

HENRY COUNTY HOSPITAL
NEW CASTLE, INDIANA

PROVIDER NUMBERS
15-0030, 15-7430, 15-1564,
AND 100269480A

HOSPITAL STATEMENT OF REIMBURSABLE COST
YEAR ENDED DECEMBER 31, 2007

CPAs / ADVISORS



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

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I	WORKSHEET S
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0030	I FROM 1/ 1/2007	I --AUDITED --DESK REVIEW	I	PARTS I & II
	I		I TO 12/31/2007	I --INITIAL --REOPENED	I	DATE RECEIVED:
	I			I --FINAL 1-MCR CODE	I	/ /
				I 00 - # OF REOPENINGS	I	INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/23/2008 TIME 15:39

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:
HENRY COUNTY MEMORIAL HOSPITAL 15-0030
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.

ECR ENCRYPTION INFORMATION
DATE: 5/23/2008 TIME 15:39

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PI ENCRYPTION INFORMATION
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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	-81,146	40,690	501,445
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	-81,146	40,690	501,445

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1000 NORTH 16TH STREET
 1.01 CITY: NEW CASTLE P.O. BOX: STATE: IN ZIP CODE: 47392- COUNTY: HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	HENRY COUNTY MEMORIAL HOSPITAL	15-0030		7/ 1/1996	N P O
09.00 HOSPITAL-BASED HHA	HCMM HOME CARE	15-7430		6/14/1995	N P N
12.00 HOSP-BASED HOSPICE	HOSP-BASED HOSPICE	15-1564		8/31/1998	

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

OTHER INFORMATION

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

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000
 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 % 0.00% 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) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 46 IF YOU ARE PARTICIPATING IN THE NHCQM 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
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.
 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) 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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE V 3	O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	97	35,405			7,531		425
2 HMO							1,437
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	97	35,405			7,531		425
6 INTENSIVE CARE UNIT	10	3,650			1,589		29
11 NURSERY							195
12 TOTAL	107	39,055			9,120		649
13 RPCH VISITS							
18 HOME HEALTH AGENCY					3,661		
21 HOSPICE							
25 TOTAL	107						
26 OBSERVATION BED DAYS							259
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 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	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			11,808				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			11,808				
6 INTENSIVE CARE UNIT			2,197				
11 NURSERY			952				
12 TOTAL			14,957				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			5,516				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	56	203	823	178	645		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,859	182	3,507
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		519.44			1,859	182	3,507
13 RPCH VISITS							
18 HOME HEALTH AGENCY		4.75					
21 HOSPICE		5.08					
25 TOTAL		529.27					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	24,565,066		24,565,066	1,097,477.00	22.38	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	822,527	240,977	1,063,504	45,479.00	23.38	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	652,752		652,752	17,572.00	37.15	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	80,004		80,004	662.00	120.85	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	9,828,241		9,828,241			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	301,072		301,072			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	207,453		207,453	10,530.00	19.70	
22	ADMINISTRATIVE & GENERAL	4,595,174		4,595,174	171,561.00	26.78	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	1,086,323		1,086,323	54,070.00	20.09	
25	LAUNDRY & LINEN SERVICE	164,014	-31,506	132,508	17,178.00	7.71	
26	HOUSEKEEPING	493,393	-28,708	464,685	48,294.00	9.62	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	777,320	-470,344	306,976	39,017.00	7.87	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		289,581	289,581	23,162.00	12.50	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,316,087		1,316,087	38,782.00	33.94	
31	CENTRAL SERVICE AND SUPPLY	335,308		335,308	19,854.00	16.89	
32	PHARMACY						
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	972,825		972,825	50,455.00	19.28	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	24,565,066		24,565,066	1,097,477.00	22.38	
2	EXCLUDED AREA SALARIES	822,527	240,977	1,063,504	45,479.00	23.38	
3	SUBTOTAL SALARIES	23,742,539	-240,977	23,501,562	1,051,998.00	22.34	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	732,756		732,756	18,234.00	40.19	
5	SUBTOTAL WAGE-RELATED COSTS	9,828,241		9,828,241		41.82	
6	TOTAL	34,303,536	-240,977	34,062,559	1,070,232.00	31.83	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	9,947,897	-240,977	9,706,920	472,903.00	20.53	

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		266.00		

	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?	0	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).			

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

	FULL EPISODES		LUPA EPISODES	PEP ONLY EPISODES
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	3	4
21 SKILLED NURSING VISITS	1,275	53	120	46
22 SKILLED NURSING VISIT CHARGES	210,750	8,798	19,908	7,636
23 PHYSICAL THERAPY VISITS	1,111	6	62	17
24 PHYSICAL THERAPY VISIT CHARGES	183,214	996	10,292	2,822
25 OCCUPATIONAL THERAPY VISITS	208	9	0	3
26 OCCUPATIONAL THERAPY VISIT CHARGES	32,940	1,431	0	477
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	723	0	1	27
32 HOME HEALTH AIDE VISIT CHARGES	56,082	0	78	2,106
33 TOTAL VISITS (SUM OF LNS 21,23,25,27,29 & 31)	3,317	68	183	93
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	482,986	11,225	30,278	13,041
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	251	0	63	8
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	1,981	689	13	130

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	0	1,494
22 SKILLED NURSING VISIT CHARGES	0	0	247,092
23 PHYSICAL THERAPY VISITS	0	0	1,196
24 PHYSICAL THERAPY VISIT CHARGES	0	0	197,324
25 OCCUPATIONAL THERAPY VISITS	0	0	220
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	34,848
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	751
32 HOME HEALTH AIDE VISIT CHARGES	0	0	58,266
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	3,661
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	537,530
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	322
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	2,813

