

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

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0059	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 6/ 2/2008 TIME 9:16

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

RIVERVIEW HOSPITAL 15-0059  
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.



OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

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ECR ENCRYPTION INFORMATION  
DATE: 6/ 2/2008 TIME 9:16

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cKUL0j3onL0KVQoe

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PI ENCRYPTION INFORMATION  
DATE: 6/ 2/2008 TIME 9:16

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fFGecGv1LP0tnzLY

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	2	3	4
1	HOSPITAL	0	1,632	32,558	557,833
2	SUBPROVIDER	0	-31,863	0	41,770
5	HOSPITAL-BASED SNF	0	0	0	0
100	TOTAL	0	-30,231	32,558	599,603

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: 15-0059  
 I PERIOD: FROM 1/ 1/2007 TO 12/31/2007  
 I PREPARED 6/ 2/2008 WORKSHEET 5-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 395 WESTFIELD ROAD P.O. BOX:  
 1.01 CITY: NOBLESVILLE STATE: IN ZIP CODE: 46060- COUNTY: HAMILTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	RIVERVIEW HOSPITAL	15-0059	2.01	7/ 7/1966	V XVIII XIX
03.00 SUBPROVIDER	RIVERVIEW HOSPITAL REHAB	15-T059		1/ 1/1994	N P O
06.00 HOSPITAL-BASED SNF	RIVERVIEW HOSPITAL SNF	15-5669		10/26/1999	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007

18 TYPE OF CONTROL 1 9 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N
- 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
- 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
- 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
- 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		100	0.9896	0.9844	
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		0.00	1	3480	26900
28.03	STAFFING		%	Y/N		
28.04	RECRUITMENT		69.00%	Y		
28.05	RETENTION		0.00%			
28.06	TRAINING		0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N				
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70					
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)					
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).					
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II					
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).					
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).					
	MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N				
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N				
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N				
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)		N	Y	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)		N	Y	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?		N	N	N	

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
 IDENTIFICATION DATA

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: P.O. BOX:  
 40.03 CITY: STATE: ZIP CODE: -

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000

- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.  
 (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH  
 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL  
 EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN  
 EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
- 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND  
 GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS  
 CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH  
 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT  
 PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS  
 IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN  
 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF  
 OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE,  
 THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?  
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  
 FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS  
 ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE  
 10/1/2002. Y

- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES 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. IS  
 THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
 COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
 OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.  
 IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2  
 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
 FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

- 60.01 IF LINE 60 COLUMN 1 IS Y, DOES 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. IS  
 THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
 COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
 OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (04/2005)  
 PROVIDER NO: 15-0059 I PERIOD: FROM 1/1/2007 TO 12/31/2007 I PREPARED 6/2/2008 I WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / TITLE	O/P VISITS / TITLE	TRIPS / TITLE	TOTAL
	1	2	2.01	V	XVIII	XIX	XIX
1 ADULTS & PEDIATRICS	90	32,850		3	4	5	889
2 HMO					8,061		200
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	90	32,850			8,061		889
6 INTENSIVE CARE UNIT	15	5,475			1,759		
11 NURSERY							
12 TOTAL	105	38,325			9,820		889
13 RPCH VISITS							
14 SUBPROVIDER	24	8,760			4,522		80
15 SKILLED NURSING FACILITY	25	9,125			4,410		
25 TOTAL	154						
26 OBSERVATION BED DAYS							303
01 OBSERVATION BED DAYS-SUB I					660		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED	--- INTERNS & RES. FTES --- / LESS I&R REPL NON-PHYS ANES
	5.01	5.02	6	6.01	7
1 ADULTS & PEDIATRICS			17,851		8
2 HMO					
01 HMO - (IRF PPS SUBPROVIDER)					
3 ADULTS & PED-SB SNF					
4 ADULTS & PED-SB NF					
5 TOTAL ADULTS AND PEDS			17,851		
6 INTENSIVE CARE UNIT			3,169		
11 NURSERY					
12 TOTAL			21,020		
13 RPCH VISITS					
14 SUBPROVIDER			5,730		
15 SKILLED NURSING FACILITY			5,159		
25 TOTAL					
26 OBSERVATION BED DAYS		303	1,325	1,325	
01 OBSERVATION BED DAYS-SUB I					
27 AMBULANCE TRIPS					
28 EMPLOYEE DISCOUNT DAYS					
01 EMP DISCOUNT DAYS -IRF					

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES / TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
	9	10	11	12	13	14	15
1 ADULTS & PEDIATRICS					2,079	256	6,243
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					2,079	256	6,243
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		903.17			2,079	256	6,243
13 RPCH VISITS							
14 SUBPROVIDER		24.92			365	6	464
15 SKILLED NURSING FACILITY							
25 TOTAL		928.09					
26 OBSERVATION BED DAYS							
01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	52,940,181	3,128,963	56,069,144	2,048,046.00	27.38	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A						
5 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01 PHYSICIAN - PART B						
6 NON-PHYSICIAN - PART B						
6.01 INTERNS & RESIDENTS (APPRVD)						
7 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL						
8.01 SNF						
9 EXCLUDED AREA SALARIES	13,793,079	51,137	13,844,216	432,349.00	32.02	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	86,834		86,834	1,213.00	71.59	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
9.04 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	48,803		48,803	228.00	214.05	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	19,377,334		19,377,334			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	2,785,780		2,785,780			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A						CMS 339
19 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B						CMS 339
20 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
23 EMPLOYEE BENEFITS	553,894		553,894	18,381.00	30.13	
24 ADMINISTRATIVE & GENERAL	5,768,899		5,768,899	238,666.00	24.17	
24.01 A & G UNDER CONTRACT						
25 MAINTENANCE & REPAIRS						
26 OPERATION OF PLANT	1,847,825		1,847,825	77,866.00	23.73	
27 LAUNDRY & LINEN SERVICE	90,736		90,736	6,846.00	13.25	
28 HOUSEKEEPING	1,016,929		1,016,929	73,824.00	13.78	
28.01 HOUSEKEEPING UNDER CONTRACT						
29 DIETARY	906,753	-570,074	336,679	25,362.00	13.27	
29.01 DIETARY UNDER CONTRACT						
30 CAFETERIA		518,937	518,937	39,114.00	13.27	
31 MAINTENANCE OF PERSONNEL	775,006		775,006	18,740.00	41.36	
32 NURSING ADMINISTRATION	386,138		386,138	19,935.00	19.37	
33 CENTRAL SERVICE AND SUPPLY	1,439,750		1,439,750	38,034.00	37.85	
34 PHARMACY	714,946		714,946	43,102.00	16.59	
35 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
36 SOCIAL SERVICE	285,571		285,571	9,454.00	30.21	
37 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	52,940,181	3,128,963	56,069,144	2,048,046.00	27.38	
2 EXCLUDED AREA SALARIES	13,793,079	51,137	13,844,216	432,349.00	32.02	
3 SUBTOTAL SALARIES	39,147,102	3,077,826	42,224,928	1,615,697.00	26.13	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	135,637		135,637	1,441.00	94.13	
5 SUBTOTAL WAGE-RELATED COSTS	19,377,334		19,377,334		45.89	
6 TOTAL	58,660,073	3,077,826	61,737,899	1,617,138.00	38.18	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	13,786,447	-51,137	13,735,310	609,324.00	22.54	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
I 15-0059 I FROM 1/ 1/2007 I WORKSHEET S-7  
I I TO 12/31/2007 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES RATE 3	PRIOR TO 10/1 DAYS 3.01	SERVICES RATE 4	ON/AFTER 10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC						
2	RUB						
3	RUA		10				
3	.01 RUX						
3	.02 RUL						
4	RVC		69				
5	RVB		130				
6	RVA		58				
6	.01 RVX		44				
6	.02 RVL		92				
7	RHC		340				
8	RHB		601				
9	RHA		425				
9	.01 RHX						
9	.02 RHL						
10	RMC		5				
11	RMB		58				
12	RMA		8				
12	.01 RMX		745				
12	.02 RML		1,770				
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3		11				
16	SE2		43				
17	SE1						
18	SSC						
19	SSB						
20	SSA		1				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	P82						
42	P81						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		4,410				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9896  
 Wage Index Factor (after 10/01) : 0.9844  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF C8SA Code : 26900

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
I 15-0059 I FROM 1/ 1/2007 I WORKSHEET S-7  
I I TO 12/31/2007 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED DAYS	SNF DAYS	TOTAL
			RUGS	DAYS			
1	RUC	1	4.05		4.06		5
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RV8						
6	RVA						
6	.01 RVX						
6	.02 RVL						
7	RHC						
8	RHB						
9	RHA						
9	.01 RHX						
9	.02 RHL						
10	RMC						
11	RMB						
12	RMA						
12	.01 RMX						
12	.02 RML						
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGS will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9896  
 Wage Index Factor (after 10/01): 0.9844  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF CBSA Code : 26900

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
I 15-0059 I FROM 1/ 1/2007 I WORKSHEET S-7  
I I TO 12/31/2007 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1		SERVICES ON/AFTER 10/1		SRVCS 4/1/01 TO 9/30/01	
		RATE 3	DAYS 3.01	RATE 4	DAYS 4.01	RATE 4.02	DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RVB						
6	RVA						
6	.01 RVX						
6	.02 RVL						
7	RHC						
8	RHB						
9	RHA						
9	.01 RHX						
9	.02 RHL						
10	RMC						
11	RMB						
12	RMA						
12	.01 RMX						
12	.02 RML						
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9896  
 Wage Index Factor (after 10/01) : 0.9844  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF CBSA Code : 26900

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
I 15-0059 I FROM 1/ 1/2007 I WORKSHEET S-7  
I TO 12/31/2007 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		TOTAL
			RUGS DAYS	SWING BED SNF DAYS	
	1	2	4.05	4.06	5
1	RUC				
2	RUB				
3	RUA				
3	.01 RUX				
3	.02 RUL				
4	RVC				
5	RVB				
6	RVA				
6	.01 RVX				
6	.02 RVL				
7	RHC				
8	RHB				
9	RHA				
9	.01 RHX				
9	.02 RHL				
10	RMC				
11	RMB				
12	RMA				
12	.01 RMX				
12	.02 RML				
13	RLB				
14	RLA				
14	.01 RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9896  
 Wage Index Factor (after 10/01) : 0.9844  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF CBSA Code : 26900

DESCRIPTION

- 1 UNCOMPENSATED CARE INFORMATION
- 2 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER  
LINES 2.01 THRU 2.04
- 2.01 IS IT AT THE TIME OF ADMISSION?
- 2.02 IS IT AT THE TIME OF FIRST BILLING?
- 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
- 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE  
JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)  
DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET  
WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD  
DEBT AND CHARITY CARE? IF YES ANSWER 8.01
- 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT  
SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN  
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
- 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE  
ELIGIBILITY?
- 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE  
CHARITY FROM BAD DEBT?
- 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON  
CHARITY DETERMINATION?
- 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE  
DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS  
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO  
BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY  
LEVEL? IF YES ANSWER 11.01 THRU 11.04
- 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL  
POVERTY LEVEL?
- 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%  
OF THE FEDERAL POVERTY LEVEL?
- 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%  
OF THE FEDERAL POVERTY LEVEL?
- 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF  
THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME  
PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH  
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY  
MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?  
IF YES ANSWER LINES 14.01 AND 14.02
- 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT  
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING  
COMPENSATED CARE?
- 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM  
GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE  
TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE  
CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL  
INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,  
DIVIDED BY COLUMN 8, LINE 103) .405472
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  
(LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2		3	4	5
1	0100	GENERAL SERVICE COST CNTR						
2	0200	OLD CAP REL COSTS-BLDG & FIXT					247,524	247,524
3	0300	NEW CAP REL COSTS-BLDG & FIXT		8,988,098	8,988,098	8,988,098	-8,988,098	
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		3,098,815	3,098,815	3,098,815	3,309,641	6,408,456
5	0500	EMPLOYEE BENEFITS	553,894	7,282,376	7,836,270	7,836,270	5,477,913	5,477,913
6	0600	ADMINISTRATIVE & GENERAL	5,768,899	10,936,064	16,704,963	16,704,963	673,482	8,509,752
8	0800	OPERATION OF PLANT	1,847,825	2,793,890	4,641,715	4,641,715	-82,842	16,622,121
9	0900	LAUNDRY & LINEN SERVICE	90,736	350,922	441,658	441,658		4,641,715
10	1000	HOUSEKEEPING	1,016,929	390,842	1,407,771	1,407,771		441,658
11	1100	DIETARY	906,753	1,196,351	2,103,104	2,103,104	-1,322,217	1,407,771
12	1200	CAFETERIA					1,203,612	780,887
14	1400	NURSING ADMINISTRATION	775,006	95,720	870,726	870,726		1,203,612
15	1500	CENTRAL SERVICES & SUPPLY	386,138	4,561,536	4,947,674	4,947,674	5,450,515	870,726
16	1600	PHARMACY	1,439,750	3,389,283	4,829,033	4,829,033		10,398,189
17	1700	MEDICAL RECORDS & LIBRARY	714,946	1,154,536	1,869,482	1,869,482		4,829,033
18	1800	SOCIAL SERVICE	285,571	24,440	310,011	310,011		1,869,482
25	2500	INPAT ROUTINE SRVC CNTRS						310,011
26	2600	ADULTS & PEDIATRICS	7,914,493	1,068,530	8,983,023	8,983,023		8,983,023
31	3100	INTENSIVE CARE UNIT	2,269,459	283,681	2,553,140	2,553,140		2,553,140
33	3300	SUBPROVIDER	1,297,689	883,337	2,181,026	2,181,026		2,181,026
34	3400	NURSERY						
37	3700	SKILLED NURSING FACILITY		1,878,596	1,878,596	1,878,596	-29,430	1,849,166
39	3900	ANCILLARY SRVC COST CNTRS						
41	4100	OPERATING ROOM	661,885	10,913,251	11,575,136	11,575,136	-5,842,645	5,732,491
41.01	4101	DELIVERY ROOM & LABOR ROOM						
42	4200	RADIOLOGY-DIAGNOSTIC	1,529,965	844,023	2,373,988	2,373,988		2,373,988
42.01	4201	RENAL DIALYSIS		178,160	178,160	178,160		178,160
44	4400	RADIOLOGY-THERAPEUTIC	375,135	474,715	849,850	849,850		849,850
47	4700	MRI	210,786	337,755	548,541	548,541		548,541
48	4800	LABORATORY	1,763,893	1,967,603	3,731,496	3,731,496	-163	3,731,333
49	4900	BLOOD STORING, PROCESSING & TRANS.		559,030	559,030	559,030		559,030
50	5000	INTRAVENOUS THERAPY						
51	5100	RESPIRATORY THERAPY	1,182,633	204,265	1,386,898	1,386,898		1,386,898
52	5200	PHYSICAL THERAPY	3,794,443	1,400,908	5,195,351	5,195,351	-1,520	5,193,831
53	5300	OCCUPATIONAL THERAPY						
55	5500	SPEECH PATHOLOGY						
56	5600	ELECTROCARDIOLOGY	748,753	158,322	907,075	907,075	-7,915	899,160
56.01	5601	MEDICAL SUPPLIES CHARGED TO PATIENTS						
56.02	5602	DRUGS CHARGED TO PATIENTS						
56.03	5603	CAT SCAN	232,792	246,357	479,149	479,149		479,149
56.05	5605	ULTRASOUND	214,387	88,401	302,788	302,788		302,788
56.06	5606	CARDIAC CATH LAB	1,393,415	378,440	1,771,855	1,771,855		1,771,855
60	6000	WOMENS CENTER	447,719	135,502	583,221	583,221		583,221
60.01	6001	ENDOSCOPY	294,496	96,432	390,928	390,928		390,928
61	6100	OUTPAT SERVICE COST CNTRS						
61.01	6101	CLINIC						
62	6200	HOME PROGRAM DIALYSIS	220,218	30,966	251,184	251,184		251,184
64	6400	EMERGENCY	1,899,730	424,980	2,324,710	2,324,710		2,324,710
65	6500	SHORT STAY	206,453	18,272	224,725	224,725		224,725
88	8800	OBSERVATION BEDS (NON-DISTINCT PART)						
90	9000	OTHER REIMBURS COST CNTRS						
95	9500	HOME PROGRAM DIALYSIS						
96	9600	AMBULANCE SERVICES	98,166	676,754	774,920	774,920	-66,470	708,450
98	9800	SPEC PURPOSE COST CENTERS						
98.01	9801	INTEREST EXPENSE						
98.02	9802	OTHER CAPITAL RELATED COSTS						
98.05	9805	SUBTOTALS	40,542,957	67,511,153	108,054,110	108,054,110	21,387	108,075,497
98.06	9806	NONREIMBURS COST CENTERS						
98.08	9808	GIFT, FLOWER, COFFEE SHOP & CANTEEN	84,026	118,271	202,297	202,297		202,297
99	9900	PHYSICIANS' PRIVATE OFFICES						
100	1000	FOUNDATION	208,294	18,751	227,045	227,045		227,045
100.01	10001	CLINICS	11,879,832	10,103,374	21,983,206	21,983,206	-139,992	21,843,214
101	10100	PRACTICE MANAGEMENT	-55,516	274,960	219,444	219,444		219,444
101.01	10101	HAM PEDIATRICS						
101.02	10102	CAREPOINT						
101.03	10103	NONPAID WORKERS						
101.04	10104	WORKMED	280,588	209,745	490,333	490,333		490,333
101.05	10105	MEALS ON WHEELS					118,605	118,605
101.06	10106	TOTAL	52,940,181	78,236,254	131,176,435	131,176,435	-0-	131,176,435

