7 OPERATION OF PLANT		15,145				7
8 LAUNDRY & LINEN SERVICE			7,387			8
9 HOUSEKEEPING				15,145		9
10 DIETARY					22,161	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	323	323		323		16
17 SOCIAL SERVICE						17
18 RECREATIONAL THERAPY						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	12,870	12,870	7,387	12,870	22,161	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	301	301		301		65
66 PHYSICAL THERAPY	163	163		163		66
67 OCCUPATIONAL THERAPY	163	163		163		67
68 SPEECH PATHOLOGY	162	162		162		68
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,163	1,163		1,163		71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SUBTOTALS (SUM OF LINES 1-117)	15,145	15,145	7,387	15,145	22,161	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		26,930	52,236	162,643	265,457	202
203 UNIT COST MULT-WS B PT I		1.778145	7.071342	10.739056	11.978566	203
204 COST TO BE ALLOC PER B PT II		207	401	1,248	2,037	204
205 UNIT COST MULT-WS B PT II		0.013668	0.054285	0.082403	0.091918	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	
	13	14	16	17	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	75,602				13
14 CENTRAL SERVICES & SUPPLY		100			14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY			2,188		16
17 SOCIAL SERVICE				7,387	17
18 RECREATIONAL THERAPY					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
30 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	75,602		2,188	7,387	30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
54 RADIOLOGY-DIAGNOSTIC					54
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		100			71
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	75,602	100	2,188	7,387	118
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I			165,789		202
203 UNIT COST MULT-WS B PT I			75.771938		203
204 COST TO BE ALLOC PER B PT II			14,078		204
205 UNIT COST MULT-WS B PT II			6.434186		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	4,964,815		4,964,815		4,964,815	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	146,393		146,393		146,393	50
54 RADIOLOGY-DIAGNOSTIC	356,235		356,235		356,235	54
60 LABORATORY	294,672		294,672		294,672	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	830,215		830,215		830,215	65
66 PHYSICAL THERAPY	300,772		300,772		300,772	66
67 OCCUPATIONAL THERAPY	138,827		138,827		138,827	67
68 SPEECH PATHOLOGY	114,841		114,841		114,841	68
71 MEDICAL SUPPLIES CHARGED TO	204,340		204,340		204,340	71
73 DRUGS CHARGED TO PATIENTS	1,496,813		1,496,813		1,496,813	73
74 RENAL DIALYSIS	221,313		221,313		221,313	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS (NON-DISTI						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	9,069,236		9,069,236		9,069,236	200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	9,069,236		9,069,236		9,069,236	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	8,651,083		8,651,083			30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	351,446		351,446	0.416545	0.416545	0.416545 50
54 RADIOLOGY-DIAGNOSTIC	1,179,395		1,179,395	0.302049	0.302049	0.302049 54
60 LABORATORY	1,680,135		1,680,135	0.175386	0.175386	0.175386 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	10,713,443		10,713,443	0.077493	0.077493	0.077493 65
66 PHYSICAL THERAPY	399,739		399,739	0.752421	0.752421	0.752421 66
67 OCCUPATIONAL THERAPY	284,082		284,082	0.488686	0.488686	0.488686 67
68 SPEECH PATHOLOGY	644,907		644,907	0.178074	0.178074	0.178074 68
71 MEDICAL SUPPLIES CHARGED TO	1,753,421		1,753,421	0.116538	0.116538	0.116538 71
73 DRUGS CHARGED TO PATIENTS	2,221,726		2,221,726	0.673716	0.673716	0.673716 73
74 RENAL DIALYSIS	174,812		174,812	1.266006	1.266006	1.266006 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS (NON-DISTI						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	28,054,189		28,054,189			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	28,054,189		28,054,189			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	561,162		561,162	7,387	75.97	6,008	456,428	30
31 INTENSIVE CARE UNIT								31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	561,162		561,162	7,387		6,008	456,428	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-2025) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,123	351,446	0.003195	294,424	941	50
54 RADIOLOGY-DIAGNOSTIC	2,733	1,179,395	0.002317	927,109	2,148	54
60 LABORATORY	2,261	1,680,135	0.001346	1,395,830	1,879	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	18,304	10,713,443	0.001709	8,871,765	15,162	65
66 PHYSICAL THERAPY	8,770	399,739	0.021939	320,724	7,036	66
67 OCCUPATIONAL THERAPY	7,527	284,082	0.026496	235,975	6,252	67
68 SPEECH PATHOLOGY	7,304	644,907	0.011326	541,260	6,130	68
71 MEDICAL SUPPLIES CHARGED TO P	47,678	1,753,421	0.027191	1,421,351	38,648	71
73 DRUGS CHARGED TO PATIENTS	11,484	2,221,726	0.005169	1,807,051	9,341	73
74 RENAL DIALYSIS	1,698	174,812	0.009713	155,315	1,509	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	108,882	19,403,106		15,970,804	89,046	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	7,387		6,008		30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	7,387		6,008		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-2025) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-2025) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x	CHARGES	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)		COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	351,446			294,424			50
54 RADIOLOGY-DIAGNOSTIC	1,179,395			927,109			54
60 LABORATORY	1,680,135			1,395,830			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	10,713,443			8,871,765			65
66 PHYSICAL THERAPY	399,739			320,724			66
67 OCCUPATIONAL THERAPY	284,082			235,975			67
68 SPEECH PATHOLOGY	644,907			541,260			68
71 MEDICAL SUPPLIES CHARGED TO	1,753,421			1,421,351			71
73 DRUGS CHARGED TO PATIENTS	2,221,726			1,807,051			73
74 RENAL DIALYSIS	174,812			155,315			74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
92 OBSERVATION BEDS (NON-DISTIN							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	19,403,106			15,970,804			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-2025) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	----- PROGRAM CHARGES -----				----- PROGRAM COSTS -----		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.416545						50
54 RADIOLOGY-DIAGNOSTIC	0.302049						54
60 LABORATORY	0.175386						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.077493						65
66 PHYSICAL THERAPY	0.752421						66
67 OCCUPATIONAL THERAPY	0.488686						67
68 SPEECH PATHOLOGY	0.178074						68
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116538						71
73 DRUGS CHARGED TO PATIENTS	0.673716						73
74 RENAL DIALYSIS	1.266006						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
92 OBSERVATION BEDS (NON-DISTINCT							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)	4	5	6	7
30 INPAT ROUTINE SERV COST CTRS							
31 ADULTS & PEDIATRICS	561,162		561,162	7,387	75.97		30
32 INTENSIVE CARE UNIT							31
33 CORONARY CARE UNIT							32
34 BURN INTENSIVE CARE UNIT							33
35 SURGICAL INTENSIVE CARE UNIT							34
40 OTHER SPECIAL CARE (SPECIFY)							35
41 SUBPROVIDER - IPF							40
42 SUBPROVIDER - IRF							41
43 SUBPROVIDER I							42
44 NURSERY							43
45 SKILLED NURSING FACILITY							44
200 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	561,162		561,162	7,387			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-2025) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 ÷	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,123	351,446	0.003195		50
54 RADIOLOGY-DIAGNOSTIC	2,733	1,179,395	0.002317		54
60 LABORATORY	2,261	1,680,135	0.001346		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	18,304	10,713,443	0.001709		65
66 PHYSICAL THERAPY	8,770	399,739	0.021939		66
67 OCCUPATIONAL THERAPY	7,527	284,082	0.026496		67
68 SPEECH PATHOLOGY	7,304	644,907	0.011326		68
71 MEDICAL SUPPLIES CHARGED TO P	47,678	1,753,421	0.027191		71
73 DRUGS CHARGED TO PATIENTS	11,484	2,221,726	0.005169		73
74 RENAL DIALYSIS	1,698	174,812	0.009713		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
92 OBSERVATION BEDS (NON-DISTINC					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-199)	108,882	19,403,106			200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	7,387				30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	7,387				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-2025) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
71 MEDICAL SUPPLIES CHARGED TO P						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-2025) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	351,446						50
54 RADIOLOGY-DIAGNOSTIC	1,179,395						54
60 LABORATORY	1,680,135						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	10,713,443						65
66 PHYSICAL THERAPY	399,739						66
67 OCCUPATIONAL THERAPY	284,082						67
68 SPEECH PATHOLOGY	644,907						68
71 MEDICAL SUPPLIES CHARGED TO	1,753,421						71
73 DRUGS CHARGED TO PATIENTS	2,221,726						73
74 RENAL DIALYSIS	174,812						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
92 OBSERVATION BEDS (NON-DISTIN							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	19,403,106						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-2025) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	PPS	SVCES NOT	SVCES NOT	SVCES NOT	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.416545						50
54 RADIOLOGY-DIAGNOSTIC	0.302049						54
60 LABORATORY	0.175386						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.077493						65
66 PHYSICAL THERAPY	0.752421						66
67 OCCUPATIONAL THERAPY	0.488686						67
68 SPEECH PATHOLOGY	0.178074						68
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116538						71
73 DRUGS CHARGED TO PATIENTS	0.673716						73
74 RENAL DIALYSIS	1.266006						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
92 OBSERVATION BEDS (NON-DISTINCT							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (15-2025) SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX-INPT IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	7,387	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,387	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,387	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,008	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,964,815	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,964,815	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,964,815	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-2025) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 672.10 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,037,977 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 4,037,977 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					3,367,713 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					7,405,690 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 456,428 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 89,046 51
 52 TOTAL PROGRAM EXCLUDABLE COST 545,474 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 6,860,216 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63
 PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 672.10 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (15-2025) SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX-INPT IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	7,387	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,387	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,387	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,964,815	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,964,815	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,964,815	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-2025) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 672.10 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)					42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS
 43 INTENSIVE CARE UNIT 43
 44 CORONARY CARE UNIT 44
 45 BURN INTENSIVE CARE UNIT 45
 46 SURGICAL INTENSIVE CARE UNIT 46
 47 OTHER SPECIAL CARE (SPECIFY) 47
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (15-2025) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
30 INPATIENT ROUTINE SERVICE COST CENTERS					
ADULTS & PEDIATRICS		7,057,530			30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.416545	294,424	122,641		50
54 RADIOLOGY-DIAGNOSTIC	0.302049	927,109	280,032		54
60 LABORATORY	0.175386	1,395,830	244,809		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.077493	8,871,765	687,500		65
66 PHYSICAL THERAPY	0.752421	320,724	241,319		66
67 OCCUPATIONAL THERAPY	0.488686	235,975	115,318		67
68 SPEECH PATHOLOGY	0.178074	541,260	96,384		68
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116538	1,421,351	165,641		71
73 DRUGS CHARGED TO PATIENTS	0.673716	1,807,051	1,217,439		73
74 RENAL DIALYSIS	1.266006	155,315	196,630		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
92 OBSERVATION BEDS (NON-DISTINCT)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		15,970,804	3,367,713		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		15,970,804			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (15-2025) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.416545				50
54 RADIOLOGY-DIAGNOSTIC	0.302049				54
60 LABORATORY	0.175386				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.077493				65
66 PHYSICAL THERAPY	0.752421				66
67 OCCUPATIONAL THERAPY	0.488686				67
68 SPEECH PATHOLOGY	0.178074				68
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116538				71
73 DRUGS CHARGED TO PATIENTS	0.673716				73
74 RENAL DIALYSIS	1.266006				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
92 OBSERVATION BEDS (NON-DISTINCT)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL (15-2025) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (15-2025) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		9,116,758		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 08/31/2013	39,594		NONE 3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		NONE 3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	39,594		3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		9,156,352		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99			5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (15-2025) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	7,387 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART IV