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .423938
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 - 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 - 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
 - 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
 - 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
 - 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
 - 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
3	0300 GENERAL SERVICE COST CNTR					
4	0400 NEW CAP REL COSTS-BLDG & FIXT		5,266,991	5,266,991	-64,145	5,202,846
5	0500 NEW CAP REL COSTS-MVBLE EQUIP		1,525	1,525	365,277	366,802
6	0600 EMPLOYEE BENEFITS	207,453	8,902,379	9,109,832		9,109,832
8	0800 ADMINISTRATIVE & GENERAL	4,595,174	3,242,486	7,837,660		7,837,660
9	0900 OPERATION OF PLANT	1,086,323	1,987,920	3,074,243	-522	3,073,721
10	1000 LAUNDRY & LINEN SERVICE	164,014	96,719	260,733	-50,085	210,648
11	1100 HOUSEKEEPING	493,393	99,300	592,693	-34,486	558,207
12	1200 DIETARY	777,320	532,200	1,309,520	-792,369	517,151
14	1400 CAFETERIA				487,845	487,845
15	1500 NURSING ADMINISTRATION	1,316,087	201,715	1,517,802	-1,339	1,516,463
16	1600 CENTRAL SERVICES & SUPPLY	335,308	135,894	471,202		471,202
17	1700 PHARMACY		2,240,587	2,240,587	-132,595	2,107,992
25	2500 MEDICAL RECORDS & LIBRARY	972,825	172,459	1,145,284		1,145,284
26	2600 INPAT ROUTINE SRVC CNTRS					
33	3300 ADULTS & PEDIATRICS	3,739,238	469,267	4,208,505	-603,829	3,604,676
37	3700 INTENSIVE CARE UNIT	1,229,773	133,356	1,363,129		1,363,129
39	3900 NURSERY				482,149	482,149
41	4100 ANCILLARY SRVC COST CNTRS					
41.01	4101 OPERATING ROOM	1,932,829	843,313	2,776,142	-92,291	2,683,851
44	4400 DELIVERY ROOM & LABOR ROOM				118,008	118,008
49	4900 RADIOLOGY-DIAGNOSTIC	1,710,846	777,869	2,488,715	-99,578	2,389,137
50	5000 LABORATORY	180,359	877,123	1,057,482		1,057,482
52	5200 CAT SCAN	1,517,156	1,493,720	3,010,876		3,010,876
53	5300 RESPIRATORY THERAPY	480,296	103,518	583,814	-940	582,874
55	5500 PHYSICAL THERAPY	1,082,135	794,743	1,876,878	-560	1,876,318
56	5600 SPEECH PATHOLOGY	55,316	4,615	59,931		59,931
59	5900 ELECTROCARDIOLOGY	119,253	130,021	249,274		249,274
61	6100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,020,314	3,020,314		3,020,314
62	6200 DRUGS CHARGED TO PATIENTS					
71	7100 MAGNETIC RESONANCE IMAGING (MRI)	74,252	494,248	568,500		568,500
88	8800 OUTPAT SERVICE COST CNTRS					
89	8900 EMERGENCY	1,673,189	268,806	1,941,995		1,941,995
90	9000 OBSERVATION BEDS (NON-DISTINCT PART)					
93	9300 OTHER REIMBURS COST CNTRS					
95	9500 HOME HEALTH AGENCY	420,126	117,625	537,751		537,751
98	9800 SPEC PURPOSE COST CENTERS					
100	100.01 INTEREST EXPENSE					
100.01	100.02 UTILIZATION REVIEW-SNF					
100.02	100.03 OTHER CAPITAL RELATED COSTS					
100.03	100.04 HOSPICE	274,678	254,928	529,606	-33,780	495,826
100.04	100.05 SUBTOTALS	24,437,343	32,663,641	57,100,984	-453,240	56,647,744
100.05	100.06 NONREIMBURS COST CENTERS					
100.06	100.07 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100.07	100.08 PHYSICIANS' PRIVATE OFFICES	127,723	92,773	220,496		220,496
100.08	100.09 MCH				64,145	64,145
101	101.01 RENTAL					
101.01	101.02 CMHS					
101.02	101.03 MCH					
101.03	101.04 WIC					
101.04	101.05 OTHER NONREIMBURSABLE COSTS					
101.05	101.06 LIFELINE					
101.06	101.07 PHILLIPS HALL					
101.07	101.08 OB DRG					
101.08	101.09 THE WATERS				389,095	389,095
101.09	101 TOTAL	24,565,066	32,756,414	57,321,480	-0-	57,321,480

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-307,739	4,895,107
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-10,225	356,577
5	0500 EMPLOYEE BENEFITS	345,159	9,454,991
6	0600 ADMINISTRATIVE & GENERAL	-189,639	7,648,021
8	0800 OPERATION OF PLANT		3,073,721
9	0900 LAUNDRY & LINEN SERVICE		210,648
10	1000 HOUSEKEEPING		558,207
11	1100 DIETARY	-11,999	505,152
12	1200 CAFETERIA	-352,437	135,408
14	1400 NURSING ADMINISTRATION		1,516,463
15	1500 CENTRAL SERVICES & SUPPLY		471,202
16	1600 PHARMACY	-260,501	1,847,491
17	1700 MEDICAL RECORDS & LIBRARY	-2,260	1,143,024
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		3,604,676
26	2600 INTENSIVE CARE UNIT		1,363,129
33	3300 NURSERY		482,149
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		2,683,851
39	3900 DELIVERY ROOM & LABOR ROOM	-84	117,924
41	4100 RADIOLOGY-DIAGNOSTIC		2,389,137
41.01	4101 CAT SCAN	-436,647	620,835
44	4400 LABORATORY	-10,144	3,000,732
49	4900 RESPIRATORY THERAPY	-4,222	578,652
50	5000 PHYSICAL THERAPY	-528,256	1,348,062
52	5200 SPEECH PATHOLOGY		59,931
53	5300 ELECTROCARDIOLOGY		249,274
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,020,314
56	5600 DRUGS CHARGED TO PATIENTS		
59	3430 MAGNETIC RESONANCE IMAGING (MRI)	57,757	626,257
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		1,941,995
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-7,471	530,280
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		495,826
95	SUBTOTALS	-1,718,708	54,929,036
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		220,496
100	7950 MCH		
100.01	7951 RENTAL		64,145
100.02	7952 CMHS		
100.03	7953 MCH		
100.04	7954 WIC		
100.05	7955 OTHER NONREIMBURSABLE COSTS		
100.06	7956 LIFELINE		
100.07	7957 PHILLIPS HALL		
100.08	7958 OB DRS		
100.09	7959 THE WATERS		389,095
101	TOTAL	-1,718,708	55,602,772

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MCH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENTAL	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	CMHS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MCH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	WIC	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COSTS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LIFELINE	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	PHILLIPS HALL	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	OB DRS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	THE WATERS	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150030

