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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0115	PERIOD FROM 7/ 1/2007 TO 6/30/2008	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 12/ 8/2008 TIME 15:41

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 IMPRISIONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
MEMORIAL HOSP & HEALTH CARE CTR 15-0115
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	439,106	-117,690	0
2	SUBPROVIDER	0	3,951	0	0
2 .01	SUBPROVIDER II	0	13,114	0	0
5	HOSPITAL-BASED SNF	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	456,171	-117,690	0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	PROVIDER NO: 15-0115	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 800 WEST 9TH STREET P.O. BOX:

1.01 CITY: JASPER STATE: IN ZIP CODE: 47546- COUNTY: DUBOIS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00 HOSPITAL	MEMORIAL HOSP & HEALTH CARE CTR	15-0115		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	MEMORIAL HOSP & HCC (PSYCH)	15-S115		7/ 1/1985	N	T	O
03.01 SUBPROVIDER 2	MEMORIAL HOSP & HCC (REHAB)	15-T115		7/ 1/2005	N	P	O
06.00 HOSPITAL-BASED SNF	MEMORIAL HOSP & HEALTH CARE CTR	15-5305		8/ 4/1987	N	P	N
09.00 HOSPITAL-BASED HHA	MEMORIAL HOSP & HEALTH CARE CTR	15-7222		8/28/1991	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

		1	2
18	TYPE OF CONTROL	1	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
20	SUBPROVIDER	4	
20.01	SUBPROVIDER II	5	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.		N
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?	Y	
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).		
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2	Y
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2	
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2	
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.	N	
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	Y	
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N	
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ / / /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ / / /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ / / /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ / / /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		/ / / /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ / / /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ / / /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.		/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.		/ /
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.		
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N	
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		

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

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

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

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

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

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

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

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

1	2	3	4
100	0.8736	0.8736	
0.00	2	9915	0015

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

		%	Y/N
28.03	STAFFING	96.00%	Y
28.04	RECRUITMENT	1.00%	Y
28.05	RETENTION	1.00%	Y
28.06	TRAINING	2.00%	Y
28.07		0.00%	
28.08		0.00%	
28.09		0.00%	
28.10		0.00%	
28.11		0.00%	
28.12		0.00%	
28.13		0.00%	
28.14		0.00%	
28.15		0.00%	
28.16		0.00%	
28.17		0.00%	
28.18		0.00%	
28.19		0.00%	
28.20		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) N

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

	V	XVIII	XIX
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N

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 N 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

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? N
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 N
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? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
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
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	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
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
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

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
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.		N	0.00		0
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.			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 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).
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) Y 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). N N 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / O/P VISITS / TRIPS TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	85	31,110			7,366		1,841
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	85	31,110			7,366		1,841
6	INTENSIVE CARE UNIT	20	7,320			3,071		135
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
11	NURSERY							781
12	TOTAL	105	38,430			10,437		2,757
13	RPCH VISITS							
14	SUBPROVIDER	9	3,294			904		373
14 01	SUBPROVIDER 2	8	2,928			1,199		12
15	SKILLED NURSING FACILITY	20	7,320			4,099		76
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY					5,469		1,613
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
25	TOTAL	142						
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
26 02	OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS					1,524		
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I/P DAYS / O/P VISITS / TRIPS TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED	TOTAL ALL PATS	TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			16,083				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			16,083				
6	INTENSIVE CARE UNIT			4,811				
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
11	NURSERY			2,244				
12	TOTAL			23,138				
13	RPCH VISITS							
14	SUBPROVIDER			2,897				
14 01	SUBPROVIDER 2			1,473				
15	SKILLED NURSING FACILITY			5,517				
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY			9,693				
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
25	TOTAL							
26	OBSERVATION BED DAYS			1,885	32	1,853		
26 01	OBSERVATION BED DAYS-SUB I			3				
26 02	OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I & R FTES NET	FULL TIME EQUIV EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					2,625	885	7,356
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							

		I & R FTES	--- FULL TIME EQUIV ---		---------- DISCHARGES ----------		
	COMPONENT	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
11	NURSERY							
12	TOTAL		1,012.96			2,625	885	7,356
13	RPCH VISITS							
14	SUBPROVIDER		19.06			99	67	419
14 01	SUBPROVIDER 2		12.71			101	2	124
15	SKILLED NURSING FACILITY		30.99					
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY		15.82					
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
25	TOTAL		1,091.54					
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
26 02	OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 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
SALARIES						
1 TOTAL SALARY	54,440,594		54,440,594	2,270,405.51	23.98	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,076,063		1,076,063	10,792.50	99.70	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	7,890,331		7,890,331	67,284.00	117.27	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,157,297		1,157,297	64,452.43	17.96	
8.01 EXCLUDED AREA SALARIES	13,046,437		13,046,437	432,791.54	30.14	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10 CONTRACT LABOR: PHYS PART A	2,142,860		2,142,860	21,428.60	100.00	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,477,130		6,477,130			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,605,899		2,605,899			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	214,933		214,933			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	1,576,017		1,576,017			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	425,576		425,576	19,470.75	21.86	
22 ADMINISTRATIVE & GENERAL	5,545,657		5,545,657	316,237.42	17.54	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,502,915		1,502,915	98,197.60	15.31	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	210,793		210,793	19,950.63	10.57	
26 HOUSEKEEPING	880,551		880,551	84,261.64	10.45	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	958,395	-582,863	375,532	28,808.39	13.04	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		582,863	582,863	41,714.30	13.97	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	301,680		301,680	8,535.35	35.34	
31 CENTRAL SERVICE AND SUPPLY	248,464		248,464	20,651.96	12.03	
32 PHARMACY	1,177,333		1,177,333	36,476.75	32.28	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	764,596		764,596	48,361.45	15.81	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY					
1 NET SALARIES	45,474,200	45,474,200	2,192,329.01	20.74	
2 EXCLUDED AREA SALARIES	14,203,734	14,203,734	497,243.97	28.56	
3 SUBTOTAL SALARIES	31,270,466	31,270,466	1,695,085.04	18.45	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,142,860	2,142,860	21,428.60	100.00	
5 SUBTOTAL WAGE-RELATED COSTS	6,477,130	6,477,130		20.71	
6 TOTAL	39,890,456	39,890,456	1,716,513.64	23.24	
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	12,015,960	12,015,960	722,666.24	16.63	

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA	PROVIDER NO: 15-0115	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008 WORKSHEET S-4
	HHA NO: 15-7222		
HOME HEALTH AGENCY STATISTICAL DATA	COUNTY:		

HHA 1

		TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	1,779	1,113	708
2	UNDUPLICATED CENSUS COUNT		307.00	45.00	133.00

		TOTAL 5
1	HOME HEALTH AIDE HOURS	3,600
2	UNDUPLICATED CENSUS COUNT	485.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

		STAFF 1	CONTRACT 2	TOTAL 3
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.14		1.14
5	OTHER ADMINISTRATIVE PERSONEL	2.09		2.09
6	DIRECTING NURSING SERVICE	5.60		5.60
7	NURSING SUPERVISOR	1.20		1.20
8	PHYSICAL THERAPY SERVICE	.26		.26
9	PHYSICAL THERAPY SUPERVISOR			
10	OCCUPATIONAL THERAPY SERVICE	.41		.41
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE	.03		.03
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE	.01	.25	.26
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
16	HOME HEALTH AIDE	4.30		4.30
17	HOME HEALTH AIDE SUPERVISOR			
18	PRN RN	.78		.78
	HOME HEALTH AGENCY MSA CODES	1	1.01	
19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915		

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	1,747	116	43	98
22	SKILLED NURSING VISIT CHARGES	265,177	16,702	6,823	14,817
23	PHYSICAL THERAPY VISITS	1,171	4	9	86
24	PHYSICAL THERAPY VISIT CHARGES	190,521	652	1,451	13,938
25	OCCUPATIONAL THERAPY VISITS	354	0	1	16
26	OCCUPATIONAL THERAPY VISIT CHARGES	57,614	0	163	2,576
27	SPEECH PATHOLOGY VISITS	15	0	0	0
28	SPEECH PATHOLOGY VISIT CHARGES	2,429	0	0	0
29	MEDICAL SOCIAL SERVICE VISITS	5	0	0	1
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	970	0	0	194
31	HOME HEALTH AIDE VISITS	1,616	69	1	98
32	HOME HEALTH AIDE VISIT CHARGES	114,736	4,899	71	6,958
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,908	189	54	299
34	OTHER CHARGES	265,177	16,702	6,823	14,817
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	896,624	38,955	15,331	53,300
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	269	0	18	16
37	TOTAL NUMBER OF OUTLIER EPISODES	0	3	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	22,789	758	226	615

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: 15-0115 I HHA NO: 15-7222 I COUNTY:
I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I
I PREPARED 12/ 8/2008 I WORKSHEET S-4 I

HHA 1

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

		SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21	SKILLED NURSING VISITS	0	1	2,005
22	SKILLED NURSING VISIT CHARGES	0	143	303,662
23	PHYSICAL THERAPY VISITS	0	18	1,288
24	PHYSICAL THERAPY VISIT CHARGES	0	2,886	209,448
25	OCCUPATIONAL THERAPY VISITS	0	0	371
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	60,353
27	SPEECH PATHOLOGY VISITS	0	0	15
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	2,429
29	MEDICAL SOCIAL SERVICE VISITS	0	0	6
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,164
31	HOME HEALTH AIDE VISITS	0	0	1,784
32	HOME HEALTH AIDE VISIT CHARGES	0	0	126,664
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	19	5,469
34	OTHER CHARGES	0	143	303,662
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	3,172	1,007,382
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	1	304
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	3
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	7	24,395

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET S-7

	GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES PRIOR TO 10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 T0 9/30/01 RATE	SRVCS 4/1/01 T0 9/30/01 DAYS
	1	2	3	3.01	4	4.01	4.02	4.03
1		RUC						
2		RUB						
3		RUA						
3	.01	RUX						
3	.02	RUL						
4		RVC		36				
5		RVB						
6		RVA						
6	.01	RVX		8				
6	.02	RVL						
7		RHC		471				
8		RHB		256				
9		RHA		51				
9	.01	RHX						
9	.02	RHL						
10		RMC		112				
11		RMB		197				
12		RMA		44				
12	.01	RMX		880				
12	.02	RML		1,748				
13		RLB						
14		RLA						
14	.01	RLX						
15		SE3		18				
16		SE2		185				
17		SE1		25				
18		SSC						
19		SSB		4				
20		SSA		47				
21		CC2						
22		CC1		1				
23		CB2						
24		CB1		16				
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		4,099				

(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)	0.8736
Wage Index Factor (after 10/01)	0.8736
SNF Facility Specific Rate	0.00
Urban/Rural Designation	RURAL
SNF MSA Code	9915
SNF CBSA Code	0015

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0115
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	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)	0.8736
Wage Index Factor (after 10/01)	0.8736
SNF Facility Specific Rate	0.00
Urban/Rural Designation	RURAL
SNF MSA Code	9915
SNF CBSA Code	0015

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2007	12/ 8/2008
	TO 6/30/2008	WORKSHEET S-10

DESCRIPTION

	UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	6,847,957
17.01	GROSS MEDICAID REVENUES	13,351,905
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	20,199,862
	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)	.449030
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		10,848,060	10,848,060		10,848,060
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	425,576	11,205,022	11,630,598		11,630,598
6	0600	ADMINISTRATIVE & GENERAL	5,545,657	4,992,519	10,538,176		10,538,176
7	0700	MAINTENANCE & REPAIRS	1,502,915	3,922,637	5,425,552		5,425,552
8	0800	OPERATION OF PLANT					
9	0900	LAUNDRY & LINEN SERVICE	210,793	111,127	321,920		321,920
10	1000	HOUSEKEEPING	880,551	206,071	1,086,622		1,086,622
11	1100	DIETARY	958,395	627,970	1,586,365	-964,773	621,592
12	1200	CAFETERIA				964,773	964,773
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	301,680	13,302	314,982		314,982
15	1500	CENTRAL SERVICES & SUPPLY	248,464	207,886	456,350		456,350
16	1600	PHARMACY	1,177,333	5,896,118	7,073,451		7,073,451
17	1700	MEDICAL RECORDS & LIBRARY	764,596	138,053	902,649		902,649
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	6,165,632	470,329	6,635,961	-437,732	6,198,229
26	2600	INTENSIVE CARE UNIT	2,249,043	93,449	2,342,492		2,342,492
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER	850,843	204,350	1,055,193		1,055,193
31.01	3101	SUBPROVIDER 2	589,053	134,725	723,778		723,778
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY	1,157,297	52,858	1,210,155		1,210,155
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	3,121,500	2,734,758	5,856,258		5,856,258
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM				437,732	437,732
40	4000	ANESTHESIOLOGY	2,990,132	703,463	3,693,595		3,693,595
41	4100	RADIOLOGY-DIAGNOSTIC	1,734,865	1,367,624	3,102,489		3,102,489
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE	180,943	445,276	626,219		626,219
44	4400	LABORATORY	1,947,589	3,075,077	5,022,666		5,022,666
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	966,244	346,366	1,312,610	-39,336	1,273,274
50	5000	PHYSICAL THERAPY	1,484,709	250,456	1,735,165		1,735,165
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	1,170,910	3,323,450	4,494,360		4,494,360
53.01	5302	PULMONARY				39,336	39,336
53.02	5301	CARDIOPULMONARY	75,451	7,561	83,012		83,012
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,570,067	3,570,067		3,570,067
56	5600	DRUGS CHARGED TO PATIENTS					
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	147,640	17,965	165,605		165,605
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	266,881	87,944	354,825		354,825
60.01	6001	IMED	482,643	198,493	681,136		681,136
60.02	6002	ONCOLOGY	465,767	894,358	1,360,125		1,360,125
61	6100	EMERGENCY	4,770,951	228,279	4,999,230		4,999,230
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES	1,317,341	165,662	1,483,003		1,483,003
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY	752,058	143,734	895,792		895,792
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		SPEC PURPOSE COST CENTERS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE	83,839	14,378	98,217		98,217
95		SUBTOTALS	44,987,291	56,699,387	101,686,678	-0-	101,686,678
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES	8,092,249	2,576,210	10,668,459		10,668,459
99	9900	NONPAID WORKERS					
100	7955	OTHER NONREIMBURSABLE COST CENTERS					
100.02	7950	MEMORIAL HOSPITAL FOUNDATION	130,428	261	130,689		130,689
100.03	7951	MKT/PHY SERVICES	766,483	602,643	1,369,126		1,369,126
100.04	7952	COMMUNITY EDUCATION	319,552	98,603	418,155		418,155
100.06	7953	MAB					
100.08	7954	PUBLIC RELATIONS	144,591	383,217	527,808		527,808
100.09	7958	UNUSED SPACE					
101		TOTAL	54,440,594	60,360,321	114,800,915	-0-	114,800,915