CHECK [XX] HOSPITAL (15-2025)
APPLICABLE BOX:

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	8,853,512	1
2	OUTLIER PAYMENTS	729,658	2
3	TOTAL PPS PAYMENTS (SUM OF LINES 1 AND 2)	9,583,170	3
4	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		4
5	ORGAN ACQUISITION		5
6	COST OF TEACHING PHYSICIANS		6
7	SUBTOTAL (SEE INSTRUCTIONS)	9,583,170	7
8	PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL (LINE 7 LESS LINE 8)	9,583,170	9
10	DEDUCTIBLES	65,231	10
11	SUBTOTAL (LINE 9 MINUS LINE 10)	9,517,939	11
12	COINSURANCE	312,242	12
13	SUBTOTAL (LINE 11 MINUS LINE 12)	9,205,697	13
14	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	126,355	14
15	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	88,449	15
16	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	98,075	16
17	SUBTOTAL (SUM OF LINES 13 AND 15)	9,294,146	17
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING LTCH ONLY)		18
19	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		19
20	OUTLIER PAYMENTS RECONCILIATION		20
21	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		21
22	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	9,294,146	22
22.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	78,071	22.01
23	INTERIM PAYMENTS	9,156,352	23
24	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		24
25	BALANCE DUE PROVIDER/PROGRAM (LINE 22 MINUS LINES 22.01, 23 AND 24)	59,723	25
26	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		26

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL PPS PAYMENT AND OUTLIER AMOUNT FROM WORKSHEET E-3, PART IV, LINE 3 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (15-2025) [] SNF [XX] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [] OTHER
 [] SUB (OTHER)

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

	INPATIENT	OUTPATIENT	
	TITLE V OR	TITLE V OR	
	TITLE XIX	TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18			18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	444,357			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	1,572,913			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES	99,308			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	2,116,578			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS				15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	230,760			23
24	ACCUMULATED DEPRECIATION	-85,256			24
25	MINOR EQUIPMENT DEPRECIABLE	-84,751			25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	60,753			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES	22,600			32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	2,213,713			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	2,236,313			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	4,413,644			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	702,003			37
38	SALARIES, WAGES & FEES PAYABLE	146,729			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	9,250			43
44	OTHER CURRENT LIABILITIES				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	857,982			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	2,217,576			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	2,217,576			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	3,075,558			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	1,338,086			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	1,338,086			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	4,413,644			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		429,149							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		1,767,235							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		2,196,384							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		2,196,384							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 DISTRIBUTIONS									13
14 DISTRIBUTIONS									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		2,196,384							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	8,651,083		8,651,083	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	8,651,083		8,651,083	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	8,651,083		8,651,083	18
19 ANCILLARY SERVICES	19,403,106		19,403,106	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
27.01 OTHER (SPECIFY)				27.01
28 PART B PHYSICIAN REVENUE	779,827		779,827	28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	28,834,016		28,834,016	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		9,938,696	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		9,938,696	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	28,834,016	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	17,136,227	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	11,697,789	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	9,938,696	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	1,759,093	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	264	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	679	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER INCOME)	7,199	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	8,142	25
26	TOTAL (LINE 5 PLUS LINE 25)	1,767,235	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	1,767,235	29

Central Indiana - AMG Specialty Hospital
Worksheet A Expense Groupings
August 31, 2013