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

PREPARED 5/23/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 OB/NURSERY/L&D RECLASS	A	NURSERY	33	426,210	55,939
2		DELIVERY ROOM & LABOR ROOM	39	104,317	13,691
3 CAFETERIA	B	CAFETERIA	12	289,581	198,264
4		THE WATERS	100.09	180,763	123,761
5 DEPREC. POB	C	RENTAL	100.01		64,145
6 WAGE EXCLUSIONS	D	THE WATERS	100.09	60,214	24,357
7					
8 EQUIPMENT RENTAL	E	NEW CAP REL COSTS-MVBLE EQUIP	4		365,277
9					
10					
11					
12					
13					
14					
15					
16					
36 TOTAL RECLASSIFICATIONS				1,061,085	845,434

(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		DECREASE			A-7 REF 10
	(1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 OB/NURSERY/L&D RECLASS	A	ADULTS & PEDIATRICS	25	530,527	69,630	
2						
3 CAFETERIA	B	DIETARY	11	470,344	322,025	
4						
5 DEPREC. POB	C	NEW CAP REL COSTS-BLDG & FIXT	3		64,145	9
6 WAGE EXCLUSIONS	D	LAUNDRY & LINEN SERVICE	9	31,506	18,579	
7		HOUSEKEEPING	10	28,708	5,778	
8 EQUIPMENT RENTAL	E	OPERATION OF PLANT	8		522	9
9		NURSING ADMINISTRATION	14		1,339	
10		PHARMACY	16		132,595	
11		ADULTS & PEDIATRICS	25		3,672	
12		OPERATING ROOM	37		92,291	
13		RADIOLOGY-DIAGNOSTIC	41		99,578	
14		RESPIRATORY THERAPY	49		940	
15		PHYSICAL THERAPY	50		560	
16		HOSPICE	93		33,780	
36 TOTAL RECLASSIFICATIONS				1,061,085	845,434	

(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

RECLASS CODE: A
EXPLANATION : OB/NURSERY/L&D RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	482,149	ADULTS & PEDIATRICS	25	600,157	
2.00	DELIVERY ROOM & LABOR ROOM	39	118,008			0	
TOTAL RECLASSIFICATIONS FOR CODE A			600,157			600,157	

RECLASS CODE: B
EXPLANATION : CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	487,845	DIETARY	11	792,369	
2.00	THE WATERS	100.09	304,524			0	
TOTAL RECLASSIFICATIONS FOR CODE B			792,369			792,369	

RECLASS CODE: C
EXPLANATION : DEPREC. POB

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENTAL	100.01	64,145	NEW CAP REL COSTS-BLDG & FIXT	3	64,145	
TOTAL RECLASSIFICATIONS FOR CODE C			64,145			64,145	

RECLASS CODE: D
EXPLANATION : WAGE EXCLUSIONS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	THE WATERS	100.09	84,571	LAUNDRY & LINEN SERVICE	9	50,085	
2.00			0	HOUSEKEEPING	10	34,486	
TOTAL RECLASSIFICATIONS FOR CODE D			84,571			84,571	

RECLASS CODE: E
EXPLANATION : EQUIPMENT RENTAL

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	365,277	OPERATION OF PLANT	8	522	
2.00			0	NURSING ADMINISTRATION	14	1,339	
3.00			0	PHARMACY	16	132,595	
4.00			0	ADULTS & PEDIATRICS	25	3,672	
5.00			0	OPERATING ROOM	37	92,291	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	99,578	
7.00			0	RESPIRATORY THERAPY	49	940	
8.00			0	PHYSICAL THERAPY	50	560	
9.00			0	HOSPICE	93	33,780	
TOTAL RECLASSIFICATIONS FOR CODE E			365,277			365,277	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	46,000					46,000	
2 LAND IMPROVEMENTS	1,639,752				28,535	1,611,217	
3 BUILDINGS & FIXTURE	38,946,044	335,164		335,164	150,000	39,131,208	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	20,741,599	791,107		791,107	1,641,163	19,891,543	
6 MOVABLE EQUIPMENT	14,141,763	67,517		67,517		14,209,280	
7 SUBTOTAL	75,515,158	1,193,788		1,193,788	1,819,698	74,889,248	
8 RECONCILING ITEMS							
9 TOTAL	75,515,158	1,193,788		1,193,788	1,819,698	74,889,248	

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	
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	5,195,137						4,895,107
4	NEW CAP REL COSTS-MV	356,577		-300,030				356,577
5	TOTAL	5,551,714		-300,030				5,251,684

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	5,266,991						5,266,991
4	NEW CAP REL COSTS-MV	1,525						1,525
5	TOTAL	5,268,516						5,268,516

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0030
I

I PERIOD: I PREPARED 5/23/2008
I FROM 1/ 1/2007 I WORKSHEET A-8
I TO 12/31/2007 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 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	A	-300,030	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-8,299	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-16,626	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-10,225	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-10,144			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-936,248			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-268,900	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,260	MEDICAL RECORDS & LIBRARY	17	
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			UTILIZATION REVIEW-SNF	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			NEW CAP REL COSTS-BLDG &	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		SPEECH PATHOLOGY	52	
37 DEPR - TELE.	A	-7,709	NEW CAP REL COSTS-BLDG &	3	9
38 BENEFIT EXPENSE	A	345,626	EMPLOYEE BENEFITS	5	
39 PUBLIC RELATIONS	A	-4,942	ADMINISTRATIVE & GENERAL	6	
40 IHHA & AHA DUES	A	-6,379	ADMINISTRATIVE & GENERAL	6	
41 GUEST MEALS	A	-83,537	CAFETERIA	12	
42 OTHER OP REV - HUMAN RESOURCES - MIS	B	-467	EMPLOYEE BENEFITS	5	
43 OTHER OP REV	B	-5,509	ADMINISTRATIVE & GENERAL	6	
44 OTHER OP REV - COPIES RECEIPTS	B	-260	ADMINISTRATIVE & GENERAL	6	
45 OTHER OP REV--PHY REAPP FEES-	B	-12,500	ADMINISTRATIVE & GENERAL	6	
46 OTHER OP REV - DIETARY - MISC DIETAR	B	-8,566	DIETARY	11	
47 OTHER OP REV - DIETARY - OUTSIDE SAL	B	-3,433	DIETARY	11	
48 OTHER OP REV-PHARMACY--	B	-260,501	PHARMACY	16	
49 OTHER OP REV - WOMEN & CH UNIT- HLTH	B	-84	DELIVERY ROOM & LABOR ROO	39	
49.01 OTHER OP REV-PCU-HLTH PROG REC-	B	-3,036	PHYSICAL THERAPY	50	
49.02 OTHER OP REV-ATH. TRAINING-HLTH PROG	B	-16,553	PHYSICAL THERAPY	50	
49.03 OTHER OP REV-ATH. TRAINING-OUTSIDE S	B	-14,534	PHYSICAL THERAPY	50	
49.04 OTHER OP REV-ATH. TRAINING-PERFORM.	B	-120	PHYSICAL THERAPY	50	
49.05 OTHER OP REV-AQUATICS-HLTH PROG REC-	B	-22,755	PHYSICAL THERAPY	50	
49.06 OTHER OP REV-PHYSICAL THER-HLTH PROG	B	-338	PHYSICAL THERAPY	50	
49.07 OTHER OP REV-PHYSICAL THER-EMPL'EE F	B	-30,269	PHYSICAL THERAPY	50	
49.08 OTHER OP REV-PHYSICAL THER-FIT. FEES	B	-30,110	PHYSICAL THERAPY	50	
49.09					
49.10					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,718,708			