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-2,346,935	8,501,125
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		
5	0500	EMPLOYEE BENEFITS	-37,301	11,593,297
6	0600	ADMINISTRATIVE & GENERAL	-78,005	10,460,171
7	0700	MAINTENANCE & REPAIRS	-1,325	5,424,227
8	0800	OPERATION OF PLANT		
9	0900	LAUNDRY & LINEN SERVICE	-743	321,177
10	1000	HOUSEKEEPING		1,086,622
11	1100	DIETARY		621,592
12	1200	CAFETERIA	-405,354	559,419
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION		314,982
15	1500	CENTRAL SERVICES & SUPPLY	-5,732	450,618
16	1600	PHARMACY	-234,056	6,839,395
17	1700	MEDICAL RECORDS & LIBRARY	-25,468	877,181
18	1800	SOCIAL SERVICE		
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400	PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		6,198,229
26	2600	INTENSIVE CARE UNIT		2,342,492
27	2700	CORONARY CARE UNIT		
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		
31	3100	SUBPROVIDER		1,055,193
31.01	3101	SUBPROVIDER 2		723,778
33	3300	NURSERY		
34	3400	SKILLED NURSING FACILITY	120	1,210,275
35	3500	NURSING FACILITY		
35.01	3510	ICF/MR		
36	3600	OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		5,856,258
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		437,732
40	4000	ANESTHESIOLOGY	-3,159,436	534,159
41	4100	RADIOLOGY-DIAGNOSTIC	-1,406	3,101,083
42	4200	RADIOLOGY-THERAPEUTIC		
43	4300	RADIOISOTOPE		626,219
44	4400	LABORATORY	-100,672	4,921,994
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY	-42,151	1,231,123
50	5000	PHYSICAL THERAPY	-8,872	1,726,293
51	5100	OCCUPATIONAL THERAPY		
52	5200	SPEECH PATHOLOGY		
53	5300	ELECTROCARDIOLOGY	-1,021,031	3,473,329
53.01	5302	PULMONARY		39,336
53.02	5301	CARDIOPULMONARY	-575	82,437
54	5400	ELECTROENCEPHALOGRAPHY		
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,570,067
56	5600	DRUGS CHARGED TO PATIENTS		
57	5700	RENAL DIALYSIS		
58	5800	ASC (NON-DISTINCT PART)		
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		165,605
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		354,825
60.01	6001	IMED	-200,384	480,752
60.02	6002	ONCOLOGY	-1,532	1,358,593
61	6100	EMERGENCY	-2,223,442	2,775,788
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65	6500	AMBULANCE SERVICES	-9,329	1,473,674
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY	-814	894,978
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		
83	8300	KIDNEY ACQUISITION		
84	8400	LIVER ACQUISITION		
85	8500	HEART ACQUISITION		
86	8600	OTHER ORGAN ACQUISITION		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		SPEC PURPOSE COST CENTERS		
92	9200	AMBULATORY SURGICAL CENTER (D.P.)		
93	9300	HOSPICE		98,217
95		SUBTOTALS	-9,904,443	91,782,235
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		10,668,459
99	9900	NONPAID WORKERS		
100	7955	OTHER NONREIMBURSABLE COST CENTERS		
100.02	7950	MEMORIAL HOSPITAL FOUNDATION		130,689
100.03	7951	MKT/PHY SERVICES		1,369,126
100.04	7952	COMMUNITY EDUCATION		418,155
100.06	7953	MAB		
100.08	7954	PUBLIC RELATIONS		527,808
100.09	7958	UNUSED SPACE		
101		TOTAL	-9,904,443	104,896,472

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	PULMONARY	5302	ELECTROCARDIOLOGY
53.02	CARDIOPULMONARY	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	IMED	6001	CLINIC
60.02	ONCOLOGY	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.02	MEMORIAL HOSPITAL FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.03	MKT/PHY SERVICES	7951	OTHER NONREIMBURSABLE COST CENTERS
100.04	COMMUNITY EDUCATION	7952	OTHER NONREIMBURSABLE COST CENTERS
100.06	MAB	7953	OTHER NONREIMBURSABLE COST CENTERS
100.08	PUBLIC RELATIONS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.09	UNUSED SPACE	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
		1	2	3	4	5
1	PULMONARY FUNCTION TESTING	A	PULMONARY	53.01	39,336	
2	LABOR AND DELIVERY	B	DELIVERY ROOM & LABOR ROOM	39	378,434	59,298
3	CAFETERIA	C	CAFETERIA	12	582,863	381,910
36	TOTAL RECLASSIFICATIONS				1,000,633	441,208

(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	DECREASE CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
		1	6	7	8	9	10
1	PULMONARY FUNCTION TESTING	A	RESPIRATORY THERAPY	49	39,336		
2	LABOR AND DELIVERY	B	ADULTS & PEDIATRICS	25	378,434	59,298	
3	CAFETERIA	C	DIETARY	11	582,863	381,910	
36	TOTAL RECLASSIFICATIONS				1,000,633	441,208	

(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 : PULMONARY FUNCTION TESTING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PULMONARY	53.01	39,336	RESPIRATORY THERAPY	49	39,336
TOTAL RECLASSIFICATIONS FOR CODE A			39,336			39,336

RECLASS CODE: B
EXPLANATION : LABOR AND DELIVERY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	437,732	ADULTS & PEDIATRICS	25	437,732
TOTAL RECLASSIFICATIONS FOR CODE B			437,732			437,732

RECLASS CODE: C
EXPLANATION : CAFETERIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	964,773	DIETARY	11	964,773
TOTAL RECLASSIFICATIONS FOR CODE C			964,773			964,773

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS 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	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	3,969,660	56,165		56,165		4,025,825	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	83,075,167	7,404,364		7,404,364		90,479,531	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	42,493,530	10,977,018		10,977,018		53,470,548	
7	SUBTOTAL	129,538,357	18,437,547		18,437,547		147,975,904	
8	RECONCILING ITEMS							
9	TOTAL	129,538,357	18,437,547		18,437,547		147,975,904	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	147,975,904		147,975,904	1.000000				
4	NEW CAP REL COSTS-MV								
5	TOTAL	147,975,904		147,975,904	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	10,838,757		-2,337,632				8,501,125
4	NEW CAP REL COSTS-MV							
5	TOTAL	10,838,757		-2,337,632				8,501,125

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	10,848,060						10,848,060
4	NEW CAP REL COSTS-MV							
5	TOTAL	10,848,060						10,848,060

* All lines numbers except line 5 are to be consistent with Workhseet 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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-13,988	ADMINISTRATIVE & GENERAL	6	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-5,650,171			
13	SALE OF SCRAP, WASTE, ETC.	B	-1,359	ADMINISTRATIVE & GENERAL	6	
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15	LAUNDRY AND LINEN SERVICE	B	-743	LAUNDRY & LINEN SERVICE	9	
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-396,214	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-234,056	PHARMACY	16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-25,468	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	B	-9,140	CAFETERIA	12	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	OTHER ADJUSTMENTS (SPECIFY)					
38	OTHER	B	-522	ADMINISTRATIVE & GENERAL	6	
39	MAINTENANCE	B	-98	MAINTENANCE & REPAIRS	7	
40	MISC. REVENUE	B	-32,313	ADMINISTRATIVE & GENERAL	6	
41	TELEPHONE DEPRECIATION	A	-9,606	NEW CAP REL COSTS-BLDG &	3	9
42	ADVERTISING - BENEFITS	A	-37,301	EMPLOYEE BENEFITS	5	
43	ADVERTISING - CLINIC	B	-67	IMED	60.01	
44	ADVERTISING - ONCOLOGY	A	-832	ONCOLOGY	60.02	
45	ADVERTISING - AMBULANCE	A	-4,827	AMBULANCE SERVICES	65	
46	AHA LIVES - 1993	A	303	NEW CAP REL COSTS-BLDG &	3	9
47	CLINICAL ENGINEERING	B	-1,227	MAINTENANCE & REPAIRS	7	
48	CRNA EXPENSE	A	-1,076,063	ANESTHESIOLOGY	40	
49	MISC. PROC. CENTER	B	-2,080	ADMINISTRATIVE & GENERAL	6	
49.01	MISC. SKILLED	B	120	SKILLED NURSING FACILITY	34	
49.02	MISC. ONCOLOGY	B	-700	ONCOLOGY	60.02	
49.03	MISC. LAB	B	-47,593	LABORATORY	44	
49.04	MISC. CARDIOPULMONARY	B	-575	CARDIOPULMONARY	53.02	
49.05	MISC. STERILE PROCESSING	B	-5,732	CENTRAL SERVICES & SUPPLY	15	
49.06	MISC. AMBULANCE	B	-4,502	AMBULANCE SERVICES	65	
49.07						
49.08	ACCOUNTS PAYABLE DISCOUNT	B	-7,879	ADMINISTRATIVE & GENERAL	6	
49.09	INTEREST	B	-2,337,632	NEW CAP REL COSTS-BLDG &	3	11
49.10	AHA IHA LOBBYING DUES	A	-3,364	ADMINISTRATIVE & GENERAL	6	
49.12	MISC. HOME HEALTH	B	-814	HOME HEALTH AGENCY	71	
50	TOTAL (SUM OF LINES 1 THRU 49)		-9,904,443			

(1) Description - all chapter references in this columnpertain 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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	61	ER SALARY	2,222,418	2,222,418					
2	40	ANESTHISIA SALARY	1,585,609	1,585,609					
3	60 1	IMED SALARY	177,377	177,377					
4									
5									
6	6	A&G CONTRACTED	16,500	16,500					
7	40	ANESTHESIA - CONTRACTED	497,764	497,764					
8	41	RADIOLOGY - CONTACTED	1,406	1,406					
9	44	LAB - CONTRACTED	53,079	53,079					
10	49	RT - CONTRACTED	42,151	42,151					
11	50	PT - CONTRACTED	8,872	8,872					
12	53	EKG - CONTRACTED	1,021,031	1,021,031					
13	60 1	IMED - CONTACTED	22,940	22,940					
14	61	ER - CONTRACTED	1,024	1,024					
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	5,650,171	5,650,171					

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	61	ER SALARY							2,222,418
2	40	ANESTHISIA SALARY							1,585,609
3	60	1 IMED SALARY							177,377
4									
5									
6	6	A&G CONTRACTED							16,500
7	40	ANESTHESIA - CONTRACTED							497,764
8	41	RADIOLOGY - CONTACTED							1,406
9	44	LAB - CONTRACTED							53,079
10	49	RT - CONTRACTED							42,151
11	50	PT - CONTRACTED							8,872
12	53	EKG - CONTRACTED							1,021,031
13	60	1 IMED - CONTACTED							22,940
14	61	ER - CONTRACTED							1,024
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							5,650,171

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I NOT A CMS WORKSHEET I

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

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET B I PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL
		0	1	2	3	4	5	5a.00
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &	8,501,125			8,501,125			
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	11,593,297			39,746		11,633,043	
006	ADMINISTRATIVE & GENERAL	10,460,171			1,603,278		1,194,352	13,257,801
007	MAINTENANCE & REPAIRS	5,424,227			788,799		323,678	6,536,704
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	321,177			26,110		45,398	392,685
010	HOUSEKEEPING	1,086,622			26,733		189,642	1,302,997
011	DIETARY	621,592			86,380		80,877	788,849
012	CAFETERIA	559,419			27,479		125,529	712,427
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	314,982					64,972	379,954
015	CENTRAL SERVICES & SUPPLY	450,618			22,100		53,511	526,229
016	PHARMACY	6,839,395			36,801		253,559	7,129,755
017	MEDICAL RECORDS & LIBRARY	877,181			57,835		164,669	1,099,685
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	6,198,229			886,865		1,246,371	8,331,465
026	INTENSIVE CARE UNIT	2,342,492			287,587		484,370	3,114,449
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER	1,055,193			80,793		183,244	1,319,230
031 01	SUBPROVIDER 2	723,778			118,478		126,863	969,119
033	NURSERY							
034	SKILLED NURSING FACILITY	1,210,275			155,818		249,244	1,615,337
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,856,258			375,501		672,268	6,904,027
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	437,732			57,310		81,502	576,544
040	ANESTHESIOLOGY	534,159					643,976	1,178,135
041	RADIOLOGY-DIAGNOSTIC	3,101,083			254,423		373,633	3,729,139
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE	626,219			19,514		38,969	684,702
044	LABORATORY	4,921,994			107,539		419,446	5,448,979
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	1,231,123			63,367		199,625	1,494,115
050	PHYSICAL THERAPY	1,726,293			117,081		319,757	2,163,131
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	3,473,329			130,275		252,175	3,855,779
053 01	PULMONARY	39,336			8,962		8,472	56,770
053 02	CARDIOPULMONARY	82,437			11,492		16,250	110,179
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED	3,570,067						3,570,067
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL	165,605			29,651		31,797	227,053
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	354,825			116,514		57,477	528,816
060 01	IMED	480,752			64,142		103,945	648,839
060 02	ONCOLOGY	1,358,593			167,463		100,311	1,626,367
061	EMERGENCY	2,775,788			218,217		1,027,505	4,021,510
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	1,473,674			41,129		283,712	1,798,515
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	894,978			35,667		161,968	1,092,613
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	98,217			13,484		18,056	129,757

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET B I PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
		0	1	2	3	4	5	5a.00
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	91,782,235			6,076,533		9,597,123	87,321,723
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				20,592			20,592
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	10,668,459			1,213,852		1,742,794	13,625,105
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100 02	MEMORIAL HOSPITAL FOUNDAT	130,689			8,754		28,090	167,533
100 03	MKT/PHY SERVICES	1,369,126			114,717		165,075	1,648,918
100 04	COMMUNITY EDUCATION	418,155			2,987		68,821	489,963
100 06	MAB							
100 08	PUBLIC RELATIONS	527,808			32,071		31,140	591,019
100 09	UNUSED SPACE				1,031,619			1,031,619
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	104,896,472			8,501,125		11,633,043	104,896,472

		COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
			6	7	8	9	10	11	12
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL	13,257,801						
007		MAINTENANCE & REPAIRS	945,698	7,482,402					
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE	56,812	38,781		488,278			
010		HOUSEKEEPING	188,511	39,706			1,531,214		
011		DIETARY	114,127	128,299			26,534	1,057,809	
012		CAFETERIA	103,070	40,815			8,441		864,753
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION	54,970						4,481
015		CENTRAL SERVICES & SUPPLY	76,132	32,824		824	6,788		10,843
016		PHARMACY	1,031,497	54,659			11,304		19,152
017		MEDICAL RECORDS & LIBRARY	159,097	85,902			17,766		25,392
018		SOCIAL SERVICE							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	1,205,355	1,317,249		175,654	272,422	541,051	155,578
026		INTENSIVE CARE UNIT	450,583	427,149		48,996	88,339	169,147	51,764
027		CORONARY CARE UNIT							
028		BURN INTENSIVE CARE UNIT							
029		SURGICAL INTENSIVE CARE U							
031		SUBPROVIDER	190,860	120,000		9,275	24,817	101,854	20,818
031	01	SUBPROVIDER 2	140,207	175,974		13,972	36,393	51,788	13,881
033		NURSERY							
034		SKILLED NURSING FACILITY	233,699	231,435		43,808	47,863	193,969	33,840
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	998,840	557,727		78,993	115,344		75,450
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO	83,412	85,122		3,685	17,604		
040		ANESTHESIOLOGY	170,447						13,711
041		RADIOLOGY-DIAGNOSTIC	539,513	377,891		38,533	78,152		39,283
042		RADIOLOGY-THERAPEUTIC							
043		RADIOISOTOPE	99,059	28,983			5,994		2,825
044		LABORATORY	788,331	159,726		332	33,033		52,326
045		PBP CLINICAL LAB SERVICES							
046		WHOLE BLOOD & PACKED RED							
047		BLOOD STORING, PROCESSING							
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	216,161	94,119			19,465		22,552
050		PHYSICAL THERAPY	312,951	173,899		7,402	35,964		32,392
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY	557,835	193,496		14,488	40,017		23,270
053	01	PULMONARY	8,213	13,311			2,753		
053	02	CARDIOPULMONARY	15,940	17,070			3,530		1,711
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED	516,499						
056		DRUGS CHARGED TO PATIENTS							
057		RENAL DIALYSIS							
058		ASC (NON-DISTINCT PART)							
059		PSYCHIATRIC/PSYCHOLOGICAL	32,849	44,040			9,108		3,020
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	76,506	173,057			35,790		
060	01	IMED	93,871	95,269		241	19,703		9,338
060	02	ONCOLOGY	235,295	248,730		2,336	51,440		11,976
061		EMERGENCY	581,812	324,115		49,739	67,031		48,614
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES	260,200	61,089			12,634		41,953
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	158,074	52,975			10,956		17,282
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
086		OTHER ORGAN ACQUISITION							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	18,773	20,027			4,142		1,294