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
101740	63400	Interest Expense	217,527		1.02	Capital Related Costs - Buildings
100910	80120	Equipment Rentals - Other	17,544		1.02	Capital Related Costs - Buildings
100950	80155	Insurance-Property & G/L	13,946		1.02	Capital Related Costs - Buildings
101090	80295	Rent	426,289		1.02	Capital Related Costs - Buildings
101110	80375	Taxes-Property	700		1.02	Capital Related Costs - Buildings
101200	80110	Equipment Rentals-Nursing	211,829	887,835	1.02	Capital Related Costs - Buildings
100900	80105	Employee Health and Screening	4,659		5.02	Employee Benefits - Other
100930	80145	Insurance-Employee Health/Life	142,188		5.02	Employee Benefits - Other
100960	80160	Insurance-Worker's Comp	35,573		5.02	Employee Benefits - Other
101040	80240	Pension Plan Expense	21,938		5.02	Employee Benefits - Other
101600		Payroll Tax Expense	270,582	474,940	5.02	Employee Benefits - Other
101400		Administrator	145,705		6.01	Administrative & General - Salary
101420		Admissions Coordinator	64,082		6.01	Administrative & General - Salary
101430		Case Manager	78,632		6.01	Administrative & General - Salary
101440		Central Supply	20,511		6.01	Administrative & General - Salary
101450		Clerical-Admin. Asst.	34,254		6.01	Administrative & General - Salary
101590		Ward Clerk/Receptionist	85,563		6.01	Administrative & General - Salary
101700		QA/Infection Control	76,970	505,717	6.01	Administrative & General - Salary
100980	80180	Marketing and Advertising	33,406		6.02	Administrative & General - Other
101000	80205	Miscellaneous Expense	4,308		6.02	Administrative & General - Other
100840	80020	Bank Fees	975		6.02	Administrative & General - Other
100850	80035	Cable Services	2,635		6.02	Administrative & General - Other
100860	80050	Computer Software Lease/Maint.	87,908		6.02	Administrative & General - Other
100870	80075	Continuing Education	5,380		6.02	Administrative & General - Other
100880	80080	Copier Lease/Maintenance	10,724		6.02	Administrative & General - Other
100890	80100	Dues and Subscriptions	9,621		6.02	Administrative & General - Other
100940	80150	Insurance-Prof. Liability	48,007		6.02	Administrative & General - Other
100970	80175	Licenses and Permits	5,333		6.02	Administrative & General - Other
100990	80190	Medical Director/Asst Med Dir	298,817		6.02	Administrative & General - Other
101010	80210	Office Expense / Printing	10,896		6.02	Administrative & General - Other
101020	80225	Parking	872		6.02	Administrative & General - Other
101030	80235	Payroll Processing Fees	9,471		6.02	Administrative & General - Other
101050	80260	Postage & Freight	8,026		6.02	Administrative & General - Other
101060	80265	Professional Fees - Accounting	10,431		6.02	Administrative & General - Other
101070	80270	Professional Fees - Legal	16,532		6.02	Administrative & General - Other
101080	80275	Professional Fees - Other	67,455		6.02	Administrative & General - Other
101130	80400	Travel	79,781		6.02	Administrative & General - Other
101140	80425	Waste Disposal Service	(158)		6.02	Administrative & General - Other
101150	80025	Billing/Collections/AP	428,145		6.02	Administrative & General - Other
101230	80178	Management Oversight	908,471		6.02	Administrative & General - Other
101380	80390	Transcription Services	20,567		6.02	Administrative & General - Other
101390	80395	Transportation	26,711		6.02	Administrative & General - Other
101410		Mgmt Contract- Administrator	54,500	2,148,814	6.02	Administrative & General - Other
101100	80300	Repairs and Maintenance	15,052		8.02	Operation of Plant - Other
101120	80385	Telephone Service	4,510		8.02	Operation of Plant - Other
101310	80330	Supplies-Maintenance	999	20,561	8.02	Operation of Plant - Other
101220	80170	Laundry - Contract Services	39,883	39,883	9.02	Laundry & Linen - Other
100920	80130	Housekeeping-Contract Services	92,328		10.02	Housekeeping - Other
101300	80320	Supplies-Housekeeping/Janitoria	31,852	124,180	10.02	Housekeeping - Other
101460		Dietician	25,050		11.01	Dietary - Salary
101470		Dietary Supervisor	35,120	60,170	11.01	Dietary - Salary
101180	80090	Dietary, Food	30,728		11.02	Dietary - Other
101190	80095	Dietary, Purchased Services	88,330		11.02	Dietary - Other
101290	80315	Supplies-Dietary/Kitchen	8,518		11.02	Dietary - Other
101480		Dietician- Contracted Services	6,407	133,983	11.02	Dietary - Other

Central Indiana - AMG Specialty Hospital
Worksheet A Expense Groupings
August 31, 2013

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
101490	HIM/Coding		58,317	58,317	17.01	Med Records & Library - Salary
101330	80345 · Supplies-Office/HIM		22,607		17.02	Med Records & Library - Other
101500	HIM/Coding - Contract Services		22,181	44,788	17.02	Med Records & Library - Other
101510	Nurses - Nurse Liaison		136,431		25.01	Adults and Pediatrics - Salary
101520	Nurses - Chief Clinical Officer		83,592		25.01	Adults and Pediatrics - Salary
101530	Physician		306,862		25.01	Adults and Pediatrics - Salary
101540	Physician's Assistant		24,603		25.01	Adults and Pediatrics - Salary
101610	Nurses - RN		768,744		25.01	Adults and Pediatrics - Salary
101620	Nurses - LPN		372,488		25.01	Adults and Pediatrics - Salary
101630	Nurses - Aides/CNAs		220,287		25.01	Adults and Pediatrics - Salary
101640	Nurses - Wound Care		43,594		25.01	Adults and Pediatrics - Salary
101650	Nurses - Contract Services		129,886		25.01	Adults and Pediatrics - Salary
101660	Nurses - RN - Other Pay		41,966		25.01	Adults and Pediatrics - Salary
101670	Nurses - LPN - Other Pay		17,405		25.01	Adults and Pediatrics - Salary
101680	Nurses - Aides/CNAs - Other Pay		9,426		25.01	Adults and Pediatrics - Salary
101690	Nurses - Wound Care - Other Pay		1,777	2,157,061	25.01	Adults and Pediatrics - Salary
101320	80335 · Supplies-Nursing		324,948		25.02	Adults and Pediatrics - Other
101550	QA/Infection Control - Contract		638	325,586	25.02	Adults and Pediatrics - Other
101250	80215 · Outpatient Procedures		111,773	111,773	37.02	Operating Room-Other
101280	80290 · Radiology - Contract Services		271,989	271,989	41.02	Xray - Other
101160	80030 · Blood Storage & Processing		36,543		44.02	Laboratory - Other
101210	80165 · Laboratory Fees		188,442	224,985	44.02	Laboratory - Other
101580	Therapy - Respiratory Therapist		463,565	463,565	49.01	Oxygen (Inhal) Therapy - Salary
101360	80360 · Supplies-Respiratory Therapy		89,820	89,820	49.02	Oxygen (Inhal) Therapy - Other
101560	Therapy-Director of Therapy		94,259		50.01	Physical Therapy - Salary
101570	Therapy - PT/OT Techs		12,858	107,117	50.01	Physical Therapy - Salary
101350	80355 · Supplies-Physical Therapy		7,420		50.02	Physical Therapy - Other
101710	Therapy - Contract PT		91,907	99,327	50.02	Physical Therapy - Other
101720	Therapy - Contract OT		97,975	97,975	51.02	Occupational Therapy - Other
101730	Therapy - Contract Speech		79,711	79,711	52.02	Speech Pathology - Other
101240	80195 · Medical Gas		4,372		55.02	Medical Supplies Chargeable - Other
101370	80365 · Supplies-Wound Care		94,419	98,791	55.02	Medical Supplies Chargeable - Other
101260	80250 · Pharmacy		769,162		56.02	Drugs Chargeable - Other
101270	80255 · Pharmacy - Contracted Services		366,589		56.02	Drugs Chargeable - Other
101340	80350 · Supplies-Pharmacy		7,082	1,142,833	56.02	Drugs Chargeable - Other
101170	80085 · Dialysis - Contract Services		168,975	168,975	57.02	Dialysis - Other
TOTAL			9,938,696	9,938,696		

Central Indiana - AMG Specialty Hospital
Worksheet A-8 Adjustments to Expenses
August 31, 2013

Account Number	Division	Account Description	Unadj GL Balance	W/S A-8 Subtotal	A-8	Cost Center Description
100820		Other Hospital Income:Income-Interest	(264)	(264)	1	Income from Investments
100810		Other Hospital Income:Income-Medical Records	(679)	(679)	18	Sale of Medical Records and Abstracts
101740		63400 · Interest Expense	217,527	217,527	21	Capital Related Costs - Buildings
100980		80180 · Marketing and Advertising	33,406	33,406	31	Administrative & General - Other
100800		Other Hospital Income:Income-Miscellaneous	(7,199)		44	Other Miscellaneous Income
101000		80205 · Miscellaneous Expense	4,308	(2,891)	44	Administrative & General - Other
TOTAL			247,099	247,099		

Central Indiana - AMG Specialty Hospital
August 31, 2013
Inpatient Part A
Summary of PS&R
Claims Paid through 12-03-13

	09/01/12-8/31/13	Total
110 Room - Board/PVT	0	
111 MedSurg	1,417,290	1,417,290
120 R&B Semi	0	0
121 Med Surg 2 Bed	5,640,240	5,640,240
Total Accomadations	7,057,530	7,057,530
Discharges	216	216
Medicare Days	6,008	6,008