RECLASSIFICATION AND ADJUSTMENT OF  
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-1,787	245,737
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-190,162	6,218,294
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-137	5,477,776
5	0500 EMPLOYEE BENEFITS	-131,955	8,377,797
6	0600 ADMINISTRATIVE & GENERAL	-3,373,441	13,248,680
8	0800 OPERATION OF PLANT	-35,166	4,606,549
9	0900 LAUNDRY & LINEN SERVICE		441,658
10	1000 HOUSEKEEPING		1,407,771
11	1100 DIETARY		780,887
12	1200 CAFETERIA	-279,427	924,185
14	1400 NURSING ADMINISTRATION		870,726
15	1500 CENTRAL SERVICES & SUPPLY		10,398,189
16	1600 PHARMACY		4,829,033
17	1700 MEDICAL RECORDS & LIBRARY	-24,323	1,845,159
18	1800 SOCIAL SERVICE		310,011
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-10,426	8,972,597
26	2600 INTENSIVE CARE UNIT		2,553,140
31	3100 SUBPROVIDER		2,181,026
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	-12,000	1,837,166
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,171,363	4,561,128
39	3900 DELIVERY ROOM & LABOR ROOM		
41	4100 RADIOLOGY-DIAGNOSTIC	-2,166	2,371,822
41.01	4101 RENAL DIALYSIS		178,160
42	4200 RADIOLOGY-THERAPEUTIC		849,850
42.01	4201 MRI		548,541
44	4400 LABORATORY	-4,100	3,727,233
47	4700 BLOOD STORING, PROCESSING & TRANS.		559,030
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		1,386,898
50	5000 PHYSICAL THERAPY		5,193,831
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-1,090	898,070
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
56.01	5601 CAT SCAN		479,149
56.02	5602 ULTRASOUND		302,788
56.03	5603 CARDIAC CATH LAB		1,771,855
56.05	5605 WOMENS CENTER	-193	583,028
56.06	5606 ENDOSCOPY		390,928
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 OUTPATIEN	-480	250,704
61	6100 EMERGENCY		2,324,710
61.01	6101 SHORT STAY		224,725
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES	-27,251	681,199
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-5,265,467	102,810,030
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		202,297
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 FOUNDATION		227,045
98.02	9802 CLINICS		21,843,214
98.05	9805 PRACTICE MANAGEMENT		219,444
98.06	9806 HAM PEDIATRICS		
98.08	9808 CAREPOINT		
99	9900 NONPAID WORKERS		
100	7950 WORKMED		490,333
100.01	7951 MEALS ON WHEELS		118,605
101	TOTAL	-5,265,467	125,910,968

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
 COST CENTERS USED IN COST REPORT

IN LIEU OF FORM CMS-2552-96(9/1996)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 12/31/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RENAL DIALYSIS	4101	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	MRI	4201	RADIOLOGY-THERAPEUTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	CAT SCAN	5601	DRUGS CHARGED TO PATIENTS
56.02	ULTRASOUND	5602	DRUGS CHARGED TO PATIENTS
56.03	CARDIAC CATH LAB	5603	DRUGS CHARGED TO PATIENTS
56.05	WOMENS CENTER	5605	DRUGS CHARGED TO PATIENTS
56.06	ENDOSCOPY	5606	DRUGS CHARGED TO PATIENTS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OUTPATIEN	6001	CLINIC
61	EMERGENCY	6100	
61.01	SHORT STAY	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FOUNDATION	9801	PHYSICIANS' PRIVATE OFFICES
98.02	CLINICS	9802	PHYSICIANS' PRIVATE OFFICES
98.05	PRACTICE MANAGEMENT	9805	PHYSICIANS' PRIVATE OFFICES
98.06	HAM PEDIATRICS	9806	PHYSICIANS' PRIVATE OFFICES
98.08	CAREPOINT	9808	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	WORKMED	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEALS ON WHEELS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	2	LINE NO	3		
1 CAFETERIA RECLASS	A	CAFETERIA	12		518,937	684,675
2 AMORTIZATION OF GOODWILL	B	CLINICS	98.02			35,862
3 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-BLDG & FIXT	1			247,524
4		NEW CAP REL COSTS-BLDG & FIXT	3			3,226,799
5		NEW CAP REL COSTS-MVBLE EQUIP	4			5,477,913
6 INSURANCE	D	NEW CAP REL COSTS-BLDG & FIXT	3			82,842
7 MEALS ON WHEELS	E	MEALS ON WHEELS	100.01		51,137	67,468
8 MED SUPPLY RECLASS	F	CENTRAL SERVICES & SUPPLY	15			5,450,515
9						
10						
11						
12						
13						
14						
15 RSMA RECLASS	G	OPERATING ROOM	37		3,128,963	673,482
16		EMPLOYEE BENEFITS	5			
36 TOTAL RECLASSIFICATIONS					3,699,037	15,947,080

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 CAFETERIA RECLASS	A	DIETARY	11		518,937	684,675	9
2 AMORTIZATION OF GOODWILL	B	OLD CAP REL COSTS-MVBLE EQUIP	2			35,862	9
3 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-MVBLE EQUIP	2			8,952,236	9
4							9
5							9
6 INSURANCE	D	ADMINISTRATIVE & GENERAL	6			82,842	9
7 MEALS ON WHEELS	E	DIETARY	11		51,137	67,468	
8 MED SUPPLY RECLASS	F	SKILLED NURSING FACILITY	34			29,430	
9		OPERATING ROOM	37			5,169,163	
10		LABORATORY	44			163	
11		PHYSICAL THERAPY	50			1,520	
12		ELECTROCARDIOLOGY	53			7,915	
13		AMBULANCE SERVICES	65			66,470	
14		CLINICS	98.02			175,854	
15 RSMA RECLASS	G	OPERATING ROOM	37			3,802,445	
16							
36 TOTAL RECLASSIFICATIONS					570,074	19,076,043	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASS CODE: A  
 EXPLANATION : CAFETERIA RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	1,203,612
TOTAL RECLASSIFICATIONS FOR CODE A		1,203,612

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	1,203,612

RECLASS CODE: B  
 EXPLANATION : AMORTIZATION OF GOODWILL

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CLINICS	35,862
TOTAL RECLASSIFICATIONS FOR CODE B		35,862

DECREASE		
COST CENTER	LINE	AMOUNT
OLD CAP REL COSTS-MVBLE EQUIP	2	35,862
TOTAL RECLASSIFICATIONS FOR CODE B		35,862

RECLASS CODE: C  
 EXPLANATION : DEPRECIATION RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	247,524
2.00	NEW CAP REL COSTS-BLDG & FIXT	3,226,799
3.00	NEW CAP REL COSTS-MVBLE EQUIP	5,477,913
TOTAL RECLASSIFICATIONS FOR CODE C		8,952,236

DECREASE		
COST CENTER	LINE	AMOUNT
OLD CAP REL COSTS-MVBLE EQUIP	2	8,952,236
TOTAL RECLASSIFICATIONS FOR CODE C		8,952,236

RECLASS CODE: D  
 EXPLANATION : INSURANCE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	82,842
TOTAL RECLASSIFICATIONS FOR CODE D		82,842

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	82,842

RECLASS CODE: E  
 EXPLANATION : MEALS ON WHEELS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	MEALS ON WHEELS	118,605
TOTAL RECLASSIFICATIONS FOR CODE E		118,605

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	118,605

RECLASS CODE: F  
 EXPLANATION : MED SUPPLY RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	5,450,515
2.00		0
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
TOTAL RECLASSIFICATIONS FOR CODE F		5,450,515

DECREASE		
COST CENTER	LINE	AMOUNT
SKILLED NURSING FACILITY	34	29,430
OPERATING ROOM	37	5,169,163
LABORATORY	44	163
PHYSICAL THERAPY	50	1,520
ELECTROCARDIOLOGY	53	7,915
AMBULANCE SERVICES	65	66,470
CLINICS	98.02	175,854
TOTAL RECLASSIFICATIONS FOR CODE F		5,450,515

RECLASS CODE: G  
 EXPLANATION : RSMA RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OPERATING ROOM	3,128,963
2.00	EMPLOYEE BENEFITS	673,482
TOTAL RECLASSIFICATIONS FOR CODE G		3,802,445

DECREASE		
COST CENTER	LINE	AMOUNT
OPERATING ROOM	37	3,802,445

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	4,481,710					4,481,710	
2 LAND IMPROVEMENTS	1,722,204	99,146		99,146	7,293	1,814,057	
3 BUILDINGS & FIXTURE	68,305,220	3,523,333		3,523,333	270,824	71,557,729	
4 BUILDING IMPROVEMEN	1,387,674					1,387,674	
5 FIXED EQUIPMENT	30,893,241	560,217		560,217	25,501	31,427,957	
6 MOVABLE EQUIPMENT	68,770,383	11,717,923		11,717,923	10,271,056	70,217,250	
7 SUBTOTAL	175,560,432	15,900,619		15,900,619	10,574,674	180,886,377	
8 RECONCILING ITEMS							
9 TOTAL	175,560,432	15,900,619		15,900,619	10,574,674	180,886,377	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITLIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL	245,737						245,737
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,272,080		2,669,941	204,263		72,010	6,218,294
4	NEW CAP REL COSTS-MV	5,477,776						5,477,776
5	TOTAL	8,995,593		2,669,941	204,263		72,010	11,941,807

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV	8,988,098						8,988,098
3	NEW CAP REL COSTS-BL	152,601		2,669,941	204,263		72,010	3,098,815
4	NEW CAP REL COSTS-MV							
5	TOTAL	9,140,699		2,669,941	204,263		72,010	12,086,913

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	3	4
1			OLD CAP REL COSTS-BLDG &	1	
2			OLD CAP REL COSTS-MVBLE E	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7					
8					
9					
10					
11					
12					
13	A-8-2	-37,491			
14	A-8-1	-491,414			
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			OLD CAP REL COSTS-BLDG &	1	
30			OLD CAP REL COSTS-MVBLE E	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37	B	-63,464	ADMINISTRATIVE & GENERAL	6	
38	A	-33,102	OPERATION OF PLANT	8	
39	B	-150,937	CAFETERIA	12	
40	B	-10,426	ADULTS & PEDIATRICS	25	
41	B	-24,323	MEDICAL RECORDS & LIBRARY	17	
42	B	-1	ADMINISTRATIVE & GENERAL	6	
43	A	-4,791	NEW CAP REL COSTS-BLDG &	3	9
44	B	-38,979	ADMINISTRATIVE & GENERAL	6	
45	A	-655,146	OPERATING ROOM	37	
46	A	-87,817	EMPLOYEE BENEFITS	5	
47	A	-1,455,032	ADMINISTRATIVE & GENERAL	6	
48	A	-44,138	EMPLOYEE BENEFITS	5	
49	A	-2,064	OPERATION OF PLANT	8	
49.01	B	-15	ADMINISTRATIVE & GENERAL	6	
49.02	B	-1,065	RADIOLOGY-DIAGNOSTIC	41	
49.03	B	-7,840	NEW CAP REL COSTS-BLDG &	3	9
49.04	B	-153,600	ADMINISTRATIVE & GENERAL	6	
49.05	A	-156	OLD CAP REL COSTS-BLDG &	1	9
49.06	A	-4,157	NEW CAP REL COSTS-BLDG &	3	9
49.07	A	-1,035	NEW CAP REL COSTS-BLDG &	3	9
49.08	A	-3,476	NEW CAP REL COSTS-BLDG &	3	9
49.09	A	-137	NEW CAP REL COSTS-MVBLE E	4	9
49.10	A	1,354	NEW CAP REL COSTS-BLDG &	3	9
49.11	A	-128,490	CAFETERIA	12	
49.12	A	-5,892	ADMINISTRATIVE & GENERAL	6	
49.13	A	-3,028	ADMINISTRATIVE & GENERAL	6	
49.14	B	-62,216	ADMINISTRATIVE & GENERAL	6	
49.15	B	-480	OUTPATIENT	60.01	
49.16	B	-17,582	AMBULANCE SERVICES	65	
49.17	B	-9,294	AMBULANCE SERVICES	65	
49.18	B	-1,268,251	ADMINISTRATIVE & GENERAL	6	
49.19	B	-340	ELECTROCARDIOLOGY	53	
49.20	B	-5,291	NEW CAP REL COSTS-BLDG &	3	9
49.22	A	-268,151	ADMINISTRATIVE & GENERAL	6	
49.23	B	-1,631	OLD CAP REL COSTS-BLDG &	1	9
49.24	B	-104,591	NEW CAP REL COSTS-BLDG &	3	9
49.25	B	-54,812	ADMINISTRATIVE & GENERAL	6	
49.26	B	-981	RADIOLOGY-DIAGNOSTIC	41	
49.27	B	-4,100	LABORATORY	44	
49.28	B	-750	ELECTROCARDIOLOGY	53	
49.29	B	-5,399	NEW CAP REL COSTS-BLDG &	3	9
49.30	B	-54,936	NEW CAP REL COSTS-BLDG &	3	9
50		-5,265,467			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	37	OPERATING ROOM	4,116,332	4,607,746	-491,414	
2						
3						
4						
5	TOTALS		4,116,332	4,607,746	-491,414	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO 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.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES 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	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	RSMA		100.00	0.00
2				0.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00