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	10,715,199	5,413,439		488,278	1,103,327	1,057,809	732,746
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	2,979	30,585			6,325		
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	1,971,188	1,802,918			372,866		95,488
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100 02	MEMORIAL HOSPITAL FOUNDAT	24,238	13,002			2,689		2,134
100 03	MKT/PHY SERVICES	238,557	170,387			35,238		21,417
100 04	COMMUNITY EDUCATION	70,885	4,437			918		10,008
100 06	MAB							
100 08	PUBLIC RELATIONS	85,506	47,634			9,851		2,960
100 09	UNUSED SPACE	149,249						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	13,257,801	7,482,402		488,278	1,531,214	1,057,809	864,753

	COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		13	14	15	16	17	18	20
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION		439,405					
015	CENTRAL SERVICES & SUPPLY			653,640				
016	PHARMACY				8,246,367			
017	MEDICAL RECORDS & LIBRARY					1,387,842		
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		259,582		2,849	90,291		
026	INTENSIVE CARE UNIT		86,367		597	31,276		
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER		34,735		68	17,223		
031 01	SUBPROVIDER 2		23,159			8,713		
033	NURSERY							
034	SKILLED NURSING FACILITY				22	9,549		
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				4,577	161,880		
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO					19,260		
040	ANESTHESIOLOGY					16,401		
041	RADIOLOGY-DIAGNOSTIC				164,488	194,895		
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE					34,144		
044	LABORATORY				76	133,751		
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				131,499	18,778		
050	PHYSICAL THERAPY				2,615	30,829		
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY				342	118,880		
053 01	PULMONARY					3,607		
053 02	CARDIOPULMONARY					2,985		
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED			653,640	211	128,374		
056	DRUGS CHARGED TO PATIENTS				7,649,335	229,900		
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC					7,745		
060 01	IMED		15,580		86,970	5,376		
060 02	ONCOLOGY		19,982		3	42,622		
061	EMERGENCY				4,326	57,400		
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES				6,154	14,976		
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY				364	8,987		
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE				1,913			

	COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		13	14	15	16	17	18	20
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		439,405	653,640	8,056,409	1,387,842		
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC				188,919			
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100 02	MEMORIAL HOSPITAL FOUNDAT							
100 03	MKT/PHY SERVICES							
100 04	COMMUNITY EDUCATION				1,039			
100 06	MAB							
100 08	PUBLIC RELATIONS							
100 09	UNUSED SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL		439,405	653,640	8,246,367	1,387,842		

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		21	22	23	24	25	26	27
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS					12,351,496		12,351,496
026	INTENSIVE CARE UNIT					4,468,667		4,468,667
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER					1,838,880		1,838,880
031 01	SUBPROVIDER 2					1,433,206		1,433,206
033	NURSERY							
034	SKILLED NURSING FACILITY					2,409,522		2,409,522
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM					8,896,838		8,896,838
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO					785,627		785,627
040	ANESTHESIOLOGY					1,378,694		1,378,694
041	RADIOLOGY-DIAGNOSTIC					5,161,894		5,161,894
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE					855,707		855,707
044	LABORATORY					6,616,554		6,616,554
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY					1,996,689		1,996,689
050	PHYSICAL THERAPY					2,759,183		2,759,183
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY					4,804,107		4,804,107
053 01	PULMONARY					84,654		84,654
053 02	CARDIOPULMONARY					151,415		151,415
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED					4,868,791		4,868,791
056	DRUGS CHARGED TO PATIENTS					7,879,235		7,879,235
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL					316,070		316,070
	OUTPAT SERVICE COST CNTRS							
060	CLINIC					821,914		821,914
060 01	IMED					975,187		975,187
060 02	ONCOLOGY					2,238,751		2,238,751
061	EMERGENCY					5,154,547		5,154,547
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES					2,195,521		2,195,521
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY					1,341,251		1,341,251
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE					175,906		175,906

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		21	22	23	24	25	26	27
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS					81,960,306		81,960,306
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					60,481		60,481
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC					18,056,484		18,056,484
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100 02	MEMORIAL HOSPITAL FOUNDAT					209,596		209,596
100 03	MKT/PHY SERVICES					2,114,517		2,114,517
100 04	COMMUNITY EDUCATION					577,250		577,250
100 06	MAB							
100 08	PUBLIC RELATIONS					736,970		736,970
100 09	UNUSED SPACE					1,180,868		1,180,868
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL					104,896,472		104,896,472

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED 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
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				39,746		39,746	39,746
006	ADMINISTRATIVE & GENERAL				1,603,278		1,603,278	4,082
007	MAINTENANCE & REPAIRS				788,799		788,799	1,106
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE				26,110		26,110	155
010	HOUSEKEEPING				26,733		26,733	648
011	DIETARY				86,380		86,380	276
012	CAFETERIA				27,479		27,479	429
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							222
015	CENTRAL SERVICES & SUPPLY				22,100		22,100	183
016	PHARMACY				36,801		36,801	867
017	MEDICAL RECORDS & LIBRARY				57,835		57,835	563
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				886,865		886,865	4,259
026	INTENSIVE CARE UNIT				287,587		287,587	1,655
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER				80,793		80,793	626
031 01	SUBPROVIDER 2				118,478		118,478	434
033	NURSERY							
034	SKILLED NURSING FACILITY				155,818		155,818	852
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				375,501		375,501	2,297
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO				57,310		57,310	279
040	ANESTHESIOLOGY							2,201
041	RADIOLOGY-DIAGNOSTIC				254,423		254,423	1,277
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE				19,514		19,514	133
044	LABORATORY				107,539		107,539	1,433
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				63,367		63,367	682
050	PHYSICAL THERAPY				117,081		117,081	1,093
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY				130,275		130,275	862
053 01	PULMONARY				8,962		8,962	29
053 02	CARDIOPULMONARY				11,492		11,492	56
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL				29,651		29,651	109
	OUTPAT SERVICE COST CNTRS							
060	CLINIC				116,514		116,514	196
060 01	IMED				64,142		64,142	355
060 02	ONCOLOGY				167,463		167,463	343
061	EMERGENCY				218,217		218,217	3,511
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES				41,129		41,129	970
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY				35,667		35,667	554
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE				13,484		13,484	62

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	COST CENTER DESCRIPTION	DIR ASSGNED 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
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS				6,076,533		6,076,533	32,799
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				20,592		20,592	
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC				1,213,852		1,213,852	5,946
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100 02	MEMORIAL HOSPITAL FOUNDAT				8,754		8,754	96
100 03	MKT/PHY SERVICES				114,717		114,717	564
100 04	COMMUNITY EDUCATION				2,987		2,987	235
100 06	MAB							
100 08	PUBLIC RELATIONS				32,071		32,071	106
100 09	UNUSED SPACE				1,031,619		1,031,619	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				8,501,125		8,501,125	39,746

		COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
			6	7	8	9	10	11	12
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL	1,607,360						
007		MAINTENANCE & REPAIRS	114,654	904,559					
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE	6,888	4,688		37,841			
010		HOUSEKEEPING	22,855	4,800			55,036		
011		DIETARY	13,836	15,510			954	116,956	
012		CAFETERIA	12,496	4,934			303		45,641
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION	6,664						237
015		CENTRAL SERVICES & SUPPLY	9,230	3,968		64	244		572
016		PHARMACY	125,056	6,608			406		1,011
017		MEDICAL RECORDS & LIBRARY	19,288	10,385			639		1,340
018		SOCIAL SERVICE							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	146,134	159,244		13,611	9,792	59,821	8,212
026		INTENSIVE CARE UNIT	54,627	51,639		3,797	3,175	18,702	2,732
027		CORONARY CARE UNIT							
028		BURN INTENSIVE CARE UNIT							
029		SURGICAL INTENSIVE CARE U							
031		SUBPROVIDER	23,139	14,507		719	892	11,261	1,099
031	01	SUBPROVIDER 2	16,998	21,274		1,083	1,308	5,726	733
033		NURSERY							
034		SKILLED NURSING FACILITY	28,333	27,978		3,395	1,720	21,446	1,786
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	121,097	67,424		6,122	4,146		3,982
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO	10,113	10,290		286	633		
040		ANESTHESIOLOGY	20,664						724
041		RADIOLOGY-DIAGNOSTIC	65,409	45,684		2,986	2,809		2,073
042		RADIOLOGY-THERAPEUTIC							
043		RADIOISOTOPE	12,010	3,504			215		149
044		LABORATORY	95,575	19,310		26	1,187		2,762
045		PBP CLINICAL LAB SERVICES							
046		WHOLE BLOOD & PACKED RED							
047		BLOOD STORING, PROCESSING							
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	26,207	11,378			700		1,190
050		PHYSICAL THERAPY	37,941	21,023		574	1,293		1,710
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY	67,630	23,392		1,123	1,438		1,228
053	01	PULMONARY	996	1,609			99		
053	02	CARDIOPULMONARY	1,933	2,064			127		90
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED	62,619						
056		DRUGS CHARGED TO PATIENTS							
057		RENAL DIALYSIS							
058		ASC (NON-DISTINCT PART)							
059		PSYCHIATRIC/PSYCHOLOGICAL	3,983	5,324			327		159
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	9,275	20,921			1,286		
060	01	IMED	11,381	11,517		19	708		493
060	02	ONCOLOGY	28,526	30,069		181	1,849		632
061		EMERGENCY	70,537	39,183		3,855	2,409		2,566
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES	31,546	7,385			454		2,214
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	19,164	6,404			394		912
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
086		OTHER ORGAN ACQUISITION							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	2,276	2,421			149		68

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,299,080	654,437		37,841	39,656	116,956	38,674
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	361	3,698			227		
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	239,003	217,959			13,402		5,040
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100 02	MEMORIAL HOSPITAL FOUNDAT	2,939	1,572			97		113
100 03	MKT/PHY SERVICES	28,922	20,598			1,267		1,130
100 04	COMMUNITY EDUCATION	8,594	536			33		528
100 06	MAB							
100 08	PUBLIC RELATIONS	10,366	5,759			354		156
100 09	UNUSED SPACE	18,095						
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,607,360	904,559		37,841	55,036	116,956	45,641

	COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		13	14	15	16	17	18	20
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION		7,123					
015	CENTRAL SERVICES & SUPPLY			36,361				
016	PHARMACY				170,749			
017	MEDICAL RECORDS & LIBRARY					90,050		
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		4,208		59	5,863		
026	INTENSIVE CARE UNIT		1,400		12	2,031		
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER		563		1	1,118		
031 01	SUBPROVIDER 2		375			566		
033	NURSERY							
034	SKILLED NURSING FACILITY					620		
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				95	10,511		
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO					1,251		
040	ANESTHESIOLOGY					1,065		
041	RADIOLOGY-DIAGNOSTIC				3,406	12,655		
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE					2,217		
044	LABORATORY				2	8,685		
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				2,723	1,219		
050	PHYSICAL THERAPY				54	2,002		
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY				7	7,719		
053 01	PULMONARY					234		
053 02	CARDIOPULMONARY					194		
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED			36,361	4	8,336		
056	DRUGS CHARGED TO PATIENTS				158,386	14,862		
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC					503		
060 01	IMED		253		1,801	349		
060 02	ONCOLOGY		324			2,767		
061	EMERGENCY				90	3,727		
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES				127	972		
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY				8	584		
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE				40			

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		13	14	15	16	17	18	20
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		7,123	36,361	166,815	90,050		
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC				3,912			
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100 02	MEMORIAL HOSPITAL FOUNDAT							
100 03	MKT/PHY SERVICES							
100 04	COMMUNITY EDUCATION				22			
100 06	MAB							
100 08	PUBLIC RELATIONS							
100 09	UNUSED SPACE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		7,123	36,361	170,749	90,050		

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		21	22	23	24	25	26	27
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS					1,298,068		1,298,068
026	INTENSIVE CARE UNIT					427,357		427,357
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER					134,718		134,718
031 01	SUBPROVIDER 2					166,975		166,975
033	NURSERY							
034	SKILLED NURSING FACILITY					241,948		241,948
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM					591,175		591,175
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO					80,162		80,162
040	ANESTHESIOLOGY					24,654		24,654
041	RADIOLOGY-DIAGNOSTIC					390,722		390,722
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE					37,742		37,742
044	LABORATORY					236,519		236,519
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY					107,466		107,466
050	PHYSICAL THERAPY					182,771		182,771
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY					233,674		233,674
053 01	PULMONARY					11,929		11,929
053 02	CARDIOPULMONARY					15,956		15,956
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED					107,320		107,320
056	DRUGS CHARGED TO PATIENTS					173,248		173,248
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL					39,553		39,553
	OUTPAT SERVICE COST CNTRS							
060	CLINIC					148,695		148,695
060 01	IMED					91,018		91,018
060 02	ONCOLOGY					232,154		232,154
061	EMERGENCY					344,095		344,095
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES					84,797		84,797
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY					63,687		63,687
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE					18,500		18,500

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		21	22	23	24	25	26	27
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS					5,484,903		5,484,903
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					24,878		24,878
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC					1,699,114		1,699,114
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100 02	MEMORIAL HOSPITAL FOUNDAT					13,571		13,571
100 03	MKT/PHY SERVICES					167,198		167,198
100 04	COMMUNITY EDUCATION					12,935		12,935
100 06	MAB							
100 08	PUBLIC RELATIONS					48,812		48,812
100 09	UNUSED SPACE					1,049,714		1,049,714
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL					8,501,125		8,501,125

		COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCIL- IATION
			1	2	3	4	5	6a.00
		GENERAL SERVICE COST						
001		OLD CAP REL COSTS-BLD						
002		OLD CAP REL COSTS-MVB						
003		NEW CAP REL COSTS-BLD			614,705			
004		NEW CAP REL COSTS-MVB						
005		EMPLOYEE BENEFITS			2,874		54,015,018	
006		ADMINISTRATIVE & GENE			115,931		5,545,657	-13,257,801
007		MAINTENANCE & REPAIRS			57,037		1,502,915	
008		OPERATION OF PLANT						
009		LAUNDRY & LINEN SERVI			1,888		210,793	
010		HOUSEKEEPING			1,933		880,551	
011		DIETARY			6,246		375,532	
012		CAFETERIA			1,987		582,863	
013		MAINTENANCE OF PERSON						
014		NURSING ADMINISTRATIO					301,680	
015		CENTRAL SERVICES & SU			1,598		248,464	
016		PHARMACY			2,661		1,177,333	
017		MEDICAL RECORDS & LIB			4,182		764,596	
018		SOCIAL SERVICE						
020		NONPHYSICIAN ANESTHET						
021		NURSING SCHOOL						
022		I&R SERVICES-SALARY &						
023		I&R SERVICES-OTHER PR						
024		PARAMED ED PRGM						
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS			64,128		5,787,198	
026		INTENSIVE CARE UNIT			20,795		2,249,043	
027		CORONARY CARE UNIT						
028		BURN INTENSIVE CARE U						
029		SURGICAL INTENSIVE CA						
031		SUBPROVIDER			5,842		850,843	
031	01	SUBPROVIDER 2			8,567		589,053	
033		NURSERY						
034		SKILLED NURSING FACIL			11,267		1,157,297	
035		NURSING FACILITY						
035	01	ICF/MR						
036		OTHER LONG TERM CARE						
		ANCILLARY SRVC COST C						
037		OPERATING ROOM			27,152		3,121,500	
038		RECOVERY ROOM						
039		DELIVERY ROOM & LABOR			4,144		378,434	
040		ANESTHESIOLOGY					2,990,132	
041		RADIOLOGY-DIAGNOSTIC			18,397		1,734,865	
042		RADIOLOGY-THERAPEUTIC						
043		RADIOISOTOPE			1,411		180,943	
044		LABORATORY			7,776		1,947,589	
045		PBP CLINICAL LAB SERV						
046		WHOLE BLOOD & PACKED						
047		BLOOD STORING, PROCES						
048		INTRAVENOUS THERAPY						
049		RESPIRATORY THERAPY			4,582		926,908	
050		PHYSICAL THERAPY			8,466		1,484,709	
051		OCCUPATIONAL THERAPY						
052		SPEECH PATHOLOGY						
053		ELECTROCARDIOLOGY			9,420		1,170,910	
053	01	PULMONARY			648		39,336	
053	02	CARDIOPULMONARY			831		75,451	
054		ELECTROENCEPHALOGRAPH						
055		MEDICAL SUPPLIES CHAR						
056		DRUGS CHARGED TO PATI						
057		RENAL DIALYSIS						
058		ASC (NON-DISTINCT PAR						
059		PSYCHIATRIC/PSYCHOLOG			2,144		147,640	
		OUTPAT SERVICE COST C						
060		CLINIC			8,425		266,881	
060	01	IMED			4,638		482,643	
060	02	ONCOLOGY			12,109		465,767	
061		EMERGENCY			15,779		4,770,951	
062		OBSERVATION BEDS (NON						
		OTHER REIMBURS COST C						
064		HOME PROGRAM DIALYSIS						
065		AMBULANCE SERVICES			2,974		1,317,341	
066		DURABLE MEDICAL EQUIP						
067		DURABLE MEDICAL EQUIP						
069		CORF						
070		I&R SERVICES-NOT APPR						
071		HOME HEALTH AGENCY			2,579		752,058	
082		LUNG ACQUISITION						
		SPEC PURPOSE COST CEN						
083		KIDNEY ACQUISITION						
084		LIVER ACQUISITION						

	COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE	EMPLOYEE BENE FITS (GROSS SALARIES	RECONCIL- IATION
		1	2	3	4	5	6a.00
	SPEC PURPOSE COST CEN						
085	HEART ACQUISITION						
086	OTHER ORGAN ACQUISITI						
092	AMBULATORY SURGICAL C						
093	HOSPICE			975		83,839	
095	SUBTOTALS			439,386		44,561,715	-13,257,801
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE			1,489			
097	RESEARCH						
098	PHYSICIANS' PRIVATE O			87,772		8,092,249	
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE						
100 02	MEMORIAL HOSPITAL FOU			633		130,428	
100 03	MKT/PHY SERVICES			8,295		766,483	
100 04	COMMUNITY EDUCATION			216		319,552	
100 06	MAB						
100 08	PUBLIC RELATIONS			2,319		144,591	
100 09	UNUSED SPACE			74,595			
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)			8,501,125		11,633,043	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)			13.829601		.215367	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III					39,746	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000736	

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (DAYS)	CAFETERIA (HOURS)
		6	7	8	9	10	11	12
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE	91,638,671						
007	MAINTENANCE & REPAIRS	6,536,704	364,268					
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI	392,685	1,888		896,669			
010	HOUSEKEEPING	1,302,997	1,933			360,447		
011	DIETARY	788,849	6,246			6,246	30,087	
012	CAFETERIA	712,427	1,987			1,987		1,647,020
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	379,954						8,535
015	CENTRAL SERVICES & SU	526,229	1,598		1,513	1,598		20,652
016	PHARMACY	7,129,755	2,661			2,661		36,477
017	MEDICAL RECORDS & LIB	1,099,685	4,182			4,182		48,361
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	8,331,465	64,128		322,574	64,128	15,389	296,318
026	INTENSIVE CARE UNIT	3,114,449	20,795		89,975	20,795	4,811	98,590
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER	1,319,230	5,842		17,033	5,842	2,897	39,651
031 01	SUBPROVIDER 2	969,119	8,567		25,658	8,567	1,473	26,437
033	NURSERY							
034	SKILLED NURSING FACIL	1,615,337	11,267		80,449	11,267	5,517	64,452
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	6,904,027	27,152		145,061	27,152		143,704
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR	576,544	4,144		6,767	4,144		
040	ANESTHESIOLOGY	1,178,135						26,114
041	RADIOLOGY-DIAGNOSTIC	3,729,139	18,397		70,761	18,397		74,819
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE	684,702	1,411			1,411		5,381
044	LABORATORY	5,448,979	7,776		609	7,776		99,661
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	1,494,115	4,582			4,582		42,952
050	PHYSICAL THERAPY	2,163,131	8,466		13,593	8,466		61,694
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	3,855,779	9,420		26,605	9,420		44,321
053 01	PULMONARY	56,770	648			648		
053 02	CARDIOPULMONARY	110,179	831			831		3,259
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR	3,570,067						
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PAR							
059	PSYCHIATRIC/PSYCHOLOG	227,053	2,144			2,144		5,751
	OUTPAT SERVICE COST C							
060	CLINIC	528,816	8,425			8,425		
060 01	IMED	648,839	4,638		442	4,638		17,785
060 02	ONCOLOGY	1,626,367	12,109		4,289	12,109		22,810
061	EMERGENCY	4,021,510	15,779		91,340	15,779		92,591
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	1,798,515	2,974			2,974		79,905
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	1,092,613	2,579			2,579		32,916
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(DAYS)	(HOURS)
		6	7	8	9	10	11	12
	SPEC PURPOSE COST CEN							
085	HEART ACQUISITION							
086	OTHER ORGAN ACQUISITI							
092	AMBULATORY SURGICAL C							
093	HOSPICE	129,757	975			975		2,464
095	SUBTOTALS	74,063,922	263,544		896,669	259,723	30,087	1,395,600
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	20,592	1,489			1,489		
097	RESEARCH							
098	PHYSICIANS' PRIVATE O	13,625,105	87,772			87,772		181,867
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE							
100 02	MEMORIAL HOSPITAL FOU	167,533	633			633		4,064
100 03	MKT/PHY SERVICES	1,648,918	8,295			8,295		40,791
100 04	COMMUNITY EDUCATION	489,963	216			216		19,061
100 06	MAB							
100 08	PUBLIC RELATIONS	591,019	2,319			2,319		5,637
100 09	UNUSED SPACE	1,031,619						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	13,257,801	7,482,402		488,278	1,531,214	1,057,809	864,753
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.144675	20.540926		.544547	4.248098	35.158341	.525041
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	1,607,360	904,559		37,841	55,036	116,956	45,641
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.017540	2.483224		.042202	.152688	3.887260	.027711

		COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED EQUIS.)	PHARMACY (COSTED EQUIS.)	MEDICAL RECORDS & LIBRARY (Revenues)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
			13	14	15	16	17	18	20
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
002		OLD CAP REL COSTS-MVB							
003		NEW CAP REL COSTS-BLD							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENE							
007		MAINTENANCE & REPAIRS							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVI							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
013		MAINTENANCE OF PERSON							
014		NURSING ADMINISTRATIO		501,591					
015		CENTRAL SERVICES & SU			100				
016		PHARMACY				5,736,116			
017		MEDICAL RECORDS & LIB					178,795,342		
018		SOCIAL SERVICE							
020		NONPHYSICIAN ANESTHET							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY &							
023		I&R SERVICES-OTHER PR							
024		PARAMED ED PRGM							
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS		296,318		1,982	11,632,441		
026		INTENSIVE CARE UNIT		98,590		415	4,029,401		
027		CORONARY CARE UNIT							
028		BURN INTENSIVE CARE U							
029		SURGICAL INTENSIVE CA							
031		SUBPROVIDER		39,651		47	2,218,840		
031	01	SUBPROVIDER 2		26,437			1,122,540		
033		NURSERY							
034		SKILLED NURSING FACIL				15	1,230,229		
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST C							
037		OPERATING ROOM				3,184	20,855,446		
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR					2,481,300		
040		ANESTHESIOLOGY					2,112,972		
041		RADIOLOGY-DIAGNOSTIC				114,417	25,108,907		
042		RADIOLOGY-THERAPEUTIC							
043		RADIOISOTOPE					4,398,886		
044		LABORATORY				53	17,231,475		
045		PBP CLINICAL LAB SERV							
046		WHOLE BLOOD & PACKED							
047		BLOOD STORING, PROCES							
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY				91,470	2,419,217		
050		PHYSICAL THERAPY				1,819	3,971,778		
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY				238	15,315,583		
053	01	PULMONARY					464,686		
053	02	CARDIOPULMONARY					384,527		
054		ELECTROENCEPHALOGRAPH							
055		MEDICAL SUPPLIES CHAR			100	147	16,538,810		
056		DRUGS CHARGED TO PATI				5,320,823	29,614,634		
057		RENAL DIALYSIS							
058		ASC (NON-DISTINCT PAR							
059		PSYCHIATRIC/PSYCHOLOG							
		OUTPAT SERVICE COST C							
060		CLINIC					997,773		
060	01	IMED		17,785		60,496	692,647		
060	02	ONCOLOGY		22,810		2	5,491,055		
061		EMERGENCY				3,009	7,394,960		
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES				4,281	1,929,422		
066		DURABLE MEDICAL EQUIP							
067		DURABLE MEDICAL EQUIP							
069		CORF							
070		I&R SERVICES-NOT APPR							
071		HOME HEALTH AGENCY				253	1,157,813		
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CEN							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							

	COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED EQUIS.)	PHARMACY (COSTED EQUIS.)	MEDICAL RECORDS & LIBRARY (Revenues)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
		13	14	15	16	17	18	20
	SPEC PURPOSE COST CEN							
085	HEART ACQUISITION							
086	OTHER ORGAN ACQUISITI							
092	AMBULATORY SURGICAL C							
093	HOSPICE				1,331			
095	SUBTOTALS		501,591	100	5,603,982	178,795,342		
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH							
098	PHYSICIANS' PRIVATE O				131,411			
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE							
100 02	MEMORIAL HOSPITAL FOU							
100 03	MKT/PHY SERVICES							
100 04	COMMUNITY EDUCATION				723			
100 06	MAB							
100 08	PUBLIC RELATIONS							
100 09	UNUSED SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		439,405	653,640	8,246,367	1,387,842		
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.876022	6,536.400000	1.437622	.007762		
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III		7,123	36,361	170,749	90,050		
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.014201	363.610000	.029767	.000504		

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

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

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,351,496		12,351,496		12,351,496
26	INTENSIVE CARE UNIT	4,468,667		4,468,667		4,468,667
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	1,838,880		1,838,880		1,838,880
31 01	SUBPROVIDER 2	1,433,206		1,433,206		1,433,206
33	NURSERY					
34	SKILLED NURSING FACILITY	2,409,522		2,409,522		2,409,522
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,896,838		8,896,838		8,896,838
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	785,627		785,627		785,627
40	ANESTHESIOLOGY	1,378,694		1,378,694		1,378,694
41	RADIOLOGY-DIAGNOSTIC	5,161,894		5,161,894		5,161,894
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	855,707		855,707		855,707
44	LABORATORY	6,616,554		6,616,554		6,616,554
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,996,689		1,996,689		1,996,689
50	PHYSICAL THERAPY	2,759,183		2,759,183		2,759,183
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	4,804,107		4,804,107		4,804,107
53 01	PULMONARY	84,654		84,654		84,654
53 02	CARDIOPULMONARY	151,415		151,415		151,415
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,868,791		4,868,791		4,868,791
56	DRUGS CHARGED TO PATIENTS	7,879,235		7,879,235		7,879,235
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	316,070		316,070		316,070
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	821,914		821,914		821,914
60 01	IMED	975,187		975,187		975,187
60 02	ONCOLOGY	2,238,751		2,238,751		2,238,751
61	EMERGENCY	5,154,547		5,154,547		5,154,547
62	OBSERVATION BEDS (NON-DIS	1,297,689		1,297,689		1,297,689
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	2,195,521		2,195,521		2,195,521
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	81,740,838		81,740,838		81,740,838
102	LESS OBSERVATION BEDS	1,297,689		1,297,689		1,297,689
103	TOTAL	80,443,149		80,443,149		80,443,149

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	11,632,441		11,632,441			
26	INTENSIVE CARE UNIT	4,029,401		4,029,401			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,218,840		2,218,840			
31 01	SUBPROVIDER 2	1,122,540		1,122,540			
33	NURSERY						
34	SKILLED NURSING FACILITY	1,230,229		1,230,229			
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,330,679	16,524,766	20,855,445	.426595	.426595	.426595
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,163,079	318,221	2,481,300	.316619	.316619	.316619
40	ANESTHESIOLOGY	690,126	1,422,846	2,112,972	.652490	.652490	.652490
41	RADIOLOGY-DIAGNOSTIC	3,333,444	21,775,463	25,108,907	.205580	.205580	.205580
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	448,908	3,949,978	4,398,886	.194528	.194528	.194528
44	LABORATORY	4,492,069	12,739,406	17,231,475	.383981	.383981	.383981
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,614,152	805,065	2,419,217	.825345	.825345	.825345
50	PHYSICAL THERAPY	2,190,712	1,781,067	3,971,779	.694697	.694697	.694697
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,408,483	7,907,100	15,315,583	.313674	.313674	.313674
53 01	PULMONARY	183,201	281,485	464,686	.182175	.182175	.182175
53 02	CARDIOPULMONARY	422	384,105	384,527	.393769	.393769	.393769
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	11,178,749	5,360,061	16,538,810	.294386	.294386	.294386
56	DRUGS CHARGED TO PATIENTS	15,353,034	14,261,600	29,614,634	.266059	.266059	.266059
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL		321,427	321,427	.983334	.983334	.983334
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	26,009	971,764	997,773	.823748	.823748	.823748
60 01	IMED		692,647	692,647	1.407913	1.407913	1.407913
60 02	ONCOLOGY	117,159	5,373,896	5,491,055	.407709	.407709	.407709
61	EMERGENCY	1,519,397	5,875,563	7,394,960	.697035	.697035	.697035
62	OBSERVATION BEDS (NON-DIS		1,189,776	1,189,776	1.090700	1.090700	1.090700
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	618,799	1,310,623	1,929,422	1.137916	1.137916	1.137916
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	75,901,873	103,246,859	179,148,732			
102	LESS OBSERVATION BEDS						
103	TOTAL	75,901,873	103,246,859	179,148,732			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0115
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,351,496		12,351,496		12,351,496
26	INTENSIVE CARE UNIT	4,468,667		4,468,667		4,468,667
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	1,838,880		1,838,880		1,838,880
31 01	SUBPROVIDER 2	1,433,206		1,433,206		1,433,206
33	NURSERY					
34	SKILLED NURSING FACILITY	2,409,522		2,409,522		2,409,522
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,896,838		8,896,838		8,896,838
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	785,627		785,627		785,627
40	ANESTHESIOLOGY	1,378,694		1,378,694		1,378,694
41	RADIOLOGY-DIAGNOSTIC	5,161,894		5,161,894		5,161,894
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	855,707		855,707		855,707
44	LABORATORY	6,616,554		6,616,554		6,616,554
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,996,689		1,996,689		1,996,689
50	PHYSICAL THERAPY	2,759,183		2,759,183		2,759,183
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	4,804,107		4,804,107		4,804,107
53 01	PULMONARY	84,654		84,654		84,654
53 02	CARDIOPULMONARY	151,415		151,415		151,415
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,868,791		4,868,791		4,868,791
56	DRUGS CHARGED TO PATIENTS	7,879,235		7,879,235		7,879,235
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	316,070		316,070		316,070
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	821,914		821,914		821,914
60 01	IMED	975,187		975,187		975,187
60 02	ONCOLOGY	2,238,751		2,238,751		2,238,751
61	EMERGENCY	5,154,547		5,154,547		5,154,547
62	OBSERVATION BEDS (NON-DIS	1,297,689		1,297,689		1,297,689
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	2,195,521		2,195,521		2,195,521
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	81,740,838		81,740,838		81,740,838
102	LESS OBSERVATION BEDS	1,297,689		1,297,689		1,297,689
103	TOTAL	80,443,149		80,443,149		80,443,149