(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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	41	1 CAT SCAN	CT SCAN	334,133	770,780	-436,647
2	59	MAGNETIC RESONANCE IMAGIN	MRI	507,757	450,000	57,757
3	50	PHYSICAL THERAPY	PHYSICAL THERAPY	248,721	659,262	-410,541
4	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL		135,124	-135,124
4.01	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY	29,261	33,483	-4,222
4.02	71	HOME HEALTH AGENCY	HOME HEALTH AGENCY	16,234	23,705	-7,471
5		TOTALS		1,136,106	2,072,354	-936,248

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	HENRY COUNTY HOSPITAL		
2		0.00	HOSPITAL FOUNDATION	0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0030
I

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

I PREPARED 5/23/2008
I WORKSHEET A-8-2
I GROUP 1

1	2	3	4	5	6	7	8	9
WKSHT A	COST CENTER/ PHYSICIAN	TOTAL	PROFES-	PROVIDER	RCE	PHYSICIAN/ PROVIDER	UNADJUSTED	5 PERCENT OF
LINE NO.	IDENTIFIER	REMUN-	SIONAL	COMPONENT	AMOUNT	COMPONENT	RCE LIMIT	UNADJUSTED
1	2	3	4	5	6	7	8	9
44	LABORATORY	80,004		80,004	219,500	662	69,860	3,493
101	TOTAL	80,004		80,004		662	69,860	3,493

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	PATIENT	DAYS	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5			
003 GENERAL SERVICE COST CNTR					5a.00	6	8
004 NEW CAP REL COSTS-BLDG &	4,895,107	4,895,107					
005 NEW CAP REL COSTS-MVBLE E	356,577		356,577				
006 EMPLOYEE BENEFITS	9,454,991	25,774	1,751	9,482,516			
008 ADMINISTRATIVE & GENERAL	7,648,021	584,415	39,701	1,788,919	10,061,056	10,061,056	
009 OPERATION OF PLANT	3,073,721	1,291,486	87,735	422,910	4,875,852	1,077,173	5,953,025
010 LAUNDRY & LINEN SERVICE	210,648	64,786	4,401	51,586	331,421	73,218	152,509
011 HOUSEKEEPING	558,207	40,981	2,784	180,904	782,876	172,953	96,472
012 DIETARY	505,152	138,926	9,438	119,507	773,023	170,776	327,041
014 CAFETERIA	135,408	37,345	2,537	112,735	288,025	63,630	87,912
015 NURSING ADMINISTRATION	1,516,463	68,043	4,622	512,358	2,101,486	464,260	160,177
016 CENTRAL SERVICES & SUPPLY	471,202	135,461	9,202	130,537	746,402	164,895	318,883
017 PHARMACY	1,847,491	29,581	2,010		1,879,082	415,127	69,634
025 MEDICAL RECORDS & LIBRARY	1,143,024	100,388	6,820	378,725	1,628,957	359,869	236,320
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,604,676	642,080	43,619	1,249,164	5,539,539	1,223,777	1,511,494
033 INTENSIVE CARE UNIT	1,363,129	219,695	14,925	478,756	2,076,505	458,741	517,176
033 NURSERY	482,149	58,101	3,947	165,925	710,122	156,880	136,772
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,683,851	308,191	20,937	752,458	3,765,437	831,860	725,499
039 DELIVERY ROOM & LABOR ROO	117,924	29,524	2,006	40,611	190,065	41,989	69,501
041 RADIOLOGY-DIAGNOSTIC	2,389,137	224,467	15,249	666,039	3,294,892	727,908	528,410
041 01 CAT SCAN	620,835	8,295	563	70,214	699,907	154,623	19,526
044 LABORATORY	3,000,732	150,554	10,228	590,635	3,752,149	828,925	354,413
049 RESPIRATORY THERAPY	578,652	58,063	3,944	186,981	827,640	182,844	136,683
050 PHYSICAL THERAPY	1,348,062	20,926	1,422	421,279	1,791,689	395,820	49,261
052 SPEECH PATHOLOGY	59,931	3,655	248	21,535	85,369	18,860	8,604
053 ELECTROCARDIOLOGY	249,274			46,426	295,700	65,326	
055 MEDICAL SUPPLIES CHARGED	3,020,314				3,020,314	667,248	
056 DRUGS CHARGED TO PATIENTS							
059 MAGNETIC RESONANCE IMAGIN	626,257	10,132	688	28,907	665,984	147,129	23,850
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,941,995	160,534	10,906	651,379	2,764,814	610,803	377,907
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	530,280			163,557	693,837	153,282	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	495,826			106,933	602,759	133,162	
095 SUBTOTALS	54,929,036	4,411,403	299,683	9,338,980	54,244,902	9,761,076	5,908,044
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		19,108			19,108	4,221	44,981
098 PHYSICIANS' PRIVATE OFFIC	220,496			49,723	270,219	59,697	
100 MCH							
100 01 RENTAL	64,145		25,332		89,477	19,767	
100 02 CMHS							
100 03 MCH							
100 04 WIC							
100 05 OTHER NONREIMBURSABLE COS							
100 06 LIFELINE							
100 07 PHILLIPS HALL							
100 08 OB DRS							
100 09 THE WATERS	389,095	464,596	31,562	93,813	979,066	216,295	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	55,602,772	4,895,107	356,577	9,482,516	55,602,772	10,061,056	5,953,025

