

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).

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-1335	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/30/2008 TIME 15:54

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 DUNN MEMORIAL HOSPITAL 15-1335
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

Michael Cooper
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 CEO
 TITLE
 6/2/08
 DATE

ECR ENCRYPTION INFORMATION
 DATE: 5/30/2008 TIME 15:54

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PI ENCRYPTION INFORMATION
 DATE: 5/30/2008 TIME 15:54

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PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1 HOSPITAL	0	1,059,608	-357,934		767,491
2 SUBPROVIDER	0	63,281	0		-17,002
7 HOSPITAL-BASED HHA	0	0	0		0
100 TOTAL	0	1,122,889	-357,934		750,489

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET 5-2
 I TO 12/31/2007 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1616 TWENTY-THIRD STREET
 1.01 CITY: BEDFORD

P.O. BOX:
 STATE: IN ZIP CODE: 47421- COUNTY: LAWRENCE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	DUNN MEMORIAL HOSPITAL	15-1335	2.01	7/ 1/1966	V XVIII XIX
03.00 SUBPROVIDER	DUNN MEMORIAL HOSPITAL PSYCH	15-M335		1/ 1/2000	N O O
09.00 HOSPITAL-BASED HHA	DUNN MEMORIAL HOME HEALTH	15-7176		6/16/1986	N T N

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

18 TYPE OF CONTROL 1 2 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

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? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 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? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. //
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. //
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. //
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. //
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE //
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. //
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. //
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N
- 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
- 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: // ENDING: //
- 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: // ENDING: //
- 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N //

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET 5-2
 I TO 12/31/2007 I

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				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
		-----	-----	-----	-----
		0	0.0000	0.0000	
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	0.00	0		
	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)				
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N			
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 ELIBILE 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 ELIBILE 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).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
	MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL				
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	V	XVIII	XIX
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	1	2	3
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	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	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? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE 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? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCNQ 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
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
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

DATE	Y OR N	LIMIT	Y OR N	FEE5
0	1	2	3	4
	N	0.00	N	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. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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). 0

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
I 15-1335 I FROM 1/ 1/2007 I WORKSHEET S-3
I TO 12/31/2007 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	18	6,570	157,680.00			2,653	613
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	18	6,570	157,680.00			2,653	613
6 INTENSIVE CARE UNIT	7	2,555				947	77
11 NURSERY							41
12 TOTAL	25	9,125	157,680.00			3,600	731
13 RPCH VISITS							
14 SUBPROVIDER	10	3,650				2,066	52
18 HOME HEALTH AGENCY						5,911	
25 TOTAL	35						
26 OBSERVATION BED DAYS							257
01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						1,599	
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	O/P VISITS / OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			4,488				
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			4,488				
6 INTENSIVE CARE UNIT			1,459				
11 NURSERY			539				
12 TOTAL			6,486				
13 RPCH VISITS							
14 SUBPROVIDER			2,345				
18 HOME HEALTH AGENCY			7,797				
25 TOTAL							
26 OBSERVATION BED DAYS		257	1,474		1,474		
01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					949	263	1,992
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		397.71			949	263	1,992
13 RPCH VISITS							
14 SUBPROVIDER		18.66			194	8	220
18 HOME HEALTH AGENCY		11.98					
25 TOTAL		428.35					
26 OBSERVATION BED DAYS							
01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		191.00		
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT				

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
 (FULL TIME EQUIVALENT)
 ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

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)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? 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).	0	0	

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	2,553	47	92	47
22 SKILLED NURSING VISIT CHARGES	293,389	5,389	10,548	5,389
23 PHYSICAL THERAPY VISITS	628	23	10	8
24 PHYSICAL THERAPY VISIT CHARGES	75,329	2,759	1,200	960
25 OCCUPATIONAL THERAPY VISITS	247	19	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	29,628	2,279	0	0
27 SPEECH PATHOLOGY VISITS	34	1	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	4,804	141	0	0
29 MEDICAL SOCIAL SERVICE VISITS	14	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,335	0	0	0
31 HOME HEALTH AIDE VISITS	2,008	32	2	45
32 HOME HEALTH AIDE VISIT CHARGES	149,395	2,381	149	3,348
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	5,484	122	104	100
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	554,880	12,949	11,897	9,697
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	293	0	35	4
37 TOTAL NUMBER OF OUTLIER EPISODES	0	2	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	13,799	87	502	66

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

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	42	2,781
22 SKILLED NURSING VISIT CHARGES	0	4,815	319,530
23 PHYSICAL THERAPY VISITS	0	14	683
24 PHYSICAL THERAPY VISIT CHARGES	0	1,679	81,927
25 OCCUPATIONAL THERAPY VISITS	0	7	273
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	840	32,747
27 SPEECH PATHOLOGY VISITS	0	0	35
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	4,945
29 MEDICAL SOCIAL SERVICE VISITS	0	0	14
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	2,335
31 HOME HEALTH AIDE VISITS	0	38	2,125
32 HOME HEALTH AIDE VISIT CHARGES	0	2,827	158,100
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	101	5,911
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	10,161	599,584
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	4	336
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	54	14,508

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 15-1335 I
I I

I PERIOD: I
I FROM 1/ 1/2007 I
I TO 12/31/2007 I

I PREPARED 5/30/2008 I
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
4	0400 GENERAL SERVICE COST CNTR					
5	0500 NEW CAP REL COSTS-MVBLE EQUIP		4,076,573	4,076,573	-546,122	3,530,451
6	0600 EMPLOYEE BENEFITS	107,900	2,309,163	2,417,063		2,417,063
8	0800 ADMINISTRATIVE & GENERAL	1,856,308	2,767,603	4,623,911	-37,248	4,586,663
9	0900 OPERATION OF PLANT	404,032	1,087,607	1,491,639	51,287	1,542,926
10	1000 LAUNDRY & LINEN SERVICE	76,565	67,740	144,305		144,305
11	1100 HOUSEKEEPING	405,747	120,267	526,014		526,014
12	1200 DIETARY	434,753	376,102	810,855	-377,032	433,823
14	1400 CAFETERIA				377,032	377,032
15	1500 NURSING ADMINISTRATION	547,242	91,222	638,464		638,464
16	1600 CENTRAL SERVICES & SUPPLY	143,755	29,545	173,300		173,300
17	1700 PHARMACY	340,108	1,120,874	1,460,982		1,460,982
18	1800 MEDICAL RECORDS & LIBRARY	425,680	146,279	571,959		571,959
25	2500 SOCIAL SERVICE	234,591	32,441	267,032		267,032
26	2600 INPAT ROUTINE SRVC CNTRS					
31	3100 ADULTS & PEDIATRICS	2,579,334	391,332	2,970,666	-481,881	2,488,785
33	3300 INTENSIVE CARE UNIT	1,264,625	191,167	1,455,792		1,455,792
37	3700 SUBPROVIDER	877,812	185,701	1,063,513		1,063,513
39	3900 NURSERY		5,918	5,918	352,724	358,642
40	4000 ANCILLARY SRVC COST CNTRS					
41	4100 OPERATING ROOM	1,198,511	565,529	1,764,040		1,764,040
44	4400 DELIVERY ROOM & LABOR ROOM		1,154	1,154	129,157	130,311
49	4900 ANESTHESIOLOGY	648,194	98,037	746,231		746,231
50	5000 RADIOLOGY-DIAGNOSTIC	906,796	644,828	1,551,624		1,551,624
53	5300 LABORATORY	862,772	1,860,750	2,723,522		2,723,522
55	5500 RESPIRATORY THERAPY	656,686	126,742	783,428		783,428
56	5600 PHYSICAL THERAPY	342,588	130,186	472,774		472,774
57	5700 ELECTROCARDIOLOGY	331,363	276,360	607,723		607,723
59	5900 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,046,883	2,046,883		2,046,883
59.01	5950 DRUGS CHARGED TO PATIENTS					
60	6000 RENAL DIALYSIS		73,052	73,052		73,052
61	6100 ANGIOCARDIOGRAPHY	352,512	239,334	591,846		591,846
62	6200 CARDIAC REHAB	136,582	14,755	151,337		151,337
65	6500 OUTPAT SERVICE COST CNTRS					
71	7100 CLINIC					
88	8800 EMERGENCY	1,032,484	527,962	1,560,446		1,560,446
95	9500 OBSERVATION BEDS (NON-DISTINCT PART)					
98	9800 OTHER REIMBURS COST CNTRS					
100	10000 AMBULANCE SERVICES	941,297	254,526	1,195,823	103,520	1,299,343
101	10100 HOME HEALTH AGENCY	556,767	138,233	695,000	1,003	696,003
	10800 SPEC PURPOSE COST CENTERS					
	10900 INTEREST EXPENSE					
	11000 SUBTOTALS	17,665,004	19,997,865	37,662,869	-427,560	37,235,309
	11500 NONREIMBURS COST CENTERS					
	11600 PHYSICIANS' PRIVATE OFFICES	1,794,088	531,837	2,325,925	292,173	2,618,098
	11700 OTHER NONREIMBURSABLE COST CENTERS	369,727	196,465	566,192	135,387	701,579
	11800 TOTAL	19,828,819	20,726,167	40,554,986	-0-	40,554,986