(1) USE THE FOLLOWING SYMBOLS TO INDICATE 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 A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I IN LIEU OF FORM CMS-2552-96(9/1996)  
 I 15-0059 I FROM 1/ 1/2007 I PREPARED 6/ 2/2008  
 I I TO 12/31/2007 I WORKSHEET A-8-2  
 I I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 34	TCU	21,600	10,800	10,800	208,000	96	9,600	480
2 37	ANESTHESIA	38,003		38,003	208,000	132	13,200	660
3 41	RADIOLOGY	120	120					
4 56	5 WOMENS CENTER	193	193					
5 65	AMBULANCE	375	375					
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	60,291	11,488	48,803		228	22,800	1,140

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I IN LIEU OF FORM CMS-2552-96(9/1996)  
 I 15-0059 I FROM 1/ 1/2007 I PREPARED 6/ 2/2008  
 I I TO 12/31/2007 I WORKSHEET A-8-2  
 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 34	TCU					9,600	1,200	12,000
2 37	ANESTHESIA					13,200	24,803	24,803
3 41	RADIOLOGY							120
4 56	5 WOMENS CENTER							193
5 65	AMBULANCE							375
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					22,800	26,003	37,491

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	12	MAN	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSGING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	
GENERAL SERVICE COST CNTR							Sa.00
001 OLD CAP REL COSTS-BLDG &	245,737	245,737					
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	6,218,294			6,218,294			
004 NEW CAP REL COSTS-MVBLE E	5,477,776				5,477,776		
005 EMPLOYEE BENEFITS	8,377,797	1,252		31,675	8,397	8,419,121	
006 ADMINISTRATIVE & GENERAL	13,248,680	16,571		419,329	1,995,716	874,006	16,554,302
008 OPERATION OF PLANT	4,606,549	102,798		2,601,258	183,411	279,951	7,773,967
009 LAUNDRY & LINEN SERVICE	441,658	1,050		26,559	2,601	13,747	485,615
010 HOUSEKEEPING	1,407,771	366		9,262	14,265	154,068	1,585,732
011 DIETARY	780,887	2,755		69,718	8,434	51,008	912,802
012 CAFETERIA	924,185	1,726		43,676		78,621	1,048,208
014 NURSING ADMINISTRATION	870,726	191		4,831	243	117,416	993,407
015 CENTRAL SERVICES & SUPPLY	10,398,189	1,890		47,835	25,893	58,501	10,532,308
016 PHARMACY	4,829,033	1,236		31,287	7,232	218,126	5,086,914
017 MEDICAL RECORDS & LIBRARY	1,845,159	1,981		50,122	30,129	108,316	2,035,707
018 SOCIAL SERVICE	310,011	286		7,247	634	43,265	361,443
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,972,597	39,069		988,623	256,364	1,199,069	11,455,722
026 INTENSIVE CARE UNIT	2,553,140	2,876		72,780	173,466	343,830	3,146,092
031 SUBPROVIDER	2,181,026	5,238		132,538	17,964	196,604	2,533,370
033 NURSERY							
034 SKILLED NURSING FACILITY	1,837,166	4,631		117,179	11,237		1,970,213
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,561,128	9,680		244,937	314,854	574,325	5,704,924
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	2,371,822	5,265		133,223	544,090	231,794	3,286,194
041 01 RENAL DIALYSIS	178,160	260		6,588	87	185,095	
042 RADIOLOGY-THERAPEUTIC	849,850	3,625		91,730	211,693	56,834	1,213,732
042 01 MRI	548,541	658		16,638	19,851	31,935	617,623
044 LABORATORY	3,727,233	3,579		90,568	217,866	267,235	4,306,481
047 BLOOD STORING, PROCESSING	559,030	204		5,167	2,838		567,239
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,386,898	975		24,673	57,117	179,172	1,648,835
050 PHYSICAL THERAPY	5,193,831	1,610		40,730	86,644	574,869	5,897,684
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	898,070	8,578		217,073	130,697	113,438	1,367,856
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 CAT SCAN	479,149	572		14,468	318,580	35,269	848,038
056 02 ULTRASOUND	302,788	102		2,584	1,916	32,480	339,870
056 03 CARDIAC CATH LAB	1,771,855	1,470		37,191	281,607	211,107	2,303,230
056 05 WOMENS CENTER	583,028	4,154		105,113	248,007	67,831	1,008,133
056 06 ENDOSCOPY	390,928	2,030		51,375	123,478	44,617	612,428
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OUTPATIENT	250,704	557		14,106	8,032	33,364	306,763
061 EMERGENCY	2,324,710	7,389		186,987	158,462	287,815	2,965,363
061 01 SHORT STAY	224,725	8,424		213,159	5,001	31,278	482,587
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	681,199					14,872	696,071
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	102,810,030	243,048		6,150,229	5,466,806	6,524,763	100,833,948
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	202,297	2,150		54,410	8,996	12,730	280,583
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	227,045	337		8,539	1,974	31,557	269,452
098 02 CLINICS	21,843,214					1,799,814	23,643,028
098 05 PRACTICE MANAGEMENT	219,444						219,444
098 06 HAM PEDIATRICS							
098 08 CAREPOINT							
099 NONPAID WORKERS							
100 WORKMED	490,333					42,510	532,843
100 01 MEALS ON WHEELS	118,605	202		5,116		7,747	131,670
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	125,910,968	245,737		6,218,294	5,477,776	8,419,121	125,910,968

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET B  
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	16,554,302						
009 OPERATION OF PLANT	1,176,815	8,950,782					
010 LAUNDRY & LINEN SERVICE	73,512	75,087	634,214				
011 HOUSEKEEPING	240,047	26,185		1,851,964			
012 DIETARY	138,179	197,102		28,917	1,277,000		
014 CAFETERIA	158,677	123,476				1,330,361	
015 NURSING ADMINISTRATION	150,381	13,659				22,954	1,180,401
016 CENTRAL SERVICES & SUPPLY	1,594,370	135,236	2,993	11,134		24,548	
017 PHARMACY	770,052	88,453		7,523		46,422	
018 MEDICAL RECORDS & LIBRARY	308,163	141,700		9,930		52,377	
025 SOCIAL SERVICE	54,715	20,488				11,462	
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	1,734,156	2,794,963	200,675	497,308	690,755	341,027	716,408
033 INTENSIVE CARE UNIT	476,252	205,758	47,126	94,575	77,175	83,546	175,509
034 SUBPROVIDER	383,499	374,702	46,361	101,376	267,507	62,293	130,862
037 NURSERY							
039 SKILLED NURSING FACILITY	298,249	331,279	54,492	22,357	241,563		
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM	863,606	692,469	76,133	170,795		1,222	
044 DELIVERY ROOM & LABOR ROO			25,387				
046 RADIOLOGY-DIAGNOSTIC	497,461	376,638	44,138	107,063		69,199	
047 01 RENAL DIALYSIS	28,019	18,626					
048 RADIOLOGY-THERAPEUTIC	183,734	259,333	4,508	23,471		14,821	
049 01 MRI	93,495	47,039				8,468	
050 LABORATORY	651,911	256,047	6	22,147		92,205	
051 BLOOD STORING, PROCESSING	85,868	14,608					
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY	249,599	69,755		4,965		48,158	
054 PHYSICAL THERAPY	892,786	115,150	336	28,436		185,477	
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY	207,065	613,694	4,532	49,168		32,364	
058 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
060 01 CAT SCAN	128,375	40,903				9,218	
061 02 ULTRASOUND	51,449	7,304				6,042	
062 03 CARDIAC CATH LAB	348,661	105,143	18,224	9,629		52,164	
063 05 WOMENS CENTER	152,610	297,169	4,371	135,950		20,961	
064 06 ENDOSCOPY	92,709	145,243				12,525	
065 OUTPAT SERVICE COST CNTRS							
066 01 CLINIC							
067 01 OUTPATIEN	46,437	39,881		4,273		10,869	
068 01 EMERGENCY	448,894	528,637	74,216	424,610		75,032	157,622
069 01 SHORT STAY	73,054	602,628	18,810	36,711		8,386	
070 OBSERVATION BEDS (NON-OIS							
071 OTHER REIMBURS COST CNTRS							
072 HOME PROGRAM DIALYSIS							
073 AMBULANCE SERVICES	105,371					5,878	
074 SPEC PURPOSE COST CENTERS							
075 SUBTOTALS	12,758,171	8,758,355	622,308	1,790,338	1,277,000	1,297,618	1,180,401
076 NONREIMBURS COST CENTERS							
077 GIFT, FLOWER, COFFEE SHOP	42,474	153,825		7,282		5,469	
078 PHYSICIANS' PRIVATE OFFIC							
079 01 FOUNDATION	40,789	24,140				9,640	
080 02 CLINICS	3,579,056		11,550	54,344			
081 05 PRACTICE MANAGEMENT	33,219						
082 06 HAM PEDIATRICS							
083 08 CAREPOINT			89				
084 NONPAID WORKERS							
085 WORKMED	80,661		267			12,943	
086 01 MEALS ON WHEELS	19,932	14,462				4,691	
087 CROSS FOOT ADJUSTMENT							
088 NEGATIVE COST CENTER							
089 TOTAL	16,554,302	8,950,782	634,214	1,851,964	1,277,000	1,330,361	1,180,401

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26	TOTAL
	15	16	17	18	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	12,300,589						
017 PHARMACY		5,999,364					
018 MEDICAL RECORDS & LIBRARY			2,547,877				
025 SOCIAL SERVICE				448,108			
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS					312,887		18,743,901
033 INTENSIVE CARE UNIT			463,250		34,103		4,803,386
034 SUBPROVIDER			135,954		50,513		4,086,437
037 NURSERY							
039 SKILLED NURSING FACILITY			5,035		50,605		2,973,793
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM			548,851				8,058,000
044 DELIVERY ROOM & LABOR ROO							25,387
047 RADIOLOGY-DIAGNOSTIC			35,247				4,415,940
041 01 RENAL DIALYSIS							231,740
042 RADIOLOGY-THERAPEUTIC			20,141				1,719,740
042 01 MRI							766,625
044 LABORATORY			45,318				5,374,115
047 BLOOD STORING, PROCESSING							667,715
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							2,021,312
050 PHYSICAL THERAPY			211,484				7,331,353
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			50,353				2,325,032
055 MEDICAL SUPPLIES CHARGED	12,300,589						12,300,589
056 DRUGS CHARGED TO PATIENTS		5,999,364					5,999,364
056 01 CAT SCAN							1,026,534
056 02 ULTRASOUND							404,665
056 03 CARDIAC CATH LAB							2,837,051
056 05 WOMENS CENTER							1,619,194
056 06 ENDOSCOPY							862,905
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OUTPATIEN							408,223
061 EMERGENCY			991,961				5,666,335
061 01 SHORT STAY							1,222,176
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
095 AMBULANCE SERVICES							807,320
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	12,300,589	5,999,364	2,507,594	448,108	96,698,832		96,698,832
098 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							489,633
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION							344,021
098 02 CLINICS			40,283				27,328,261
098 05 PRACTICE MANAGEMENT							252,663
098 06 HAM PEDIATRICS							
098 08 CAREPOINT							89
099 NONPAID WORKERS							
100 WORKMED							626,714
100 01 MEALS ON WHEELS							170,755
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	12,300,589	5,999,364	2,547,877	448,108	125,910,968		125,910,968

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET B  
 I I TO 12/31/2007 I PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		1,252				1,252	1,252
006 ADMINISTRATIVE & GENERAL		16,571				16,571	133
008 OPERATION OF PLANT		102,798				102,798	42
009 LAUNDRY & LINEN SERVICE		1,050				1,050	2
010 HOUSEKEEPING		366				366	23
011 DIETARY		2,755				2,755	8
012 CAFETERIA		1,726				1,726	12
014 NURSING ADMINISTRATION		191				191	18
015 CENTRAL SERVICES & SUPPLY		1,890				1,890	9
016 PHARMACY		1,236				1,236	33
017 MEDICAL RECORDS & LIBRARY		1,981				1,981	16
018 SOCIAL SERVICE		286				286	7
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		39,069				39,069	182
031 INTENSIVE CARE UNIT		2,876				2,876	52
033 SUBPROVIDER		5,238				5,238	30
034 NURSERY							
037 SKILLED NURSING FACILITY		4,631				4,631	
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		9,680				9,680	87
041 DELIVERY ROOM & LABOR ROO							
042 RADIOLOGY-DIAGNOSTIC		5,265				5,265	35
042 01 RENAL DIALYSIS		260				260	
042 RADIOLOGY-THERAPEUTIC		3,625				3,625	9
042 01 MRI		658				658	5
044 LABORATORY		3,579				3,579	41
047 BLOOD STORING, PROCESSING		204				204	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		975				975	27
050 PHYSICAL THERAPY		1,610				1,610	87
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		8,578				8,578	17
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 CAT SCAN		572				572	5
056 02 ULTRASOUND		102				102	5
056 03 CARDIAC CATH LAB		1,470				1,470	32
056 05 WOMENS CENTER		4,154				4,154	10
056 06 ENDOSCOPY		2,030				2,030	7
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 OUTPATIEN		557				557	5
061 EMERGENCY		7,389				7,389	44
061 01 SHORT STAY		8,424				8,424	5
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
095 AMBULANCE SERVICES							2
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		243,048				243,048	990
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,150				2,150	2
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION		337				337	5
098 02 CLINICS							248
098 05 PRACTICE MANAGEMENT							
098 06 HAM PEDIATRICS							
098 08 CAREPOINT							
099 NONPAID WORKERS							
100 WORKMED							6
100 01 MEALS ON WHEELS		202				202	1
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		245,737				245,737	1,252

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET B  
 I I TO 12/31/2007 I PART II

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	16,704						
008 OPERATION OF PLANT	1,189	104,029					
009 LAUNDRY & LINEN SERVICE	74	873	1,999				
010 HOUSEKEEPING	243	304		936			
011 DIETARY	140	2,291		15	5,209		
012 CAFETERIA	160	1,435				3,333	
014 NURSING ADMINISTRATION	152	159				57	577
015 CENTRAL SERVICES & SUPPLY	1,611	1,572	9	6		61	
016 PHARMACY	778	1,028		4		116	
017 MEDICAL RECORDS & LIBRARY	311	1,647		5		131	
018 SOCIAL SERVICE	55	238				29	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,753	32,483	634	250	2,818	856	350
026 INTENSIVE CARE UNIT	481	2,391	149	48	315	209	86
031 SUBPROVIDER	388	4,355	146	51	1,091	156	64
033 NURSERY							
034 SKILLED NURSING FACILITY	301	3,850	172	11	985		
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	873	8,048	240	86		3	
041 DELIVERY ROOM & LABOR ROO			80				
041 RADIOLOGY-DIAGNOSTIC	503	4,377	139	54		173	
041 01 RENAL DIALYSIS	28	216					
042 RADIOLOGY-THERAPEUTIC	186	3,014	14	12		37	
042 01 MRI	94	547				21	
044 LABORATORY	659	2,976		11		231	
047 BLOOD STORING, PROCESSING	87	170					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	252	811		3		121	
050 PHYSICAL THERAPY	902	1,338	1	14		465	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	209	7,133	14	25		81	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 CAT SCAN	130	475				23	
056 02 ULTRASOUND	52	85				15	
056 03 CARDIAC CATH LAB	352	1,222	57	5		131	
056 05 WOMENS CENTER	154	3,454	14	69		53	
056 06 ENDOSCOPY	94	1,688				31	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 OUTPATIEN	47	464		2		27	
061 EMERGENCY	454	6,144	234	215		188	77
061 01 SHORT STAY	74	7,004	59	19		21	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	106					15	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	12,892	101,792	1,962	905	5,209	3,251	577
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	43	1,788		4		14	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	41	281				24	
098 02 CLINICS	3,592		36	27			
098 05 PRACTICE MANAGEMENT	34						
098 06 HAM PEDIATRICS							
098 08 CAREPOINT							
099 NONPAID WORKERS							
100 WORKMED	82		1			32	
100 01 MEALS ON WHEELS	20	168				12	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	16,704	104,029	1,999	936	5,209	3,333	577