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0115
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	11,632,441		11,632,441			
26	INTENSIVE CARE UNIT	4,029,401		4,029,401			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,218,840		2,218,840			
31 01	SUBPROVIDER 2	1,122,540		1,122,540			
33	NURSERY						
34	SKILLED NURSING FACILITY	1,230,229		1,230,229			
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,330,679	16,524,766	20,855,445	.426595	.426595	.426595
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,163,079	318,221	2,481,300	.316619	.316619	.316619
40	ANESTHESIOLOGY	690,126	1,422,846	2,112,972	.652490	.652490	.652490
41	RADIOLOGY-DIAGNOSTIC	3,333,444	21,775,463	25,108,907	.205580	.205580	.205580
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	448,908	3,949,978	4,398,886	.194528	.194528	.194528
44	LABORATORY	4,492,069	12,739,406	17,231,475	.383981	.383981	.383981
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,614,152	805,065	2,419,217	.825345	.825345	.825345
50	PHYSICAL THERAPY	2,190,712	1,781,067	3,971,779	.694697	.694697	.694697
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,408,483	7,907,100	15,315,583	.313674	.313674	.313674
53 01	PULMONARY	183,201	281,485	464,686	.182175	.182175	.182175
53 02	CARDIOPULMONARY	422	384,105	384,527	.393769	.393769	.393769
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	11,178,749	5,360,061	16,538,810	.294386	.294386	.294386
56	DRUGS CHARGED TO PATIENTS	15,353,034	14,261,600	29,614,634	.266059	.266059	.266059
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL		321,427	321,427	.983334	.983334	.983334
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	26,009	971,764	997,773	.823748	.823748	.823748
60 01	IMED		692,647	692,647	1.407913	1.407913	1.407913
60 02	ONCOLOGY	117,159	5,373,896	5,491,055	.407709	.407709	.407709
61	EMERGENCY	1,519,397	5,875,563	7,394,960	.697035	.697035	.697035
62	OBSERVATION BEDS (NON-DIS		1,189,776	1,189,776	1.090700	1.090700	1.090700
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	618,799	1,310,623	1,929,422	1.137916	1.137916	1.137916
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	75,901,873	103,246,859	179,148,732			
102	LESS OBSERVATION BEDS						
103	TOTAL	75,901,873	103,246,859	179,148,732			

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET C 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,896,838	591,175	8,305,663			8,896,838
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	785,627	80,162	705,465			785,627
40	ANESTHESIOLOGY	1,378,694	24,654	1,354,040			1,378,694
41	RADIOLOGY-DIAGNOSTIC	5,161,894	390,722	4,771,172			5,161,894
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	855,707	37,742	817,965			855,707
44	LABORATORY	6,616,554	236,519	6,380,035			6,616,554
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,996,689	107,466	1,889,223			1,996,689
50	PHYSICAL THERAPY	2,759,183	182,771	2,576,412			2,759,183
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,804,107	233,674	4,570,433			4,804,107
53 01	PULMONARY	84,654	11,929	72,725			84,654
53 02	CARDIOPULMONARY	151,415	15,956	135,459			151,415
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,868,791	107,320	4,761,471			4,868,791
56	DRUGS CHARGED TO PATIENTS	7,879,235	173,248	7,705,987			7,879,235
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	316,070	39,553	276,517			316,070
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	821,914	148,695	673,219			821,914
60 01	IMED	975,187	91,018	884,169			975,187
60 02	ONCOLOGY	2,238,751	232,154	2,006,597			2,238,751
61	EMERGENCY	5,154,547	344,095	4,810,452			5,154,547
62	OBSERVATION BEDS (NON-DIS	1,297,689	136,318	1,161,371			1,297,689
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	2,195,521	84,797	2,110,724			2,195,521
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	59,239,067	3,269,968	55,969,099			59,239,067
102	LESS OBSERVATION BEDS	1,297,689	136,318	1,161,371			1,297,689
103	TOTAL	57,941,378	3,133,650	54,807,728			57,941,378

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
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	20,855,445	.426595	.426595
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROO	2,481,300	.316619	.316619
40		ANESTHESIOLOGY	2,112,972	.652490	.652490
41		RADIOLOGY-DIAGNOSTIC	25,108,907	.205580	.205580
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE	4,398,886	.194528	.194528
44		LABORATORY	17,231,475	.383981	.383981
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING			
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	2,419,217	.825345	.825345
50		PHYSICAL THERAPY	3,971,779	.694697	.694697
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY	15,315,583	.313674	.313674
53	01	PULMONARY	464,686	.182175	.182175
53	02	CARDIOPULMONARY	384,527	.393769	.393769
54		ELECTROENCEPHALOGRAPHY			
55		MEDICAL SUPPLIES CHARGED	16,538,810	.294386	.294386
56		DRUGS CHARGED TO PATIENTS	29,614,634	.266059	.266059
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
59		PSYCHIATRIC/PSYCHOLOGICAL	321,427	.983334	.983334
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	997,773	.823748	.823748
60	01	IMED	692,647	1.407913	1.407913
60	02	ONCOLOGY	5,491,055	.407709	.407709
61		EMERGENCY	7,394,960	.697035	.697035
62		OBSERVATION BEDS (NON-DIS	1,189,776	1.090700	1.090700
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES	1,929,422	1.137916	1.137916
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	158,915,281		
102		LESS OBSERVATION BEDS	1,189,776		
103		TOTAL	157,725,505		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III,COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,896,838	591,175	8,305,663	59,118	481,728	8,355,992
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	785,627	80,162	705,465	8,016	40,917	736,694
40	ANESTHESIOLOGY	1,378,694	24,654	1,354,040	2,465	78,534	1,297,695
41	RADIOLOGY-DIAGNOSTIC	5,161,894	390,722	4,771,172	39,072	276,728	4,846,094
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	855,707	37,742	817,965	3,774	47,442	804,491
44	LABORATORY	6,616,554	236,519	6,380,035	23,652	370,042	6,222,860
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,996,689	107,466	1,889,223	10,747	109,575	1,876,367
50	PHYSICAL THERAPY	2,759,183	182,771	2,576,412	18,277	149,432	2,591,474
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,804,107	233,674	4,570,433	23,367	265,085	4,515,655
53 01	PULMONARY	84,654	11,929	72,725	1,193	4,218	79,243
53 02	CARDIOPULMONARY	151,415	15,956	135,459	1,596	7,857	141,962
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,868,791	107,320	4,761,471	10,732	276,165	4,581,894
56	DRUGS CHARGED TO PATIENTS	7,879,235	173,248	7,705,987	17,325	446,947	7,414,963
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	316,070	39,553	276,517	3,955	16,038	296,077
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	821,914	148,695	673,219	14,870	39,047	767,997
60 01	IMED	975,187	91,018	884,169	9,102	51,282	914,803
60 02	ONCOLOGY	2,238,751	232,154	2,006,597	23,215	116,383	2,099,153
61	EMERGENCY	5,154,547	344,095	4,810,452	34,410	279,006	4,841,131
62	OBSERVATION BEDS (NON-DIS	1,297,689	136,318	1,161,371	13,632	67,360	1,216,697
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	2,195,521	84,797	2,110,724	8,480	122,422	2,064,619
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	59,239,067	3,269,968	55,969,099	326,998	3,246,208	55,665,861
102	LESS OBSERVATION BEDS	1,297,689	136,318	1,161,371	13,632	67,360	1,216,697
103	TOTAL	57,941,378	3,133,650	54,807,728	313,366	3,178,848	54,449,164

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
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	20,855,445	.400662	.423761
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROO	2,481,300	.296898	.313389
40		ANESTHESIOLOGY	2,112,972	.614156	.651324
41		RADIOLOGY-DIAGNOSTIC	25,108,907	.193003	.204024
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE	4,398,886	.182885	.193670
44		LABORATORY	17,231,475	.361133	.382608
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING			
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	2,419,217	.775609	.820903
50		PHYSICAL THERAPY	3,971,779	.652472	.690095
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY	15,315,583	.294841	.312149
53	01	PULMONARY	464,686	.170530	.179607
53	02	CARDIOPULMONARY	384,527	.369186	.389619
54		ELECTROENCEPHALOGRAPHY			
55		MEDICAL SUPPLIES CHARGED	16,538,810	.277039	.293737
56		DRUGS CHARGED TO PATIENTS	29,614,634	.250382	.265474
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
59		PSYCHIATRIC/PSYCHOLOGICAL	321,427	.921133	.971029
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	997,773	.769711	.808845
60	01	IMED	692,647	1.320735	1.394773
60	02	ONCOLOGY	5,491,055	.382286	.403481
61		EMERGENCY	7,394,960	.654653	.692382
62		OBSERVATION BEDS (NON-DIS	1,189,776	1.022627	1.079243
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES	1,929,422	1.070071	1.133521
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	158,915,281		
102		LESS OBSERVATION BEDS	1,189,776		
103		TOTAL	157,725,505		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET D I PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS				1,298,068		1,298,068
26		INTENSIVE CARE UNIT				427,357		427,357
27		CORONARY CARE UNIT						
28		BURN INTENSIVE CARE UNIT						
29		SURGICAL INTENSIVE CARE U						
31		SUBPROVIDER				134,718		134,718
31	01	SUBPROVIDER 2				166,975		166,975
33		NURSERY						
101		TOTAL				2,027,118		2,027,118

I PROVIDER NO: I PERIOD: I PREPARED 12/ 8/2008
15-0115 I FROM 7/ 1/2007 I WORKSHEET D
I TO 6/30/2008 I PART I

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A PPS

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
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	17,968	7,366			72.24	532,120
26		INTENSIVE CARE UNIT	4,811	3,071			88.83	272,797
27		CORONARY CARE UNIT						
28		BURN INTENSIVE CARE UNIT						
29		SURGICAL INTENSIVE CARE U						
31		SUBPROVIDER	2,900	904			46.45	41,991
31	01	SUBPROVIDER 2	1,473	1,199			113.36	135,919
33		NURSERY	2,244					
101		TOTAL	29,396	12,540				982,827

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0115 I PREPARED 12/ 8/2008 I WORKSHEET D I PART II

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		591,175	20,855,445	1,814,462		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO		80,162	2,481,300	2,672		
40	ANESTHESIOLOGY		24,654	2,112,972	229,076		
41	RADIOLOGY-DIAGNOSTIC		390,722	25,108,907	2,493,191		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		37,742	4,398,886	244,559		
44	LABORATORY		236,519	17,231,475	2,701,364		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		107,466	2,419,217	698,263		
50	PHYSICAL THERAPY		182,771	3,971,779	635,989		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		233,674	15,315,583	3,216,570		
53 01	PULMONARY		11,929	464,686			
53 02	CARDIOPULMONARY		15,956	384,527			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		107,320	16,538,810	5,616,642		
56	DRUGS CHARGED TO PATIENTS		173,248	29,614,634	7,660,166		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL		39,553	321,427			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		148,695	997,773	17,292		
60 01	IMED		91,018	692,647			
60 02	ONCOLOGY		232,154	5,491,055			
61	EMERGENCY		344,095	7,394,960	839,437		
62	OBSERVATION BEDS (NON-DIS		136,318	1,189,776			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		3,185,171	156,985,859	26,169,683		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
15-0115		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.028346	51,433
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO	.032306	86
40		ANESTHESIOLOGY	.011668	2,673
41		RADIOLOGY-DIAGNOSTIC	.015561	38,797
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE	.008580	2,098
44		LABORATORY	.013726	37,079
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.044422	31,018
50		PHYSICAL THERAPY	.046017	29,266
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY	.015257	49,075
53	01	PULMONARY	.025671	
53	02	CARDIOPULMONARY	.041495	
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED	.006489	36,446
56		DRUGS CHARGED TO PATIENTS	.005850	44,812
57		RENAL DIALYSIS		
58		ASC (NON-DISTINCT PART)		
59		PSYCHIATRIC/PSYCHOLOGICAL	.123054	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.149027	2,577
60	01	IMED	.131406	
60	02	ONCOLOGY	.042279	
61		EMERGENCY	.046531	39,060
62		OBSERVATION BEDS (NON-DIS	.114575	
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		364,420

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

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET D 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
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS					17,968	
26		INTENSIVE CARE UNIT					4,811	
27		CORONARY CARE UNIT						
28		BURN INTENSIVE CARE UNIT						
29		SURGICAL INTENSIVE CARE U						
31		SUBPROVIDER					2,900	
31	01	SUBPROVIDER 2					1,473	
33		NURSERY					2,244	
34		SKILLED NURSING FACILITY					5,517	
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL					34,913	

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

PROVIDER NO: 15-0115
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D
PART III

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
			7	8
25		ADULTS & PEDIATRICS	7,366	
26		INTENSIVE CARE UNIT	3,071	
27		CORONARY CARE UNIT		
28		BURN INTENSIVE CARE UNIT		
29		SURGICAL INTENSIVE CARE U		
31		SUBPROVIDER	904	
31	01	SUBPROVIDER 2	1,199	
33		NURSERY		
34		SKILLED NURSING FACILITY	4,099	
35		NURSING FACILITY		
35	01	ICF/MR		
101		TOTAL	16,639	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0115 I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I COMPONENT NO: 15-0115
I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008
I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

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			20,855,445			1,814,462	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			2,481,300			2,672	
40	ANESTHESIOLOGY			2,112,972			229,076	
41	RADIOLOGY-DIAGNOSTIC			25,108,907			2,493,191	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,398,886			244,559	
44	LABORATORY			17,231,475			2,701,364	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,419,217			698,263	
50	PHYSICAL THERAPY			3,971,779			635,989	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			15,315,583			3,216,570	
53 01	PULMONARY			464,686				
53 02	CARDIOPULMONARY			384,527				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,538,810			5,616,642	
56	DRUGS CHARGED TO PATIENTS			29,614,634			7,660,166	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL			321,427				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			997,773			17,292	
60 01	IMED			692,647				
60 02	ONCOLOGY			5,491,055				
61	EMERGENCY			7,394,960			839,437	
62	OBSERVATION BEDS (NON-DIS			1,189,776				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			156,985,859			26,169,683	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0115 I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	2,817,472					
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	403,630					
41		RADIOLOGY-DIAGNOSTIC	9,006,241					
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE	1,236,069					
44		LABORATORY	489,469					
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	18,646					
50		PHYSICAL THERAPY	22,610					
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY	2,198,452					
53	01	PULMONARY						
53	02	CARDIOPULMONARY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED	1,563,477					
56		DRUGS CHARGED TO PATIENTS	4,945,150					
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
59		PSYCHIATRIC/PSYCHOLOGICAL						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	743,057					
60	01	IMED						
60	02	ONCOLOGY	1,986					
61		EMERGENCY	1,023,504					
62		OBSERVATION BEDS (NON-DIS	1,665,364					
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL	26,135,127					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008
COMPONENT NO: 15-0115 | WORKSHEET D PART V

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 Radialogy	Other Outpatient Diagnostic
		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.426595	.426595			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM	.316619	.316619			
40	ANESTHESIOLOGY	.652490	.652490			
41	RADIOLOGY-DIAGNOSTIC	.205580	.205580			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	.194528	.194528			
44	LABORATORY	.383981	.383981			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	.825345	.825345			
50	PHYSICAL THERAPY	.694697	.694697			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	.313674	.313674			
53 01	PULMONARY	.182175	.182175			
53 02	CARDIOPULMONARY	.393769	.393769			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.294386	.294386			
56	DRUGS CHARGED TO PATIENTS	.266059	.266059			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.983334	.983334			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.823748	.823748			
60 01	IMED	1.407913	1.407913			
60 02	ONCOLOGY	.407709	.407709			
61	EMERGENCY	.697035	.697035			
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.090700	1.090700			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	1.137916	1.137916			
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008
COMPONENT NO: 15-0115 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		2,817,472			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		403,630			
41	RADIOLOGY-DIAGNOSTIC		9,006,241	223		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE		1,236,069			
44	LABORATORY		489,469			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		18,646			
50	PHYSICAL THERAPY		22,610			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		2,198,452			
53 01	PULMONARY					
53 02	CARDIOPULMONARY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,563,477	99		
56	DRUGS CHARGED TO PATIENTS		4,945,150			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		743,057			
60 01	IMED					
60 02	ONCOLOGY		1,986			
61	EMERGENCY		1,023,504			
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,665,364			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		26,135,127	322		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		26,135,127	322		