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	557,148						
011 HOUSEKEEPING	30,629	1,082,930					
012 DIETARY	8,249	48,603	1,327,692				
014 CAFETERIA		11,572		451,139			
015 NURSING ADMINISTRATION	251	12,267		24,692	2,763,133		
016 CENTRAL SERVICES & SUPPLY		15,970		12,644		1,258,794	
017 PHARMACY		9,721				2,040	2,375,604
025 MEDICAL RECORDS & LIBRARY				32,119		1,574	
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	184,924	376,560	1,119,414	95,272	1,049,759	46,736	
037 INTENSIVE CARE UNIT	39,291	47,446	208,278	28,836	317,729	12,994	
039 NURSERY		5,786		10,181	112,183		
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	133,045	118,500		55,077	606,865	109,480	
049 DELIVERY ROOM & LABOR ROO		15,044		2,489	27,426		
050 RADIOLOGY-DIAGNOSTIC	47,538	57,630		48,258		83,068	
052 01 CAT SCAN				4,078		19,231	
053 LABORATORY	1,199	47,909		48,192		169,147	
055 RESPIRATORY THERAPY		28,005		13,240	145,881	2,147	
056 PHYSICAL THERAPY	13,764	173,584		27,287		7,894	
059 SPEECH PATHOLOGY				993		81	
061 ELECTROCARDIOLOGY		2,314		4,276	47,120	5,207	
062 MEDICAL SUPPLIES CHARGED						760,471	
071 DRUGS CHARGED TO PATIENTS							2,375,604
075 MAGNETIC RESONANCE IMAGIN				2,105		5,683	
081 OUTPAT SERVICE COST CNTRS							
085 EMERGENCY	98,258	91,652		41,400	456,170	29,973	
091 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
101 HOME HEALTH AGENCY		10,646				1,874	
102 SPEC PURPOSE COST CENTERS							
103 HOSPICE						1,194	
105 SUBTOTALS	557,148	1,082,930	1,327,692	451,139	2,763,133	1,258,794	2,375,604
106 NONREIMBURS COST CENTERS							
107 GIFT, FLOWER, COFFEE SHOP							
108 PHYSICIANS' PRIVATE OFFIC							
109 MCH							
110 01 RENTAL							
111 02 CMHS							
112 03 MCH							
113 04 WIC							
114 05 OTHER NONREIMBURSABLE COS							
115 06 LIFELINE							
116 07 PHILLIPS HALL							
117 08 OB DRS							
118 09 THE WATERS							
119 CROSS FOOT ADJUSTMENT							
120 NEGATIVE COST CENTER							
121 TOTAL	557,148	1,082,930	1,327,692	451,139	2,763,133	1,258,794	2,375,604

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
008 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	2,268,560			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	371,069	11,518,544		11,518,544
026 INTENSIVE CARE UNIT	124,497	3,831,493		3,831,493
033 NURSERY	42,629	1,174,553		1,174,553
037 ANCILLARY SRVC COST CNTRS				
039 OPERATING ROOM	491,692	6,837,455		6,837,455
041 DELIVERY ROOM & LABOR ROO		346,514		346,514
041 RADIOLOGY-DIAGNOSTIC	177,299	4,965,003		4,965,003
041 01 CAT SCAN	61,522	958,887		958,887
044 LABORATORY	174,877	5,376,811		5,376,811
049 RESPIRATORY THERAPY	46,020	1,382,458		1,382,458
050 PHYSICAL THERAPY	36,332	2,495,631		2,495,631
052 SPEECH PATHOLOGY	1,938	115,845		115,845
053 ELECTROCARDIOLOGY	60,553	480,496		480,496
055 MEDICAL SUPPLIES CHARGED	252,870	4,700,903		4,700,903
056 DRUGS CHARGED TO PATIENTS		2,375,604		2,375,604
059 MAGNETIC RESONANCE IMAGIN	70,726	915,477		915,477
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY	343,941	4,814,918		4,814,918
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY	12,595	872,234		872,234
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE		737,115		737,115
095 SUBTOTALS	2,268,560	53,899,941		53,899,941
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		68,310		68,310
098 PHYSICIANS' PRIVATE OFFIC		329,916		329,916
100 MCH				
100 01 RENTAL		109,244		109,244
100 02 CMHS				
100 03 MCH				
100 04 WIC				
100 05 OTHER NONREIMBURSABLE COS				
100 06 LIFELINE				
100 07 PHILLIPS HALL				
100 08 OB DRS				
100 09 THE WATERS		1,195,361		1,195,361
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	2,268,560	55,602,772		55,602,772