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET B  
 I I TO 12/31/2007 I PART II

	COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	SUBTOTAL	POST	TOTAL
		CES & SUPPLY		DS & LIBRARY	E		STEPDOWN	
		15	16	17	18	25	ADJUSTMENT	27
							26	
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY	5,158						
017	PHARMACY		3,195					
018	MEDICAL RECORDS & LIBRARY			4,091				
025	SOCIAL SERVICE				615			
026	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS					78,825		78,825
033	INTENSIVE CARE UNIT			744	47	7,398		7,398
034	SUBPROVIDER			218	69	11,806		11,806
037	NURSERY							
039	SKILLED NURSING FACILITY			8	69	10,027		10,027
041	ANCILLARY SRVC COST CNTRS							
042	OPERATING ROOM			881		19,898		19,898
044	DELIVERY ROOM & LABOR ROO					80		80
047	RADIOLOGY-DIAGNOSTIC			57		10,603		10,603
048	01 RENAL DIALYSIS					504		504
049	RADIOLOGY-THERAPEUTIC			32		6,929		6,929
050	01 MRI					1,325		1,325
051	LABORATORY			73		7,570		7,570
052	BLOOD STORING, PROCESSING					461		461
053	INTRAVENOUS THERAPY							
054	RESPIRATORY THERAPY					2,189		2,189
055	PHYSICAL THERAPY			340		4,757		4,757
056	OCCUPATIONAL THERAPY							
057	SPEECH PATHOLOGY							
058	ELECTROCARDIOLOGY			81		16,138		16,138
059	MEDICAL SUPPLIES CHARGED	5,158				5,158		5,158
060	DRUGS CHARGED TO PATIENTS		3,195			3,195		3,195
061	01 CAT SCAN					1,205		1,205
062	02 ULTRASOUND					259		259
063	03 CARDIAC CATH LAB					3,269		3,269
064	05 WOMENS CENTER					7,908		7,908
065	06 ENDOSCOPY					3,850		3,850
066	OUTPAT SERVICE COST CNTRS							
067	01 CLINIC					1,102		1,102
068	01 EMERGENCY			1,592		16,337		16,337
069	01 SHORT STAY					15,606		15,606
070	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
072	HOME PROGRAM DIALYSIS							
073	AMBULANCE SERVICES					123		123
074	SPEC PURPOSE COST CENTERS							
075	SUBTOTALS	5,158	3,195	4,026	615	236,522		236,522
076	NONREIMBURS COST CENTERS							
077	GIFT, FLOWER, COFFEE SHOP					4,001		4,001
078	PHYSICIANS' PRIVATE OFFIC							
079	01 FOUNDATION					688		688
080	02 CLINICS			65		3,968		3,968
081	05 PRACTICE MANAGEMENT					34		34
082	06 HAM PEDIATRICS							
083	08 CAREPOINT							
084	NONPAID WORKERS							
085	WORKMED					121		121
086	01 MEALS ON WHEELS					403		403
087	CROSS FOOT ADJUSTMENTS							
088	NEGATIVE COST CENTER							
089	TOTAL	5,158	3,195	4,091	615	245,737		245,737

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET B  
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				31,675	8,397	40,072	40,072
006 ADMINISTRATIVE & GENERAL				419,329	1,995,716	2,415,045	4,159
008 OPERATION OF PLANT				2,601,258	183,411	2,784,669	1,332
009 LAUNDRY & LINEN SERVICE				26,559	2,601	29,160	65
010 HOUSEKEEPING				9,262	14,265	23,527	733
011 DIETARY				69,718	8,434	78,152	243
012 CAFETERIA				43,676		43,676	374
014 NURSING ADMINISTRATION				4,831	243	5,074	559
015 CENTRAL SERVICES & SUPPLY				47,835	25,893	73,728	278
016 PHARMACY				31,287	7,232	38,519	1,038
017 MEDICAL RECORDS & LIBRARY				50,122	30,129	80,251	515
018 SOCIAL SERVICE				7,247	634	7,881	206
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				988,623	256,364	1,244,987	5,706
026 INTENSIVE CARE UNIT				72,780	173,466	246,246	1,636
031 SUBPROVIDER				132,538	17,964	150,502	936
033 NURSERY							
034 SKILLED NURSING FACILITY				117,179	11,237	128,416	
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM				244,937	314,854	559,791	2,733
041 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC				133,223	544,090	677,313	1,103
041 01 RENAL DIALYSIS				6,588	87	6,675	
042 RADIOLOGY-THERAPEUTIC				91,730	211,693	303,423	270
042 01 MRI				16,638	19,851	36,489	152
044 LABORATORY				90,568	217,866	308,434	1,272
047 BLOOD STORING, PROCESSING				5,167	2,838	8,005	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				24,673	57,117	81,790	853
050 PHYSICAL THERAPY				40,730	86,644	127,374	2,736
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				217,073	130,697	347,770	540
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 CAT SCAN				14,468	318,580	333,048	168
056 02 ULTRASOUND				2,584	1,916	4,500	155
056 03 CARDIAC CATH LAB				37,191	281,607	318,798	1,005
056 05 WOMENS CENTER				105,113	248,007	353,120	323
056 06 ENDOSCOPY				51,375	123,478	174,853	212
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OUTPATIEN				14,106	8,032	22,138	159
061 EMERGENCY				186,987	158,462	345,449	1,370
061 01 SHORT STAY				213,159	5,001	218,160	149
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							71
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				6,150,229	5,466,806	11,617,035	31,051
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				54,410	8,996	63,406	61
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION				8,539	1,974	10,513	150
098 02 CLINICS							8,571
098 05 PRACTICE MANAGEMENT							
098 06 HAM PEDIATRICS							
098 08 CAREPOINT							
099 NONPAID WORKERS							
100 WORKMED							202
100 01 MEALS ON WHEELS				5,116		5,116	37
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				6,218,294	5,477,776	11,696,070	40,072

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET 8  
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLOG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	2,419,204						
009 OPERATION OF PLANT	171,976	2,957,977					
010 LAUNDRY & LINEN SERVICE	10,743	24,814	64,782				
011 HOUSEKEEPING	35,080	8,654		67,994			
012 DIETARY	20,193	65,137		1,062	164,787		
014 CAFETERIA	23,188	40,805				108,043	
015 NURSING ADMINISTRATION	21,976	4,514				1,864	33,987
016 CENTRAL SERVICES & SUPPLY	232,996	44,692	306	409		1,994	
017 PHARMACY	112,533	29,231		276		3,770	
018 MEDICAL RECORDS & LIBRARY	45,034	46,828		365		4,254	
025 SOCIAL SERVICE	7,996	6,771				931	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	253,423	923,655	20,498	18,258	89,136	27,696	20,628
031 INTENSIVE CARE UNIT	69,598	67,997	4,814	3,472	9,959	6,785	5,053
033 SUBPROVIDER	56,043	123,828	4,736	3,722	34,520	5,059	3,768
034 NURSERY							
034 SKILLED NURSING FACILITY	43,585	109,478	5,566	821	31,172		
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	126,204	228,841		7,777		99	
041 DELIVERY ROOM & LABOR ROO				2,593			
041 RADIOLOGY-DIAGNOSTIC	72,697	124,468	4,508	3,931		5,620	
041 01 RENAL DIALYSIS	4,095	6,155					
042 RADIOLOGY-THERAPEUTIC	26,850	85,702	460	862		1,204	
042 01 MRI	13,663	15,545				688	
044 LABORATORY	95,268	84,616	1	813		7,488	
047 BLOOD STORING, PROCESSING	12,548	4,828					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	36,476	23,052		182		3,911	
050 PHYSICAL THERAPY	130,469	38,054	34	1,044		15,063	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	30,260	202,808	463	1,805		2,628	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 CAT SCAN	18,760	13,517				749	
056 02 ULTRASOUND	7,519	2,414				491	
056 03 CARDIAC CATH LAB	50,952	34,747	1,861	354		4,236	
056 05 WOMENS CENTER	22,302	98,206	447	4,991		1,702	
056 06 ENDOSCOPY	13,548	47,999				1,017	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OUTPATIEN	6,786	13,179		157		883	
061 EMERGENCY	65,600	174,699	7,581	15,589		6,094	4,538
061 01 SHORT STAY	10,676	199,151	1,921	1,348		681	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	15,398					477	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,864,435	2,894,385	63,566	65,732	164,787	105,384	33,987
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	6,207	50,835		267		444	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	5,961	7,978				783	
098 02 CLINICS	523,045		1,180	1,995			
098 05 PRACTICE MANAGEMENT	4,855						
098 06 HAM PEDIATRICS							
098 08 CAREPOINT			9				
099 NONPAID WORKERS							
100 WORKMED	11,788		27			1,051	
100 01 MEALS ON WHEELS	2,913	4,779				381	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,419,204	2,957,977	64,782	67,994	164,787	108,043	33,987

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	354,403						
017 PHARMACY		185,367					
018 MEDICAL RECORDS & LIBRARY			177,247				
025 SOCIAL SERVICE				23,785			
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS				16,608	2,620,595		2,620,595
033 INTENSIVE CARE UNIT			32,227	1,810	449,597		449,597
034 SUBPROVIDER			9,458	2,681	395,253		395,253
037 NURSERY							
039 SKILLED NURSING FACILITY			350	2,686	322,074		322,074
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM			38,182		969,898		969,898
043 DELIVERY ROOM & LABOR ROO					2,593		2,593
044 RADIOLOGY-DIAGNOSTIC			2,452		892,092		892,092
041 01 RENAL DIALYSIS					16,925		16,925
042 RADIOLOGY-THERAPEUTIC			1,401		420,172		420,172
044 01 MRI					66,537		66,537
047 LABORATORY			3,153		501,045		501,045
048 BLOOD STORING, PROCESSING					25,381		25,381
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY					146,264		146,264
051 PHYSICAL THERAPY			14,712		329,486		329,486
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY			3,503		589,777		589,777
056 MEDICAL SUPPLIES CHARGED	354,403				354,403		354,403
056 01 DRUGS CHARGED TO PATIENTS		185,367			185,367		185,367
056 02 CAT SCAN					366,242		366,242
056 03 ULTRASOUND					15,079		15,079
056 04 CARDIAC CATH LAB					411,953		411,953
056 05 WOMENS CENTER					481,091		481,091
056 06 ENDOSCOPY					237,629		237,629
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC					43,302		43,302
061 OUTPATIENT					689,927		689,927
061 01 EMERGENCY			69,007		432,086		432,086
062 SHORT STAY							
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 HOME PROGRAM DIALYSIS							
096 AMBULANCE SERVICES					15,946		15,946
098 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	354,403	185,367	174,445	23,785	10,980,714		10,980,714
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					121,220		121,220
098 01 PHYSICIANS' PRIVATE OFFIC					25,385		25,385
098 02 FOUNDATION					537,593		537,593
098 05 CLINICS			2,802		4,855		4,855
098 06 PRACTICE MANAGEMENT							
098 08 HAM PEDIATRICS							
099 CAREPOINT					9		9
100 NONPAID WORKERS							
100 01 WORKMED					13,068		13,068
101 MEALS ON WHEELS					13,226		13,226
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	354,403	185,367	177,247	23,785	11,696,070		11,696,070