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 15-1335 I
I I

I PERIOD: I
I FROM 1/ 1/2007 I PREPARED 5/30/2008
I TO 12/31/2007 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-16,475	3,513,976
5	0500 EMPLOYEE BENEFITS	-4,646	2,412,417
6	0600 ADMINISTRATIVE & GENERAL	-832,374	3,754,289
8	0800 OPERATION OF PLANT		1,542,926
9	0900 LAUNDRY & LINEN SERVICE		144,305
10	1000 HOUSEKEEPING		526,014
11	1100 DIETARY		433,823
12	1200 CAFETERIA	-118,874	258,158
14	1400 NURSING ADMINISTRATION		638,464
15	1500 CENTRAL SERVICES & SUPPLY	-4,204	169,096
16	1600 PHARMACY	-1,359	1,459,623
17	1700 MEDICAL RECORDS & LIBRARY	-17,843	554,116
18	1800 SOCIAL SERVICE		267,032
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,488,785
26	2600 INTENSIVE CARE UNIT		1,455,792
31	3100 SUBPROVIDER		1,063,513
33	3300 NURSERY		358,642
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,764,040
39	3900 DELIVERY ROOM & LABOR ROOM		130,311
40	4000 ANESTHESIOLOGY	-736,975	9,256
41	4100 RADIOLOGY-DIAGNOSTIC		1,551,624
44	4400 LABORATORY	-14,640	2,708,882
49	4900 RESPIRATORY THERAPY		783,428
50	5000 PHYSICAL THERAPY		472,774
53	5300 ELECTROCARDIOLOGY	-61,855	545,868
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,046,883
56	5600 DRUGS CHARGED TO PATIENTS	-280	-280
57	5700 RENAL DIALYSIS		73,052
59	3030 ANGIOCARDIOGRAPHY		591,846
59.01	3950 CARDIAC REHAB		151,337
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-1,071	1,559,375
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-17,981	1,281,362
71	7100 HOME HEALTH AGENCY		696,003
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-1,828,577	35,406,732
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		2,618,098
100	7950 OTHER NONREIMBURSABLE COST CENTERS		701,579
101	TOTAL	-1,828,577	38,726,409

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 12/31/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	ANGIOCARDIOGRAPHY	3030	ANGIOCARDIOGRAPHY
59.01	CARDIAC REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA	A	CAFETERIA	12	202,152	174,880
2 OB RECLASS	B	NURSERY	33	352,724	
3		DELIVERY ROOM & LABOR ROOM	39	129,157	
4 DEPRECIATION RECLASS	C	ADMINISTRATIVE & GENERAL	6		6,019
5		OPERATION OF PLANT	8		51,287
6		PHYSICIANS' PRIVATE OFFICES	98		7,280
7		AMBULANCE SERVICES	65		103,520
8		HOME HEALTH AGENCY	71		1,003
9		PHYSICIANS' PRIVATE OFFICES	98		284,893
10		OTHER NONREIMBURSABLE COST CENTERS	100		92,120
11 FOUNDATION RECLASS	D	OTHER NONREIMBURSABLE COST CENTERS	100	40,496	2,771
36 TOTAL RECLASSIFICATIONS				724,529	723,773

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 CAFETERIA	A	DIETARY	11		202,152	174,880	
2 OB RECLASS	B	ADULTS & PEDIATRICS	25		481,881		
3							
4 DEPRECIATION RECLASS	C	NEW CAP REL COSTS-MVBLE EQUIP	4			546,122	9
5							
6							
7							
8							
9							
10							
11 FOUNDATION RECLASS	D	ADMINISTRATIVE & GENERAL	6		40,496	2,771	
36 TOTAL RECLASSIFICATIONS					724,529	723,773	

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

RECLASS CODE: A
 EXPLANATION : CAFETERIA

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	377,032
TOTAL RECLASSIFICATIONS FOR CODE A		377,032

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	377,032
TOTAL RECLASSIFICATIONS FOR CODE A		377,032

RECLASS CODE: B
 EXPLANATION : OB RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NURSERY	352,724
2.00	DELIVERY ROOM & LABOR ROOM	129,157
TOTAL RECLASSIFICATIONS FOR CODE B		481,881

DECREASE		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	481,881
TOTAL RECLASSIFICATIONS FOR CODE B		481,881

RECLASS CODE: C
 EXPLANATION : DEPRECIATION RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6,019
2.00	OPERATION OF PLANT	51,287
3.00	PHYSICIANS' PRIVATE OFFICES	7,280
4.00	AMBULANCE SERVICES	103,520
5.00	HOME HEALTH AGENCY	1,003
6.00	PHYSICIANS' PRIVATE OFFICES	284,893
7.00	OTHER NONREIMBURSABLE COST CEN	92,120
TOTAL RECLASSIFICATIONS FOR CODE C		546,122

DECREASE		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-MVBLE EQUIP	4	546,122
TOTAL RECLASSIFICATIONS FOR CODE C		546,122

RECLASS CODE: D
 EXPLANATION : FOUNDATION RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OTHER NONREIMBURSABLE COST CEN	43,267
TOTAL RECLASSIFICATIONS FOR CODE D		43,267

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	43,267
TOTAL RECLASSIFICATIONS FOR CODE D		43,267

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	750,982					750,982	
2 LAND IMPROVEMENTS	817,853	7,902		7,902		825,755	
3 BUILDINGS & FIXTURE	26,153,375	34,225		34,225		26,187,600	
4 BUILDING IMPROVEMEN	315,798					315,798	
5 FIXED EQUIPMENT	3,781,564					3,781,564	
6 MOVABLE EQUIPMENT	24,859,845	696,050		696,050		25,555,895	
7 SUBTOTAL	56,679,417	738,177		738,177		57,417,594	
8 RECONCILING ITEMS							
9 TOTAL	56,679,417	738,177		738,177		57,417,594	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR DUNN MEMORIAL HOSPITAL
 RECONCILIATION OF CAPITAL COSTS CENTERS

I PROVIDER NO: I PERIOD: I IN LIEU OF FORM CMS-2552-96(12/1999)
 I 15-1335 I FROM 1/ 1/2007 I PREPARED 5/30/2008
 I I TO 12/31/2007 I WORKSHEET A-7
 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
4	NEW CAP REL COSTS-MV	2,225,937	302,181	481,530	469,592	34,736		3,513,976
5	TOTAL	2,225,937	302,181	481,530	469,592	34,736		3,513,976

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
4	NEW CAP REL COSTS-MV	2,772,059	302,181	498,005	469,592	34,736		4,076,573
5	TOTAL	2,772,059	302,181	498,005	469,592	34,736		4,076,573

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
			COST CENTER		
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-16,475	NEW CAP REL COSTS-MVBLE E	4	11
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-61,855			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
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			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 PATIENT TELEPHONES	A	-37,864	ADMINISTRATIVE & GENERAL	6	
38 PATIENT TELEPHONES	A	-3,888	EMPLOYEE BENEFITS	5	
39					
40 PATIENT TELEVISION - SERVICE CONTRACT	A	-768	ADMINISTRATIVE & GENERAL	6	
41 MISC - SERVICE CONTRACTS - TV'S	A	-8,882	ADMINISTRATIVE & GENERAL	6	
42 LIFELINE DEPRECIATION	A	-1,071	EMERGENCY	61	
43 WAGES - PROFESSIONAL NON PHYSICIAN A	A	-648,194	ANESTHESIOLOGY	40	
44 CONTRACT LABOR - NOTE A BELOW	A	-67,335	ANESTHESIOLOGY	40	
45 FICA EXPENSE	A	-21,446	ANESTHESIOLOGY	40	
46 RECRUITMENT	A	-218,885	ADMINISTRATIVE & GENERAL	6	
47 PHYS INCOME GUARANTEE	A	-249,336	ADMINISTRATIVE & GENERAL	6	
48 MARKETING	A	-241,144	ADMINISTRATIVE & GENERAL	6	
49 PRACTICE MANAGEMENT	A	-11,830	ADMINISTRATIVE & GENERAL	6	
49.01 PRACTICE MANAGEMENT	A	-758	EMPLOYEE BENEFITS	5	
49.02 OTHER MISCELLANEOUS INCOME	B	-19,495	ADMINISTRATIVE & GENERAL	6	
49.03 COMMUNITY WELLNESS INCOME	B	-1,520	ADMINISTRATIVE & GENERAL	6	
49.04 MEMBERSHIP REBATES	B	-41,497	ADMINISTRATIVE & GENERAL	6	
49.05 VENDOR DISCOUNTS	B	-10	ADMINISTRATIVE & GENERAL	6	
49.06 CAFETERIA SALES	B	-118,874	CAFETERIA	12	
49.07 SUPPLIES - EMPLOYEE	B	-4,204	CENTRAL SERVICES & SUPPLY	15	
49.08 DRUGS - EMPLOYEE	B	-1,359	PHARMACY	16	
49.09 MEDICAL RECORD HISTORIES	B	-17,843	MEDICAL RECORDS & LIBRARY	17	
49.10 AMB TRAINING INCOME	B	-17,981	AMBULANCE SERVICES	65	
49.11 LAB - OUTSIDE REVENUE	B	-14,640	LABORATORY	44	
49.12 PHARMACY - OUTSIDE REVENUE	B	-280	DRUGS CHARGED TO PATIENTS	56	
49.13 IHHA DUES	B	-1,143	ADMINISTRATIVE & GENERAL	6	
49.14					
49.15					
49.16					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,828,577			

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET A-8-2
 I I TO 12/31/2007 I GROUP 1

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	26	1	INTENSIVE CARE UNIT	2	48,000	3		4	48,000	5		6		7		8		9
2	31		SUBPROVIDER		96,450				96,450									
3	44		LABORATORY		121,000				121,000									
4	49		RESPIRATORY THERAPY		750				750									
5	50		PHYSICAL THERAPY		7,688				7,688									
6	53		ELECTROCARDIOLOGY		63,055		61,855		1,200									
7	59		ANGIOCARDIOGRAPHY		36,000				36,000									
8	61		EMERGENCY		226,680				226,680									
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
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19																		
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21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
101			TOTAL		599,623		61,855		537,768									

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET A-8-2
 I I TO 12/31/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	26 INTENSIVE CARE UNIT							
2	31 SUBPROVIDER							
3	44 LABORATORY							
4	49 RESPIRATORY THERAPY							
5	50 PHYSICAL THERAPY							
6	53 ELECTROCARDIOLOGY							
7	59 ANGIOCARDIOGRAPHY							61,855
8	61 EMERGENCY							
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							61,855