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		25,774	1,751	27,525	27,525		
006 ADMINISTRATIVE & GENERAL		584,415	39,701	624,116	5,192	629,308	
008 OPERATION OF PLANT		1,291,486	87,735	1,379,221	1,228	67,375	1,447,824
009 LAUNDRY & LINEN SERVICE		64,786	4,401	69,187	150	4,580	37,091
010 HOUSEKEEPING		40,981	2,784	43,765	525	10,818	23,463
011 DIETARY		138,926	9,438	148,364	347	10,682	79,539
012 CAFETERIA		37,345	2,537	39,882	327	3,980	21,381
014 NURSING ADMINISTRATION		68,043	4,622	72,665	1,487	29,038	38,956
015 CENTRAL SERVICES & SUPPLY		135,461	9,202	144,663	379	10,314	77,555
016 PHARMACY		29,581	2,010	31,591		25,965	16,936
017 MEDICAL RECORDS & LIBRARY		100,388	6,820	107,208	1,099	22,509	57,475
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		642,080	43,619	685,699	3,626	76,557	367,607
026 INTENSIVE CARE UNIT		219,695	14,925	234,620	1,390	28,693	125,781
033 NURSERY		58,101	3,947	62,048	482	9,812	33,264
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		308,191	20,937	329,128	2,184	52,031	176,447
039 DELIVERY ROOM & LABOR ROO		29,524	2,006	31,530	118	2,626	16,903
041 RADIOLOGY-DIAGNOSTIC		224,467	15,249	239,716	1,933	45,529	128,514
041 01 CAT SCAN		8,295	563	8,858	204	9,671	4,749
044 LABORATORY		150,554	10,228	160,782	1,714	51,847	86,196
049 RESPIRATORY THERAPY		58,063	3,944	62,007	543	11,436	33,242
050 PHYSICAL THERAPY		20,926	1,422	22,348	1,223	24,758	11,981
052 SPEECH PATHOLOGY		3,655	248	3,903	63	1,180	2,093
053 ELECTROCARDIOLOGY					135	4,086	
055 MEDICAL SUPPLIES CHARGED						41,735	
056 DRUGS CHARGED TO PATIENTS							
059 MAGNETIC RESONANCE IMAGIN		10,132	688	10,820	84	9,203	5,801
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		160,534	10,906	171,440	1,891	38,204	91,910
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					475	9,587	
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE					310	8,329	
095 SUBTOTALS		4,411,403	299,683	4,711,086	27,109	610,545	1,436,884
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		19,108		19,108		264	10,940
098 PHYSICIANS' PRIVATE OFFIC					144	3,734	
100 MCH							
100 01 RENTAL			25,332	25,332		1,236	
100 02 CMHS							
100 03 MCH							
100 04 WIC							
100 05 OTHER NONREIMBURSABLE COS							
100 06 LIFELINE							
100 07 PHILLIPS HALL							
100 08 OB DRS							
100 09 THE WATERS		464,596	31,562	496,158	272	13,529	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		4,895,107	356,577	5,251,684	27,525	629,308	1,447,824

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	111,008						
011 HOUSEKEEPING	6,103	84,674					
012 DIETARY	1,644	3,800	244,376				
014 CAFETERIA				905			
015 NURSING ADMINISTRATION	50	959		66,475			
016 CENTRAL SERVICES & SUPPLY		1,249		3,638	146,793		
017 PHARMACY		760		1,863		236,023	
025 MEDICAL RECORDS & LIBRARY		760		4,733		383	75,635
026 INPAT ROUTINE SRVC CNTRS						295	
033 ADULTS & PEDIATRICS	36,845	29,445	206,040	14,038	55,769	8,763	
037 INTENSIVE CARE UNIT	7,828	3,710	38,336	4,249	16,880	2,436	
039 NURSERY		452		1,500	5,960		
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	26,508	9,265		8,116	32,240	20,528	
049 DELIVERY ROOM & LABOR ROO		1,176		367	1,457		
050 RADIOLOGY-DIAGNOSTIC	9,472	4,506		7,111		15,575	
052 01 CAT SCAN				601		3,606	
053 LABORATORY	239	3,746		7,101		31,715	
055 RESPIRATORY THERAPY		2,190		1,951	7,750	403	
056 PHYSICAL THERAPY	2,742	13,572		4,021		1,480	
059 SPEECH PATHOLOGY				146		15	
061 ELECTROCARDIOLOGY		181		630	2,503	976	
062 MEDICAL SUPPLIES CHARGED						142,588	
071 DRUGS CHARGED TO PATIENTS							75,635
075 MAGNETIC RESONANCE IMAGIN				310		1,065	
081 OUTPAT SERVICE COST CNTRS							
085 EMERGENCY	19,577	7,166		6,100	24,234	5,620	
091 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
101 HOME HEALTH AGENCY		832				351	
102 SPEC PURPOSE COST CENTERS							
103 HOSPICE						224	
104 SUBTOTALS	111,008	84,674	244,376	66,475	146,793	236,023	75,635
105 NONREIMBURS COST CENTERS							
106 GIFT, FLOWER, COFFEE SHOP							
107 PHYSICIANS' PRIVATE OFFIC							
108 MCH							
109 01 RENTAL							
110 02 CMHS							
111 03 MCH							
112 04 WIC							
113 05 OTHER NONREIMBURSABLE COS							
114 06 LIFELINE							
115 07 PHILLIPS HALL							
116 08 OB DRS							
117 09 THE WATERS							
118 101 CROSS FOOT ADJUSTMENTS							
119 102 NEGATIVE COST CENTER							
120 103 TOTAL	111,008	84,674	244,376	66,475	146,793	236,023	75,635

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	25	26	27
003	GENERAL SERVICE COST CNTR				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
008	ADMINISTRATIVE & GENERAL				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVICE				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
015	NURSING ADMINISTRATION				
016	CENTRAL SERVICES & SUPPLY				
017	PHARMACY				
	MEDICAL RECORDS & LIBRARY	194,079			
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS	31,746	1,516,135		1,516,135
026	INTENSIVE CARE UNIT	10,651	474,574		474,574
033	NURSERY	3,647	117,165		117,165
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM	42,065	698,512		698,512
039	DELIVERY ROOM & LABOR ROO		54,177		54,177
041	RADIOLOGY-DIAGNOSTIC	15,168	467,524		467,524
041	01 CAT SCAN	5,263	32,952		32,952
044	LABORATORY	14,961	358,301		358,301
049	RESPIRATORY THERAPY	3,937	123,459		123,459
050	PHYSICAL THERAPY	3,108	85,233		85,233
052	SPEECH PATHOLOGY	166	7,566		7,566
053	ELECTROCARDIOLOGY	5,180	13,691		13,691
055	MEDICAL SUPPLIES CHARGED	21,633	205,956		205,956
056	DRUGS CHARGED TO PATIENTS		75,635		75,635
059	MAGNETIC RESONANCE IMAGIN	6,051	33,334		33,334
	OUTPAT SERVICE COST CNTRS				
061	EMERGENCY	29,425	395,567		395,567
062	OBSERVATION BEDS (NON-DIS				
	OTHER REIMBURS COST CNTRS				
071	HOME HEALTH AGENCY	1,078	12,323		12,323
	SPEC PURPOSE COST CENTERS				
093	HOSPICE		8,863		8,863
095	SUBTOTALS	194,079	4,680,967		4,680,967
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP		30,312		30,312
098	PHYSICIANS' PRIVATE OFFIC		3,878		3,878
100	MCH				
100	01 RENTAL		26,568		26,568
100	02 CMHS				
100	03 MCH				
100	04 WIC				
100	05 OTHER NONREIMBURSABLE COS				
100	06 LIFELINE				
100	07 PHILLIPS HALL				
100	08 OB DRS				
100	09 THE WATERS		509,959		509,959
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL	194,079	5,251,684		5,251,684