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET B-1  
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE ) ( DOLLAR VALUE )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE ) ( DOLLAR VALUE )	( GROSS SALARIES )	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	481,369					
003 NEW CAP REL COSTS-BLD		516				
004 NEW CAP REL COSTS-MVB			481,369			
005 EMPLOYEE BENEFITS	2,452		2,452	5,327,023	55,570,766	
006 ADMINISTRATIVE & GENE	32,461	24	32,461	8,166	5,768,899	-16,554,302
008 OPERATION OF PLANT	201,368	492	201,368	1,940,793	1,847,825	
009 LAUNDRY & LINEN SERVI	2,056		2,056	178,363	2,529	
010 HOUSEKEEPING	717		717	2,529	90,736	
011 DIETARY	5,397		5,397	13,872	1,016,929	
012 CAFETERIA	3,381		3,381	8,202	336,679	
014 NURSING ADMINISTRATIO	374		374	236	518,937	
015 CENTRAL SERVICES & SU	3,703		3,703	25,180	775,006	
016 PHARMACY	2,422		2,422	7,033	386,138	
017 MEDICAL RECORDS & LIB	3,880		3,880	29,300	1,439,750	
018 SOCIAL SERVICE	561		561	617	714,946	
025 INPAT ROUTINE SRVC CN					285,571	
026 ADULTS & PEDIATRICS	76,531		76,531	249,309	7,914,493	
031 INTENSIVE CARE UNIT	5,634		5,634	168,692	2,269,459	
033 SUBPROVIDER	10,260		10,260	17,470	1,297,689	
034 NURSERY						
037 SKILLED NURSING FACIL	9,071		9,071	10,928		
039 ANCILLARY SRVC COST C						
041 OPERATING ROOM	18,961		18,961	306,189	3,790,848	
041 RADIOLOGY-DIAGNOSTIC	10,313		10,313	529,116	1,529,965	
041 01 RENAL DIALYSIS	510		510	85		
042 RADIOLOGY-THERAPEUTIC	7,101		7,101	205,867	375,135	
042 01 MRI	1,288		1,288	19,305	210,786	
044 LABORATORY	7,011		7,011	211,870	1,763,893	
047 BLOOD STORING, PROCES	400		400	2,760		
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,910		1,910	55,545	1,182,633	
050 PHYSICAL THERAPY	3,153		3,153	84,259	3,794,443	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	16,804		16,804	127,100	748,753	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
056 01 CAT SCAN	1,120		1,120	309,812	232,792	
056 02 ULTRASOUND	200		200	1,863	214,387	
056 03 CARDIAC CATH LAB	2,879		2,879	273,857	1,393,415	
056 05 WOMENS CENTER	8,137		8,137	241,182	447,719	
056 06 ENDOSCOPY	3,977		3,977	120,080	294,496	
060 OUTPAT SERVICE COST C						
060 01 CLINIC						
061 OUTPATIEN	1,092		1,092	7,811	220,218	
061 EMERGENCY	14,475		14,475	154,101	1,899,730	
061 01 SHORT STAY	16,501		16,501	4,863	206,453	
062 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C						
065 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES					98,166	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	476,100	516	476,100	5,316,355	43,066,889	-16,554,302
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	4,212		4,212	8,748	84,026	
098 PHYSICIANS' PRIVATE O						
098 01 FOUNDATION	661		661	1,920	208,294	
098 02 CLINICS					11,879,832	
098 05 PRACTICE MANAGEMENT						
098 06 HAM PEDIATRICS						
098 08 CAREPOINT						
099 NONPAID WORKERS						
100 WORKMED					280,588	
100 01 MEALS ON WHEELS	396		396		51,137	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	245,737		6,218,294	5,477,776	8,419,121	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.510496		12.917936		.151503	
(WRKSHT B, PT I)				1.028300		
105 COST TO BE ALLOCATED					1,252	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000023	
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					40,072	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000721	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET B-1  
 I TO 12/31/2007 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( HOURS OF SERVICE )	( MEALS SERVED )	( MAN HOURS )	( DIRECT NRSNG HRS )
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	109,356,666						
009 OPERATION OF PLANT	7,773,967	245,088					
010 LAUNDRY & LINEN SERVICE	485,615	2,056	422,766				
011 HOUSEKEEPING	1,585,732	717		61,546			
012 DIETARY	912,802	5,397		961	85,497		
014 CAFETERIA	1,048,208	3,381				1,097,315	
015 NURSING ADMINISTRATION	993,407	374				18,933	463,467
016 CENTRAL SERVICES & SUPPLY	10,532,308	3,703	1,995	370		20,248	
017 PHARMACY	5,086,914	2,422		250		38,290	
018 MEDICAL RECORDS & LIBRARY	2,035,707	3,880		330		43,202	
025 SOCIAL SERVICE	361,443	561				9,454	
026 INPAT ROUTINE SRVC CNTR							
026 ADULTS & PEDIATRICS	11,455,722	76,531	133,771	16,527	46,247	281,287	281,287
031 INTENSIVE CARE UNIT	3,146,092	5,634	31,414	3,143	5,167	68,911	68,911
033 SUBPROVIDER	2,533,370	10,260	30,904	3,369	17,910	51,381	51,381
034 NURSERY							
037 SKILLED NURSING FACILITY	1,970,213	9,071	36,324	743	16,173		
039 ANCILLARY SRVC COST CENTER							
041 OPERATING ROOM	5,704,924	18,961	50,750	5,676		1,008	
041 DELIVERY ROOM & LABOR			16,923				
041 RADIOLOGY-DIAGNOSTIC	3,286,194	10,313	29,422	3,558		57,077	
041 RENAL DIALYSIS	185,095	510					
042 RADIOLOGY-THERAPEUTIC	1,213,732	7,101	3,005	780		12,225	
042 MRI	617,623	1,288				6,985	
044 LABORATORY	4,306,481	7,011	4	736		76,053	
047 BLOOD STORING, PROCESSING	567,239	400					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,648,835	1,910		165		39,722	
050 PHYSICAL THERAPY	5,897,684	3,153	224	945		152,986	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,367,856	16,804	3,021	1,634		26,695	
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							
056 DRUGS CHARGED TO PATIENTS							
056 01 CAT SCAN	848,038	1,120				7,603	
056 02 ULTRASOUND	339,870	200				4,984	
056 03 CARDIAC CATH LAB	2,303,230	2,879	12,148	320		43,026	
056 05 WOMENS CENTER	1,008,133	8,137	2,914	4,518		17,289	
056 06 ENDOSCOPY	612,428	3,977				10,331	
060 OUTPAT SERVICE COST CENTER							
060 01 OUTPATIENT	306,763	1,092		142		8,965	
061 EMERGENCY	2,965,363	14,475	49,472	14,111		61,888	61,888
061 01 SHORT STAY	482,587	16,501	12,539	1,220		6,917	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	696,071					4,848	
095 SPEC PURPOSE COST CENTER SUBTOTALS	84,279,646	239,819	414,830	59,498	85,497	1,070,308	463,467
096 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE	280,583	4,212		242		4,511	
098 PHYSICIANS' PRIVATE OFFICES							
098 01 FOUNDATION	269,452	661				7,951	
098 02 CLINICS	23,643,028		7,699	1,806			
098 05 PRACTICE MANAGEMENT	219,444						
098 06 HAM PEDIATRICS							
098 08 CAREPOINT			59				
099 NONPAID WORKERS							
100 WORKMED	532,843		178			10,676	
100 01 MEALS ON WHEELS	131,670	396				3,869	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	16,554,302	8,950,782	634,214	1,851,964	1,277,000	1,330,361	1,180,401
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		36.520686		30.090729		1.212378	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.151379		1.500154		14.936197		2.546893
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	16,704	104,029	1,999	936	5,209	3,333	577
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.000153	.424456	.004728	.015208	.060926	.003037	.001245
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	2,419,204	2,957,977	64,782	67,994	164,787	108,043	33,987
	.022122	12.069041	.153234	1.104767	1.927401	.098461	.073332

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET B-1  
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
	CES & SUPPLY		DS & LIBRARY	E
	( COSTED REQUIS. )	( COSTED REQUIS. )	( TIME SPENT )	( TIME SPENT )
	15	16	17	18
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENE				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATIO	1,000			
016 CENTRAL SERVICES & SU		100		
017 PHARMACY			506	
018 MEDICAL RECORDS & LIB				4,888
025 SOCIAL SERVICE				3,413
026 INPAT ROUTINE SRVC CN			92	372
031 ADULTS & PEDIATRICS			27	551
033 INTENSIVE CARE UNIT				
034 SUBPROVIDER				
037 NURSERY			1	552
039 SKILLED NURSING FACIL			109	
041 ANCILLARY SRVC COST C				
041 01 OPERATING ROOM			7	
042 01 DELIVERY ROOM & LABOR				
044 01 RADIOLOGY-DIAGNOSTIC			4	
047 01 RENAL DIALYSIS			9	
048 01 RADIOLOGY-THERAPEUTIC				
049 01 MRI				
050 LABORATORY				
051 BLOOD STORING, PROCES				
052 INTRAVENOUS THERAPY				
053 RESPIRATORY THERAPY			42	
055 PHYSICAL THERAPY				
056 OCCUPATIONAL THERAPY			10	
056 01 SPEECH PATHOLOGY	1,000			
056 02 ELECTROCARDIOLOGY		100		
056 03 MEDICAL SUPPLIES CHAR				
056 05 DRUGS CHARGED TO PATI				
056 06 CAT SCAN				
060 01 ULTRASOUND				
061 03 CARDIAC CATH LAB				
061 05 WOMENS CENTER				
062 06 ENDOSCOPY				
060 01 OUTPAT SERVICE COST C				
061 01 CLINIC			197	
062 01 EMERGENCY				
064 01 SHORT STAY				
065 OBSERVATION BEDS (NON				
065 OTHER REIMBURS COST C				
095 HOME PROGRAM DIALYSIS	1,000	100	498	4,888
096 AMBULANCE SERVICES				
098 SPEC PURPOSE COST CEN				
098 SUBTOTALS				
096 NONREIMBURS COST CENT				
098 GIFT, FLOWER, COFFEE				
098 01 PHYSICIANS' PRIVATE O				
098 02 FOUNDATION				
098 05 CLINICS			8	
098 06 PRACTICE MANAGEMENT				
098 08 HAM PEDIATRICS				
099 08 CAREPOINT				
100 01 NONPAID WORKERS				
101 01 WORKMED				
102 01 MEALS ON WHEELS				
103 CROSS FOOT ADJUSTMENT				
104 NEGATIVE COST CENTER				
105 COST TO BE ALLOCATED	12,300,589	5,999,364	2,547,877	448,108
106 (PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		59,993.640000		91.675123
105 (WRKSHT B, PT I)	12,300.589000		5,035.330040	
106 COST TO BE ALLOCATED	5,158	3,195	4,091	615
107 (PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER		31.950000		.125818
107 (WRKSHT B, PT II)	5.158000		8.084980	
108 COST TO BE ALLOCATED	354,403	185,367	177,247	23,785
109 (PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		1,853.670000		4.865998
110 (WRKSHT B, PT III)	354.403000		350.290514	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
 COMPUTATION OF RATIO OF COSTS TO CHARGES

IN LIEU OF FORM CMS-2552-96(05/1999)  
 PROVIDER NO: 15-0059 I PERIOD: FROM 1/1/2007 TO 12/31/2007  
 PREPARED 6/2/2008 WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST 8, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS	18,743,901		18,743,901		18,743,901
26	ADULTS & PEDIATRICS	4,803,386		4,803,386		4,803,386
31	INTENSIVE CARE UNIT	4,086,437		4,086,437		4,086,437
33	SUBPROVIDER					
34	NURSERY	2,973,793		2,973,793	1,200	2,974,993
37	SKILLED NURSING FACILITY					
39	ANCILLARY SRVC COST CNTRS	8,058,000		8,058,000	24,803	8,082,803
41	OPERATING ROOM	25,387		25,387		25,387
41	DELIVERY ROOM & LABOR ROO	4,415,940		4,415,940		4,415,940
42	RADIOLOGY-DIAGNOSTIC	231,740		231,740		231,740
42	01 RENAL DIALYSIS	1,719,740		1,719,740		1,719,740
42	RADIOLOGY-THERAPEUTIC	766,625		766,625		766,625
44	01 MRI	5,374,115		5,374,115		5,374,115
47	LABORATORY	667,715		667,715		667,715
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY	2,021,312		2,021,312		2,021,312
50	RESPIRATORY THERAPY	7,331,353		7,331,353		7,331,353
51	PHYSICAL THERAPY					
52	OCCUPATIONAL THERAPY					
53	SPEECH PATHOLOGY	2,325,032		2,325,032		2,325,032
55	ELECTROCARDIOLOGY	12,300,589		12,300,589		12,300,589
56	MEDICAL SUPPLIES CHARGED	5,999,364		5,999,364		5,999,364
56	DRUGS CHARGED TO PATIENTS	1,026,534		1,026,534		1,026,534
56	01 CAT SCAN	404,665		404,665		404,665
56	02 ULTRASOUND	2,837,051		2,837,051		2,837,051
56	03 CARDIAC CATH LAB	1,619,194		1,619,194		1,619,194
56	05 WOMENS CENTER	862,905		862,905		862,905
56	06 ENDOSCOPY					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	408,223		408,223		408,223
61	01 OUTPATIEN	5,666,335		5,666,335		5,666,335
61	EMERGENCY	1,222,176		1,222,176		1,222,176
62	01 SHORT STAY	1,295,148		1,295,148		1,295,148
64	OBSERVATION BEDS (NON-DIS					
65	OTHER REIMBURS COST CNTRS					
101	HOME PROGRAM DIALYSIS	807,320		807,320		807,320
101	AMBULANCE SERVICES	97,993,980		97,993,980	26,003	98,019,983
102	SUBTOTAL	1,295,148		1,295,148		1,295,148
103	LESS OBSERVATION BEDS	96,698,832		96,698,832	26,003	96,724,835
103	TOTAL					

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET C  
 I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	20,076,418		20,076,418			
26	INTENSIVE CARE UNIT	5,860,364		5,860,364			
31	SUBPROVIDER	3,863,783		3,863,783			
33	NURSERY						
34	SKILLED NURSING FACILITY	1,986,872		1,986,872			
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	10,014,830	13,601,574	23,616,404	.341204	.341204	.342254
41	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	1,707,780	7,289,303	8,997,083	.490819	.490819	.490819
42	01 RENAL DIALYSIS	188,666	1,608	190,274	1.217928	1.217928	1.217928
42	RADIOLOGY-THERAPEUTIC	138,419	4,520,972	4,659,391	.369091	.369091	.369091
42	01 MRI	855,866	6,077,549	6,933,415	.110570	.110570	.110570
44	LABORATORY	6,978,495	14,128,229	21,106,724	.254616	.254616	.254616
47	BLOOD STORING, PROCESSING	485,178	355,348	840,526	.794401	.794401	.794401
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,952,642	376,694	3,329,336	.607122	.607122	.607122
50	PHYSICAL THERAPY	5,898,102	6,595,435	12,493,537	.586812	.586812	.586812
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,805,954	4,367,379	6,173,333	.376625	.376625	.376625
55	MEDICAL SUPPLIES CHARGED	28,504,038	19,279,736	47,783,774	.257422	.257422	.257422
56	DRUGS CHARGED TO PATIENTS	10,314,936	5,941,599	16,256,535	.369043	.369043	.369043
56	01 CAT SCAN	3,802,783	16,282,721	20,085,504	.051108	.051108	.051108
56	02 ULTRASOUND	268,700	1,805,144	2,073,844	.195128	.195128	.195128
56	03 CARDIAC CATH LAB	4,977,677	5,965,964	10,943,641	.259242	.259242	.259242
56	05 WOMENS CENTER	14,456	2,918,807	2,933,263	.552011	.552011	.552011
56	06 ENDOSCOPY	405,026	2,738,745	3,143,771	.274481	.274481	.274481
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
61	01 OUTPATIEN						
61	EMERGENCY	1,579,523	8,480,187	10,059,710	.563270	.563270	.563270
61	01 SHORT STAY	57,895	959,784	1,017,679	1.200945	1.200945	1.200945
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,068,272	2,068,272	.626198	.626198	.626198
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	6,532	1,984,698	1,991,230	.405438	.405438	.405438
101	SUBTOTAL	112,744,935	125,739,748	238,484,683			
102	LESS OBSERVATION BEDS						
103	TOTAL	112,744,935	125,739,748	238,484,683			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
I 15-0059 I FROM 1/ 1/2007 I WORKSHEET C  
I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	18,743,901		18,743,901		18,743,901
26	INTENSIVE CARE UNIT	4,803,386		4,803,386		4,803,386
31	SUBPROVIDER	4,086,437		4,086,437		4,086,437
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,973,793		2,973,793	1,200	2,974,993
37	OPERATING ROOM	8,058,000		8,058,000	24,803	8,082,803
39	DELIVERY ROOM & LABOR ROO	25,387		25,387		25,387
41	RADIOLOGY-DIAGNOSTIC	4,415,940		4,415,940		4,415,940
41	01 RENAL DIALYSIS	231,740		231,740		231,740
42	RADIOLOGY-THERAPEUTIC	1,719,740		1,719,740		1,719,740
42	01 MRI	766,625		766,625		766,625
44	LABORATORY	5,374,115		5,374,115		5,374,115
47	BLOOD STORING, PROCESSING	667,715		667,715		667,715
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,021,312		2,021,312		2,021,312
50	PHYSICAL THERAPY	7,331,353		7,331,353		7,331,353
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,325,032		2,325,032		2,325,032
55	MEDICAL SUPPLIES CHARGED	12,300,589		12,300,589		12,300,589
56	DRUGS CHARGED TO PATIENTS	5,999,364		5,999,364		5,999,364
56	01 CAT SCAN	1,026,534		1,026,534		1,026,534
56	02 ULTRASOUND	404,665		404,665		404,665
56	03 CARDIAC CATH LAB	2,837,051		2,837,051		2,837,051
56	05 WOMENS CENTER	1,619,194		1,619,194		1,619,194
56	06 ENDOSCOPY	862,905		862,905		862,905
60	OUTPAT SERVICE COST CNTRS CLINIC					
60	01 OUTPATIEN	408,223		408,223		408,223
61	EMERGENCY	5,666,335		5,666,335		5,666,335
61	01 SHORT STAY	1,222,176		1,222,176		1,222,176
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,295,148		1,295,148		1,295,148
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	807,320		807,320		807,320
101	SUBTOTAL	97,993,980		97,993,980	26,003	98,019,983
102	LESS OBSERVATION BEDS	1,295,148		1,295,148		1,295,148
103	TOTAL	96,698,832		96,698,832	26,003	96,724,835