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 12/31/2007 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	2	SQUARE FEET	ENTERED
11	DIETARY	10	PATIENT DAYS	ENTERED
12	CAFETERIA	11	PAID HOURS	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	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	10	PATIENT DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	0	4	5				
004 GENERAL SERVICE COST CNTR				5a.00	6	8	9
005 NEW CAP REL COSTS-MVBLE E	3,513,976	3,513,976					
006 EMPLOYEE BENEFITS	2,412,417	58,807	2,471,224				
008 ADMINISTRATIVE & GENERAL	3,754,289	441,362	227,539	4,423,190	4,423,190		
009 OPERATION OF PLANT	1,542,926	530,961	50,629	2,124,516	273,941	2,398,457	
010 LAUNDRY & LINEN SERVICE	144,305	37,900	9,594	191,799	24,731	20,097	236,627
011 HOUSEKEEPING	526,014	8,188	50,844	585,046	75,438	4,342	2,106
012 DIETARY	433,823	74,899	29,147	537,869	69,354	39,716	1,165
014 CAFETERIA	258,158	65,115	25,332	348,605	44,950	34,528	
015 NURSING ADMINISTRATION	638,464	31,000	68,575	738,039	95,165	16,438	
016 CENTRAL SERVICES & SUPPLY	169,096	91,661	18,014	278,771	35,946	48,604	
017 PHARMACY	1,459,623	18,641	42,619	1,520,883	196,107	9,885	
018 MEDICAL RECORDS & LIBRARY	554,116	57,777	53,342	665,235	85,777	30,637	
025 SOCIAL SERVICE	267,032	11,174	29,397	307,603	39,663	5,925	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,488,785	517,831	262,828	3,269,444	421,568	274,585	84,656
031 INTENSIVE CARE UNIT	1,455,792	116,970	158,470	1,731,232	223,230	62,025	24,380
033 SUBPROVIDER	1,063,513	114,112	109,999	1,287,624	166,030	60,509	10,980
037 NURSERY	358,642	18,538	44,200	421,380	54,334	9,830	4,033
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,764,040	365,381	150,185	2,279,606	293,939	193,747	32,043
040 DELIVERY ROOM & LABOR ROO	130,311	82,289	16,185	228,785	29,500	43,634	8,246
041 ANESTHESIOLOGY	9,256		81,225	90,481	11,667		
044 RADIOLOGY-DIAGNOSTIC	1,551,624	203,919	113,631	1,869,174	241,017	108,130	7,171
049 LABORATORY	2,708,882	164,886	108,114	2,981,882	384,493	87,433	
050 RESPIRATORY THERAPY	783,428	44,157	82,289	909,874	117,322	23,415	
053 PHYSICAL THERAPY	472,774	97,686	42,930	613,390	79,092	51,799	4,975
055 ELECTROCARDIOLOGY	545,868	73,895	41,523	661,286	85,268	39,184	2,510
056 MEDICAL SUPPLIES CHARGED	2,046,883			2,046,883	263,931		
057 DRUGS CHARGED TO PATIENTS	-280			-280			
059 RENAL DIALYSIS	73,052	13,595		86,647	11,173	7,209	5,378
059 01 ANGIOCARDIOGRAPHY	591,846	86,563	44,173	722,582	93,172	45,901	4,661
059 01 CARDIAC REHAB	151,337	31,309	17,115	199,761	25,758	16,602	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	1,559,375	145,988	129,381	1,834,744	236,577	77,411	42,216
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,281,362		117,954	1,399,316	180,432	95,351	1,031
071 HOME HEALTH AGENCY	696,003		69,768	765,771	98,741	19,169	
095 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	35,406,732	3,504,604	2,195,002	35,121,138	3,958,316	1,426,106	235,551
100 NONREIMBURS COST CENTERS							
101 PHYSICIANS' PRIVATE OFFIC	2,618,098		224,817	2,842,915	366,574	967,381	
102 OTHER NONREIMBURSABLE COS	701,579	9,372	51,405	762,356	98,300	4,970	1,076
103 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	38,726,409	3,513,976	2,471,224	38,726,409	4,423,190	2,398,457	236,627

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
GENERAL SERVICE COST CNTR								
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	666,932						
011	DIETARY	16,515	664,619					
012	CAFETERIA	14,358		442,441				
014	NURSING ADMINISTRATION	6,835		12,532	869,009			
015	CENTRAL SERVICES & SUPPLY	20,211		8,269		391,801		
016	PHARMACY	4,110		9,328			1,740,313	
017	MEDICAL RECORDS & LIBRARY	12,740		23,289				817,678
018	SOCIAL SERVICE	2,464		7,160				
INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	114,180	359,721	86,720	300,832			38,845
026	INTENSIVE CARE UNIT	25,791	116,942	38,577	133,826			20,821
031	SUBPROVIDER	25,161	187,956	32,745	113,592			21,265
033	NURSERY	4,088		11,388	39,505			3,350
ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	80,565		40,736	141,316			66,583
039	DELIVERY ROOM & LABOR ROO	18,144		4,170	14,466			7,348
040	ANESTHESIOLOGY			3,317				9,528
041	RADIOLOGY-DIAGNOSTIC	44,963		34,568				161,140
044	LABORATORY	36,357		38,780				124,612
049	RESPIRATORY THERAPY	9,736		19,257				19,563
050	PHYSICAL THERAPY	21,539		11,067				17,670
053	ELECTROCARDIOLOGY	16,293		10,886				35,986
055	MEDICAL SUPPLIES CHARGED					391,801		83,121
056	DRUGS CHARGED TO PATIENTS						1,740,313	64,414
057	RENAL DIALYSIS	2,998						1,666
059	ANGIOCARDIOGRAPHY	19,087		8,269				37,922
059 01	CARDIAC REHAB	6,903		5,214				2,757
OUTPAT SERVICE COST CNTRS								
060	CLINIC							
061	EMERGENCY	32,190		36,169	125,472			78,755
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	39,649						22,332
071	HOME HEALTH AGENCY	7,971						
SPEC PURPOSE COST CENTERS								
095	SUBTOTALS	582,848	664,619	442,441	869,009	391,801	1,740,313	817,678
NONREIMBURS COST CENTERS								
098	PHYSICIANS' PRIVATE OFFIC	82,018						
100	OTHER NONREIMBURSABLE COS	2,066						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	666,932	664,619	442,441	869,009	391,801	1,740,313	817,678

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST-DOWN	STEP-ADJ	TOTAL
	18	25	26		27
004 GENERAL SERVICE COST CNTR					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	362,815				
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	196,372	5,146,923			5,146,923
031 INTENSIVE CARE UNIT	63,838	2,440,662			2,440,662
033 SUBPROVIDER	102,605	2,008,467			2,008,467
037 NURSERY		547,908			547,908
039 ANCILLARY SRVC COST CNTRS					
040 OPERATING ROOM		3,128,535			3,128,535
041 DELIVERY ROOM & LABOR ROO		354,293			354,293
044 ANESTHESIOLOGY		114,993			114,993
049 RADIOLOGY-DIAGNOSTIC		2,466,163			2,466,163
050 LABORATORY		3,653,557			3,653,557
053 RESPIRATORY THERAPY		1,099,167			1,099,167
055 PHYSICAL THERAPY		799,532			799,532
056 ELECTROCARDIOLOGY		851,413			851,413
057 MEDICAL SUPPLIES CHARGED		2,785,736			2,785,736
059 DRUGS CHARGED TO PATIENTS		1,804,447			1,804,447
059 01 RENAL DIALYSIS		115,071			115,071
059 01 ANGIOCARDIOGRAPHY		931,594			931,594
059 01 CARDIAC REHAB		256,995			256,995
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC					
062 EMERGENCY		2,463,534			2,463,534
065 OBSERVATION BEDS (NON-DIS					
071 OTHER REIMBURS COST CNTRS					
095 AMBULANCE SERVICES		1,738,111			1,738,111
098 HOME HEALTH AGENCY		891,652			891,652
100 SPEC PURPOSE COST CENTERS					
101 SUBTOTALS	362,815	33,598,753			33,598,753
102 NONREIMBURS COST CENTERS					
103 PHYSICIANS' PRIVATE OFFIC		4,258,888			4,258,888
100 OTHER NONREIMBURSABLE COS		868,768			868,768
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	362,815	38,726,409			38,726,409

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		0	4	4a	5	6	8	9
004	GENERAL SERVICE COST CNTR							
	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		58,807	58,807	58,807			
006	ADMINISTRATIVE & GENERAL		441,362	441,362	5,415	446,777		
008	OPERATION OF PLANT		530,961	530,961	1,205	27,670	559,836	
009	LAUNDRY & LINEN SERVICE		37,900	37,900	228	2,498	4,691	45,317
010	HOUSEKEEPING		8,188	8,188	1,210	7,620	1,013	403
011	DIETARY		74,899	74,899	694	7,005	9,270	223
012	CAFETERIA		65,115	65,115	603	4,540	8,059	
014	NURSING ADMINISTRATION		31,000	31,000	1,632	9,612	3,837	
015	CENTRAL SERVICES & SUPPLY		91,661	91,661	429	3,631	11,345	
016	PHARMACY		18,641	18,641	1,014	19,808	2,307	
017	MEDICAL RECORDS & LIBRARY		57,777	57,777	1,269	8,664	7,151	
018	SOCIAL SERVICE		11,174	11,174	700	4,006	1,383	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		517,831	517,831	6,253	42,588	64,092	16,213
026	INTENSIVE CARE UNIT		116,970	116,970	3,771	22,548	14,478	4,669
031	SUBPROVIDER		114,112	114,112	2,618	16,770	14,124	2,103
033	NURSERY		18,538	18,538	1,052	5,488	2,294	772
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		365,381	365,381	3,574	29,690	45,223	6,137
039	DELIVERY ROOM & LABOR ROO		82,289	82,289	385	2,980	10,185	1,579
040	ANESTHESIOLOGY				1,933	1,178		
041	RADIOLOGY-DIAGNOSTIC		203,919	203,919	2,704	24,344	25,239	1,373
044	LABORATORY		164,886	164,886	2,573	38,836	20,408	
049	RESPIRATORY THERAPY		44,157	44,157	1,958	11,850	5,465	
050	PHYSICAL THERAPY		97,686	97,686	1,022	7,989	12,091	953
053	ELECTROCARDIOLOGY		73,895	73,895	988	8,613	9,146	481
055	MEDICAL SUPPLIES CHARGED					26,659		
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS		13,595	13,595		1,128	1,683	1,030
059	ANGIOCARDIOGRAPHY		86,563	86,563	1,051	9,411	10,714	893
059	01 CARDIAC REHAB		31,309	31,309	407	2,602	3,875	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY		145,988	145,988	3,079	23,896	18,069	8,085
062	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES				2,807	18,225	22,256	197
071	HOME HEALTH AGENCY				1,660	9,973	4,474	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		3,504,604	3,504,604	52,234	399,822	332,872	45,111
	NONREIMBURS COST CENTERS							
098	PHYSICIANS' PRIVATE OFFIC				5,350	37,026	225,804	
100	OTHER NONREIMBURSABLE COS		9,372	9,372	1,223	9,929	1,160	206
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		3,513,976	3,513,976	58,807	446,777	559,836	45,317