CR

Line #		09/01/12-8/31/13	Total
56	230 Nursing Inccrem	5,032	5,032
56	250 Pharmacy	1,806,922	1,806,922
56	257 Pharmacy-Experiment	0	0
56	258 IV-Therapy	0	0
56	259 Pharmacy	0	0
	262 IV-Therapy	0	0
55	270 Med-Surg Supplies	136,905	136,905
55	271 Med-Surg Supplies	1,201,097	1,201,097
55	272 Med-Surg Supplies	0	0
55	274 Med-Surg Supplies	0	0
55	276 Med-Surg Supplies	0	0
55	278 Med-Surg Supplies	0	0
55	291 Med-Surg Supplies	0	0
44	300 Lab	795,005	795,005
44	301 Lab	419,150	419,150
44	302 Lab	0	0
44	305 Lab	25	25
44	306 Lab	71,894	71,894
44	307 Lab	5,360	5,360
44	309 Lab	2,916	2,916
44	310 Lab	0	0
44	311 Lab	0	0
41	320 DX Xray	220,261	220,261
	323 DX Xray	34,000	34,000
41	324 DX Xray	16,993	16,993
41	340 Nuclear Medicine	0	0
41	341 Nuclear Medicine	20,256	20,256
	350 CT Scan	246,421	246,421
41	351 CT Scan	0	0
41	352 CT Scan	0	0
37	360 OR Services	9,000	9,000
37	361 OR Services	260,405	260,405
37	370 Anesthesia	0	0
44	380 Blood	0	0
44	381 Blood	71,250	71,250
44	383 Blood	1,610	1,610
44	384 Blood	904	904
44	391 Blood	23,531	23,531
	400 Image Service	0	0
41	401 Imaging Service	0	0
41	402 Imaging Service	48,107	48,107
41	403 Imaging Service	0	0
49	410 Respiratory Svc	8,861,804	8,861,804
49	412 Inhalation Therapy	0	0
	413 Hyperbaric O2	0	0
50	420 Physical Therapy	320,724	320,724
50	423 Physical Therapy	0	0
50	424 Physical Therapy	0	0
51	430 Occupational Therapy	235,975	235,975
51	433 Occupational Therapy	0	0
51	434 Occupational Therapy	0	0
52	440 Speech Therapy	541,260	541,260
52	444 Speech Therapy	0	0
	444 Speech Therapy	0	0
49	460 Pulmonary	135	135
49	480 Cardiology	9,826	9,826
49	482 Cardiology	0	0
37	490 Amb-Surg-Care	0	0
99	510 Clinic	0	0
99	542 Ambulance	0	0
41	610 MRI	19,595	19,595
	611 MRI	16,058	16,058
41	612 MRI	18,183	18,183
56	636 Drugs Detail	129	129
37	710 Recovery Room	0	0
	732 Telemetry	260,130	260,130
41	730 EKG	27,105	27,105
41	731 Holter Mont	0	0
41	740 EEG	6,861	6,861
37	750 Gastr Intest	0	0
37	760 Observation Room	0	0
37	761 Observation Room	18,000	18,000
	800 Renal Dialysis	1,147	1,147
57	801 Inpatient Dialysis	120,418	120,418
	802 Dialy/Inpt/per	33,750	33,750
41	915 Psych Services	0	0
41	920 Other DX Service	158	158
44	921 Perivascular Lab	4,185	4,185
41	922 EMG	0	0
	942 Education/ Training	2,160	2,160
49	947 Complex Medical Equip	83,349	83,349
	997 Admit Kits	0	0
55	990 ???	0	0
	99 ???	0	0
	Total Ancillary	15,977,996	15,977,996
	Total Charges	23,035,526	23,035,526
	Federal Specific	8,853,512	8,853,512
	Cost Outlier	729,658	729,658
	LIP Payment	0	0
	Gross Reimbursement	9,583,170	9,583,170
	Deductible	65,231	65,231
	Coinurance	312,242	312,242
	Sequestration	88,939	88,939
	Net Reimbursement	9,116,758	9,116,758

Worksheet D-4 by Line #

37	OR/Surgery/Anesth	294,424	294,424
41	Xray	927,109	927,109
44	Lab	1,395,830	1,395,830
49	Respiratory Therapy	8,871,765	8,871,765
50	PT	320,724	320,724
51	OT	235,975	235,975
52	ST	541,260	541,260
55	Medical Supplies	1,421,351	1,421,351
56	Drugs	1,807,051	1,807,051
57	Dialysis	155,315	155,315
58	Psych	0	0
		15,970,804	15,970,804

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

REPORT COVER PAGE FOR REQUEST: BTAR654-S-1931006

Provider#-Report Type	Total # of Pages						
152025-118	5	152025-11S	5				

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/03/13
 Report Run Date: 12/02/13
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

Page: 1
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--	--

STATISTIC SECTION

DISCHARGES	26		
MEDICARE DAYS	626		
CLAIMS	26		

CHARGE SECTION

***** ACCOMMODATION CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0111	MED-SUR-GY/PVT	204	\$244,590.00						
0121	MED-SUR-GY/2BED	422	\$495,720.00						
<i>TOTAL ACCOMMODATIONS</i>		626	\$740,310.00						

***** ANCILLARY CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0230	NURSING INCREM	16	\$454.00						
0250	PHARMACY	16,845	\$193,749.67						
0270	MED-SUR SUPPLIES	806	\$20,396.76						
0271	NONSTER SUPPLY	1,042	\$117,613.28						
0300	LABORATORY or (LAB)	2,912	\$82,887.77						
0301	LAB/CHEMISTRY	529	\$38,527.95						
0306	LAB/BACT-MICRO	102	\$6,213.42						
0307	LAB/UROLOGY	12	\$377.82						
0309	LAB/OTHER	2	\$396.90						
0320	DX X-RAY	171	\$34,724.66						
0324	DX X-RAY/CHEST	11	\$1,009.80						
0350	CT SCAN	28	\$33,771.95						

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/03/13
 Report Run Date: 12/02/13
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

Page: 2
 Report #: OD44203
 Report Type: 118

SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0361	OR/MINOR	86	\$21,434.00						
0381	BLOOD/PKD RED	15	\$8,607.46						
0383	BLOOD/PLASMA	9	\$899.10						
0391	BLOOD/ADMIN	14	\$4,466.25						
0402	ULTRASOUND	15	\$6,411.73						
0410	RESPIRATORY SVC	20,417	\$929,645.55						
0420	PHYSICAL THERP	441	\$29,653.00						
0430	OCCUPATION THER	298	\$21,309.00						
0440	SPEECH PATHOL	214	\$49,715.25						
0480	CARDIOLOGY	23	\$5,540.25						
0636	DRUGS/DETAIL CODE	4	\$13.60						
0730	EKG/ECG	35	\$2,646.00						
0732	TELEMETRY	87	\$32,799.00						
0740	EEG	6	\$1,898.61						
0761	TREATMENT RM	7	\$1,275.00						
0801	DIALY/INPT	1	\$1,146.84						
0947	COMPLX MED EQUIP-ANC	152	\$15,526.43						
TOTAL ANCILLARY		44,300	\$1,663,111.05						
TOTAL COVERED CHARGES			\$2,403,421.05						

REIMBURSEMENT SECTION

OPERATING

HOSPITAL SPECIFIC	\$0.00		
FEDERAL SPECIFIC	\$1,030,524.42		

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/03/13
 Report Run Date: 12/02/13
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hosptial

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

Page: 3
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
OUTLIER	\$0.00			
DSH/LIP	\$0.00			
IME/TEACHING ADJ.	\$0.00			
NEW TECHNOLOGY	\$0.00			
IPF ECT	\$0.00			
TOTAL OPERATING PAYMENTS	\$1,030,524.42			
LOW VOLUME	\$0.00			
HOSPITAL READMISSION ADJ	\$0.00			
VALUE BASED PURCHASING ADJ	\$0.00			
CAPITAL				
HOSPITAL SPECIFIC	\$0.00			
FEDERAL SPECIFIC	\$0.00			
OUTLIER	\$0.00			
HOLD HARMLESS	\$0.00			
DSH	\$0.00			
INDIRECT MEDICAL EDUCATION	\$0.00			
EXCEPTIONS	\$0.00			
TOTAL CAPITAL PAYMENTS	\$0.00			
PAYMENT				
GROSS REIMBURSEMENT	\$1,030,524.42			
LESS				
DEVICE CREDIT	\$0.00			
CASH DEDUCTIBLE	\$0.00			

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/03/13
 Report Run Date: 12/02/13
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