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
I 15-0059 I FROM 1/ 1/2007 I WORKSHEET C  
I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,076,418		20,076,418			
26	INTENSIVE CARE UNIT	5,860,364		5,860,364			
31	SUBPROVIDER	3,863,783		3,863,783			
33	NURSERY						
34	SKILLED NURSING FACILITY	1,986,872		1,986,872			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,014,830	13,601,574	23,616,404	.341204	.341204	.342254
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	1,707,780	7,289,303	8,997,083	.490819	.490819	.490819
41	01 RENAL DIALYSIS	188,666	1,608	190,274	1.217928	1.217928	1.217928
42	RADIOLOGY-THERAPEUTIC	138,419	4,520,972	4,659,391	.369091	.369091	.369091
42	01 MRI	855,866	6,077,549	6,933,415	.110570	.110570	.110570
44	LABORATORY	6,978,495	14,128,229	21,106,724	.254616	.254616	.254616
47	BLOOD STORING, PROCESSING	485,178	355,348	840,526	.794401	.794401	.794401
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,952,642	376,694	3,329,336	.607122	.607122	.607122
50	PHYSICAL THERAPY	5,898,102	6,595,435	12,493,537	.586812	.586812	.586812
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,805,954	4,367,379	6,173,333	.376625	.376625	.376625
55	MEDICAL SUPPLIES CHARGED	28,504,038	19,279,736	47,783,774	.257422	.257422	.257422
56	DRUGS CHARGED TO PATIENTS	10,314,936	5,941,599	16,256,535	.369043	.369043	.369043
56	01 CAT SCAN	3,802,783	16,282,721	20,085,504	.051108	.051108	.051108
56	02 ULTRASOUND	268,700	1,805,144	2,073,844	.195128	.195128	.195128
56	03 CARDIAC CATH LAB	4,977,677	5,965,964	10,943,641	.259242	.259242	.259242
56	05 WOMENS CENTER	14,456	2,918,807	2,933,263	.552011	.552011	.552011
56	06 ENDOSCOPY	405,026	2,738,745	3,143,771	.274481	.274481	.274481
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OUTPATIEN						
61	EMERGENCY	1,579,523	8,480,187	10,059,710	.563270	.563270	.563270
61	01 SHORT STAY	57,895	959,784	1,017,679	1.200945	1.200945	1.200945
62	OBSERVATION BEDS (NON-DIS		2,068,272	2,068,272	.626198	.626198	.626198
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	6,532	1,984,698	1,991,230	.405438	.405438	.405438
101	SUBTOTAL	112,744,935	125,739,748	238,484,683			
102	LESS OBSERVATION BEDS						
103	TOTAL	112,744,935	125,739,748	238,484,683			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET C  
 I I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,058,000	989,796	7,068,204			8,058,000
39	DELIVERY ROOM & LABOR ROO	25,387	2,673	22,714			25,387
41	RADIOLOGY-DIAGNOSTIC	4,415,940	902,695	3,513,245			4,415,940
41	01 RENAL DIALYSIS	231,740	17,429	214,311			231,740
42	RADIOLOGY-THERAPEUTIC	1,719,740	427,101	1,292,639			1,719,740
42	01 MRI	766,625	67,862	698,763			766,625
44	LABORATORY	5,374,115	508,615	4,865,500			5,374,115
47	BLOOD STORING, PROCESSING	667,715	25,842	641,873			667,715
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,021,312	148,453	1,872,859			2,021,312
50	PHYSICAL THERAPY	7,331,353	334,243	6,997,110			7,331,353
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,325,032	605,915	1,719,117			2,325,032
55	MEDICAL SUPPLIES CHARGED	12,300,589	359,561	11,941,028			12,300,589
56	DRUGS CHARGED TO PATIENTS	5,999,364	188,562	5,810,802			5,999,364
56	01 CAT SCAN	1,026,534	367,447	659,087			1,026,534
56	02 ULTRASOUND	404,665	15,338	389,327			404,665
56	03 CARDIAC CATH LAB	2,837,051	415,222	2,421,829			2,837,051
56	05 WOMENS CENTER	1,619,194	488,999	1,130,195			1,619,194
56	06 ENDOSCOPY	862,905	241,479	621,426			862,905
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OUTPATIEN	408,223	44,404	363,819			408,223
61	EMERGENCY	5,666,335	706,264	4,960,071			5,666,335
61	01 SHORT STAY	1,222,176	447,692	774,484			1,222,176
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,295,148	186,522	1,108,626			1,295,148
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	807,320	16,069	791,251			807,320
101	SUBTOTAL	67,386,463	7,508,183	59,878,280			67,386,463
102	LESS OBSERVATION BEDS	1,295,148	186,522	1,108,626			1,295,148
103	TOTAL	66,091,315	7,321,661	58,769,654			66,091,315

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET C  
 I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT 8 COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	23,616,404	.341204	.341204
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	8,997,083	.490819	.490819
41	01 RENAL DIALYSIS	190,274	1.217928	1.217928
42	RADIOLOGY-THERAPEUTIC	4,659,391	.369091	.369091
42	01 MRI	6,933,415	.110570	.110570
44	LABORATORY	21,106,724	.254616	.254616
47	BLOOD STORING, PROCESSING	840,526	.794401	.794401
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	3,329,336	.607122	.607122
50	PHYSICAL THERAPY	12,493,537	.586812	.586812
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	6,173,333	.376625	.376625
55	MEDICAL SUPPLIES CHARGED	47,783,774	.257422	.257422
56	DRUGS CHARGED TO PATIENTS	16,256,535	.369043	.369043
56	01 CAT SCAN	20,085,504	.051108	.051108
56	02 ULTRASOUND	2,073,844	.195128	.195128
56	03 CARDIAC CATH LAB	10,943,641	.259242	.259242
56	05 WOMENS CENTER	2,933,263	.552011	.552011
56	06 ENDOSCOPY	3,143,771	.274481	.274481
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 OUTPATIEN			
61	EMERGENCY	10,059,710	.563270	.563270
61	01 SHORT STAY	1,017,679	1.200945	1.200945
62	OBSERVATION BEDS (NON-DIS	2,068,272	.626198	.626198
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,991,230	.405438	.405438
101	SUBTOTAL	206,697,246		
102	LESS OBSERVATION BEDS	2,068,272		
103	TOTAL	204,628,974		

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

\*\*NOT A CMS WORKSHEET \*\* (09/2000)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET C  
 I I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,058,000	989,796	7,068,204	98,980	409,956	7,549,064
39	DELIVERY ROOM & LABOR ROO	25,387	2,673	22,714	267	1,317	23,803
41	RADIOLOGY-DIAGNOSTIC	4,415,940	902,695	3,513,245	90,270	203,768	4,121,902
41	01 RENAL DIALYSIS	231,740	17,429	214,311	1,743	12,430	217,567
42	RADIOLOGY-THERAPEUTIC	1,719,740	427,101	1,292,639	42,710	74,973	1,602,057
42	01 MRI	766,625	67,862	698,763	6,786	40,528	719,311
44	LABORATORY	5,374,115	508,615	4,865,500	50,862	282,199	5,041,054
47	BLOOD STORING, PROCESSING	667,715	25,842	641,873	2,584	37,229	627,902
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,021,312	148,453	1,872,859	14,845	108,626	1,897,841
50	PHYSICAL THERAPY	7,331,353	334,243	6,997,110	33,424	405,832	6,892,097
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,325,032	605,915	1,719,117	60,592	99,709	2,164,731
55	MEDICAL SUPPLIES CHARGED	12,300,589	359,561	11,941,028	35,956	692,580	11,572,053
56	DRUGS CHARGED TO PATIENTS	5,999,364	188,562	5,810,802	18,856	337,027	5,643,481
56	01 CAT SCAN	1,026,534	367,447	659,087	36,745	38,227	951,562
56	02 ULTRASOUND	404,665	15,338	389,327	1,534	22,581	380,550
56	03 CARDIAC CATH LAB	2,837,051	415,222	2,421,829	41,522	140,466	2,655,063
56	05 WOMENS CENTER	1,619,194	488,999	1,130,195	48,900	65,551	1,504,743
56	06 ENDOSCOPY	862,905	241,479	621,426	24,148	36,043	802,714
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OUTPATIEN	408,223	44,404	363,819	4,440	21,102	382,681
61	EMERGENCY	5,666,335	706,264	4,960,071	70,626	287,684	5,308,025
61	01 SHORT STAY	1,222,176	447,692	774,484	44,769	44,920	1,132,487
62	OBSERVATION BEDS (NON-DIS	1,295,148	186,522	1,108,626	18,652	64,300	1,212,196
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	807,320	16,069	791,251	1,607	45,893	759,820
101	SUBTOTAL	67,386,463	7,508,183	59,878,280	750,818	3,472,941	63,162,704
102	LESS OBSERVATION BEDS	1,295,148	186,522	1,108,626	18,652	64,300	1,212,196
103	TOTAL	66,091,315	7,321,661	58,769,654	732,166	3,408,641	61,950,508

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET C  
 I I TO 12/31/2007 I PART II

\*\*NOT A CMS WORKSHEET \*\* (09/2000)

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	23,616,404	.319653	.337012
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	8,997,083	.458138	.480786
41 01	RENAL DIALYSIS	190,274	1.143441	1.208767
42	RADIOLOGY-THERAPEUTIC	4,659,391	.343834	.359925
42 01	MRI	6,933,415	.103746	.109591
44	LABORATORY	21,106,724	.238836	.252207
47	BLOOD STORING, PROCESSING	840,526	.747035	.791327
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	3,329,336	.570036	.602663
50	PHYSICAL THERAPY	12,493,537	.551653	.584136
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	6,173,333	.350658	.366810
55	MEDICAL SUPPLIES CHARGED	47,783,774	.242175	.256669
56	DRUGS CHARGED TO PATIENTS	16,256,535	.347152	.367883
56 01	CAT SCAN	20,085,504	.047376	.049279
56 02	ULTRASOUND	2,073,844	.183500	.194388
56 03	CARDIAC CATH LAB	10,943,641	.242612	.255448
56 05	WOMENS CENTER	2,933,263	.512993	.535340
56 06	ENDOSCOPY	3,143,771	.255335	.266800
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIEN			
61	EMERGENCY	10,059,710	.527652	.556250
61 01	SHORT STAY	1,017,679	1.112814	1.156953
62	OBSERVATION BEDS (NON-DIS	2,068,272	.586091	.617180
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,991,230	.381583	.404631
101	SUBTOTAL	206,697,246		
102	LESS OBSERVATION BEDS	2,068,272		
103	TOTAL	204,628,974		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I I TO 12/31/2007 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	78,825		78,825	2,620,595		2,620,595
26	INTENSIVE CARE UNIT	7,398		7,398	449,597		449,597
31	SUBPROVIDER	11,806		11,806	395,253		395,253
33	NURSERY						
101	TOTAL	98,029		98,029	3,465,445		3,465,445

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I I TO 12/31/2007 I PART I  
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	19,176	8,061	4.11	33,131	136.66	1,101,616
26	ADULTS & PEDIATRICS	3,169	1,759	2.33	4,098	141.87	249,549
31	INTENSIVE CARE UNIT	5,730	4,522	2.06	9,315	68.98	311,928
33	SUBPROVIDER						
	NURSERY						
101	TOTAL	28,075	14,342		46,544		1,663,093

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2007 I PART II  
 I 15-0059 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	19,898	969,898	23,616,404	6,063,570	.000843	5,112
39	DELIVERY ROOM & LABOR ROO	80	2,593				
41	RADIOLOGY-DIAGNOSTIC	10,603	892,092	8,997,083	1,401,318	.001178	1,651
41	01 RENAL DIALYSIS	504	16,925	190,274	110,636	.002649	293
42	RADIOLOGY-THERAPEUTIC	6,929	420,172	4,659,391	79,340	.001487	118
42	01 MRI	1,325	66,537	6,933,415	521,123	.000191	100
44	LABORATORY	7,570	501,045	21,106,724	3,505,710	.000359	1,259
47	BLOOD STORING, PROCESSING	461	25,381	840,526	387,977	.000548	213
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,189	146,264	3,329,336	999,396	.000657	657
50	PHYSICAL THERAPY	4,757	329,486	12,493,537	855,824	.000381	326
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	16,138	589,777	6,173,333	896,811	.002614	2,344
55	MEDICAL SUPPLIES CHARGED	5,158	354,403	47,783,774	15,988,796	.000108	1,727
56	DRUGS CHARGED TO PATIENTS	3,195	185,367	16,256,535	5,473,046	.000197	1,078
56	01 CAT SCAN	1,205	366,242	20,085,504	2,309,340	.000060	139
56	02 ULTRASOUND	259	15,079	2,073,844	145,975	.000125	18
56	03 CARDIAC CATH LAB	3,269	411,953	10,943,641	1,876,388	.000299	561
56	05 WOMENS CENTER	7,908	481,091	2,933,263		.002696	
56	06 ENDOSCOPY	3,850	237,629	3,143,771		.001225	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OUTPATIEN	1,102	43,302				
61	EMERGENCY	16,337	689,927	10,059,710	615,014	.001624	999
61	01 SHORT STAY	15,606	432,086	1,017,679		.015335	
62	OBSERVATION BEDS (NON-DIS	5,446	181,076	2,068,272		.002633	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL	133,789	7,358,325	204,706,016	41,230,264		16,595

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET 0  
 I COMPONENT NO: I TO 12/31/2007 I PART II  
 I 15-0059 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.041069	249,025
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.099153	138,945
41 01	RENAL DIALYSIS	.088951	9,841
42	RADIOLOGY-THERAPEUTIC	.090177	7,155
42 01	MRI	.009597	5,001
44	LABORATORY	.023739	83,222
47	BLOOD STORING, PROCESSING	.030197	11,716
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.043932	43,905
50	PHYSICAL THERAPY	.026373	22,571
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.095536	85,678
55	MEDICAL SUPPLIES CHARGED	.007417	118,589
56	DRUGS CHARGED TO PATIENTS	.011403	62,409
56 01	CAT SCAN	.018234	42,109
56 02	ULTRASOUND	.007271	1,061
56 03	CARDIAC CATH LAB	.037643	70,633
56 05	WOMENS CENTER	.164012	
56 06	ENDOSCOPY	.075587	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	OUTPATIEN		
61	EMERGENCY	.068583	42,180
61 01	SHORT STAY	.424580	
62	OBSERVATION BEDS (NON-DIS	.087549	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
101	TOTAL		994,040

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I I TO 12/31/2007 I PART III  
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					19,176	
26	INTENSIVE CARE UNIT					3,169	
31	SUBPROVIDER					5,730	
33	NURSERY						
34	SKILLED NURSING FACILITY					5,159	
101	TOTAL					33,234	

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I I TO 12/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	8,061	
26	INTENSIVE CARE UNIT	1,759	
31	SUBPROVIDER	4,522	
33	NURSERY		
34	SKILLED NURSING FACILITY	4,410	
101	TOTAL	18,752	