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17
004 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	18,434						
012 DIETARY	456	92,547					
014 CAFETERIA	397		78,714				
015 NURSING ADMINISTRATION	189		2,230	48,500			
016 CENTRAL SERVICES & SUPPLY	559		1,471		109,096		
017 PHARMACY	114		1,660			43,544	
018 MEDICAL RECORDS & LIBRARY	352		4,143				79,356
018 SOCIAL SERVICE	68		1,274				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,155	50,090	15,427	16,789			3,770
031 INTENSIVE CARE UNIT	713	16,284	6,863	7,469			2,021
033 SUBPROVIDER	695	26,173	5,826	6,340			2,064
033 NURSERY	113		2,026	2,205			325
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,227		7,247	7,887			6,463
040 DELIVERY ROOM & LABOR ROO	502		742	807			713
041 ANESTHESIOLOGY			590				925
044 RADIOLOGY-DIAGNOSTIC	1,243		6,150				15,630
049 LABORATORY	1,005		6,899				12,095
050 RESPIRATORY THERAPY	269		3,426				1,899
053 PHYSICAL THERAPY	595		1,969				1,715
055 ELECTROCARDIOLOGY	450		1,937				3,493
056 MEDICAL SUPPLIES CHARGED					109,096		8,068
057 DRUGS CHARGED TO PATIENTS						43,544	6,252
059 RENAL DIALYSIS	83						162
059 01 ANGIOCARDIOGRAPHY	528		1,471				3,681
059 01 CARDIAC REHAB	191		928				268
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	890		6,435	7,003			7,644
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,096						2,168
071 HOME HEALTH AGENCY	220						
095 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	16,110	92,547	78,714	48,500	109,096	43,544	79,356
100 NONREIMBURS COST CENTERS							
101 PHYSICIANS' PRIVATE OFFIC	2,267						
102 OTHER NONREIMBURSABLE COS	57						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	18,434	92,547	78,714	48,500	109,096	43,544	79,356

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET 8
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
004 GENERAL SERVICE COST CNTR				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE	18,605			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	10,069	746,277		746,277
031 INTENSIVE CARE UNIT	3,274	199,060		199,060
033 SUBPROVIDER	5,262	196,087		196,087
033 NURSERY		32,813		32,813
037 ANCILLARY SRVC COST CNTRS				
039 OPERATING ROOM		473,829		473,829
040 DELIVERY ROOM & LABOR ROO		100,182		100,182
041 ANESTHESIOLOGY		4,626		4,626
044 RADIOLOGY-DIAGNOSTIC		280,602		280,602
049 LABORATORY		246,702		246,702
050 RESPIRATORY THERAPY		69,024		69,024
053 PHYSICAL THERAPY		124,020		124,020
055 ELECTROCARDIOLOGY		99,003		99,003
056 MEDICAL SUPPLIES CHARGED		143,823		143,823
057 DRUGS CHARGED TO PATIENTS		49,796		49,796
059 RENAL DIALYSIS		17,681		17,681
059 01 ANGIOCARDIOGRAPHY		114,312		114,312
059 01 CARDIAC REHAB		39,580		39,580
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
062 EMERGENCY		221,089		221,089
062 OBSERVATION BEDS (NON-DIS				
065 OTHER REIMBURS COST CNTRS				
071 AMBULANCE SERVICES		46,749		46,749
095 HOME HEALTH AGENCY		16,327		16,327
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	18,605	3,221,582		3,221,582
098 NONREIMBURS COST CENTERS				
100 PHYSICIANS' PRIVATE OFFIC		270,447		270,447
101 OTHER NONREIMBURSABLE COS		21,947		21,947
102 CROSS FOOT ADJUSTMENTS				
103 NEGATIVE COST CENTER				
103 TOTAL	18,605	3,513,976		3,513,976

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET 8-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	OSTS-MVBLE	E FITS		E & GENERAL	PLANT	LAUNDRY
	(SQUARE FEET	(GROSS SALARIES)	6a.00	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	4	5		6	8	9
004 GENERAL SERVICE COST						
005 NEW CAP REL COSTS-MVB	136,479					
006 EMPLOYEE BENEFITS	2,284	19,720,919				
008 ADMINISTRATIVE & GENE	17,142	1,815,812	-4,423,190	34,303,499		
009 OPERATION OF PLANT	20,622	404,032		2,124,516	175,675	
010 LAUNDRY & LINEN SERVI	1,472	76,565		191,799	1,472	5,280
011 HOUSEKEEPING	318	405,747		585,046	318	47
012 DIETARY	2,909	232,601		537,869	2,909	26
014 CAFETERIA	2,529	202,152		348,605	2,529	
015 NURSING ADMINISTRATIO	1,204	547,242		738,039	1,204	
016 CENTRAL SERVICES & SU	3,560	143,755		278,771	3,560	
017 PHARMACY	724	340,108		1,520,883	724	
018 MEDICAL RECORDS & LIB	2,244	425,680		665,235	2,244	
018 SOCIAL SERVICE	434	234,591		307,603	434	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	20,112	2,097,453		3,269,444	20,112	1,889
031 INTENSIVE CARE UNIT	4,543	1,264,625		1,731,232	4,543	544
033 SUBPROVIDER	4,432	877,812		1,287,624	4,432	245
033 NURSERY	720	352,724		421,380	720	90
037 ANCILLARY SRVC COST C						
039 OPERATING ROOM	14,191	1,198,511		2,279,606	14,191	715
040 DELIVERY ROOM & LABOR	3,196	129,157		228,785	3,196	184
044 ANESTHESIOLOGY		648,194		90,481		
041 RADIOLOGY-DIAGNOSTIC	7,920	906,796		1,869,174	7,920	160
044 LABORATORY	6,404	862,772		2,981,882	6,404	
049 RESPIRATORY THERAPY	1,715	656,686		909,874	1,715	
050 PHYSICAL THERAPY	3,794	342,588		613,390	3,794	111
053 ELECTROCARDIOLOGY	2,870	331,363		661,286	2,870	56
055 MEDICAL SUPPLIES CHAR				2,046,883		
056 DRUGS CHARGED TO PATI			280			
057 RENAL DIALYSIS	528			86,647	528	120
059 ANGIOCARDIOGRAPHY	3,362	352,512		722,582	3,362	104
059 01 CARDIAC REHAB	1,216	136,582		199,761	1,216	
060 OUTPAT SERVICE COST C						
061 CLINIC						
062 EMERGENCY	5,670	1,032,484		1,834,744	5,670	942
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
071 AMBULANCE SERVICES		941,297		1,399,316	6,984	23
071 HOME HEALTH AGENCY		556,767		765,771	1,404	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	136,115	17,516,608	-4,422,910	30,698,228	104,455	5,256
098 NONREIMBURS COST CENT						
100 PHYSICIANS' PRIVATE O		1,794,088		2,842,915	70,856	
101 OTHER NONREIMBURSABLE	364	410,223		762,356	364	24
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	3,513,976	2,471,224		4,423,190	2,398,457	236,627
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	25.747375				13.652808	
105 (WRKSHT B, PT I)		.125310		.128943		44.815720
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED		58,807		446,777	559,836	45,317
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.002982		.013024	3.186771	8.582765

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(SQUARE FEET)	F(PATIENT) DAYS	(PAID) HOURS	(DIRECT) NRSING HRS	(COSTED) REQUIS.	(COSTED) REQUIS.	(GROSS) CHARGES)
		10	11	12	14	15	16	17
004	GENERAL SERVICE COST							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING	117,476						
012	DIETARY	2,909	8,292					
014	CAFETERIA	2,529		524,546				
015	NURSING ADMINISTRATION	1,204		14,858	296,991			
016	CENTRAL SERVICES & SUPPLY	3,560		9,804		100		
017	PHARMACY	724		11,059			100	
018	MEDICAL RECORDS & LIBRARY	2,244		27,611				65,484,139
018	SOCIAL SERVICE	434		8,489				
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	20,112	4,488	102,812	102,812			3,110,845
031	INTENSIVE CARE UNIT	4,543	1,459	45,736	45,736			1,667,376
033	SUBPROVIDER	4,432	2,345	38,821	38,821			1,702,951
033	NURSEY	720		13,501	13,501			268,311
037	ANCILLARY SRVC COST C							
039	OPERATING ROOM	14,191		48,296	48,296			5,332,183
040	DELIVERY ROOM & LABOR	3,196		4,944	4,944			588,475
041	ANESTHESIOLOGY			3,932				763,019
044	RADIOLOGY-DIAGNOSTIC	7,920		40,983				12,906,559
049	LABORATORY	6,404		45,977				9,979,304
050	RESPIRATORY THERAPY	1,715		22,830				1,566,660
053	PHYSICAL THERAPY	3,794		13,121				1,415,055
055	ELECTROCARDIOLOGY	2,870		12,906				2,881,851
056	MEDICAL SUPPLIES CHARGED TO PATIENT					100		6,656,606
057	DRUGS CHARGED TO PATIENT						100	5,158,465
059	RENAL DIALYSIS	528						133,397
059	ANGIOCARDIOGRAPHY	3,362		9,803				3,036,916
059	CARDIAC REHAB	1,216		6,182				220,784
060	OUTPAT SERVICE COST CENTER							
061	CLINIC							
062	EMERGENCY	5,670		42,881	42,881			6,306,977
065	OBSERVATION BEDS (NON REIMBURSABLE)							
071	AMBULANCE SERVICES	6,984						1,788,405
071	HOME HEALTH AGENCY	1,404						
095	SPEC PURPOSE COST CENTER							
095	SUBTOTALS	102,665	8,292	524,546	296,991	100	100	65,484,139
098	NONREIMBURSABLE COST CENTER							
100	PHYSICIANS' PRIVATE OFFICE	14,447						
101	OTHER NONREIMBURSABLE	364						
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	666,932	664,619	442,441	869,009	391,801	1,740,313	817,678
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		80.151833	.843474	2.926045	3,918.010000	17,403.130000	.012487
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	5.677177						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	18,434	92,547	78,714	48,500	109,096	43,544	79,356
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.156917	11.160999	.150061	.163305	1,090.960000	435.440000	.001212