(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

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | COMPONENT NO: 15-0115 | PREPARED 12/ 8/2008 | WORKSHEET D PART V

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				1,201,919	
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				263,365	
41	RADIOLOGY-DIAGNOSTIC				1,851,503	46
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE				240,450	
44	LABORATORY				187,947	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY				15,389	
50	PHYSICAL THERAPY				15,707	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				689,597	
53 01	PULMONARY					
53 02	CARDIOPULMONARY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				460,266	29
56	DRUGS CHARGED TO PATIENTS				1,315,702	
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC				612,092	
60 01	IMED					
60 02	ONCOLOGY				810	
61	EMERGENCY				713,418	
62	OBSERVATION BEDS (NON-DISTINCT PART)				1,816,413	
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL				9,384,578	75
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				9,384,578	75

(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: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0115 I PREPARED 12/ 8/2008 I WORKSHEET D I PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53 01	PULMONARY			
53 02	CARDIOPULMONARY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	IMED			
60 02	ONCOLOGY			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART VI
15-0115		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.266059
2	PROGRAM VACCINE CHARGES	3,127
3	PROGRAM COSTS	832

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S115 I PREPARED 12/ 8/2008 I WORKSHEET D I PART II

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		591,175	20,855,445			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO		80,162	2,481,300			
40	ANESTHESIOLOGY		24,654	2,112,972			
41	RADIOLOGY-DIAGNOSTIC		390,722	25,108,907	20,479		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		37,742	4,398,886			
44	LABORATORY		236,519	17,231,475	48,486		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		107,466	2,419,217	2,041		
50	PHYSICAL THERAPY		182,771	3,971,779	1,934		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		233,674	15,315,583	10,970		
53 01	PULMONARY		11,929	464,686			
53 02	CARDIOPULMONARY		15,956	384,527			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		107,320	16,538,810	3,225		
56	DRUGS CHARGED TO PATIENTS		173,248	29,614,634	174,909		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL		39,553	321,427			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		148,695	997,773			
60 01	IMED		91,018	692,647			
60 02	ONCOLOGY		232,154	5,491,055			
61	EMERGENCY		344,095	7,394,960	19,182		
62	OBSERVATION BEDS (NON-DIS		136,318	1,189,776			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		3,185,171	156,985,859	281,226		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
15-S115		

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.028346	
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO	.032306	
40		ANESTHESIOLOGY	.011668	
41		RADIOLOGY-DIAGNOSTIC	.015561	319
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE	.008580	
44		LABORATORY	.013726	666
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.044422	91
50		PHYSICAL THERAPY	.046017	89
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY	.015257	167
53	01	PULMONARY	.025671	
53	02	CARDIOPULMONARY	.041495	
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED	.006489	21
56		DRUGS CHARGED TO PATIENTS	.005850	1,023
57		RENAL DIALYSIS		
58		ASC (NON-DISTINCT PART)		
59		PSYCHIATRIC/PSYCHOLOGICAL	.123054	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.149027	
60	01	IMED	.131406	
60	02	ONCOLOGY	.042279	
61		EMERGENCY	.046531	893
62		OBSERVATION BEDS (NON-DIS	.114575	
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		3,269

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S115 I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I COMPONENT NO: 15-S115
I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008
I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

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			20,855,445				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			2,481,300				
40	ANESTHESIOLOGY			2,112,972				
41	RADIOLOGY-DIAGNOSTIC			25,108,907			20,479	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,398,886				
44	LABORATORY			17,231,475			48,486	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,419,217			2,041	
50	PHYSICAL THERAPY			3,971,779			1,934	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			15,315,583			10,970	
53 01	PULMONARY			464,686				
53 02	CARDIOPULMONARY			384,527				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,538,810			3,225	
56	DRUGS CHARGED TO PATIENTS			29,614,634			174,909	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL			321,427				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			997,773				
60 01	IMED			692,647				
60 02	ONCOLOGY			5,491,055				
61	EMERGENCY			7,394,960			19,182	
62	OBSERVATION BEDS (NON-DIS			1,189,776				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			156,985,859			281,226	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S115 I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-T115 I PREPARED 12/ 8/2008 I WORKSHEET D I PART II

TITLE XVIII, PART A SUBPROVIDER 2 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		591,175	20,855,445			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO		80,162	2,481,300			
40	ANESTHESIOLOGY		24,654	2,112,972			
41	RADIOLOGY-DIAGNOSTIC		390,722	25,108,907	22,170		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		37,742	4,398,886			
44	LABORATORY		236,519	17,231,475	57,299		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		107,466	2,419,217	26,062		
50	PHYSICAL THERAPY		182,771	3,971,779	437,640		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		233,674	15,315,583	20,563		
53 01	PULMONARY		11,929	464,686			
53 02	CARDIOPULMONARY		15,956	384,527			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		107,320	16,538,810	42,034		
56	DRUGS CHARGED TO PATIENTS		173,248	29,614,634	239,835		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL		39,553	321,427			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		148,695	997,773			
60 01	IMED		91,018	692,647			
60 02	ONCOLOGY		232,154	5,491,055			
61	EMERGENCY		344,095	7,394,960	180		
62	OBSERVATION BEDS (NON-DIS		136,318	1,189,776			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		3,185,171	156,985,859	845,783		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
15-T115		

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.028346	
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO	.032306	
40		ANESTHESIOLOGY	.011668	
41		RADIOLOGY-DIAGNOSTIC	.015561	345
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE	.008580	
44		LABORATORY	.013726	786
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.044422	1,158
50		PHYSICAL THERAPY	.046017	20,139
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY	.015257	314
53	01	PULMONARY	.025671	
53	02	CARDIOPULMONARY	.041495	
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED	.006489	273
56		DRUGS CHARGED TO PATIENTS	.005850	1,403
57		RENAL DIALYSIS		
58		ASC (NON-DISTINCT PART)		
59		PSYCHIATRIC/PSYCHOLOGICAL	.123054	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.149027	
60	01	IMED	.131406	
60	02	ONCOLOGY	.042279	
61		EMERGENCY	.046531	8
62		OBSERVATION BEDS (NON-DIS	.114575	
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		24,426

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I COMPONENT NO: 15-T115
I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008
I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 2 PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I COMPONENT NO: 15-T115

I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008

I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			20,855,445				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			2,481,300				
40	ANESTHESIOLOGY			2,112,972				
41	RADIOLOGY-DIAGNOSTIC			25,108,907			22,170	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,398,886				
44	LABORATORY			17,231,475			57,299	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,419,217			26,062	
50	PHYSICAL THERAPY			3,971,779			437,640	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			15,315,583			20,563	
53 01	PULMONARY			464,686				
53 02	CARDIOPULMONARY			384,527				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,538,810			42,034	
56	DRUGS CHARGED TO PATIENTS			29,614,634			239,835	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL			321,427				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			997,773				
60 01	IMED			692,647				
60 02	ONCOLOGY			5,491,055				
61	EMERGENCY			7,394,960			180	
62	OBSERVATION BEDS (NON-DIS			1,189,776				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			156,985,859			845,783	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-T115 I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 2 PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-5305 I PREPARED 12/ 8/2008 I WORKSHEET D I PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	PULMONARY						
53 02	CARDIOPULMONARY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	IMED						
60 02	ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-5305 I PREPARED 12/ 8/2008 I WORKSHEET D I PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM		
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC		
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE		
44		LABORATORY		
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY		
50		PHYSICAL THERAPY		
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY		
53	01	PULMONARY		
53	02	CARDIOPULMONARY		
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED		
56		DRUGS CHARGED TO PATIENTS		
57		RENAL DIALYSIS		
58		ASC (NON-DISTINCT PART)		
59		PSYCHIATRIC/PSYCHOLOGICAL		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	IMED		
60	02	ONCOLOGY		
61		EMERGENCY		
62		OBSERVATION BEDS (NON-DIS		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I COMPONENT NO: 15-5305

I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008

I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I COMPONENT NO: 15-5305

I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008

I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

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			20,855,445				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			2,481,300				
40	ANESTHESIOLOGY			2,112,972				
41	RADIOLOGY-DIAGNOSTIC			25,108,907			30,868	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,398,886			1,551	
44	LABORATORY			17,231,475			159,843	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,419,217			89,481	
50	PHYSICAL THERAPY			3,971,779			507,410	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			15,315,583			9,783	
53 01	PULMONARY			464,686				
53 02	CARDIOPULMONARY			384,527				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,538,810			121,860	
56	DRUGS CHARGED TO PATIENTS			29,614,634			1,143,107	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL			321,427				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			997,773			2,671	
60 01	IMED			692,647				
60 02	ONCOLOGY			5,491,055				
61	EMERGENCY			7,394,960				
62	OBSERVATION BEDS (NON-DIS			1,189,776				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			156,985,859			2,066,574	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-5305 I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
15-0115		

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)	17,968
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,968
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,968
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)	7,366
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	12,351,496
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	12,351,496
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,661,842
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,661,842
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.788636
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	871.65
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	12,351,496

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	687.42
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5,063,536
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5,063,536

		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	4,468,667	4,811	928.84	3,071	2,852,468
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	8,839,712
49	TOTAL PROGRAM INPATIENT COSTS	16,755,716
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	804,917
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	364,420
52	TOTAL PROGRAM EXCLUDABLE COST	1,169,337
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	15,586,379
	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, NURSINGFACILITY & ICF/MR ONLY

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
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	1,885
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	687.42
85	OBSERVATION BED COST	1,295,787

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		12,351,496		1,295,787	
87	NEW CAPITAL-RELATED COST	1,298,068	12,351,496	.105094	1,295,787	136,179
88	NON PHYSICIAN ANESTHETIST		12,351,496		1,295,787	
89	MEDICAL EDUCATION		12,351,496		1,295,787	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,900
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,900
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,900
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)	904
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	1,838,880
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	1,838,880
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,218,840
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,218,840
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.828757
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	765.12
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	1,838,880

TITLE XVIII PART A SUBPROVIDER I TEFRA

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	634.10
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	573,226
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	573,226

		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	90,154
49	TOTAL PROGRAM INPATIENT COSTS	663,380
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	41,991
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3,269
52	TOTAL PROGRAM EXCLUDABLE COST	45,260
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	618,120
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	99
55	TARGET AMOUNT PER DISCHARGE	11,162.06
56	TARGET AMOUNT	1,105,044
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	486,924
58	BONUS PAYMENT	22,101
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	8,172.33
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	6,383.54
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.	6,925
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	692,406
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 TEFRA

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
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	3
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	634.10
85	OBSERVATION BED COST	1,902

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		1,838,880		1,902	
87	NEW CAPITAL-RELATED COST	134,718	1,838,880	.073261	1,902	139
88	NON PHYSICIAN ANESTHETIST		1,838,880		1,902	
89	MEDICAL EDUCATION		1,838,880		1,902	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
15-T115		

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,473
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,473
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,473
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)	1,199
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	1,433,206
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	1,433,206
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,122,540
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,122,540
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.276753
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	762.08
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	1,433,206

TITLE XVIII PART A SUBPROVIDER II 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	972.98
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,166,603
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,166,603

		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	434,856
49	TOTAL PROGRAM INPATIENT COSTS	1,601,459
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	135,919
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	24,426
52	TOTAL PROGRAM EXCLUDABLE COST	160,345
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,441,114
	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 II PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
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	972.98
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		1,433,206			
87	NEW CAPITAL-RELATED COST	166,975	1,433,206	.116505		
88	NON PHYSICIAN ANESTHETIST		1,433,206			
89	MEDICAL EDUCATION		1,433,206			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

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)	5,517
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,517
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,517
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)	4,099
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	2,409,522
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	2,409,522
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,230,229
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,230,229
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.958596
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	222.99
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	2,409,522

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,409,522
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	436.74
68	PROGRAM ROUTINE SERVICE COST	1,790,197
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,790,197
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	241,948
72	PER DIEM CAPITAL-RELATED COSTS	43.85
73	PROGRAM CAPITAL-RELATED COSTS	179,741
74	INPATIENT ROUTINE SERVICE COST	1,610,456
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,610,456
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,790,197
80	PROGRAM INPATIENT ANCILLARY SERVICES	839,651
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,629,848

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)	17,968
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,968
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,968
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)	1,841
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)	2,244
16	NURSERY DAYS (TITLE V OR XIX ONLY)	781
	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	12,351,496
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	12,351,496
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,661,842
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,661,842
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.788636
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	871.65
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	12,351,496

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	687.42
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,265,540
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,265,540

		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)		2,244		781	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	4,468,667	4,811	928.84	135	125,393
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	380,017
49	TOTAL PROGRAM INPATIENT COSTS	1,770,950

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 HOSPITAL OTHER

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
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	1,885
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	687.42
85	OBSERVATION BED COST	1,295,787

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

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
15-S115		

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)	2,900
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,900
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,900
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)	373
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	1,838,880
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	1,838,880
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,218,840
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,218,840
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.828757
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	765.12
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	1,838,880

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	634.10
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	236,519
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	236,519

		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	92,182
49	TOTAL PROGRAM INPATIENT COSTS	328,701

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, NURSINGFACILITY & ICF/MR ONLY

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
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	3
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	634.10
85	OBSERVATION BED COST	1,902

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

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
15-T115		

TITLE XIX - I/P SUBPROVIDER II OTHER

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,473
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,473
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,473
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)	12
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	1,433,206
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	1,433,206
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,122,540
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,122,540
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.276753
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	762.08
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	1,433,206

TITLE XIX - I/P SUBPROVIDER II 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	972.98
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11,676
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11,676

		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					
49	TOTAL PROGRAM INPATIENT COSTS					11,676

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 II OTHER

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
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	972.98
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					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
15-5305		

TITLE XIX - I/P SNF OTHER

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,517
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,517
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,517
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)	76
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	
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	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,230,229
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,230,229
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	222.99
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	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2007	12/ 8/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET D-1
15-5305		PART III