Page: 4
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
BLOOD DEDUCTIBLE	\$6,283.07			
COINSURANCE	\$1,776.00			
NET MSP PAYMENTS	\$0.00			
MSP PASS THRU RECONCILIATION	\$0.00			
SEQUESTRATION	\$0.00			
OTHER ADJUSTMENTS	\$1,022,465.35			
NET REIMBURSEMENT	\$0.00			

ADDITIONAL INFORMATION SECTION

CALCULATED NET REIMB FOR PIP	\$0.00			
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00			
CLAIM INTEREST PAYMENTS	\$0.00			
IRF PENALTY AMOUNT	\$0.00			
LTCH SHORT STAY OUTLIER PAYMENTS	\$188,905.58			
CAP FED-SPECIFIC @ 100%	\$0.00			
CAP OUTLIER @ 100%	\$0.00			
DISCHARGES	26			
DRG/CMG WEIGHT	35.6248			
WEIGHT/DISCHARGES	1.3702			
DISCHARGE FRACTION	0			
DRG WEIGHT FRACTION	0.0000			
DRG WEIGHT FRACTION/DISCHARGES	0			
PPS PAYMENTS	\$0.00			

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 12/03/13

Report Run Date: 12/02/13

Provider FYE: 08/31

Provider Number: 152025 Central Indiana AMG Specialty Hospital

PROVIDER SUMMARY REPORT
INPATIENT - PART A MANAGED CARE

Page: 5

Report #: OD44203

Report Type: 118

SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/03/13
 Report Run Date: 12/02/13
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

PROVIDER SUMMARY REPORT
 INPATIENT LONG TERM CARE - PART A PPS

Page: 1
 Report #: OD44203
 Report Type: 115

	SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--	--

STATISTIC SECTION

DISCHARGES	216		
MEDICARE DAYS	6,008		
CLAIMS	216		

CHARGE SECTION

***** ACCOMMODATION CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0111	MED-SUR-GY/PVT	1,183	\$1,417,290.00						
0121	MED-SUR-GY/2BED	4,825	\$5,640,240.00						
0180	LEAVE OF ABSENCE OR LOA	0	\$0.00						
TOTAL ACCOMMODATIONS		6,008	\$7,057,530.00						

***** ANCILLARY CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0230	NURSING INCREM	222	\$5,031.75						
0250	PHARMACY	174,576	\$1,806,922.47						
0270	MED-SUR SUPPLIES	7,131	\$136,905.33						
0271	NONSTER SUPPLY	10,210	\$1,201,096.76						
0300	LABORATORY or (LAB)	27,023	\$795,004.99						
0301	LAB/CHEMISTRY	5,463	\$419,150.17						
0305	LAB/HEMATOLOGY	5	\$25.10						
0306	LAB/BACT-MICRO	1,133	\$71,893.80						
0307	LAB/UROLOGY	168	\$5,360.22						
0309	LAB/OTHER	17	\$2,916.03						
0320	DX X-RAY	1,073	\$220,260.68						
0323	DX X-RAY/ARTER	13	\$34,000.00						

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/03/13
 Report Run Date: 12/02/13
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 INPATIENT LONG TERM CARE - PART A PPS

Page: 2
 Report #: OD44203
 Report Type: 115

SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0324	DX X-RAY/CHEST	181	\$16,993.10						
0341	NUC MED/DX	17	\$20,256.26						
0350	CT SCAN	244	\$246,420.75						
0360	OR SERVICES	6	\$9,000.00						
0361	OR/MINOR	792	\$260,405.00						
0381	BLOOD/PKD RED	108	\$71,249.67						
0383	BLOOD/PLASMA	16	\$1,610.40						
0384	BLOOD/PLATELETS	1	\$903.83						
0391	BLOOD/ADMIN	72	\$23,530.63						
0402	ULTRASOUND	105	\$48,107.30						
0410	RESPIRATORY SVC	240,146	\$8,861,803.91						
0420	PHYSICAL THERP	4,829	\$320,724.20						
0430	OCCUPATION THER	3,283	\$235,975.00						
0440	SPEECH PATHOL	2,339	\$541,259.55						
0460	PULMONARY FUNC	1	\$135.00						
0480	CARDIOLOGY	13	\$9,826.20						
0610	MRT	12	\$19,594.97						
0611	MRI - BRAIN	9	\$16,058.25						
0612	MRI - SPINE	10	\$18,183.15						
0636	DRUGS/DETAIL CODE	38	\$129.20						
0730	EKG/ECG	361	\$27,105.30						
0732	TELEMETRY	679	\$260,130.00						
0740	EEG	23	\$6,860.09						
0761	TREATMENT RM	38	\$18,000.00						

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/03/13
 Report Run Date: 12/02/13
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T L O N G T E R M C A R E - P A R T A P P S

Page: 3
 Report #: OD44203
 Report Type: 115

SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0800	RENAL DIALYSIS	1	\$1,146.84						
0801	DIALY/INPT	105	\$120,418.20						
0802	DIALY/INPT/PER	25	\$33,750.00						
0920	OTHER DX SVS	1	\$157.50						
0921	PERI VASCUL LAB	9	\$4,185.00						
0942	EDUC/TRAINING	8	\$2,160.00						
0947	COMPLX MED EQUIP-ANC	890	\$83,348.57						
<i>TOTAL ANCILLARY</i>		481,396	\$15,977,995.17						
TOTAL COVERED CHARGES			\$23,035,525.17						

REIMBURSEMENT SECTION

OPERATING

HOSPITAL SPECIFIC	\$0.00				
FEDERAL SPECIFIC	\$8,853,511.93				
OUTLIER	\$729,658.38				
DSH/LIP	\$0.00				
IME/TEACHING ADJ.	\$0.00				
NEW TECHNOLOGY	\$0.00				
IPF ECT	\$0.00				
TOTAL OPERATING PAYMENTS	\$9,583,170.31				

LOW VOLUME	\$0.00				
HOSPITAL READMISSION ADJ	\$0.00				
VALUE BASED PURCHASING ADJ	\$0.00				

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/03/13
 Report Run Date: 12/02/13
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 INPATIENT LONG TERM CARE - PART A PPS

Page: 4
 Report #: OD44203
 Report Type: 115

	SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--	--

CAPITAL

HOSPITAL SPECIFIC	\$0.00			
FEDERAL SPECIFIC	\$0.00			
OUTLIER	\$0.00			
HOLD HARMLESS	\$0.00			
DSH	\$0.00			
INDIRECT MEDICAL EDUCATION	\$0.00			
EXCEPTIONS	\$0.00			
TOTAL CAPITAL PAYMENTS	\$0.00			

PAYMENT

GROSS REIMBURSEMENT	\$9,583,170.31			
LESS				
DEVICE CREDIT	\$0.00			
CASH DEDUCTIBLE	\$5,836.00			
BLOOD DEDUCTIBLE	\$59,394.97			
COINSURANCE	\$312,242.00			
NET MSP PAYMENTS	\$0.00			
SEQUESTRATION	\$88,790.56			
MSP PASS THRU RECONCILIATION	\$0.00			
OTHER ADJUSTMENTS	\$148.34			
NET REIMBURSEMENT	\$9,116,758.44			

ADDITIONAL INFORMATION SECTION

CALCULATED NET REIMB FOR PIP	\$0.00			
------------------------------	--------	--	--	--

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 12/03/13
Report Run Date: 12/02/13
Provider FYE: 08/31
Provider Number: 152025 Central Indiana AMG Specialty Hosptial

PROVIDER SUMMARY REPORT
INPATIENT LONG TERM CARE - PART A PPS

Page: 5
Report #: OD44203
Report Type: 115

	SERVICES FOR PERIOD 09/01/12 - 08/31/13	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00			
CLAIM INTEREST PAYMENTS	\$99.98			
IRF PENALTY AMOUNT	\$0.00			
LTCH SHORT STAY OUTLIER PAYMENTS	\$982,560.94			
CAP FED-SPECIFIC @ 100%	\$0.00			
CAP OUTLIER @ 100%	\$0.00			
DISCHARGES	216			
DRG/CMG WEIGHT	275.7156			
WEIGHT/DISCHARGES	1.2765			
DISCHARGE FRACTION	0			
DRG WEIGHT FRACTION	0.0000			
DRG WEIGHT FRACTION/DISCHARGES	0.0000			
PPS PAYMENTS	\$0.00			