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)		E & GENERAL (ACCUM. COST)	PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	258,486					
005 NEW CAP REL COSTS-MVB		277,168				
006 EMPLOYEE BENEFITS	1,361	1,361	24,357,613			
008 ADMINISTRATIVE & GENE	30,860	30,860	4,595,174	-10,061,056	45,541,716	
009 OPERATION OF PLANT	68,197	68,197	1,086,323		4,875,852	133,535
010 LAUNDRY & LINEN SERVI	3,421	3,421	132,508		331,421	3,421
011 HOUSEKEEPING	2,164	2,164	464,685		782,876	2,164
012 DIETARY	7,336	7,336	306,976		773,023	7,336
014 CAFETERIA	1,972	1,972	289,581		288,025	1,972
015 NURSING ADMINISTRATIO	3,593	3,593	1,316,087		2,101,486	3,593
016 CENTRAL SERVICES & SU	7,153	7,153	335,308		746,402	7,153
017 PHARMACY	1,562	1,562			1,879,082	1,562
025 MEDICAL RECORDS & LIB	5,301	5,301	972,825		1,628,957	5,301
026 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	33,905	33,905	3,208,711		5,539,539	33,905
033 INTENSIVE CARE UNIT	11,601	11,601	1,229,773		2,076,505	11,601
037 NURSERY	3,068	3,068	426,210		710,122	3,068
039 ANCILLARY SRVC COST C						
041 OPERATING ROOM	16,274	16,274	1,932,829		3,765,437	16,274
041 DELIVERY ROOM & LABOR	1,559	1,559	104,317		190,065	1,559
041 RADIOLOGY-DIAGNOSTIC	11,853	11,853	1,710,846		3,294,892	11,853
044 CAT SCAN	438	438	180,359		699,907	438
049 LABORATORY	7,950	7,950	1,517,156		3,752,149	7,950
050 RESPIRATORY THERAPY	3,066	3,066	480,296		827,640	3,066
052 PHYSICAL THERAPY	1,105	1,105	1,082,135		1,791,689	1,105
053 SPEECH PATHOLOGY	193	193	55,316		85,369	193
055 ELECTROCARDIOLOGY			119,253		295,700	
056 MEDICAL SUPPLIES CHAR					3,020,314	
059 DRUGS CHARGED TO PATI						
061 MAGNETIC RESONANCE IM	535	535	74,252		665,984	535
062 OUTPAT SERVICE COST C						
062 EMERGENCY	8,477	8,477	1,673,189		2,764,814	8,477
071 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY			420,126		693,837	
093 SPEC PURPOSE COST CEN						
095 HOSPICE			274,678		602,759	
096 SUBTOTALS	232,944	232,944	23,988,913	-10,061,056	44,183,846	132,526
098 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	1,009				19,108	1,009
100 PHYSICIANS' PRIVATE O			127,723		270,219	
100 MCH						
100 01 RENTAL		19,691			89,477	
100 02 CMHS						
100 03 MCH						
100 04 WIC						
100 05 OTHER NONREIMBURSABLE						
100 06 LIFELINE						
100 07 PHILLIPS HALL						
100 08 OB DRS						
100 09 THE WATERS	24,533	24,533	240,977		979,066	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,895,107	356,577	9,482,516		10,061,056	5,953,025
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	18.937610		.389304		.220920	
105 (WRKSHT B, PT I)		1.286501				44.580260
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			27,525		629,308	1,447,824
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001130		.013818	
108 (WRKSHT B, PT III)						10.842281

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(PATIENT DAYS)	(FTE'S)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
		9	10	11	12	14	15	16
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENE OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI	531,971						
010	HOUSEKEEPING	29,245	4,679					
011	DIETARY	7,876	210	14,005				
012	CAFETERIA		50		34,075			
014	NURSING ADMINISTRATIO	240	53		1,865	18,941		
015	CENTRAL SERVICES & SU		69		955		4,999,464	
016	PHARMACY		42				8,104	100
017	MEDICAL RECORDS & LIB		42		2,426		6,251	
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	176,567	1,627	11,808	7,196	7,196	185,617	
026	INTENSIVE CARE UNIT	37,515	205	2,197	2,178	2,178	51,608	
033	NURSERY		25		769	769		
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	127,033	512		4,160	4,160	434,814	
039	DELIVERY ROOM & LABOR		65		188	188		
041	RADIOLOGY-DIAGNOSTIC	45,390	249		3,645		329,914	
041	CAT SCAN				308		76,378	
044	LABORATORY	1,145	207		3,640		671,787	
049	RESPIRATORY THERAPY		121		1,000	1,000	8,528	
050	PHYSICAL THERAPY	13,142	750		2,061		31,352	
052	SPEECH PATHOLOGY				75		320	
053	ELECTROCARDIOLOGY		10		323	323	20,679	
055	MEDICAL SUPPLIES CHAR						3,020,314	
056	DRUGS CHARGED TO PATI							
059	MAGNETIC RESONANCE IM				159		22,569	100
061	OUTPAT SERVICE COST C							
061	EMERGENCY	93,818	396		3,127	3,127	119,041	
062	OBSERVATION BEDS (NON							
062	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY		46				7,444	
071	SPEC PURPOSE COST CEN							
093	HOSPICE						4,744	
095	SUBTOTALS	531,971	4,679	14,005	34,075	18,941	4,999,464	100
096	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE							
100	PHYSICIANS' PRIVATE O							
100	MCH							
100	01 RENTAL							
100	02 CMHS							
100	03 MCH							
100	04 WIC							
100	05 OTHER NONREIMBURSABLE							
100	06 LIFELINE							
100	07 PHILLIPS HALL							
100	08 OB DRS							
100	09 THE WATERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	557,148	1,082,930	1,327,692	451,139	2,763,133	1,258,794	2,375,604
103	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		231.444753		13.239589		.251786	
104	(WRKSHT B, PT I)	1.047328		94.801285		145.881052		23,756.040000
105	COST TO BE ALLOCATED							
105	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	111,008	84,674	244,376	66,475	146,793	236,023	75,635
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		18.096602		1.950844		.047210	
108	(WRKSHT B, PT III)	.208673		17.449197		7.750013		756.350000