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	5,146,923		5,146,923		
26	INTENSIVE CARE UNIT	2,440,662		2,440,662		
31	SUBPROVIDER	2,008,467		2,008,467		
33	NURSERY	547,908		547,908		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,128,535		3,128,535		
39	DELIVERY ROOM & LABOR ROO	354,293		354,293		
40	ANESTHESIOLOGY	114,993		114,993		
41	RADIOLOGY-DIAGNOSTIC	2,466,163		2,466,163		
44	LABORATORY	3,653,557		3,653,557		
49	RESPIRATORY THERAPY	1,099,167		1,099,167		
50	PHYSICAL THERAPY	799,532		799,532		
53	ELECTROCARDIOLOGY	851,413		851,413		
55	MEDICAL SUPPLIES CHARGED	2,785,736		2,785,736		
56	DRUGS CHARGED TO PATIENTS	1,804,447		1,804,447		
57	RENAL DIALYSIS	115,071		115,071		
59	ANGIOCARDIOGRAPHY	931,594		931,594		
59	01 CARDIAC REHAB	256,995		256,995		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,463,534		2,463,534		
62	OBSERVATION BEDS (NON-DIS	1,272,489		1,272,489		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,738,111		1,738,111		
101	SUBTOTAL	33,979,590		33,979,590		
102	LESS OBSERVATION BEDS	1,272,489		1,272,489		
103	TOTAL	32,707,101		32,707,101		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	2,107,465		2,107,465			
26	INTENSIVE CARE UNIT	1,667,376		1,667,376			
31	SUBPROVIDER	1,702,951		1,702,951			
33	NURSERY	268,311		268,311			
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,701,180	3,631,003	5,332,183	.586727	.586727	
39	DELIVERY ROOM & LABOR ROO	470,073	118,402	588,475	.602053	.602053	
40	ANESTHESIOLOGY	161,210	601,809	763,019	.150708	.150708	
41	RADIOLOGY-DIAGNOSTIC	1,147,050	11,759,509	12,906,559	.191078	.191078	
44	LABORATORY	2,157,446	7,821,858	9,979,304	.366113	.366113	
49	RESPIRATORY THERAPY	999,034	567,626	1,566,660	.701599	.701599	
50	PHYSICAL THERAPY	78,147	1,336,908	1,415,055	.565018	.565018	
53	ELECTROCARDIOLOGY	728,078	2,153,773	2,881,851	.295440	.295440	
55	MEDICAL SUPPLIES CHARGED	3,199,053	3,457,553	6,656,606	.418492	.418492	
56	DRUGS CHARGED TO PATIENTS	2,907,583	2,250,882	5,158,465	.349803	.349803	
57	RENAL DIALYSIS	133,397		133,397	.862621	.862621	
59	ANGIOCARDIOGRAPHY	2,192,489	844,427	3,036,916	.306757	.306757	
59	01 CARDIAC REHAB	6,234	214,550	220,784	1.164011	1.164011	
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY	311,276	5,995,701	6,306,977	.390605	.390605	
62	OBSERVATION BEDS (NON-DIS	105,621	897,759	1,003,380	1.268202	1.268202	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,788,405	1,788,405	.971878	.971878	
101	SUBTOTAL	22,043,974	43,440,165	65,484,139			
102	LESS OBSERVATION BEDS						
103	TOTAL	22,043,974	43,440,165	65,484,139			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,146,923		5,146,923		
26	INTENSIVE CARE UNIT	2,440,662		2,440,662		
31	SUBPROVIDER	2,008,467		2,008,467		
33	NURSERY	547,908		547,908		
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	3,128,535		3,128,535		
39	DELIVERY ROOM & LABOR ROO	354,293		354,293		
40	ANESTHESIOLOGY	114,993		114,993		
41	RADIOLOGY-DIAGNOSTIC	2,466,163		2,466,163		
44	LABORATORY	3,653,557		3,653,557		
49	RESPIRATORY THERAPY	1,099,167		1,099,167		
50	PHYSICAL THERAPY	799,532		799,532		
53	ELECTROCARDIOLOGY	851,413		851,413		
55	MEDICAL SUPPLIES CHARGED	2,785,736		2,785,736		
56	DRUGS CHARGED TO PATIENTS	1,804,447		1,804,447		
57	RENAL DIALYSIS	115,071		115,071		
59	ANGIOCARDIOGRAPHY	931,594		931,594		
59	01 CARDIAC REHAB	256,995		256,995		
60	OUTPAT SERVICE COST CNTRS CLINIC					
61	EMERGENCY	2,463,534		2,463,534		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,272,489		1,272,489		
65	AMBULANCE SERVICES	1,738,111		1,738,111		
101	SUBTOTAL	33,979,590		33,979,590		
102	LESS OBSERVATION BEDS	1,272,489		1,272,489		
103	TOTAL	32,707,101		32,707,101		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
I 15-1335 I FROM 1/ 1/2007 I WORKSHEET C
I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	2,107,465		2,107,465			
26	INTENSIVE CARE UNIT	1,667,376		1,667,376			
31	SUBPROVIDER	1,702,951		1,702,951			
33	NURSERY	268,311		268,311			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,701,180	3,631,003	5,332,183	.586727	.586727	
39	DELIVERY ROOM & LABOR ROO	470,073	118,402	588,475	.602053	.602053	
40	ANESTHESIOLOGY	161,210	601,809	763,019	.150708	.150708	
41	RADIOLOGY-DIAGNOSTIC	1,147,050	11,759,509	12,906,559	.191078	.191078	
44	LABORATORY	2,157,446	7,821,858	9,979,304	.366113	.366113	
49	RESPIRATORY THERAPY	999,034	567,626	1,566,660	.701599	.701599	
50	PHYSICAL THERAPY	78,147	1,336,908	1,415,055	.565018	.565018	
53	ELECTROCARDIOLOGY	728,078	2,153,773	2,881,851	.295440	.295440	
55	MEDICAL SUPPLIES CHARGED	3,199,053	3,457,553	6,656,606	.418492	.418492	
56	DRUGS CHARGED TO PATIENTS	2,907,583	2,250,882	5,158,465	.349803	.349803	
57	RENAL DIALYSIS	133,397		133,397	.862621	.862621	
59	ANGIOCARDIOGRAPHY	2,192,489	844,427	3,036,916	.306757	.306757	
59 01	CARDIAC REHAB	6,234	214,550	220,784	1.164011	1.164011	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	311,276	5,995,701	6,306,977	.390605	.390605	
62	OBSERVATION BEDS (NON-DIS	105,621	897,759	1,003,380	1.268202	1.268202	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,788,405	1,788,405	.971878	.971878	
101	SUBTOTAL	22,043,974	43,440,165	65,484,139			
102	LESS OBSERVATION BEDS						
103	TOTAL	22,043,974	43,440,165	65,484,139			

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

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	5,332,183	.586727	.586727
39	DELIVERY ROOM & LABOR ROO	588,475	.602053	.602053
40	ANESTHESIOLOGY	763,019	.150708	.150708
41	RADIOLOGY-DIAGNOSTIC	12,906,559	.191078	.191078
44	LABORATORY	9,979,304	.366113	.366113
49	RESPIRATORY THERAPY	1,566,660	.701599	.701599
50	PHYSICAL THERAPY	1,415,055	.565018	.565018
53	ELECTROCARDIOLOGY	2,881,851	.295440	.295440
55	MEDICAL SUPPLIES CHARGED	6,656,606	.418492	.418492
56	DRUGS CHARGED TO PATIENTS	5,158,465	.349803	.349803
57	RENAL DIALYSIS	133,397	.862621	.862621
59	ANGIOCARDIOGRAPHY	3,036,916	.306757	.306757
59 01	CARDIAC REHAB	220,784	1.164011	1.164011
	OUTPUT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,306,977	.390605	.390605
62	OBSERVATION BEDS (NON-DIS	1,003,380	1.268202	1.268202
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,788,405	.971878	.971878
101	SUBTOTAL	59,738,036		
102	LESS OBSERVATION BEDS	1,003,380		
103	TOTAL	58,734,656		