PIP RETRO QUERY

152025

PIP SERVICE PERIOD: 9/1/2012 to 8/31/2013

RETRO TRANS. DATES: 9/1/2012 to 8/31/2013

Provider Number	NPI	FYE	Trans. Date	System	Description	Service Period From	Service Period To	RETROS	PIP Payments	Level	
										Payments Part A	Payments Part B
152025	1710012505		9/26/2012	FISS	Pymt Bad Debt Amt LP PMT - 5042 SPLIT	8/30/2012	9/12/2012	0	0	4,300	0
152025	1710012505		10/10/2012	FISS	Pymt Bad Debt Amt	9/13/2012	9/26/2012	0	0	5,042	0
152025	1710012505		10/24/2012	FISS	Pymt Bad Debt Amt	9/27/2012	10/10/2012	0	0	5,042	0
152025	1710012505		11/7/2012	FISS	Pymt Bad Debt Amt	10/11/2012	10/24/2012	0	0	5,042	0
152025	1710012505		11/21/2012	FISS	Pymt Bad Debt Amt	10/25/2012	11/7/2012	0	0	5,042	0
152025	1710012505		12/5/2012	FISS	Pymt Bad Debt Amt	11/8/2012	11/21/2012	0	0	5,042	0
152025	1710012505		12/19/2012	FISS	Pymt Bad Debt Amt	11/22/2012	12/5/2012	0	0	5,042	0
152025	1710012505		1/2/2013	FISS	Pymt Bad Debt Amt	12/6/2012	12/19/2012	0	0	5,042	0
Total								0	0	39,594	0

Central Indiana - AMG Specialty Hospital
Worksheet G Balance Sheet Groupings
August 31, 2013

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
100010		Business 1st-Operating	164,116		101	Cash on Hand and in Banks
100020		Business 1st-Payroll	2,084		101	Cash on Hand and in Banks
100030		Business First Savings	100,000		101	Cash on Hand and in Banks
100040		Regions Bank - Oper.	178,157	444,357	101	Cash on Hand and in Banks
100050		Accounts Receivable-Billings	2,562,519		104	Accounts Receivable
100060		Allowance for Contractuals	(1,038,973)		104	Accounts Receivable
100070		Accounts Receivable-Part B	420,300		104	Accounts Receivable
100080		Allow for Contractuals-Part B	(370,933)	1,572,913	104	Accounts Receivable
100090		Prepaid Pharmacy	72,164		108	Prepaid Expenses
100100		Prepaid Insurance	27,144	99,308	108	Prepaid Expenses
100110		Computer Equipment/Software	40,484		123	Major Moveable Equipment
100120		15000 · Hospital Equipment	190,276	230,760	123	Major Moveable Equipment
100130		Accumulated Depreciation	(85,256)	(85,256)	124	Less: Accumulated Depreciation
100170		Accumulated Amortization	(84,751)	(84,751)	125	Minor Equipment Nondepreciable
100140		Capital Finance Loan Fees	34,400		126	Other Fixed Assets
100150		Goodwill	2,179,313	2,213,713	126	Other Fixed Assets
100160		Security Deposits	22,600	22,600	129	Deposits on Leases
100180		2000 · Accounts Payable	(702,003)	(702,003)	134	Accounts Payable
100190		Accrued Payroll	(146,729)	(146,729)	135	Salaries, Wages & Fees Payable
100200		Due to KCI-Wound Vac Purchase	(9,250)	(9,250)	141	Intercompany Accounts
100210		Note Payable, Imperial Credit	(15,311)		144	Notes Payable
100220		N/P-Philips Med Cap V60 vents	(11,530)		144	Notes Payable
100230		Note Payable, Baxter	(10,200)		144	Notes Payable
100240		Note Payable, Philips Med Cap	(29,399)		144	Notes Payable
100250		Note Payable, Capital Finance	(612,136)		144	Notes Payable
100260		Note Payable, Star Equipment	(22,658)		144	Notes Payable
100270		Due to LTAC of Edmond-Loan	(97,000)		144	Notes Payable
100280		Note Payable, MCARE (ERP 2007)	(1,419,342)	(2,217,576)	144	Notes Payable
100290		3900 · Retained Earnings	429,149	(1,338,086)	151	Retained Earnings / General Fund Balance
TOTAL			1,767,235	0		

Central Indiana - AMG Specialty Hospital
Worksheet G Revenue Groupings
August 31, 2013

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
100300		Room and Board-Medicare	(7,147,440)		201	Adults and Pediatrics
100310		Room and Board-Private	(790,830)		201	Adults and Pediatrics
100320		Room and Board-Mcare Adv	(706,710)		201	Adults and Pediatrics
100510		Nursing Care Spec-Mcare Adv	(422)		201	Adults and Pediatrics
100520		Nursing Care Spec-Medicare	(5,032)		201	Adults and Pediatrics
100530		Nursing Care Spec-Private	(649)	(8,651,083)	201	Adults and Pediatrics
100780		Other Hospital Income:Physician Billings	(779,827)	(779,827)	205.5	Part B Physician Revenue
100480		Minor Procedures-Mcare Adv	(21,634)		206.37	Operating / Surgery
100490		Minor Procedures-Medicare	(292,482)		206.37	Operating / Surgery
100500		Minor Procedures-Private	(37,330)	(351,446)	206.37	Operating / Surgery
100630		Radiology Rev-Mcare Adv	(113,447)		206.41	X-Ray
100640		Radiology Rev-Medicare	(953,806)		206.41	X-Ray
100650		Radiology Rev-Private	(112,142)	(1,179,395)	206.41	X-Ray
100330		Blood Prod/Admin-Medicare	(97,557)		206.44	Laboratory
100340		Blood Products/Admin-Mcare Adv	(16,318)		206.44	Laboratory
100350		Blood Products/Admin-Private	(5,122)		206.44	Laboratory
100420		Laboratory Rev-Mcare Adv	(125,148)		206.44	Laboratory
100430		Laboratory Rev-Medicare	(1,307,783)		206.44	Laboratory
100440		Laboratory Rev-Private	(128,207)	(1,680,135)	206.44	Laboratory
100660		Respiratory Therapy-Mcare Adv	(907,238)		206.49	Oxygen (Inhal) Therapy
100670		Respiratory Therapy-Medicare	(9,002,869)		206.49	Oxygen (Inhal) Therapy
100680		Respiratory Therapy-Private	(803,336)	(10,713,443)	206.49	Oxygen (Inhal) Therapy
100600		Physical Therapy-Mcare Adv	(26,337)		206.5	Physical Therapy
100610		Physical Therapy-Medicare	(323,420)		206.5	Physical Therapy
100620		Physical Therapy-Private	(49,982)	(399,739)	206.5	Physical Therapy
100540		Occupational Therapy-Mcare Adv	(18,256)		206.51	Occupational Therapy
100550		Occupational Therapy-Medicare	(237,015)		206.51	Occupational Therapy
100560		Occupational Therapy-Private	(28,811)	(284,082)	206.51	Occupational Therapy
100690		Speech Therapy-Mcare Adv	(53,485)		206.52	Speech Pathology
100700		Speech Therapy-Medicare	(543,480)		206.52	Speech Pathology
100710		Speech Therapy-Private	(47,942)	(644,907)	206.52	Speech Pathology
100360		Complex Med Equip-Mcare Adv	(15,527)		206.55	Medical Supplies Chargeable
100370		Complex Med Equip-Medicare	(83,734)		206.55	Medical Supplies Chargeable
100380		Complex Med Equip-Private	(11,799)		206.55	Medical Supplies Chargeable
100450		Medical Supplies-Mcare Adv	(114,984)		206.55	Medical Supplies Chargeable
100460		Medical Supplies-Medicare	(1,368,969)		206.55	Medical Supplies Chargeable
100470		Medical Supplies-Private	(158,408)	(1,753,421)	206.55	Medical Supplies Chargeable
100570		Pharmacy Rev-Mcare Adv	(184,773)		206.56	Drugs Chargeable
100580		Pharmacy Rev-Medicare	(1,826,076)		206.56	Drugs Chargeable
100590		Pharmacy Rev-Private	(210,877)	(2,221,726)	206.56	Drugs Chargeable
100390		Dialysis Rev-Medicare	(161,050)		206.57	Dialysis
100400		Dialysis Rev-Private	(12,615)		206.57	Dialysis
100410		Dialysis Rev-Mcare Adv	(1,147)	(174,812)	206.57	Dialysis
100720		Cont Adj - Medicare	14,015,409		302	Less: Allowances and Discounts
100730		Cont Adj - Private	1,357,008		302	Less: Allowances and Discounts
100740		Cont Adj - Mcare Adv	1,172,373		302	Less: Allowances and Discounts
100750		Cont Adj Bad Debt	45,378		302	Less: Allowances and Discounts
100760		Sequestration Adjustments	111,675		302	Less: Allowances and Discounts
100770		Cost Report Settlement	(45,378)		302	Less: Allowances and Discounts
100790		Other Hospital Income:Cont Adj - Physician Billi	467,896		302	Less: Allowances and Discounts
100830		80015 · Bad Debt Expense	11,866	17,136,227	302	Less: Allowances and Discounts
100820		Other Hospital Income:Income-Interest	(264)	(264)	308	Income from Investments
100810		Other Hospital Income:Income-Medical Record:	(679)	(679)	318	Sale of Medical Records and Abstracts
100800		Other Hospital Income:Income-Miscellaneous	(7,199)	(7,199)	323	Other Miscellaneous Income