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42 01	MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	CAT SCAN						
56 02	ULTRASOUND						
56 03	CARDIAC CATH LAB						
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN						
61	EMERGENCY						
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			23,616,404			6,063,570	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			8,997,083			1,401,318	
41 01	RENAL DIALYSIS			190,274			110,636	
42	RADIOLOGY-THERAPEUTIC			4,659,391			79,340	
42 01	MRI			6,933,415			521,123	
44	LABORATORY			21,106,724			3,505,710	
47	BLOOD STORING, PROCESSING			840,526			387,977	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			3,329,336			999,396	
50	PHYSICAL THERAPY			12,493,537			855,824	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			6,173,333			896,811	
55	MEDICAL SUPPLIES CHARGED			47,783,774			15,988,796	
56	DRUGS CHARGED TO PATIENTS			16,256,535			5,473,046	
56 01	CAT SCAN			20,085,504			2,309,340	
56 02	ULTRASOUND			2,073,844			145,975	
56 03	CARDIAC CATH LAB			10,943,641			1,876,388	
56 05	WOMENS CENTER			2,933,263				
56 06	ENDOSCOPY			3,143,771				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OUTPATIEN							
61	EMERGENCY			10,059,710			615,014	
61 01	SHORT STAY			1,017,679				
62	OBSERVATION BEDS (NON-DIS			2,068,272				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
101	TOTAL			204,706,016			41,230,264	

TITLE XVIII, PART A		HOSPITAL				COL 8.01	COL 8.02
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	" COL 5	" COL 5
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	9.01	9.02
		8	8.01	8.02	9		
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,848,148					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	3,193,673					
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC	2,245,493					
42 01	MRI	1,607,071					
44	LABORATORY	62,211					
47	BLOOD STORING, PROCESSING	251,824					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	69,102					
50	PHYSICAL THERAPY	181,090					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	810,815					
55	MEDICAL SUPPLIES CHARGED	4,295,286					
56	DRUGS CHARGED TO PATIENTS	2,789,460					
56 01	CAT SCAN	4,308,161					
56 02	ULTRASOUND	274,682					
56 03	CARDIAC CATH LAB	1,198,751					
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN						
61	EMERGENCY	885,060					
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS	749,757					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL	27,770,584					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2007 I PART V  
 I 15-0059 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.341204	.341204			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC	.490819	.490819			
41 01 RENAL DIALYSIS	1.217928	1.217928			
42 RADIOLOGY-THERAPEUTIC	.369091	.369091			
42 01 MRI	.110570	.110570			
44 LABORATORY	.254616	.254616			
47 BLOOD STORING, PROCESSING & TRANS.	.794401	.794401			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.607122	.607122			
50 PHYSICAL THERAPY	.586812	.586812			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.376625	.376625			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.257422	.257422			
56 DRUGS CHARGED TO PATIENTS	.369043	.369043			
56 01 CAT SCAN	.051108	.051108			
56 02 ULTRASOUND	.195128	.195128			
56 03 CARDIAC CATH LAB	.259242	.259242			
56 05 WOMENS CENTER	.552011	.552011			
56 06 ENDOSCOPY	.274481	.274481			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIEN					
61 EMERGENCY	.563270	.563270			
61 01 SHORT STAY	1.200945	1.200945			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.626198	.626198			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.405438	.405438			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET 0  
 I COMPONENT NO: I TO 12/31/2007 I PART V  
 I 15-0059 I I

TITLE XVIII, PART 8

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		4,848,148			
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		3,193,673			
41	01 RENAL DIALYSIS					
42	RADIOLOGY-THERAPEUTIC		2,245,493			
42	01 MRI		1,607,071			
44	LABORATORY		62,211			
47	BLOOD STORING, PROCESSING & TRANS.		251,824			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		69,102			
50	PHYSICAL THERAPY		181,090			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		810,815			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,295,286	123		
56	DRUGS CHARGED TO PATIENTS		2,789,460			
56	01 CAT SCAN		4,308,161			
56	02 ULTRASOUND		274,682			
56	03 CARDIAC CATH LAB		1,198,751			
56	05 WOMENS CENTER					
56	06 ENDOSCOPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 OUTPATIEN					
61	EMERGENCY		885,060			
61	01 SHORT STAY					
62	OBSERVATION BEDS (NON-DISTINCT PART)		749,757	1,124		
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		27,770,584	1,247		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		27,770,584	1,247		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2007 I PART V  
 I 15-0059 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,654,207	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,567,515	
41 01 RENAL DIALYSIS					
42 RADIOLOGY-THERAPEUTIC				828,791	
42 01 MRI				177,694	
44 LABORATORY				15,840	
47 BLOOD STORING, PROCESSING & TRANS.				200,049	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				41,953	
50 PHYSICAL THERAPY				106,266	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				305,373	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,105,701	32
56 DRUGS CHARGED TO PATIENTS				1,029,431	
56 01 CAT SCAN				220,181	
56 02 ULTRASOUND				53,598	
56 03 CARDIAC CATH LAB				310,767	
56 05 WOMENS CENTER					
56 06 ENDOSCOPY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIEN					
61 EMERGENCY				498,528	
61 01 SHORT STAY					
62 OBSERVATION BEDS (NON-DISTINCT PART)				469,496	704
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				8,585,390	736
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				8,585,390	736

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2007 I PART V  
 I 15-0059 I I

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC			
41 01 RENAL DIALYSIS			
42 RADIOLOGY-THERAPEUTIC			
42 01 MRI			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
56 01 CAT SCAN			
56 02 ULTRASOUND			
56 03 CARDIAC CATH LAB			
56 05 WOMENS CENTER			
56 06 ENDOSCOPY			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 OUTPATIEN			
61 EMERGENCY			
61 01 SHORT STAY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
64 OTHER REIMBURS COST CNTRS			
64 HOME PROGRAM DIALYSIS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
I COMPONENT NO: I TO 12/31/2007 I PART VI  
I 15-0059 I I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES  
2 PROGRAM VACCINE CHARGES  
3 PROGRAM COSTS

1  
.369043  
9,115  
3,364

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2007 I PART II  
 I 15-T059 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	19,898	969,898	23,616,404	57,483	.000843	48
39	DELIVERY ROOM & LABOR ROO	80	2,593				
41	RADIOLOGY-DIAGNOSTIC	10,603	892,092	8,997,083	72,992	.001178	86
41 01	RENAL DIALYSIS	504	16,925	190,274	50,384	.002649	133
42	RADIOLOGY-THERAPEUTIC	6,929	420,172	4,659,391	12,163	.001487	18
42 01	MRI	1,325	66,537	6,933,415	26,217	.000191	5
44	LABORATORY	7,570	501,045	21,106,724	350,197	.000359	126
47	BLOOD STORING, PROCESSING	461	25,381	840,526	6,792	.000548	4
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,189	146,264	3,329,336	97,008	.000657	64
50	PHYSICAL THERAPY	4,757	329,486	12,493,537	2,970,543	.000381	1,132
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	16,138	589,777	6,173,333	10,058	.002614	26
55	MEDICAL SUPPLIES CHARGED	5,158	354,403	47,783,774	546,080	.000108	59
56	DRUGS CHARGED TO PATIENTS	3,195	185,367	16,256,535	650,132	.000197	128
56 01	CAT SCAN	1,205	366,242	20,085,504	53,623	.000060	3
56 02	ULTRASOUND	259	15,079	2,073,844	3,521	.000125	
56 03	CARDIAC CATH LAB	3,269	411,953	10,943,641	5,149	.000299	2
56 05	WOMENS CENTER	7,908	481,091	2,933,263		.002696	
56 06	ENDOSCOPY	3,850	237,629	3,143,771		.001225	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN	1,102	43,302				
61	EMERGENCY	16,337	689,927	10,059,710		.001624	
61 01	SHORT STAY	15,606	432,086	1,017,679		.015335	
62	OBSERVATION BEDS (NON-DIS	5,446	181,076	2,068,272		.002633	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL	133,789	7,358,325	204,706,016	4,912,342		1,834

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2007 I PART II  
 I 15-T059 I  
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.041069	2,361
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.099153	7,237
41 01	RENAL DIALYSIS	.088951	4,482
42	RADIOLOGY-THERAPEUTIC	.090177	1,097
42 01	MRI	.009597	252
44	LABORATORY	.023739	8,313
47	BLOOD STORING, PROCESSING	.030197	205
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.043932	4,262
50	PHYSICAL THERAPY	.026373	78,342
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.095536	961
55	MEDICAL SUPPLIES CHARGED	.007417	4,050
56	DRUGS CHARGED TO PATIENTS	.011403	7,413
56 01	CAT SCAN	.018234	978
56 02	ULTRASOUND	.007271	26
56 03	CARDIAC CATH LAB	.037643	194
56 05	WOMENS CENTER	.164012	
56 06	ENDOSCOPY	.075587	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	OUTPATIEN		
61	EMERGENCY	.068583	
61 01	SHORT STAY	.424580	
62	OBSERVATION BEDS (NON-DIS	.087549	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
101	TOTAL		120,173

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42 01	MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	CAT SCAN						
56 02	ULTRASOUND						
56 03	CARDIAC CATH LAB						
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN						
61	EMERGENCY						
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS			23,616,404			57,483	
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			8,997,083			72,992	
41 01	RENAL DIALYSIS			190,274			50,384	
42	RADIOLOGY-THERAPEUTIC			4,659,391			12,163	
42 01	MRI			6,933,415			26,217	
44	LABORATORY			21,106,724			350,197	
47	BLOOD STORING, PROCESSING			840,526			6,792	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			3,329,336			97,008	
50	PHYSICAL THERAPY			12,493,537			2,970,543	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			6,173,333			10,058	
55	MEDICAL SUPPLIES CHARGED			47,783,774			546,080	
56	DRUGS CHARGED TO PATIENTS			16,256,535			650,132	
56 01	CAT SCAN			20,085,504			53,623	
56 02	ULTRASOUND			2,073,844			3,521	
56 03	CARDIAC CATH LAB			10,943,641			5,149	
56 05	WOMENS CENTER			2,933,263				
56 06	ENDOSCOPY			3,143,771				
	OUTPAT SERVICE COST CNTRS							
	CLINIC							
60 01	OUTPATIEN							
61	EMERGENCY			10,059,710				
61 01	SHORT STAY			1,017,679				
62	OBSERVATION BEDS (NON-DIS			2,068,272				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
101	TOTAL			204,706,016			4,912,342	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42 01	MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	CAT SCAN						
56 02	ULTRASOUND						
56 03	CARDIAC CATH LAB						
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN						
61	EMERGENCY						
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2007 I PART II  
 I 15-5669 I

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42 01	MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	CAT SCAN						
56 02	ULTRASOUND						
56 03	CARDIAC CATH LAB						
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN						
61	EMERGENCY						
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
39	DELIVERY ROOM & LABOR ROO	
41	RADIOLOGY-DIAGNOSTIC	
41 01	RENAL DIALYSIS	
42	RADIOLOGY-THERAPEUTIC	
42 01	MRI	
44	LABORATORY	
47	BLOOD STORING, PROCESSING	
48	INTRAVENOUS THERAPY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
56 01	CAT SCAN	
56 02	ULTRASOUND	
56 03	CARDIAC CATH LAB	
56 05	WOMENS CENTER	
56 06	ENDOSCOPY	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
60 01	OUTPATIEN	
61	EMERGENCY	
61 01	SHORT STAY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
64	HOME PROGRAM DIALYSIS	
65	AMBULANCE SERVICES	
101	TOTAL	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2007 I PART IV  
 I 15-5669 I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	1.01					
37	ANCILLARY SRVC COST CNTRS					
39	OPERATING ROOM					
41	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC					
41	01 RENAL DIALYSIS					
42	RADIOLOGY-THERAPEUTIC					
42	01 MRI					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
56	01 CAT SCAN					
56	02 ULTRASOUND					
56	03 CARDIAC CATH LAB					
56	05 WOMENS CENTER					
56	06 ENDOSCOPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 OUTPATIEN					
61	EMERGENCY					
61	01 SHORT STAY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
101	TOTAL					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			23,616,404				
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			8,997,083			71,795	
41 01	RENAL DIALYSIS			190,274				
42	RADIOLOGY-THERAPEUTIC			4,659,391				
42 01	MRI			6,933,415				
44	LABORATORY			21,106,724			335,502	
47	BLOOD STORING, PROCESSING			840,526				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			3,329,336			13,933	
50	PHYSICAL THERAPY			12,493,537			787,689	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			6,173,333			8,521	
55	MEDICAL SUPPLIES CHARGED			47,783,774			287,682	
56	DRUGS CHARGED TO PATIENTS			16,256,535			654,005	
56 01	CAT SCAN			20,085,504				
56 02	ULTRASOUND			2,073,844				
56 03	CARDIAC CATH LAB			10,943,641				
56 05	WOMENS CENTER			2,933,263				
56 06	ENDOSCOPY			3,143,771				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OUTPATIEN							
61	EMERGENCY			10,059,710				
61 01	SHORT STAY			1,017,679				
62	OBSERVATION BEDS (NON-DIS			2,068,272				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
101	TOTAL			204,706,016			2,159,127	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42	01 MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56	01 CAT SCAN						
56	02 ULTRASOUND						
56	03 CARDIAC CATH LAB						
56	05 WOMENS CENTER						
56	06 ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OUTPATIEN						
61	EMERGENCY						
61	01 SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	19,176
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	19,176
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19,176
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,061
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,743,901
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	18,743,901

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,465,510
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,465,510
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.962929
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,015.10
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,743,901

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 977.47  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,879,386  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,879,386

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	4,803,386	3,169	1,515.74	1,759	2,666,187
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 12,747,294
49 TOTAL PROGRAM INPATIENT COSTS					23,292,867

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,388,394  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,010,635  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,399,029  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 20,893,838

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,325
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	977.47
85	OBSERVATION BED COST	1,295,148

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST	
	1	2	3	4	5	
86	OLD CAPITAL-RELATED COST	78,825	18,743,901	.004205	1,295,148	5,446
87	NEW CAPITAL-RELATED COST	2,620,595	18,743,901	.139811	1,295,148	181,076
88	NON PHYSICIAN ANESTHETIST		18,743,901		1,295,148	
89	MEDICAL EDUCATION		18,743,901		1,295,148	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,730
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,730
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,730
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,522
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,086,437
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,086,437

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,863,783
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,863,783
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.057626
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	674.31
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,086,437

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2007 I PART II  
 I 15-T059 I I

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 713.17  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,224,955  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,224,955

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					2,409,911
49 TOTAL PROGRAM INPATIENT COSTS					5,634,866

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 321,243  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 122,007  
 52 TOTAL PROGRAM EXCLUDABLE COST 443,250  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,191,616

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	713.17
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	11,806	4,086,437	.002889	
87	NEW CAPITAL-RELATED COST	395,253	4,086,437	.096723	
88	NON PHYSICIAN ANESTHETIST		4,086,437		
89	MEDICAL EDUCATION		4,086,437		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 2/2008
I	15-0059	I	FROM 1/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2007	I	PART I
I	15-5669	I		I	

TITLE XVIII PART A

SNF

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,159
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,159
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,159
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,410
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,974,993
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,974,993

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,986,872
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,986,872
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.497325
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	385.13
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,974,993