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

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,128,535	473,829	2,654,706			3,128,535
39	DELIVERY ROOM & LABOR ROO	354,293	100,182	254,111			354,293
40	ANESTHESIOLOGY	114,993	4,626	110,367			114,993
41	RADIOLOGY-DIAGNOSTIC	2,466,163	280,602	2,185,561			2,466,163
44	LABORATORY	3,653,557	246,702	3,406,855			3,653,557
49	RESPIRATORY THERAPY	1,099,167	69,024	1,030,143			1,099,167
50	PHYSICAL THERAPY	799,532	124,020	675,512			799,532
53	ELECTROCARDIOLOGY	851,413	99,003	752,410			851,413
55	MEDICAL SUPPLIES CHARGED	2,785,736	143,823	2,641,913			2,785,736
56	DRUGS CHARGED TO PATIENTS	1,804,447	49,796	1,754,651			1,804,447
57	RENAL DIALYSIS	115,071	17,681	97,390			115,071
59	ANGIOCARDIOGRAPHY	931,594	114,312	817,282			931,594
59 01	CARDIAC REHAB	256,995	39,580	217,415			256,995
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,463,534	221,089	2,242,445			2,463,534
62	OBSERVATION BEDS (NON-DIS	1,272,489		1,272,489			1,272,489
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,738,111	46,749	1,691,362			1,738,111
101	SUBTOTAL	23,835,630	2,031,018	21,804,612			23,835,630
102	LESS OBSERVATION BEDS	1,272,489		1,272,489			1,272,489
103	TOTAL	22,563,141	2,031,018	20,532,123			22,563,141

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

I PROVIDER NO: 15-1335 I **NOT A CMS WORKSHEET ** I (09/2000)
 I FROM 1/ 1/2007 I PREPARED 5/30/2008
 I TO 12/31/2007 I WORKSHEET C
 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	5,332,183	.586727	.586727
39	DELIVERY ROOM & LABOR ROO	588,475	.602053	.602053
40	ANESTHESIOLOGY	763,019	.150708	.150708
41	RADIOLOGY-DIAGNOSTIC	12,906,559	.191078	.191078
44	LABORATORY	9,979,304	.366113	.366113
49	RESPIRATORY THERAPY	1,566,660	.701599	.701599
50	PHYSICAL THERAPY	1,415,055	.565018	.565018
53	ELECTROCARDIOLOGY	2,881,851	.295440	.295440
55	MEDICAL SUPPLIES CHARGED	6,656,606	.418492	.418492
56	DRUGS CHARGED TO PATIENTS	5,158,465	.349803	.349803
57	RENAL DIALYSIS	133,397	.862621	.862621
59	ANGIOCARDIOGRAPHY	3,036,916	.306757	.306757
59 01	CARDIAC REHAB	220,784	1.164011	1.164011
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,306,977	.390605	.390605
62	OBSERVATION BEDS (NON-DIS	1,003,380	1.268202	1.268202
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,788,405	.971878	.971878
101	SUBTOTAL	59,738,036		
102	LESS OBSERVATION BEDS	1,003,380		
103	TOTAL	58,734,656		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				746,277		746,277
26	INTENSIVE CARE UNIT				199,060		199,060
31	SUBPROVIDER				196,087		196,087
33	NURSERY				32,813		32,813
101	TOTAL				1,174,237		1,174,237

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,962	2,653			125.17	332,076
26	INTENSIVE CARE UNIT	1,459	947			136.44	129,209
31	SUBPROVIDER	2,345	2,066			83.62	172,759
33	NURSERY	539				60.88	
101	TOTAL	10,305	5,666				634,044

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 SERVICE OTHER PASS THROUGH COSTS I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 TITLE XVIII, PART A I I TO 12/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					5,962	
26	INTENSIVE CARE UNIT					1,459	
31	SUBPROVIDER					2,345	
33	NURSERY					539	
101	TOTAL					10,305	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	2,653	
26	INTENSIVE CARE UNIT	947	
31	SUBPROVIDER	2,066	
33	NURSERY		
101	TOTAL	5,666	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-1335 I I

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.586727		.586727		
39	DELIVERY ROOM & LABOR ROOM	.602053		.602053		
40	ANESTHESIOLOGY	.150708		.150708		
41	RADIOLOGY-DIAGNOSTIC	.191078		.191078		
44	LABORATORY	.366113		.366113		
49	RESPIRATORY THERAPY	.701599		.701599		
50	PHYSICAL THERAPY	.565018		.565018		
53	ELECTROCARDIOLOGY	.295440		.295440		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.418492		.418492		
56	DRUGS CHARGED TO PATIENTS	.349803		.349803		
57	RENAL DIALYSIS	.862621		.862621		
59	ANGIOCARDIOGRAPHY	.306757		.306757		
59	01 CARDIAC REHAB	1.164011		1.164011		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	.390605		.390605		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.268202		1.268202		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	.971878		.971878		
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-1335 I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,475,915			
39 DELIVERY ROOM & LABOR ROOM		2,783			
40 ANESTHESIOLOGY		36,699			
41 RADIOLOGY-DIAGNOSTIC		4,204,593			
44 LABORATORY		2,687,022			
49 RESPIRATORY THERAPY		269,847			
50 PHYSICAL THERAPY		366,191			
53 ELECTROCARDIOLOGY		637,377			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,058,187			
56 DRUGS CHARGED TO PATIENTS		694,230			
57 RENAL DIALYSIS					
59 ANGIOCARDIOGRAPHY		666,890			
59 01 CARDIAC REHAB		100,650			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		1,763,247			
62 OBSERVATION BEDS (NON-DISTINCT PART)		493,168			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		14,456,799			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		14,456,799			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-1335 I I

TITLE XVIII, PART B

HOSPITAL

	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	865,959		
39 DELIVERY ROOM & LABOR ROOM	1,676		
40 ANESTHESIOLOGY	5,531		
41 RADIOLOGY-DIAGNOSTIC	803,405		
44 LABORATORY	983,754		
49 RESPIRATORY THERAPY	189,324		
50 PHYSICAL THERAPY	206,905		
53 ELECTROCARDIOLOGY	188,307		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	442,843		
56 DRUGS CHARGED TO PATIENTS	242,844		
57 RENAL DIALYSIS			
59 ANGIOCARDIOGRAPHY	204,573		
59 01 CARDIAC REHAB	117,158		
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY	688,733		
62 OBSERVATION BEDS (NON-DISTINCT PART)	625,437		
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	5,566,449		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES	5,566,449		

(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

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
I COMPONENT NO: I TO 12/31/2007 I PART VI
I 15-1335 I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1
.349803
1,714
600

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-M335 I

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		473,829	5,332,183			
39	DELIVERY ROOM & LABOR ROO		100,182	588,475		19	
40	ANESTHESIOLOGY		4,626	763,019			
41	RADIOLOGY-DIAGNOSTIC		280,602	12,906,559		56,572	
44	LABORATORY		246,702	9,979,304		146,393	
49	RESPIRATORY THERAPY		69,024	1,566,660		75,273	
50	PHYSICAL THERAPY		124,020	1,415,055		4,583	
53	ELECTROCARDIOLOGY		99,003	2,881,851		4,254	
55	MEDICAL SUPPLIES CHARGED		143,823	6,656,606		43,930	
56	DRUGS CHARGED TO PATIENTS		49,796	5,158,465		218,652	
57	RENAL DIALYSIS		17,681	133,397		5,630	
59	ANGIOCARDIOGRAPHY		114,312	3,036,916		1,674	
59	01 CARDIAC REHAB		39,580	220,784			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		221,089	6,306,977		2,582	
62	OBSERVATION BEDS (NON-DIS			1,003,380			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		1,984,269	57,949,631		559,562	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-M335 I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS		.088862	
	OPERATING ROOM		.170240	3
39	DELIVERY ROOM & LABOR ROO		.006063	
40	ANESTHESIOLOGY		.021741	1,230
41	RADIOLOGY-DIAGNOSTIC		.024721	3,619
44	LABORATORY		.044058	3,316
49	RESPIRATORY THERAPY		.087643	402
50	PHYSICAL THERAPY		.034354	146
53	ELECTROCARDIOLOGY		.021606	949
55	MEDICAL SUPPLIES CHARGED		.009653	2,111
56	DRUGS CHARGED TO PATIENTS		.132544	746
57	RENAL DIALYSIS		.037641	63
59	ANGIOCARDIOGRAPHY		.179270	
59	01 CARDIAC REHAB			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY		.035055	91
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			12,676

TEFRA

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	ANGIOCARDIOGRAPHY							
59	01 CARDIAC REHAB							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-M335 I I

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			5,332,183				
39	DELIVERY ROOM & LABOR ROO			588,475			19	
40	ANESTHESIOLOGY			763,019				
41	RADIOLOGY-DIAGNOSTIC			12,906,559			56,572	
44	LABORATORY			9,979,304			146,393	
49	RESPIRATORY THERAPY			1,566,660			75,273	
50	PHYSICAL THERAPY			1,415,055			4,583	
53	ELECTROCARDIOLOGY			2,881,851			4,254	
55	MEDICAL SUPPLIES CHARGED			6,656,606			43,930	
56	DRUGS CHARGED TO PATIENTS			5,158,465			218,652	
57	RENAL DIALYSIS			133,397			5,630	
59	ANGIOCARDIOGRAPHY			3,036,916			1,674	
59	01 CARDIAC REHAB			220,784				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			6,306,977			2,582	
62	OBSERVATION BEDS (NON-DIS			1,003,380				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			57,949,631			559,562	

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

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-M335 I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ANGIOCARDIOGRAPHY						
59	01 CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART I
 I 15-1335 I I

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,962
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,962
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,962
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)	2,653
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	5,146,923
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	5,146,923

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,043,152
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,043,152
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.272998
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	678.15
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	5,146,923

TITLE XVIII PART A 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 863.29
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,290,308
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,290,308

	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	2,440,662	1,459	1,672.83	947	1,584,170
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					3,405,402
49 TOTAL PROGRAM INPATIENT COSTS					7,279,880

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-1335 I I

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,474
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	863.29
85	OBSERVATION BED COST	1,272,489

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 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)	2,345
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,345
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,345
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)	2,066
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	2,008,467
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	2,008,467

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,702,951
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,702,951
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.179404
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	726.21
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	2,008,467

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 856.49
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,769,508
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,769,508

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					222,323 1,991,831

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 172,759
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 12,676
 52 TOTAL PROGRAM EXCLUDABLE COST 185,435
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,806,396

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 194
 55 TARGET AMOUNT PER DISCHARGE 9,698.12
 56 TARGET AMOUNT 1,881,435
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 75,039
 58 BONUS PAYMENT 11,256
 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 2,003,087
 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, NURSING FACILITY & ICF/MR ONLY