Central Indiana - AMG Specialty Hospital
Worksheet G Revenue Groupings
August 31, 2013

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
		TOTAL	(11,705,931)	(11,705,931)		

Central Indiana - AMG Specialty Hospital

Working Trial Balance

August 31, 2013

Account Number	Divi sio n	Account Description	Debit	Credit
100010		Business 1st-Operating	164,116	
100020		Business 1st-Payroll	2,084	
100030		Business First Savings	100,000	
100040		Regions Bank - Oper.	178,157	
100050		Accounts Receivable-Billings	2,562,519	
100060		Allowance for Contractuals		1,038,973
100070		Accounts Receivable-Part B	420,300	
100080		Allow for Contractuals-Part B		370,933
100090		Prepaid Pharmacy	72,164	
100100		Prepaid Insurance	27,144	
100110		Computer Equipment/Software	40,484	
100120		15000 · Hospital Equipment	190,276	
100130		Accumulated Depreciation		85,256
100140		Capital Finance Loan Fees	34,400	
100150		Goodwill	2,179,313	
100160		Security Deposits	22,600	
100170		Accumulated Amortization		84,751
100180		2000 · Accounts Payable		702,003
100190		Accrued Payroll		146,729
100200		Due to KCI-Wound Vac Purchase		9,250
100210		Note Payable, Imperial Credit		15,311
100220		N/P-Philips Med Cap V60 vents		11,530
100230		Note Payable, Baxter		10,200
100240		Note Payable, Philips Med Cap		29,399
100250		Note Payable, Capital Finance		612,136
100260		Note Payable, Star Equipment		22,658
100270		Due to LTAC of Edmond-Loan		97,000
100280		Note Payable, MCARE (ERP 2007)		1,419,342
100290		3900 · Retained Earnings	429,149	
100300		Room and Board-Medicare		7,147,440
100310		Room and Board-Private		790,830
100320		Room and Board-Mcare Adv		706,710
100330		Blood Prod/Admin-Medicare		97,557
100340		Blood Products/Admin-Mcare Adv		16,318
100350		Blood Products/Admin-Private		5,122
100360		Complex Med Equip-Mcare Adv		15,527
100370		Complex Med Equip-Medicare		83,734
100380		Complex Med Equip-Private		11,799
100390		Dialysis Rev-Medicare		161,050
100400		Dialysis Rev-Private		12,615
100410		Dialysis Rev-Mcare Adv		1,147
100420		Laboratory Rev-Mcare Adv		125,148

Central Indiana - AMG Specialty Hospital

Working Trial Balance

August 31, 2013

Account Number	Division	Account Description	Debit	Credit
100430		Laboratory Rev-Medicare		1,307,783
100440		Laboratory Rev-Private		128,207
100450		Medical Supplies-Mcare Adv		114,984
100460		Medical Supplies-Medicare		1,368,969
100470		Medical Supplies-Private		158,408
100480		Minor Procedures-Mcare Adv		21,634
100490		Minor Procedures-Medicare		292,482
100500		Minor Procedures-Private		37,330
100510		Nursing Care Spec-Mcare Adv		422
100520		Nursing Care Spec-Medicare		5,032
100530		Nursing Care Spec-Private		649
100540		Occupational Therapy-Mcare Adv		18,256
100550		Occupational Therapy-Medicare		237,015
100560		Occupational Therapy-Private		28,811
100570		Pharmacy Rev-Mcare Adv		184,773
100580		Pharmacy Rev-Medicare		1,826,076
100590		Pharmacy Rev-Private		210,877
100600		Physical Therapy-Mcare Adv		26,337
100610		Physical Therapy-Medicare		323,420
100620		Physical Therapy-Private		49,982
100630		Radiology Rev-Mcare Adv		113,447
100640		Radiology Rev-Medicare		953,806
100650		Radiology Rev-Private		112,142
100660		Respiratory Therapy-Mcare Adv		907,238
100670		Respiratory Therapy-Medicare		9,002,869
100680		Respiratory Therapy-Private		803,336
100690		Speech Therapy-Mcare Adv		53,485
100700		Speech Therapy-Medicare		543,480
100710		Speech Therapy-Private		47,942
100720		Cont Adj - Medicare	14,015,409	
100730		Cont Adj - Private	1,357,008	
100740		Cont Adj - Mcare Adv	1,172,373	
100750		Cont Adj Bad Debt	45,378	
100760		Sequestration Adjustments	111,675	
100770		Cost Report Settlement		45,378
100780		Other Hospital Income:Physician Billings		779,827
100790		Other Hospital Income:Cont Adj - Physician Bil	467,896	
100800		Other Hospital Income:Income-Miscellaneous		7,199
100810		Other Hospital Income:Income-Medical Recor		679
100820		Other Hospital Income:Income-Interest		264
100830		80015 · Bad Debt Expense	11,866	
100840		80020 · Bank Fees	975	

Central Indiana - AMG Specialty Hospital

Working Trial Balance

August 31, 2013

Account Number	Divi sio n	Account Description	Debit	Credit
100850	80035	Cable Services	2,635	
100860	80050	Computer Software Lease/Maint.	87,908	
100870	80075	Continuing Education	5,380	
100880	80080	Copier Lease/Maintenance	10,724	
100890	80100	Dues and Subscriptions	9,621	
100900	80105	Employee Health and Screening	4,659	
100910	80120	Equipment Rentals - Other	17,544	
100920	80130	Housekeeping-Contract Services	92,328	
100930	80145	Insurance-Employee Health/Life	142,188	
100940	80150	Insurance-Prof. Liability	48,007	
100950	80155	Insurance-Property & G/L	13,946	
100960	80160	Insurance-Worker's Comp	35,573	
100970	80175	Licenses and Permits	5,333	
100980	80180	Marketing and Advertising	33,406	
100990	80190	Medical Director/Asst Med Dir	298,817	
101000	80205	Miscellaneous Expense	4,308	
101010	80210	Office Expense / Printing	10,896	
101020	80225	Parking	872	
101030	80235	Payroll Processing Fees	9,471	
101040	80240	Pension Plan Expense	21,938	
101050	80260	Postage & Freight	8,026	
101060	80265	Professional Fees - Accounting	10,431	
101070	80270	Professional Fees - Legal	16,532	
101080	80275	Professional Fees - Other	67,455	
101090	80295	Rent	426,289	
101100	80300	Repairs and Maintenance	15,052	
101110	80375	Taxes-Property	700	
101120	80385	Telephone Service	4,510	
101130	80400	Travel	79,781	
101140	80425	Waste Disposal Service		158
101150	80025	Billing/Collections/AP	428,145	
101160	80030	Blood Storage & Processing	36,543	
101170	80085	Dialysis - Contract Services	168,975	
101180	80090	Dietary, Food	30,728	
101190	80095	Dietary, Purchased Services	88,330	
101200	80110	Equipment Rentals-Nursing	211,829	
101210	80165	Laboratory Fees	188,442	
101220	80170	Laundry - Contract Services	39,883	
101230	80178	Management Oversight	908,471	
101240	80195	Medical Gas	4,372	
101250	80215	Outpatient Procedures	111,773	
101260	80250	Pharmacy	769,162	