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,974,993
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	576.66	
68	PROGRAM ROUTINE SERVICE COST	2,543,071	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,543,071	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	332,101	
72	PER DIEM CAPITAL-RELATED COSTS	64.37	
73	PROGRAM CAPITAL-RELATED COSTS	283,872	
74	INPATIENT ROUTINE SERVICE COST	2,259,199	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,259,199	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,543,071	
80	PROGRAM INPATIENT ANCILLARY SERVICES	909,967	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,453,038	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	19,176
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	19,176
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19,176
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	889
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,743,901
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	18,743,901

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,465,510
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,465,510
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.962929
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,015.10
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,743,901

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2007 I PART II  
 I 15-0059 I I

TITLE XIX - I/P HOSPITAL OTHER  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 977.47  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 868,971  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 868,971

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT	4,803,386	3,169	1,515.74		
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 570,989
49 TOTAL PROGRAM INPATIENT COSTS					1,439,960

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,325
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	977.47
85	OBSERVATION BED COST	1,295,148

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2007 I PART I  
 I 15-T059 I I

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,730
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,730
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,730
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	80
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,086,437
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,086,437

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,863,783
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,863,783
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.057626
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	674.31
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,086,437

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	713.17
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	57,054
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	57,054

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1
49	TOTAL PROGRAM INPATIENT COSTS				43,236 100,290

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	713.17
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
 INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(05/2004)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2007 I  
 I 15-0059 I

TITLE XVIII, PART A		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION		RATIO COST	INPATIENT	INPATIENT
LINE NO.			TO CHARGES	CHARGES	COST
			1	2	3
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS			7,636,041	
26	INTENSIVE CARE UNIT			2,989,631	
31	SUBPROVIDER			30,375	
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.342254	6,063,570	2,075,281
39	DELIVERY ROOM & LABOR ROOM				
41	RADIOLOGY-DIAGNOSTIC		.490819	1,401,318	687,793
41 01	RENAL DIALYSIS		1.217928	110,636	134,747
42	RADIOLOGY-THERAPEUTIC		.369091	79,340	29,284
42 01	MRI		.110570	521,123	57,621
44	LABORATORY		.254616	3,505,710	892,610
47	BLOOD STORING, PROCESSING & TRANS.		.794401	387,977	308,209
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY		.607122	999,396	606,755
50	PHYSICAL THERAPY		.586812	855,824	502,208
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY		.376625	896,811	337,761
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.257422	15,988,796	4,115,868
56	DRUGS CHARGED TO PATIENTS		.369043	5,473,046	2,019,789
56 01	CAT SCAN		.051108	2,309,340	118,026
56 02	ULTRASOUND		.195128	145,975	28,484
56 03	CARDIAC CATH LAB		.259242	1,876,388	486,439
56 05	WOMENS CENTER		.552011		
56 06	ENDOSCOPY		.274481		
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60 01	OUTPATIEN			615,014	346,419
61	EMERGENCY		.563270		
61 01	SHORT STAY		1.200945		
62	OBSERVATION BEDS (NON-DISTINCT PART)		.626198		
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
101	TOTAL			41,230,264	12,747,294
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES			41,230,264	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2007 I  
 I 15-T059 I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,050,441	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.342254	57,483	19,674
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.490819	72,992	35,826
41 01	RENAL DIALYSIS	1.217928	50,384	61,364
42	RADIOLOGY-THERAPEUTIC	.369091	12,163	4,489
42 01	MRI	.110570	26,217	2,899
44	LABORATORY	.254616	350,197	89,166
47	BLOOD STORING, PROCESSING & TRANS.	.794401	6,792	5,396
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.607122	97,008	58,896
50	PHYSICAL THERAPY	.586812	2,970,543	1,743,150
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.376625	10,058	3,788
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.257422	546,080	140,573
56	DRUGS CHARGED TO PATIENTS	.369043	650,132	239,927
56 01	CAT SCAN	.051108	53,623	2,741
56 02	ULTRASOUND	.195128	3,521	687
56 03	CARDIAC CATH LAB	.259242	5,149	1,335
56 05	WOMENS CENTER	.552011		
56 06	ENDOSCOPY	.274481		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OUTPATIEN			
61	EMERGENCY	.563270		
61 01	SHORT STAY	1.200945		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.626198		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	TOTAL		4,912,342	2,409,911
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,912,342	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2007 I  
 I 15-5669 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	.341204		
41	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.490819	71,795	35,238
41 01	RENAL DIALYSIS	1.217928		
42	RADIOLOGY-THERAPEUTIC	.369091		
42 01	MRI	.110570		
44	LABORATORY	.254616	335,502	85,424
47	BLOOD STORING, PROCESSING & TRANS.	.794401		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.607122	13,933	8,459
50	PHYSICAL THERAPY	.586812	787,689	462,225
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.376625	8,521	3,209
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.257422	287,682	74,056
56	DRUGS CHARGED TO PATIENTS	.369043	654,005	241,356
56 01	CAT SCAN	.051108		
56 02	ULTRASOUND	.195128		
56 03	CARDIAC CATH LAB	.259242		
56 05	WOMENS CENTER	.552011		
56 06	ENDOSCOPY	.274481		
60	OUTPAT SERVICE COST CNTRS			
60 01	CLINIC			
61	OUTPATIEN			
61	EMERGENCY	.563270		
61 01	SHORT STAY	1.200945		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.626198		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	TOTAL		2,159,127	909,967
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		2,159,127	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2007 I  
 I 15-0059 I OTHER I

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			1,371,241	
26	INTENSIVE CARE UNIT			5,986	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.341204	372,294	127,028
39	DELIVERY ROOM & LABOR ROOM				
41	RADIOLOGY-DIAGNOSTIC		.490819	28,685	14,079
41 01	RENAL DIALYSIS		1.217928	720	877
42	RADIOLOGY-THERAPEUTIC		.369091	2,755	1,017
42 01	MRI		.110570	11,293	1,249
44	LABORATORY		.254616	130,678	33,273
47	BLOOD STORING, PROCESSING & TRANS.		.794401	26,332	20,918
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY		.607122	65,019	39,474
50	PHYSICAL THERAPY		.586812	10,401	6,103
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY		.376625	21,609	8,138
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.257422	723,291	186,191
56	DRUGS CHARGED TO PATIENTS		.369043	252,168	93,061
56 01	CAT SCAN		.051108	56,027	2,863
56 02	ULTRASOUND		.195128	6,116	1,193
56 03	CARDIAC CATH LAB		.259242	52,105	13,508
56 05	WOMENS CENTER		.552011	202	112
56 06	ENDOSCOPY		.274481	2,953	811
60	OUTPAT SERVICE COST CNTRS CLINIC				
60 01	OUTPATIEN				
61	EMERGENCY		.563270	36,601	20,616
61 01	SHORT STAY		1.200945	398	478
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		.626198		
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
101	TOTAL			1,799,647	570,989
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			1,799,647	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(05/2004)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2007 I  
 I 15-T059 I  
 OTHER

TITLE XIX

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.341204		
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.490819		
41 01	RENAL DIALYSIS	1.217928		
42	RADIOLOGY-THERAPEUTIC	.369091		
42 01	MRI	.110570		
44	LABORATORY	.254616	5,374	1,368
47	BLOOD STORING, PROCESSING & TRANS.	.794401		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.607122		
50	PHYSICAL THERAPY	.586812	55,643	32,652
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.376625		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.257422	8,312	2,140
56	DRUGS CHARGED TO PATIENTS	.369043	17,616	6,501
56 01	CAT SCAN	.051108		
56 02	ULTRASOUND	.195128		
56 03	CARDIAC CATH LAB	.259242		
56 05	WOMENS CENTER	.552011		
56 06	ENDOSCOPY	.274481		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIEN			
61	EMERGENCY	.563270	1,020	575
61 01	SHORT STAY	1.200945		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.626198		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	TOTAL		87,965	43,236
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		87,965	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	10,666,064	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,411,417	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	402,953	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	101.37	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
4 DISPROPORTIONATE SHARE ADJUSTMENT		
PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.26
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET 5-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		14,480,434
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2007 I PART A  
 I 15-0059 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	14,480,434	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,327,817	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	15,808,251	
17 PRIMARY PAYER PAYMENTS	12,224	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	15,796,027	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,489,504	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	62,236	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	131,605	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	92,124	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	131,605	
22 SUBTOTAL	14,336,411	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	14,336,411	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	14,334,779	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,632	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

## CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (04/2005)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2007 I PART 8  
 I 15-0059 I I

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,100
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,585,390
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,591,854
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,100
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	10,362
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	10,362
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	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).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	10,362
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	6,262
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,100
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,591,854
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	270
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,831,168
19	SUBTOTAL (SEE INSTRUCTIONS)	4,764,516
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	4,764,516
24	PRIMARY PAYER PAYMENTS	1,990
25	SUBTOTAL	4,762,526
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	194,801
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	136,361
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	194,801
28	SUBTOTAL	4,898,887
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	100
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,898,787
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,866,229
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	32,558
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII		HOSPITAL	
DESCRIPTION			
		INPATIENT-PART A	PART B
		MM/DD/YYYY	AMOUNT
		1	2
		MM/DD/YYYY	AMOUNT
		3	4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		
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.		
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
	ADJUSTMENTS TO PROVIDER .01	1/ 1/2007	84,633
	ADJUSTMENTS TO PROVIDER .02		
	ADJUSTMENTS TO PROVIDER .03		
	ADJUSTMENTS TO PROVIDER .04		
	ADJUSTMENTS TO PROVIDER .05		
	ADJUSTMENTS TO PROGRAM .50	7/30/2007	3,503
	ADJUSTMENTS TO PROGRAM .51		
	ADJUSTMENTS TO PROGRAM .52		
	ADJUSTMENTS TO PROGRAM .53		
	ADJUSTMENTS TO PROGRAM .54		
	SUBTOTAL .99		81,130
4	TOTAL INTERIM PAYMENTS		14,334,779
	TO BE COMPLETED BY INTERMEDIARY		
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
	TENTATIVE TO PROVIDER .01		
	TENTATIVE TO PROVIDER .02		
	TENTATIVE TO PROVIDER .03		
	TENTATIVE TO PROGRAM .50		
	TENTATIVE TO PROGRAM .51		
	TENTATIVE TO PROGRAM .52		
	SUBTOTAL .99	NONE	NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		
	SETTLEMENT TO PROVIDER .01		
	SETTLEMENT TO PROGRAM .02		
7	TOTAL MEDICARE PROGRAM LIABILITY		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T 8	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,050,108		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			5,050,108	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.53		
TENTATIVE TO PROGRAM		.54		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER	.01	NONE	NONE
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.		1,554,013		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			1,554,013	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2007 I PART I  
 I 15-T059 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,755,329
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0253
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	115,450
1.05	OUTLIER PAYMENTS	253,676
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, 1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,124,455
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.698630
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	5,124,455
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	5,124,455
7	DEDUCTIBLES	48,488
8	SUBTOTAL	5,075,967
9	COINSURANCE	57,722
10	SUBTOTAL	5,018,245
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	5,018,245
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,018,245
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,050,108
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-31,863
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR RIVERVIEW HOSPITAL  
CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (05/2007)  
I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
I 15-0059 I FROM 1/ 1/2007 I WORKSHEET E-3  
I COMPONENT NO: I TO 12/31/2007 I PART I  
I 15-T059 I I

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

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

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38.01	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.02	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.03	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		1,439,960	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		1,439,960	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		1,439,960	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		1,371,351	
11	ANCILLARY SERVICE CHARGES		1,799,647	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		3,170,998	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		3,170,998	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		1,731,038	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		1,439,960	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		1,439,960	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,439,960	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		1,439,960	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		1,439,960	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		1,439,960	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,439,960	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		882,127	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		557,833	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		100,290	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		100,290	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		100,290	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		66,944	
11	ANCILLARY SERVICE CHARGES		87,965	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		154,909	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		154,909	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		54,619	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		100,290	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		100,290	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		100,290	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		100,290	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		100,290	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		100,290	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		100,290	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		58,520	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		41,770	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6,104,541			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	34,947,358			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11,424,999			
7	INVENTORY	2,034,349			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	4,666,804			
10	DUE FROM OTHER FUNDS	133,000			
11	TOTAL CURRENT ASSETS	36,461,053			
FIXED ASSETS					
12	LAND	4,481,710			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	6,041,830			
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	170,366,773			
18	LESS ACCUMULATED DEPRECIATION	-91,507,265			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	89,383,048			
OTHER ASSETS					
22	INVESTMENTS	33,118,608			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	8,004,771			
26	TOTAL OTHER ASSETS	41,123,379			
27	TOTAL ASSETS	166,967,480			

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE			
	3,313,615			
29	SALARIES, WAGES & FEES PAYABLE			
	7,948,986			
30	PAYROLL TAXES PAYABLE			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
32	DEFERRED INCOME			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS		564,234	
35	OTHER CURRENT LIABILITIES		3,274,852	
36	TOTAL CURRENT LIABILITIES		15,101,687	
LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE			
38	NOTES PAYABLE			
39	UNSECURED LOANS			
40.01	LOANS PRIOR TO 7/1/66			
40.02	ON OR AFTER 7/1/66			
41	OTHER LONG TERM LIABILITIES	56,349,181		
42	TOTAL LONG-TERM LIABILITIES	56,349,181		
43	TOTAL LIABILITIES	71,450,868		
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	95,516,612		
45	SPECIFIC PURPOSE FUND			
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT			
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE			
49	PLANT FUND BALANCE-INVESTED IN PLANT			
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION			
51	TOTAL FUND BALANCES	95,516,612		
52	TOTAL LIABILITIES AND FUND BALANCES	166,967,480		

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1	FUND BALANCE AT BEGINNING		95,117,204	
	OF PERIOD			
2	NET INCOME (LOSS)		544,062	
3	TOTAL		95,661,266	
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
4				
5				
6				
7				
8				
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL		95,661,266	
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12				
13				
14				
15				
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF		95,661,266	
	PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND 5	6	PLANT FUND 7	8
1	FUND BALANCE AT BEGINNING			
	OF PERIOD			
2	NET INCOME (LOSS)			
3	TOTAL			
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
4				
5				
6				
7				
8				
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL			
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12				
13				
14				
15				
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF			
	PERIOD PER BALANCE SHEET			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	271,473,225		271,473,225
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	271,473,225		271,473,225
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	271,473,225		271,473,225
17 00 ANCILLARY SERVICES			
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	271,473,225		271,473,225

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	131,176,435
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	131,176,435

## STATEMENT OF REVENUES AND EXPENSES

IN LIEU OF FORM CMS-2552-96 (09/1996)  
 PROVIDER NO: 15-0059 I PERIOD: FROM 1/1/2007 TO 12/31/2007 I PREPARED 6/2/2008 I WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	271,473,225
2	LESS: ALLOWANCES AND DISCOUNTS ON	146,871,714
3	NET PATIENT REVENUES	124,601,511
4	LESS: TOTAL OPERATING EXPENSES	131,176,435
5	NET INCOME FROM SERVICE TO PATIENT	-6,574,924
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24		7,118,986
25	TOTAL OTHER INCOME	7,118,986
26	TOTAL	544,062
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	544,062

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2008  
 I 15-0059 I FROM 1/ 1/2007 I WORKSHEET L  
 I COMPONENT NO: I TO 12/31/2007 I PARTS I-IV  
 I 15-0059 I FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,251,617
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	57,175
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	57.59
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	2.26
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	5.18
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	7.44
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.52
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	19,025
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,327,817
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	