TITLE XIX - I/P SNF OTHER

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
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	241,948
72	PER DIEM CAPITAL-RELATED COSTS	43.85
73	PROGRAM CAPITAL-RELATED COSTS	3,333
74	INPATIENT ROUTINE SERVICE COST	-3,333
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-3,333
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0115
COMPONENT NO: 15-0115
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		5,716,420	
26	INTENSIVE CARE UNIT		2,470,418	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.426595	1,814,462	774,040
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.316619	2,672	846
40	ANESTHESIOLOGY	.652490	229,076	149,470
41	RADIOLOGY-DIAGNOSTIC	.205580	2,493,191	512,550
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.194528	244,559	47,574
44	LABORATORY	.383981	2,701,364	1,037,272
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.825345	698,263	576,308
50	PHYSICAL THERAPY	.694697	635,989	441,820
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.313674	3,216,570	1,008,954
53 01	PULMONARY	.182175		
53 02	CARDIOPULMONARY	.393769		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.294386	5,616,642	1,653,461
56	DRUGS CHARGED TO PATIENTS	.266059	7,660,166	2,038,056
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.983334		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.823748	17,292	14,244
60 01	IMED	1.407913		
60 02	ONCOLOGY	.407709		
61	EMERGENCY	.697035	839,437	585,117
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.090700		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		26,169,683	8,839,712
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		26,169,683	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S115 I PREPARED 12/ 8/2008 I WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		708,075	
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.426595		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.316619		
40	ANESTHESIOLOGY	.652490		
41	RADIOLOGY-DIAGNOSTIC	.205580	20,479	4,210
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.194528		
44	LABORATORY	.383981	48,486	18,618
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.825345	2,041	1,685
50	PHYSICAL THERAPY	.694697	1,934	1,344
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.313674	10,970	3,441
53 01	PULMONARY	.182175		
53 02	CARDIOPULMONARY	.393769		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.294386	3,225	949
56	DRUGS CHARGED TO PATIENTS	.266059	174,909	46,536
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.983334		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.823748		
60 01	IMED	1.407913		
60 02	ONCOLOGY	.407709		
61	EMERGENCY	.697035	19,182	13,371
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.090700		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		281,226	90,154
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		281,226	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0115
COMPONENT NO: 15-T115
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2		937,918	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.426595		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.316619		
40	ANESTHESIOLOGY	.652490		
41	RADIOLOGY-DIAGNOSTIC	.205580	22,170	4,558
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.194528		
44	LABORATORY	.383981	57,299	22,002
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.825345	26,062	21,510
50	PHYSICAL THERAPY	.694697	437,640	304,027
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.313674	20,563	6,450
53 01	PULMONARY	.182175		
53 02	CARDIOPULMONARY	.393769		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.294386	42,034	12,374
56	DRUGS CHARGED TO PATIENTS	.266059	239,835	63,810
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.983334		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.823748		
60 01	IMED	1.407913		
60 02	ONCOLOGY	.407709		
61	EMERGENCY	.697035	180	125
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.090700		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		845,783	434,856
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		845,783	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0115
COMPONENT NO: 15-5305
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D-4

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
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.426595		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.316619		
40	ANESTHESIOLOGY	.652490		
41	RADIOLOGY-DIAGNOSTIC	.205580	30,868	6,346
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.194528	1,551	302
44	LABORATORY	.383981	159,843	61,377
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.825345	89,481	73,853
50	PHYSICAL THERAPY	.694697	507,410	352,496
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.313674	9,783	3,069
53 01	PULMONARY	.182175		
53 02	CARDIOPULMONARY	.393769		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.294386	121,860	35,874
56	DRUGS CHARGED TO PATIENTS	.266059	1,143,107	304,134
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.983334		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.823748	2,671	2,200
60 01	IMED	1.407913		
60 02	ONCOLOGY	.407709		
61	EMERGENCY	.697035		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.090700		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		2,066,574	839,651
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,066,574	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0115
COMPONENT NO: 15-0115
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D-4

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		521,566	
26		INTENSIVE CARE UNIT		67,948	
27		CORONARY CARE UNIT			
28		BURN INTENSIVE CARE UNIT			
29		SURGICAL INTENSIVE CARE UNIT			
31		SUBPROVIDER			
31	01	SUBPROVIDER 2			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.426595	78,842	33,634
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROOM	.316619	179,551	56,849
40		ANESTHESIOLOGY	.652490	29,099	18,987
41		RADIOLOGY-DIAGNOSTIC	.205580	56,980	11,714
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE	.194528	948	184
44		LABORATORY	.383981	110,085	42,271
45		PBP CLINICAL LAB SERVICES-PRGM ONLY			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS			
47		BLOOD STORING, PROCESSING & TRANS.			
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	.825345	52,229	43,107
50		PHYSICAL THERAPY	.694697	10,055	6,985
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY	.313674	44,149	13,848
53	01	PULMONARY	.182175	3,581	652
53	02	CARDIOPULMONARY	.393769		
54		ELECTROENCEPHALOGRAPHY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.294386	26,016	7,659
56		DRUGS CHARGED TO PATIENTS	.266059	435,878	115,969
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
59		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.983334		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.823748	2,536	2,089
60	01	IMED	1.407913		
60	02	ONCOLOGY	.407709	4,962	2,023
61		EMERGENCY	.697035	34,497	24,046
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.090700		
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-RENTED			
67		DURABLE MEDICAL EQUIP-SOLD			
101		TOTAL		1,069,408	380,017
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		1,069,408	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S115 I PREPARED 12/ 8/2008 I WORKSHEET D-4

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		760,426	
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.426595		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.316619		
40	ANESTHESIOLOGY	.652490		
41	RADIOLOGY-DIAGNOSTIC	.205580	11,641	2,393
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.194528		
44	LABORATORY	.383981	73,668	28,287
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.825345	6,937	5,725
50	PHYSICAL THERAPY	.694697	1,965	1,365
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.313674	3,185	999
53 01	PULMONARY	.182175		
53 02	CARDIOPULMONARY	.393769		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.294386	1,508	444
56	DRUGS CHARGED TO PATIENTS	.266059	125,727	33,451
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.983334		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.823748		
60 01	IMED	1.407913		
60 02	ONCOLOGY	.407709		
61	EMERGENCY	.697035	28,002	19,518
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.090700		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		252,633	92,182
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		252,633	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 6/30/2008	PART A
15-0115		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION	1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,542,101	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,894,498	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	8,005,283	
	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)	61,176	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	99.94	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-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	
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	E-3 PT 6 LN 15 PLUS LN 3.06	
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).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.41	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	11.90	
4.02	SUM OF LINES 4 AND 4.01	16.31	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	3.69	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	569,805	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5	TOTAL MEDICARE DISCHARGES ON WKST S-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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 6/30/2008	PART A
15-0115		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
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)	16,072,863	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
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)	16,072,863	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,357,108	
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	17,429,971	
17	PRIMARY PAYER PAYMENTS	5,000	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	17,424,971	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,945,529	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	13,688	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22	SUBTOTAL	15,465,754	
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	15,465,754	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	15,026,648	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	439,106	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

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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

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 6/30/2008	PART B
15-0115		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	907
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,384,578
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,868,615
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)	907
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	3,449
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	3,449
	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)	3,449
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,542
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	907
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,868,615
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,475,736
19	SUBTOTAL (SEE INSTRUCTIONS)	6,393,768
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	6,393,768
24	PRIMARY PAYER PAYMENTS	756
25	SUBTOTAL	6,393,012
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	6,393,012
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)	75
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	6,392,937
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,510,627
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-117,690
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

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0115 I PREPARED 12/ 8/2008 I WORKSHEET E-1

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			15,014,595		6,506,866
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	2/11/2008	12,053	2/11/2008	3,761
	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		12,053		3,761
4	TOTAL INTERIM PAYMENTS			15,026,648		6,510,627
	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:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S115 I PREPARED 12/ 8/2008 I WORKSHEET E-1

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			582,157		
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	2/ 1/2008	24,129		
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		-24,129		NONE
4	TOTAL INTERIM PAYMENTS			558,028		
	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:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-T115 I PREPARED 12/ 8/2008 I WORKSHEET E-1

TITLE XVIII SUBPROVIDER 2

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,547,052		
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			1,547,052		
	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:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 6/30/2008	
15-5305		

TITLE XVIII SNF

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,335,993		
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			1,335,993		
	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:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART I
15-S115		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	692,406
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	173,102
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	483,746
1.09	NET IPF PPS OUTLIER PAYMENTS	8,795
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)	7.915301
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) 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)	492,541
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	484,684
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	363,513
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)	665,643
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	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)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) 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)	665,643
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	665,643
7	DEDUCTIBLES	67,456
8	SUBTOTAL	598,187
9	COINSURANCE	36,208
10	SUBTOTAL	561,979
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	561,979
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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET E-3
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15-S115		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	561,979
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	558,028
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	3,951
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY ----------

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
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PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,472,340
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0127
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	19,045
1.05	OUTLIER PAYMENTS	106,157
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,597,542
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	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)) 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)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	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)	4.024590
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) 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)	1,597,542
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,597,542
7	DEDUCTIBLES	37,376
8	SUBTOTAL	1,560,166
9	COINSURANCE	
10	SUBTOTAL	1,560,166
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	1,560,166
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	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,560,166
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,547,052
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	13,114
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY ----------

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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15-5305		

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

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES		
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		1,432,497
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		1,432,497
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		1,432,497
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		1,432,497
36	COINSURANCE		96,504
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)		1,335,993
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		1,335,993
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,335,993
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		1,335,993
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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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
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1,770,950	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		1,770,950	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		1,770,950	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		589,514	
11	ANCILLARY SERVICE CHARGES		1,069,408	
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		1,658,922	
	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)		1,658,922	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		112,028	
23	COST OF COVERED SERVICES		1,770,950	
	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		1,770,950	
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		1,770,950	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		112,028	
35	SUBTOTAL		1,658,922	
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)		1,658,922	
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		1,658,922	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,658,922	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		1,658,922	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

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

		TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
				1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.				

CALCULATION OF REIMBURSEMENT SETTLEMENT

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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
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	328,701	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	328,701	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	328,701	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	152,230	
11	ANCILLARY SERVICE CHARGES	252,633	
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	404,863	
	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)	404,863	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	76,162	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	328,701	
	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	328,701	
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	328,701	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	328,701	
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)	328,701	
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	328,701	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	328,701	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	328,701	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		

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

		TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
				1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.				

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

		TITLE XIX SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		11,676	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		11,676	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		11,676	
	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		11,676	
23	COST OF COVERED SERVICES		11,676	
	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		11,676	
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		11,676	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		11,676	
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
15-T115		

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

		TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
				1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.				

BALANCE SHEET

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	13,138,196			
2	TEMPORARY INVESTMENTS	1,345,000			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	25,538,012			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	5,112,529			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	45,133,737			
	FIXED ASSETS				
12	LAND	4,025,825			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	90,479,531			
14.01	LESS ACCUMULATED DEPRECIATION	-36,295,298			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	53,470,548			
16.01	LESS ACCUMULATED DEPRECIATION	-23,064,311			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	88,616,295			
	OTHER ASSETS				
22	INVESTMENTS	50,420,941			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,197,000			
26	TOTAL OTHER ASSETS	52,617,941			
27	TOTAL ASSETS	186,367,973			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	4,325,519			
29	SALARIES, WAGES & FEES PAYABLE	10,158,442			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	1,345,000			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS	874,032			
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES				
36	TOTAL CURRENT LIABILITIES	16,702,993			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	55,148,603			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES				
42	TOTAL LONG-TERM LIABILITIES	55,148,603			
43	TOTAL LIABILITIES	71,851,596			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	114,516,377			
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	114,516,377			
52	TOTAL LIABILITIES AND FUND BALANCES	186,367,973			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		110,920,539		
2	NET INCOME (LOSS)		5,942,475		
3	TOTAL		116,863,014		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	NET ASSETS RELEASED FOR P	1,799,158			
5	CONTRIBUTIONS	512,151			
6					
7					
8					
9					
10	TOTAL ADDITIONS		2,311,309		
11	SUBTOTAL		119,174,323		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	CHANGE IN PENSION NET LOS	2,858,788			
13	NET ASSETS RELEASED	1,799,158			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		4,657,946		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		114,516,377		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: 15-0115 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET G-2 I PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	11,632,441		11,632,441
2	00	SUBPROVIDER	2,218,840		2,218,840
2	01	SUBPROVIDER 2	1,122,540		1,122,540
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
6	00	SKILLED NURSING FACILITY	1,230,229		1,230,229
7	00	NURSING FACILITY			
7	01	ICF/MR			
8	00	OTHER LONG TERM CARE			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	16,204,050		16,204,050
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	4,029,401		4,029,401
11	00	CORONARY CARE UNIT			
12	00	BURN INTENSIVE CARE UNIT			
13	00	SURGICAL INTENSIVE CARE UNIT			
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,029,401		4,029,401
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	20,233,451		20,233,451
17	00	ANCILLARY SERVICES	55,049,621	101,614,809	156,664,430
18	00	OUTPATIENT SERVICES			
19	00	HOME HEALTH AGENCY		1,157,813	1,157,813
20	00	AMBULANCE SERVICES	618,799	1,310,623	1,929,422
21	00	CORF			
22	00	AMBULATORY SURGICAL CENTER (D.P.)			
23	00	HOSPICE			
24	00	OTHER GSR		421,136	421,136
24	01	PHYSICIANS		30,137,463	30,137,463
24	02	OTHER		-173,977	-173,977
25	00	TOTAL PATIENT REVENUES	75,901,871	134,467,867	210,369,738

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		114,800,915
		ADD (SPECIFY)		
27	00	BAD DEBTS	6,847,955	
28	00			
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		6,847,955
		DEDUCT (SPECIFY)		
34	00	DEDUCT (SPECIFY)		
35	00			
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		
40	00	TOTAL OPERATING EXPENSES		121,648,870

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	210,369,738
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	86,395,679
3	NET PATIENT REVENUES	123,974,059
4	LESS: TOTAL OPERATING EXPENSES	121,648,870
5	NET INCOME FROM SERVICE TO PATIENTS	2,325,189
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	3,575,382
24.01	OTHER	68,135
24.02		
25	TOTAL OTHER INCOME	3,643,517
26	TOTAL	5,968,706
	OTHER EXPENSES	
27	RENTAL OPERATIONS	26,231
28		
29		
30	TOTAL OTHER EXPENSES	26,231
31	NET INCOME (OR LOSS) FOR THE PERIOD	5,942,475

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | HHA NO: 15-7222 | PREPARED 12/ 8/2008 | WORKSHEET H

HHA 1

		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	269,097			18,727	44,119	331,943
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	309,075		32,404			341,479
7	PHYSICAL THERAPY	16,550		14,086			30,636
8	OCCUPATIONAL THERAPY	22,277		4,014			26,291
9	SPEECH PATHOLOGY	1,719		225			1,944
10	MEDICAL SOCIAL SERVICES	461		117			578
11	HOME HEALTH AIDE	132,879		30,042			162,921
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHER						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	752,058		80,888	18,727	44,119	895,792

		RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
		7	8	9	10
	GENERAL SERVICE COST CENTERS				
1	CAP-REL COST-BLDG & FIX				
2	CAP-REL COST-MOV EQUIP				
3	PLANT OPER & MAINT				
4	TRANSPORTATION				
5	ADMIN & GENERAL	-18,268	313,675	-814	312,861
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		341,479		341,479
7	PHYSICAL THERAPY	16,549	47,185		47,185
8	OCCUPATIONAL THERAPY		26,291		26,291
9	SPEECH PATHOLOGY		1,944		1,944
10	MEDICAL SOCIAL SERVICES	1,719	2,297		2,297
11	HOME HEALTH AIDE		162,921		162,921
12	SUPPLIES				
13	DRUGS				
13.20	COST ADMINISTERING DRUGS				
14	DME				
	HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS				
16	RESPIRATORY THERAPY				
17	PRIVATE DUTY NURSING				
18	CLINIC				
19	HEALTH PROM ACTIVITIES				
20	DAY CARE PROGRAM				
21	HOME DEL MEALS PROGRAM				
22	HOMEMAKER SERVICE				
23	ALL OTHER				
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)		895,792	-814	894,978

COST ALLOCATION - HHA GENERAL SERVICE COST

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET H-4 PART I

HHA NO: 15-7222

HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
		0	1	2	3	4	4A	5
	GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3	PLANT OPER & MAINT							
4	TRANSPORTATION							
5	ADMINISTRATIVE & GENERAL	312,861					312,861	312,861
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	341,479					341,479	183,528
7	PHYSICAL THERAPY	47,185					47,185	25,360
8	OCCUPATIONAL THERAPY	26,291					26,291	14,130
9	SPEECH PATHOLOGY	1,944					1,944	1,045
10	MEDICAL SOCIAL SERVICES	2,297					2,297	1,235
11	HOME HEALTH AIDE	162,921					162,921	87,563
12	SUPPLIES							
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY							
17	PRIVATE DUTY NURSING							
18	CLINIC							
19	HEALTH PROM ACTIVITIES							
20	DAY CARE PROGRAM							
21	HOME DEL MEALS PROGRAM							
22	HOMEMAKER SERVICE							
23	ALL OTHERS							
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	894,978					894,978	