Central Indiana - AMG Specialty Hospital**Working Trial Balance****August 31, 2013**

Account Number	Division	Account Description	Debit	Credit
101270	80255	Pharmacy - Contracted Services	366,589	
101280	80290	Radiology - Contract Services	271,989	
101290	80315	Supplies-Dietary/Kitchen	8,518	
101300	80320	Supplies-Housekeeping/Janitoria	31,852	
101310	80330	Supplies-Maintenance	999	
101320	80335	Supplies-Nursing	324,948	
101330	80345	Supplies-Office/HIM	22,607	
101340	80350	Supplies-Pharmacy	7,082	
101350	80355	Supplies-Physical Therapy	7,420	
101360	80360	Supplies-Respiratory Therapy	89,820	
101370	80365	Supplies-Wound Care	94,419	
101380	80390	Transcription Services	20,567	
101390	80395	Transportation	26,711	
101400		Administrator	145,705	
101410		Mgmt Contract- Administrator	54,500	
101420		Admissions Coordinator	64,082	
101430		Case Manager	78,632	
101440		Central Supply	20,511	
101450		Clerical-Admin. Asst.	34,254	
101460		Dietician	25,050	
101470		Dietary Supervisor	35,120	
101480		Dietician- Contracted Services	6,407	
101490		HIM/Coding	58,317	
101500		HIM/Coding - Contract Services	22,181	
101510		Nurses - Nurse Liaison	136,431	
101520		Nurses - Chief Clinical Officer	83,592	
101530		Physician	306,862	
101540		Physician's Assistant	24,603	
101550		QA/Infection Control - Contract	638	
101560		Therapy-Director of Therapy	94,259	
101570		Therapy - PT/OT Techs	12,858	
101580		Therapy - Respiratory Therapist	463,565	
101590		Ward Clerk/Receptionist	85,563	
101600		Payroll Tax Expense	270,582	
101610		Nurses - RN	768,744	
101620		Nurses - LPN	372,488	
101630		Nurses - Aides/CNAs	220,287	
101640		Nurses - Wound Care	43,594	
101650		Nurses - Contract Services	129,886	
101660		Nurses - RN - Other Pay	41,966	
101670		Nurses - LPN - Other Pay	17,405	
101680		Nurses - Aides/CNAs - Other Pay	9,426	

Central Indiana - AMG Specialty Hospital

Working Trial Balance

August 31, 2013

Account Number	Division	Account Description	Debit	Credit
101690		Nurses - Wound Care - Other Pay	1,777	
101700		QA/Infection Control	76,970	
101710		Therapy - Contract PT	91,907	
101720		Therapy - Contract OT	97,975	
101730		Therapy - Contract Speech	79,711	
101740		63400 - Interest Expense	217,527	
TOTAL			33,543,165	33,543,165

Schedule 6

Medicare Bad Debts - Part A

Name: Central Indiana-AMG Specialty Hospital

Provider # 15-2025

FYE 08/31/13

Prepared By _____

Date Prepared _____

(1) PATIENT NAME	(2) HIC. NO.	(3) DATES OF SERVICE		YES	(4) INDIGENCY & WEL. RECIP. (CK IF APPL.) MEDICAID NUMBER	(5) DATE FIRST BILL SENT TO BENEFICIARY	(6) WRITE OFF DATE	(7) REMIT. ADVICE DATES	(8)* DEDUCT	(9)* CO-INS	(10) TOTAL	(11) AMOUNT COLLECTED	(12) MEDICARE BAD DEBT Col. (10-11)
		FROM	TO										
Davenport, Rhonda	315764618A	6/4/2013	7/8/2013	X	100114674399		8/13/2013	8/2/2013	\$ 1,341		\$ 1,341		\$ 1,341
Gray, Patty	303605534A	6/10/2013	7/9/2013	X	100183985999		8/6/2013	7/31/2013		\$ 7,992	\$ 7,992		\$ 7,992
Halstead, Jennifer	309526550A	12/14/2012	1/29/2013	X	100195403999		2/26/2013	2/20/2013		\$ 7,992	\$ 7,992		\$ 7,992
Holmes Jr, Willie	344340232C1	12/10/2012	1/7/2013	X	100225492699		2/12/2013	1/31/2013	\$ 651		\$ 651		\$ 651
Johnson, Alonzo	427722807C1	12/17/2012	1/30/2013	X	100247256999		3/12/2013	3/6/2013		\$ 4,144	\$ 4,144		\$ 4,144
Mullen, Mary	307077194C1	4/23/2013	4/25/2013	X	100344085499		5/21/2013	5/16/2013	\$ 1,184		\$ 1,184		\$ 1,184
Speidel, Rhea	309821236A	12/11/2012	1/11/2013	X	100455297099		2/12/2013	2/6/2013	\$ 1,953		\$ 1,953		\$ 1,953
Sturgeon, Robert D	304447416A	6/25/2013	7/18/2013	X	100469272799		8/13/2013	8/7/2013	\$ 1,341		\$ 1,341		\$ 1,341
Singh, Cynthia	313705034A	12/28/2012	2/15/2013	X	100630779599		3/12/2013	3/6/2013		\$ 8,866	\$ 8,866		\$ 8,866
Norris, Paula	306680850A	6/17/2013	8/2/2013	X	100723143299		8/27/2013	8/21/2013	\$ 1,341		\$ 1,341		\$ 1,341
Lainhart, Lovell	304269754A	2/25/2013	3/27/2013	X	100798980799		4/23/2013	4/18/2013	\$ 651	\$ 1,776	\$ 2,427		\$ 2,427
Brewer, Maudeana	304304914B6	4/2/2013	5/31/2013	X	100890441799		7/5/2013	6/19/2013		\$ 10,656	\$ 10,656		\$ 10,656
Manuel, Douglas W	061409634T	6/14/2013	7/16/2013	X	101604994099		8/13/2013	8/7/2013	\$ 1,341		\$ 1,341		\$ 1,341
Holten, Mildred L.	314365324A	4/9/2013	5/7/2013	X	101702746599		6/26/2013	5/29/2013		\$ 888	\$ 888		\$ 888
Eppard, Becky	304426661D	1/8/2013	2/20/2013	X	102026561599		3/26/2013	3/18/2013	\$ 1,302		\$ 1,302		\$ 1,302
Robbins, Richard	311423273A	5/24/2013	6/25/2013	X	102778634099		7/23/2013	7/17/2013	\$ 1,341	\$ 4,144	\$ 5,485		\$ 5,485
Stellwag, Raymond L.	310708948A	6/18/2012	9/6/2012	X	102787606799		6/26/2013	10/16/2012		\$ 12,138	\$ 12,138		\$ 12,138
Daggett, Timothy	303586070A	1/31/2013	4/22/2013	X	103524332699		5/21/2013	5/15/2013	\$ 2,012	\$ 14,800	\$ 16,812		\$ 16,812
Mitchell, Karen	293447882A	3/21/2013	5/2/2013	X	103813582699		6/4/2013	5/23/2013		\$ 8,880	\$ 8,880		\$ 8,880
Hartley, William	315724572A	2/26/2013	4/9/2013	X	104159468899		5/14/2013	5/1/2013	\$ 1,341		\$ 1,341		\$ 1,341
Floyd, Nathaniel	306361048A	6/28/2012	8/6/2012			9/27/2012	2/8/2013	8/30/2012	\$ 15,317		\$ 15,317		\$ 15,317
Stevens, Richard	313409977A	12/5/2012	1/15/2013			3/6/2013	7/26/2013	2/14/2013	\$ 1,953	\$ 7,901	\$ 9,854		\$ 9,854
Gentry, Larry	313500654A	11/1/2012	12/10/2012			3/6/2013	7/8/2013	1/12/2013	\$ 1,953		\$ 1,953		\$ 1,953
Barker, Ester	308300031D	9/14/2012	10/23/2012			12/10/2012	5/14/2013	11/21/2012	\$ 1,156		\$ 1,156		\$ 1,156
											\$ -		
PAGE TOTAL									\$ 36,178	\$ 90,177	\$ 126,355	\$ -	\$ 126,355
Dually Eligible									\$ 15,799	\$ 82,276	\$ 98,075	\$ -	\$ 98,075