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	856.49
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	2,008,467			
87	NEW CAPITAL-RELATED COST	196,087	.097630		
88	NON PHYSICIAN ANESTHETIST	2,008,467			
89	MEDICAL EDUCATION	2,008,467			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/1/2007 I WORKSHEET 0-1
 I COMPONENT NO: I TO 12/31/2007 I PART I
 I 15-1335 I I

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)	5,962
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,962
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,962
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)	613
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)	539
16	NURSERY DAYS (TITLE V OR XIX ONLY)	41

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	4,176,549.00
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	5,146,923
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	5,146,923

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,043,152
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,043,152
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.272998
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	678.15
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	5,146,923

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					863.29
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					529,197
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					529,197
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	547,908	539	1,016.53	41	41,678
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,440,662	1,459	1,672.83	77	128,808
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49	TOTAL PROGRAM INPATIENT COSTS					404,715
						1,104,398

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, NURSING FACILITY & ICF/MR ONLY

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,474
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	863.29
85	OBSERVATION BED COST	1,272,489

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,345
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,345
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,345
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)	52
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	1,702,951.00
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)	1,702,951
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,702,951
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	726.21
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

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-M335 I I

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

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					7,121

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 7,121

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 8
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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
- 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

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-1335 I

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,175,690	
26	INTENSIVE CARE UNIT		1,015,689	
31	SUBPROVIDER		8,397	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.586727	674,885	395,973
39	DELIVERY ROOM & LABOR ROOM	.602053		
40	ANESTHESIOLOGY	.150708	30,697	4,626
41	RADIOLOGY-DIAGNOSTIC	.191078	611,615	116,866
44	LABORATORY	.366113	1,123,781	411,431
49	RESPIRATORY THERAPY	.701599	624,192	437,932
50	PHYSICAL THERAPY	.565018	59,373	33,547
53	ELECTROCARDIOLOGY	.295440	171,525	50,675
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.418492	2,361,723	988,362
56	DRUGS CHARGED TO PATIENTS	.349803	1,398,382	489,158
57	RENAL DIALYSIS	.862621	97,224	83,867
59	ANGIOCARDIOGRAPHY	.306757	1,262,419	387,256
59 01	CARDIAC REHAB	1.164011	150	175
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.390605	11,485	4,486
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.268202	826	1,048
65	AMBULANCE SERVICES			
101	TOTAL		8,428,277	3,405,402
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,428,277	

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
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER		1,559,830	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586727		
39	DELIVERY ROOM & LABOR ROOM	.602053	19	11
40	ANESTHESIOLOGY	.150708		
41	RADIOLOGY-DIAGNOSTIC	.191078	56,572	10,810
44	LABORATORY	.366113	146,393	53,596
49	RESPIRATORY THERAPY	.701599	75,273	52,811
50	PHYSICAL THERAPY	.565018	4,583	2,589
53	ELECTROCARDIOLOGY	.295440	4,254	1,257
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.418492	43,930	18,384
56	DRUGS CHARGED TO PATIENTS	.349803	218,652	76,485
57	RENAL DIALYSIS	.862621	5,630	4,857
59	ANGIOCARDIOGRAPHY	.306757	1,674	514
59 01	CARDIAC REHAB	1.164011		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.390605	2,582	1,009
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.268202		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		559,562	222,323
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		559,562	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-1335 I

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			186,024	
26	INTENSIVE CARE UNIT			42,134	
31	SUBPROVIDER				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.586727	105,869	62,116
39	DELIVERY ROOM & LABOR ROOM		.602053	117,693	70,857
40	ANESTHESIOLOGY		.150708	790	119
41	RADIOLOGY-DIAGNOSTIC		.191078	97,528	18,635
44	LABORATORY		.366113	141,150	51,677
49	RESPIRATORY THERAPY		.701599	37,454	26,278
50	PHYSICAL THERAPY		.565018	12,424	7,020
53	ELECTROCARDIOLOGY		.295440	13,004	3,842
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.418492	169,180	70,800
56	DRUGS CHARGED TO PATIENTS		.349803	166,431	58,218
57	RENAL DIALYSIS		.862621	4,249	3,665
59	ANGIOCARDIOGRAPHY		.306757	58,774	18,029
59 01	CARDIAC REHAB		1.164011		
60	OUTPAT SERVICE COST CNTRS CLINIC				
61	EMERGENCY		.390605	34,457	13,459
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		1.268202		
65	AMBULANCE SERVICES				
101	TOTAL			959,003	404,715
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			959,003	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-M335 I

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER		39,260	
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	.586727		
40	DELIVERY ROOM & LABOR ROOM	.602053		
41	ANESTHESIOLOGY	.150708		
44	RADIOLOGY-DIAGNOSTIC	.191078		
49	LABORATORY	.366113		
50	RESPIRATORY THERAPY	.701599		
53	PHYSICAL THERAPY	.565018		
55	ELECTROCARDIOLOGY	.295440		
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.418492		
57	DRUGS CHARGED TO PATIENTS	.349803	20,356	7,121
59	RENAL DIALYSIS	.862621		
59	ANGIOCARDIOGRAPHY	.306757		
59	01 CARDIAC REHAB	1.164011		
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	.390605		
65	OBSERVATION BEDS (NON-DISTINCT PART)	1.268202		
101	OTHER REIMBURS COST CNTRS			
102	AMBULANCE SERVICES			
103	TOTAL		20,356	7,121
	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
	NET CHARGES		20,356	

PART 8 - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,567,049
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
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)	5,567,049
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
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)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,622,719
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	CAH DEDUCTIBLES	70,893
18.01	CAH ACTUAL BILLED COINSURANCE	2,375,530
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,176,296
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	3,176,296
24	PRIMARY PAYER PAYMENTS	2,290
25	SUBTOTAL	3,174,006
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	466,050
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	466,050
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	412,345
28	SUBTOTAL	3,640,056
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)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,640,056
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,997,990
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-357,934
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,300,903		3,399,320
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	9/25/2007	344,325	9/25/2007	11,781
ADJUSTMENTS TO PROVIDER .02		30,798		125,760
ADJUSTMENTS TO PROVIDER .03		112,931		461,129
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				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		488,054		598,670
4 TOTAL INTERIM PAYMENTS		5,788,957		3,997,990
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		1,589,540		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		400,000		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/25/2007	488,373		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		-88,373		NONE
4 TOTAL INTERIM PAYMENTS		1,501,167		
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		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2007 I PART I
 I 15-M335 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	2,003,087
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	500,772
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 INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,183,983
1.09	NET IPF PPS OUTLIER PAYMENTS	1,723
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)	6.424658
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,185,706
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	1,402,161
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	1,051,621
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,686,478
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,686,478
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,686,478
7	DEDUCTIBLES	103,430
8	SUBTOTAL	1,583,048
9	COINSURANCE	18,600
10	SUBTOTAL	1,564,448
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,564,448
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,564,448
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,501,167
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	63,281
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2008
I	15-1335	I	FROM 1/ 1/2007	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2007	I	PART I	
I	15-M335	I		I		

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

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

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

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
 HOSPITAL

1	INPATIENT SERVICES	7,279,880
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	7,279,880
5	PRIMARY PAYER PAYMENTS	1,656
6	TOTAL COST, FOR CAH (SEE INSTRUCTIONS)	7,351,006
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	7,351,006
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	655,180
21	EXCESS REASONABLE COST	
22	SUBTOTAL	6,695,826
23	COINSURANCE	4,960
24	SUBTOTAL	6,690,866
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	157,699
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	157,699
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	142,871
26	SUBTOTAL	6,848,565
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	6,848,565
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	5,788,957
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	1,059,608
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

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

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,104,791			
2	TEMPORARY INVESTMENTS	108,082			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,113,916			
5	OTHER RECEIVABLES	263,626			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	1,401,709			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	11,992,124			
FIXED ASSETS					
12	LAND	750,982			
12.01	LAND IMPROVEMENTS	508,687			
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS				
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	18,151,327			
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	19,410,996			
21	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,083,978			
26	TOTAL OTHER ASSETS	1,083,978			
27	TOTAL ASSETS	32,487,098			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,583,701			
29 SALARIES, WAGES & FEES PAYABLE	1,400,355			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	498,699			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	7,689,568			
36 TOTAL CURRENT LIABILITIES	13,172,323			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	675,854			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	675,854			
43 TOTAL LIABILITIES	13,848,177			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	18,638,921			
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	18,638,921			
52 TOTAL LIABILITIES AND FUND BALANCES	32,487,098			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		21,827,196		
2 OF PERIOD				
3 NET INCOME (LOSS)		-3,188,275		
4 TOTAL		18,638,921		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		18,638,921		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		18,638,921		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
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: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET G-2
 I I TO 12/31/2007 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,509,173		2,509,173
2 00 SUBPROVIDER	1,702,951		1,702,951
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,212,124		4,212,124
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,667,376		1,667,376
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,667,376		1,667,376
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,879,500		5,879,500
17 00 ANCILLARY SERVICES	16,173,131		16,173,131
18 00 OUTPATIENT SERVICES		48,052,043	48,052,043
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
24 00 PROFESSIONAL FEES	594,369	1,081,881	1,676,250
25 00 TOTAL PATIENT REVENUES	22,647,000	49,133,924	71,780,924

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		40,554,986	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		40,554,986	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2008
I	15-1335	I	FROM 1/ 1/2007	I	WORKSHEET G-3	
I		I	TO 12/31/2007	I		

DESCRIPTION		
1	TOTAL PATIENT REVENUES	71,780,924
2	LESS: ALLOWANCES AND DISCOUNTS ON	32,174,114
3	NET PATIENT REVENUES	39,606,810
4	LESS: TOTAL OPERATING EXPENSES	40,554,986
5	NET INCOME FROM SERVICE TO PATIENT	-948,176
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	1,167,216
25	TOTAL OTHER INCOME	1,167,216
26	TOTAL	219,040
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	3,407,315
28		
29		
30	TOTAL OTHER EXPENSES	3,407,315
31	NET INCOME (OR LOSS) FOR THE PERIO	-3,188,275