		TOTAL
		6
	GENERAL SERVICE COST CENTERS	
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	525,007
7	PHYSICAL THERAPY	72,545
8	OCCUPATIONAL THERAPY	40,421
9	SPEECH PATHOLOGY	2,989
10	MEDICAL SOCIAL SERVICES	3,532
11	HOME HEALTH AIDE	250,484
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	894,978

COST ALLOCATION -
HHA STATISTICAL BASIS

I PROVIDER NO: 15-0115 I HHA NO: 15-7222
I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008
I PREPARED 12/ 8/2008 I WORKSHEET H-4 I PART II

HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL					-312,861	582,117
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						341,479
7	PHYSICAL THERAPY						47,185
8	OCCUPATIONAL THERAPY						26,291
9	SPEECH PATHOLOGY						1,944
10	MEDICAL SOCIAL SERVICES						2,297
11	HOME HEALTH AIDE						162,921
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-312,861	582,117
25	COST TO BE ALLOCATED						312,861
26	UNIT COST MULIPLIER						.537454

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET H-5 PART I

HHA NO: 15-7222

HHA 1

	HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1	ADMIN & GENERAL				35,667		161,968
2	SKILLED NURSING CARE	525,007					
3	PHYSICAL THERAPY	72,545					
4	OCCUPATIONAL THERAPY	40,421					
5	SPEECH PATHOLOGY	2,989					
6	MEDICAL SOCIAL SERVICES	3,532					
7	HOME HEALTH AIDE	250,484					
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	894,978			35,667		161,968
21	UNIT COST MULIPLIER						

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

	HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1	ADMIN & GENERAL	197,635	28,593	52,975			10,956
2	SKILLED NURSING CARE	525,007	75,956				
3	PHYSICAL THERAPY	72,545	10,495				
4	OCCUPATIONAL THERAPY	40,421	5,848				
5	SPEECH PATHOLOGY	2,989	432				
6	MEDICAL SOCIAL SERVICES	3,532	511				
7	HOME HEALTH AIDE	250,484	36,239				
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	1,092,613	158,074	52,975			10,956
21	UNIT COST MULIPLIER						

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2007	12/ 8/2008
HHA NO:	TO 6/30/2008	WORKSHEET H-5
15-7222		PART I

HHA 1

HHA COST CENTER	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16
1 ADMIN & GENERAL		17,282				364
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		17,282				364
21 UNIT COST MULIPLIER						

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

HHA COST CENTER	MEDICAL RECORDS & LIBRAR 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL	8,987					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	8,987					
21 UNIT COST MULIPLIER						

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO: 15-0115
HHA NO: 15-7222
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET H-5 PART I

HHA 1

HHA	COST CENTER	PARAMED ED PROGRAM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL		316,792		316,792		
2	SKILLED NURSING CARE		600,963		600,963	185,835	786,798
3	PHYSICAL THERAPY		83,040		83,040	25,678	108,718
4	OCCUPATIONAL THERAPY		46,269		46,269	14,308	60,577
5	SPEECH PATHOLOGY		3,421		3,421	1,058	4,479
6	MEDICAL SOCIAL SERVICES		4,043		4,043	1,250	5,293
7	HOME HEALTH AIDE		286,723		286,723	88,663	375,386
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)		1,341,251		1,341,251	316,792	1,341,251
21	UNIT COST MULIPLIER					0.309229	

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO: 15-0115
HHA NO: 15-7222
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET H-5 PART II

HHA 1

	HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1	ADMIN & GENERAL			2,579		752,058	
2	SKILLED NURSING CARE						
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)			2,579		752,058	
21	COST TO BE ALLOCATED			35,667		161,968	
22	UNIT COST MULIPLIER			13.829779		0.215366	

	HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (DAYS) 11
1	ADMIN & GENERAL	197,635	2,579			2,579	
2	SKILLED NURSING CARE	525,007					
3	PHYSICAL THERAPY	72,545					
4	OCCUPATIONAL THERAPY	40,421					
5	SPEECH PATHOLOGY	2,989					
6	MEDICAL SOCIAL SERVICES	3,532					
7	HOME HEALTH AIDE	250,484					
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	1,092,613	2,579			2,579	
21	COST TO BE ALLOCATED	158,074	52,975			10,956	
22	UNIT COST MULIPLIER	0.144675	20.540907			4.248158	

ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS
STATISTICAL BASIS

PROVIDER NO: 15-0115
HHA NO: 15-7222
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET H-5
PART II

HHA 1

HHA COST CENTER	CAFETERIA (HOURS) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT SING HRS) 14	CENTRAL SERVICES & SUPPL (COSTED EQUIS.) 15	PHARMACY (COSTED EQUIS.) 16	MEDICAL RECORDS & LIBRAR (Revenues) 17
1 ADMIN & GENERAL	32,916				253	1,157,813
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	32,916				253	1,157,813
21 COST TO BE ALLOCATED	17,282				364	8,987
22 UNIT COST MULIPLIER	0.525033				1.438735	0.007762

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

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

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

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	786,798		786,798	3,883	202.63	1,007
2	PHYSICAL THERAPY	3	108,718		108,718	1,688	64.41	866
3	OCCUPATIONAL THERAPY	4	60,577		60,577	481	125.94	219
4	SPEECH PATHOLOGY	5	4,479		4,479	27	165.89	12
5	MEDICAL SOCIAL SERVICES	6	5,293		5,293	14	378.07	4
6	HOME HEALTH AIDE SERVICE	7	375,386		375,386	3,600	104.27	736
7	TOTAL		1,341,251		1,341,251	9,693		2,844

		-----PROGRAM VISITS----- ---------PART B--------- NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	----------COST OF SERVICES-------- ---------PART B--------- PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	998		204,048	202,225		406,273
2	PHYSICAL THERAPY	422		55,779	27,181		82,960
3	OCCUPATIONAL THERAPY	152		27,581	19,143		46,724
4	SPEECH PATHOLOGY	3		1,991	498		2,489
5	MEDICAL SOCIAL SERVICES	2		1,512	756		2,268
6	HOME HEALTH AIDE SERVICES	1,048		76,743	109,275		186,018
7	TOTAL	2,625		367,654	359,078		726,732

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

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

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

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

	SUPPLIES AND EQUIPMENT COST COMPUTATION / OTHER PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
			1	2	3	4	5	6
15	COST OF MEDICAL SUPPLIES	8.00				24,771		5,833
16	COST OF DRUGS	9.00						
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM COVERED CHARGES PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR
		7	8	9	10	11
15	COST OF MEDICAL SUPPLIES	18,561				
16	COST OF DRUGS					
16.20	COST OF DRUGS					

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

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

		FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
			1	2	3	4
1	PHYSICAL THERAPY	50	.694697			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51				COL 2, LN 3
3	SPEECH PATHOLOGY	52				COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.294386			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.266059			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE: PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	64.41					
2	OCCUPATIONAL THERAPY	3	125.94					
3	SPEECH PATHOLOGY	4	165.89					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	PROVIDER NO: 15-0115	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008 WORKSHEET H-7 PARTS I & II
	HHA NO: 15-7222		

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

		PART A 1	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES			
2	TOTAL CHARGES	394,231	333,883	
	CUSTOMARY CHARGES			
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6	TOTAL CUSTOMARY CHARGES	394,231	333,883	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	394,231	333,883	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	392,358	274,163
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	3,092	1,863
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	13,491	3,808
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		2,294
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		8,873
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	408,941	291,001
13	EXCESS REASONABLE COST		
14	SUBTOTAL	408,941	291,001
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	408,941	291,001
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	408,941	291,001
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	408,941	291,001
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	408,941	291,001
25	INTERIM PAYMENTS	408,941	291,001
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO: 15-0115
HHA NO: 15-7222
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET H-8

TITLE XVIII HHA 1

	DESCRIPTION		PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			408,941		291,001
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			408,941		291,001
	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:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0115
HOSPICE NO: -
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K

HOSPICE 1

		SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF			8,215	
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	83,839			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	83,839		8,215	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0115
HOSPICE NO: -
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K

HOSPICE 1

		OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF		8,215		8,215
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	6,163	90,002		90,002
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	6,163	98,217		98,217

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0115
HOSPICE NO: -

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET K

HOSPICE 1

		ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
	GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.		
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3	PLANT OPERATION AND MAINTENANCE		
4	TRANSPORTATION - STAFF		8,215
5	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL		
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPITE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		90,002
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30	BEREAVEMENT PROGRAM COSTS		
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)		98,217

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0115
HOSPICE NO: -
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-1

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	83,839			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	83,839			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0115
HOSPICE NO: -
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-1

HOSPICE 1

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

COMPENSATION ANALYSIS	PROVIDER NO: 15-0115	PERIOD: FROM 7/ 1/2007	PREPARED 12/ 8/2008
SALARIES AND WAGES	HOSPICE NO: -	TO 6/30/2008	WORKSHEET K-1

HOSPICE 1

		TOTAL (1) 9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	83,839
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	83,839

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0115
HOSPICE NO: -
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-4
PART I

HOSPICE 1

		NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
		0	1	2	3
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF	8,215			
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	90,002			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	98,217			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0115
HOSPICE NO: -
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-4
PART I

HOSPICE 1

		TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
		4	5	5A	6
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF	8,215			
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	8,215		98,217	
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	8,215		98,217	

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
HOSPICE GENERAL SERVICE COST	15-0115	FROM 7/ 1/2007	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2008	PART I
	-		

HOSPICE 1

		TOTAL (COL. 5A + COL. 6)
		7
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	98,217
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	98,217

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 15-0115
HOSPICE NO: -

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET K-4
PART II

HOSPICE 1

		CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				100
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				100
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30					
31					
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)				8,215
35	UNIT COST MULTIPLIER	.000000	.000000	.000000	82.150000

COST ALLOCATION - HOSPICE STATISTICAL BASIS	PROVIDER NO: 15-0115 HOSPICE NO: -	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008 WORKSHEET K-4 PART II

HOSPICE 1

		VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL			98,217
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			98,217
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30				
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
35	UNIT COST MULTIPLIER	.000000		.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0115 I HOSPICE NO: - I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET K-5 I PART I

HOSPICE 1

	HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
			0	1	2	3
1.00	ADMINISTRATIVE AND GENERAL	6				13,484
2.00	INPATIENT - GENERAL CARE	7				
3.00	INPATIENT - RESPITE CARE	8				
4.00	PHYSICIAN SERVICES	9				
5.00	NURSING CARE	10	98,217			
5.20	NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00	PHYSICAL THERAPY	11				
7.00	OCCUPATIONAL THERAPY	12				
8.00	SPEECH/LANGUAGE PATHOLOGY	13				
9.00	MEDICAL SOCIAL SERVICES	14				
10.00	SPIRITUAL COUNSELING	15				
11.00	DIETARY COUNSELING	16				
12.00	COUNSELING - OTHER	17				
13.00	HOME HEALTH AIDE AND HOMEMAKER	18				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00		19				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30	ANALGESICS	20.30				
15.31	SEDATIVES / HYPNOTICS	20.31				
15.32	OTHER	20.32				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00	PATIENT TRANSPORTATION	22				
18.00	IMAGING SERVICES	23				
19.00	LABS AND DIAGNOSTICS	24				
20.00	MEDICAL SUPPLIES	25				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00	RADIATION THERAPY	27				
23.00	CHEMOTHERAPY	28				
24.00		29				
25.00	BEREAVEMENT PROGRAM COSTS	30				
26.00	VOLUNTEER PROGRAM COSTS	31				
27.00	FUNDRAISING	32				
28.00	OTHER PROGRAM COSTS	33				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		98,217			13,484
30.00	UNIT COST MULIPLIER					

	HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
		4	5	5A	6
1.00	ADMINISTRATIVE AND GENERAL		18,056	31,540	4,563
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE			98,217	14,210
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		18,056	129,757	18,773
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0115 I HOSPICE NO: - I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET K-5 I PART I

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	7	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	20,027			4,142
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	20,027			4,142
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	11	12	13	14
1.00 ADMINISTRATIVE AND GENERAL		1,294		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,294		
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0115 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | HOSPICE NO: - | PREPARED 12/ 8/2008 | WORKSHEET K-5 | PART I

HOSPICE 1

	HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		15	16	17	18
1.00	ADMINISTRATIVE AND GENERAL		1,913		
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		1,913		
30.00	UNIT COST MULIPLIER				

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2007	12/ 8/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-5
-		PART I

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED PRGM	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL
	24	25	26	27
1.00 ADMINISTRATIVE AND GENERAL		63,479		63,479
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		112,427		112,427
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		175,906		175,906
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPITE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE	63,479	175,906
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		175,906
30.00 UNIT COST MULIPLIER	.564624	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS	PROVIDER NO: 15-0115 HOSPICE NO: -	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008 WORKSHEET K-5 PART I

HOSPICE 1

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

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: 15-0115 I HOSPICE NO: - I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET K-5 I PART II

HOSPICE 1

	HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)
		1	2	3	4
1.00	ADMINISTRATIVE AND GENERAL			975	
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)			975	
30.00	TOTAL COST TO BE ALLOCATED			13,484	
31.00	UNIT COST MULIPLIER	.000000	.000000	13.829744	.000000

	HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
		5	6A	6	7
1.00	ADMINISTRATIVE AND GENERAL	83,839		31,540	975
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE			98,217	
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0115
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PERIOD: FROM 7/ 1/2007 TO 6/30/2008
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WORKSHEET K-5
PART II

HOSPICE 1

	HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
		5	6A	6	7
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)	83,839		129,757	975
30.00	TOTAL COST TO BE ALLOCATED	18,056		18,773	20,027
31.00	UNIT COST MULIPLIER	.215365		.144678	20.540513

	HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (DAYS)
		8	9	10	11
1.00	ADMINISTRATIVE AND GENERAL			975	
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)			975	
30.00	TOTAL COST TO BE ALLOCATED			4,142	
31.00	UNIT COST MULIPLIER	.000000	.000000	4.248205	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0115
HOSPICE NO: -
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA (HOURS) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15
1.00 ADMINISTRATIVE AND GENERAL	2,464			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,464			
30.00 TOTAL COST TO BE ALLOCATED	1,294			
31.00 UNIT COST MULIPLIER	.525162	.000000	.000000	.000000

HOSPICE COST CENTER	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (Revenues) 17	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 20
1.00 ADMINISTRATIVE AND GENERAL	1,331			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

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PART II

HOSPICE 1

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	16	17	18	20
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,331			
30.00 TOTAL COST TO BE ALLOCATED	1,913			
31.00 UNIT COST MULIPLIER	1.437265	.000000	.000000	.000000

HOSPICE COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
	21	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0115
HOSPICE NO: -

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET K-5
PART III

HOSPICE 1

		WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.694697		
2	OCCUPATIONAL THERAPY	51			
3	SPEECH PATHOLOGY	52			
4	DRUGS CHARGED TO PATIENTS	56	.266059		
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	.383981		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.294386		
8	EMERGENCY	61	.697035		
9	RADIOLOGY-DIAGNOSTIC	41	.205580		
10	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	.983334		
11	TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0115	FROM 7/ 1/2007	WORKSHEET K-6
HOSPICE NO:	TO 6/30/2008	
-		

HOSPICE 1

COMPUTATION OF PER DIEM COST

		TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
		1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				175,906
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6	UNDUPLICATED MEDICAID DAYS				
7	AGGREGATE MEDICAID COST				
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10	UNDUPLICATED NF DAYS				
11	AGGREGATE NF COST				
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO: 15-0115	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008
COMPONENT NO: 15-0115		WORKSHEET L PARTS I-IV

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,309,429
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	3,682
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	57.09
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	4.41
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	11.90
5 .02	SUM OF 5 AND 5.01	16.31
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.36
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	43,997
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,357,108
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 CIRCUMSTANCES	.00
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 MINUMUM 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)	