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
1 GENERAL SERVICE COST CENTERS						
2 CAP-REL COST-BLDG & FIX						
3 CAP-REL COST-MOV EQUIP						
4 PLANT OPER & MAINT						
5 TRANSPORTATION						
6 ADMIN & GENERAL	98,887				107,662	206,549
7 HHA REIMBURSABLE SERVICES						
8 SKILLED NURSING CARE	344,005					344,005
9 PHYSICAL THERAPY	50,597					50,597
10 OCCUPATIONAL THERAPY	1,407				30,571	31,978
11 SPEECH PATHOLOGY	3,281					3,281
12 MEDICAL SOCIAL SERVICES	2,775					2,775
13 HOME HEALTH AIDE	55,815					55,815
14 SUPPLIES						
15 DRUGS						
16 COST ADMINISTERING DRUGS						
17 DME						
18 HHA NONREIMBURSABLE SERVICES						
19 HOME DIALYSIS AIDE SVCS						
20 RESPIRATORY THERAPY						
21 PRIVATE DUTY NURSING						
22 CLINIC						
23 HEALTH PROM ACTIVITIES						
24 DAY CARE PROGRAM						
25 HOME DEL MEALS PROGRAM						
26 HOMEMAKER SERVICE						
27 ALL OTHER						
28.50 TELEMEDICINE						
29 TOTAL (SUM OF LINES 1-23)	556,767				138,233	695,000

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
1 GENERAL SERVICE COST CENTERS				
2 CAP-REL COST-BLDG & FIX				
3 CAP-REL COST-MOV EQUIP				
4 PLANT OPER & MAINT				
5 TRANSPORTATION				
6 ADMIN & GENERAL	1,003	207,552		207,552
7 HHA REIMBURSABLE SERVICES				
8 SKILLED NURSING CARE		344,005		344,005
9 PHYSICAL THERAPY		50,597		50,597
10 OCCUPATIONAL THERAPY		31,978		31,978
11 SPEECH PATHOLOGY		3,281		3,281
12 MEDICAL SOCIAL SERVICES		2,775		2,775
13 HOME HEALTH AIDE		55,815		55,815
14 SUPPLIES				
15 DRUGS				
16 COST ADMINISTERING DRUGS				
17 DME				
18 HHA NONREIMBURSABLE SERVICES				
19 HOME DIALYSIS AIDE SVCS				
20 RESPIRATORY THERAPY				
21 PRIVATE DUTY NURSING				
22 CLINIC				
23 HEALTH PROM ACTIVITIES				
24 DAY CARE PROGRAM				
25 HOME DEL MEALS PROGRAM				
26 HOMEMAKER SERVICE				
27 ALL OTHER				
28.50 TELEMEDICINE				
29 TOTAL (SUM OF LINES 1-23)	1,003	696,003		696,003

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							
2							
3							
4							
5							
	207,552					207,552	207,552
HHA REIMBURSABLE SERVICES							
6	344,005					344,005	146,174
7	50,597					50,597	21,500
8	31,978					31,978	13,588
9	3,281					3,281	1,394
10	2,775					2,775	1,179
11	55,815					55,815	23,717
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	696,003					696,003	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	490,179						
7	72,097						
8	45,566						
9	4,675						
10	3,954						
11	79,532						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	696,003						
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (FEET)	SQUARE ()	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (FEET)	SQUARE ()	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N ()	ADMINISTRATIV E & GENERAL (COST)	ACCUM. ()
	1		2	3		4	5A	5	
GENERAL SERVICE COST CENTERS									
1	CAP-REL COST-BLDG & FIX								
2	CAP-REL COST-MOV EQUIP								
3	PLANT OPER & MAINT								
4	TRANSPORTATION								
5	ADMINISTRATIVE & GENERAL						-207,552	488,451	
HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE							344,005	
7	PHYSICAL THERAPY							50,597	
8	OCCUPATIONAL THERAPY							31,978	
9	SPEECH PATHOLOGY							3,281	
10	MEDICAL SOCIAL SERVICES							2,775	
11	HOME HEALTH AIDE							55,815	
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)						-207,552	488,451	
25	COST TO BE ALLOCATED							207,552	
26	UNIT COST MULTIPLIER								.424919

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
1 ADMIN & GENERAL			69,768	69,768	8,996	19,169
2 SKILLED NURSING CARE	490,179			490,179	63,206	
3 PHYSICAL THERAPY	72,097			72,097	9,296	
4 OCCUPATIONAL THERAPY	45,566			45,566	5,875	
5 SPEECH PATHOLOGY	4,675			4,675	603	
6 MEDICAL SOCIAL SERVICES	3,954			3,954	510	
7 HOME HEALTH AIDE	79,532			79,532	10,255	
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)	696,003		69,768	765,771	98,741	19,169
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15
1 ADMIN & GENERAL		7,971				
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)		7,971				
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				105,904		105,904
2 SKILLED NURSING CARE				553,385		553,385
3 PHYSICAL THERAPY				81,393		81,393
4 OCCUPATIONAL THERAPY				51,441		51,441
5 SPEECH PATHOLOGY				5,278		5,278
6 MEDICAL SOCIAL SERVICES				4,464		4,464
7 HOME HEALTH AIDE				89,787		89,787
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)				891,652		891,652
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR DUNN MEMORIAL HOSPITAL
 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2007 I PART I
 I 15-7176 I

HHA COST CENTER	PHARMACY	MEDICAL RECO RDS & LIBRAR	SOCIAL SERVI CE	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL
	16	17	18	25	26	27

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

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	74,586	627,971
3 PHYSICAL THERAPY	10,970	92,363
4 OCCUPATIONAL THERAPY	6,933	58,374
5 SPEECH PATHOLOGY	711	5,989
6 MEDICAL SOCIAL SERVICES	602	5,066
7 HOME HEALTH AIDE	12,102	101,889
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)	105,904	891,652
21 UNIT COST MULTIPLIER	0.134781	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BEN EFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1 ADMIN & GENERAL		556,767		69,768	1,404	
2 SKILLED NURSING CARE				490,179		
3 PHYSICAL THERAPY				72,097		
4 OCCUPATIONAL THERAPY				45,566		
5 SPEECH PATHOLOGY				4,675		
6 MEDICAL SOCIAL SERVICES				3,954		
7 HOME HEALTH AIDE				79,532		
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)		556,767		765,771	1,404	
21 COST TO BE ALLOCATED		69,768		98,741	19,169	
22 UNIT COST MULTIPLIER		0.125309		0.128943	13.653134	

HHA COST CENTER	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (PATIENT) DAYS 11	CAFETERIA (PAID) HOURS 12	NURSING ADMINISTRATION (DIRECT) NRSING HRS 14	CENTRAL SERVICES & SUPPL (COSTED) REQUIS. 15	PHARMACY (COSTED) REQUIS. 16
1 ADMIN & GENERAL	1,404					
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)	1,404					
21 COST TO BE ALLOCATED	7,971					
22 UNIT COST MULTIPLIER	5.677350					

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

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/1/2007 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2007 I PARTS I II & III
 I 15-7176 I I HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	627,971	2	627,971	3,858	162.77	1,175
2 PHYSICAL THERAPY	3	92,363		92,363	963	95.91	328
3 OCCUPATIONAL THERAPY	4	58,374		58,374	383	152.41	153
4 SPEECH PATHOLOGY	5	5,989		5,989	60	99.82	34
5 MEDICAL SOCIAL SERVICES	6	5,066		5,066	25	202.64	6
6 HOME HEALTH AIDE SERVICES	7	101,889		101,889	2,508	40.63	325
7 TOTAL		891,652		891,652	7,797		2,021

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	1,606	9	191,255	452,664
2 PHYSICAL THERAPY		355	10	31,458	65,506
3 OCCUPATIONAL THERAPY		120	11	23,319	41,608
4 SPEECH PATHOLOGY		1		3,394	3,494
5 MEDICAL SOCIAL SERVICES		8		1,216	2,837
6 HOME HEALTH AIDE SERVICES		1,800		13,205	86,339
7 TOTAL		3,890		263,847	652,448

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	1,606	9	191,255	452,664
9 PHYSICAL THERAPY		355	10	31,458	65,506
10 OCCUPATIONAL THERAPY		120	11	23,319	41,608
11 SPEECH PATHOLOGY		1		3,394	3,494
12 MEDICAL SOCIAL SERVICES		8		1,216	2,837
13 HOME HEALTH AIDE SERVICES		1,800		13,205	86,339
14 TOTAL		3,890		263,847	652,448

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8				14,506		3,048
16 COST OF DRUGS	9						
16.20 COST OF DRUGS	9						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES		11,458		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.565018			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	.418492			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.349803			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	2	95.91	2.01	3.01	
2 OCCUPATIONAL THERAPY	3	152.41			
3 SPEECH PATHOLOGY	4	99.82			
4 TOTAL (SUM OF LINES 1-3)					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

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

PART B NOT SUBJECT TO DED & COINS 2
 PART B SUBJECT TO DED & COINS 3

- 1 REASONABLE COST OF SERVICES
- 2 TOTAL CHARGES
- 3 CUSTOMARY CHARGES
- 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 5 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)
- 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
- 7 TOTAL CUSTOMARY CHARGES
- 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST
- 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 10 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	259,164	375,591
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	1,704	4,483
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	4,855	4,571
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	3,606	795
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	1,407	5,894
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	132	579
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	94	
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	270,962	391,913
13 EXCESS REASONABLE COST		
14 SUBTOTAL	270,962	391,913
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	270,962	391,913
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	270,962	391,913
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)		1
22 SUBTOTAL	270,962	391,914
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	270,962	391,914
25 INTERIM PAYMENTS	270,962	391,914
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

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-1335 I FROM 1/ 1/2007 I WORKSHEET H-8
 I HHA NO: I TO 12/31/2007 I
 I 15-7176 I

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		270,962		391,914
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			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		270,962		391,914
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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