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	11,518,544		11,518,544		11,518,544
26	INTENSIVE CARE UNIT	3,831,493		3,831,493		3,831,493
33	NURSERY	1,174,553		1,174,553		1,174,553
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,837,455		6,837,455		6,837,455
39	DELIVERY ROOM & LABOR ROO	346,514		346,514		346,514
41	RADIOLOGY-DIAGNOSTIC	4,965,003		4,965,003		4,965,003
41	01 CAT SCAN	958,887		958,887		958,887
44	LABORATORY	5,376,811		5,376,811	10,144	5,386,955
49	RESPIRATORY THERAPY	1,382,458		1,382,458		1,382,458
50	PHYSICAL THERAPY	2,495,631		2,495,631		2,495,631
52	SPEECH PATHOLOGY	115,845		115,845		115,845
53	ELECTROCARDIOLOGY	480,496		480,496		480,496
55	MEDICAL SUPPLIES CHARGED	4,700,903		4,700,903		4,700,903
56	DRUGS CHARGED TO PATIENTS	2,375,604		2,375,604		2,375,604
59	MAGNETIC RESONANCE IMAGIN	915,477		915,477		915,477
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	4,814,918		4,814,918		4,814,918
62	OBSERVATION BEDS (NON-DIS	750,518		750,518		750,518
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	53,041,110		53,041,110	10,144	53,051,254
102	LESS OBSERVATION BEDS	750,518		750,518		750,518
103	TOTAL	52,290,592		52,290,592	10,144	52,300,736

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	9,439,900		9,439,900			
26	ADULTS & PEDIATRICS	3,396,596		3,396,596			
33	INTENSIVE CARE UNIT	565,440		565,440			
	NURSERY						
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	4,179,130	10,809,269	14,988,399	.456183	.456183	.456183
41	DELIVERY ROOM & LABOR ROO	543,391	663,108	1,206,499	.287206	.287206	.287206
41	RADIOLOGY-DIAGNOSTIC	2,018,879	12,901,359	14,920,238	.332770	.332770	.332770
41	01 CAT SCAN	1,266,364	9,704,101	10,970,465	.087406	.087406	.087406
44	LABORATORY	4,103,627	10,526,373	14,630,000	.367520	.367520	.368213
49	RESPIRATORY THERAPY	1,616,976	1,287,537	2,904,513	.475969	.475969	.475969
50	PHYSICAL THERAPY	389,416	1,885,745	2,275,161	1.096903	1.096903	1.096903
52	SPEECH PATHOLOGY	20,134	92,661	112,795	1.027040	1.027040	1.027040
53	ELECTROCARDIOLOGY	892,244	2,913,783	3,806,027	.126246	.126246	.126246
55	MEDICAL SUPPLIES CHARGED	9,648,175	6,285,945	15,934,120	.295021	.295021	.295021
56	DRUGS CHARGED TO PATIENTS	11,453,048	4,993,565	16,446,613	.144443	.144443	.144443
59	MAGNETIC RESONANCE IMAGIN	253,748	4,193,804	4,447,552	.205838	.205838	.205838
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	502,533	6,120,367	6,622,900	.727011	.727011	.727011
62	OBSERVATION BEDS (NON-DIS	146,541	531,007	677,548	1.107697	1.107697	1.107697
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	50,436,142	72,908,624	123,344,766			
102	LESS OBSERVATION BEDS						
103	TOTAL	50,436,142	72,908,624	123,344,766			

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	11,518,544		11,518,544		11,518,544
26	INTENSIVE CARE UNIT	3,831,493		3,831,493		3,831,493
33	NURSERY	1,174,553		1,174,553		1,174,553
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,837,455		6,837,455		6,837,455
39	DELIVERY ROOM & LABOR ROO	346,514		346,514		346,514
41	RADIOLOGY-DIAGNOSTIC	4,965,003		4,965,003		4,965,003
41	01 CAT SCAN	958,887		958,887		958,887
44	LABORATORY	5,376,811		5,376,811	10,144	5,386,955
49	RESPIRATORY THERAPY	1,382,458		1,382,458		1,382,458
50	PHYSICAL THERAPY	2,495,631		2,495,631		2,495,631
52	SPEECH PATHOLOGY	115,845		115,845		115,845
53	ELECTROCARDIOLOGY	480,496		480,496		480,496
55	MEDICAL SUPPLIES CHARGED	4,700,903		4,700,903		4,700,903
56	DRUGS CHARGED TO PATIENTS	2,375,604		2,375,604		2,375,604
59	MAGNETIC RESONANCE IMAGIN	915,477		915,477		915,477
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	4,814,918		4,814,918		4,814,918
62	OBSERVATION BEDS (NON-DIS	750,518		750,518		750,518
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	53,041,110		53,041,110	10,144	53,051,254
102	LESS OBSERVATION BEDS	750,518		750,518		750,518
103	TOTAL	52,290,592		52,290,592	10,144	52,300,736

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	9,439,900		9,439,900			
26	INTENSIVE CARE UNIT	3,396,596		3,396,596			
33	NURSERY	565,440		565,440			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,179,130	10,809,269	14,988,399	.456183	.456183	.456183
39	DELIVERY ROOM & LABOR ROO	543,391	663,108	1,206,499	.287206	.287206	.287206
41	RADIOLOGY-DIAGNOSTIC	2,018,879	12,901,359	14,920,238	.332770	.332770	.332770
41	01 CAT SCAN	1,266,364	9,704,101	10,970,465	.087406	.087406	.087406
44	LABORATORY	4,103,627	10,526,373	14,630,000	.367520	.367520	.368213
49	RESPIRATORY THERAPY	1,616,976	1,287,537	2,904,513	.475969	.475969	.475969
50	PHYSICAL THERAPY	389,416	1,885,745	2,275,161	1.096903	1.096903	1.096903
52	SPEECH PATHOLOGY	20,134	92,661	112,795	1.027040	1.027040	1.027040
53	ELECTROCARDIOLOGY	892,244	2,913,783	3,806,027	.126246	.126246	.126246
55	MEDICAL SUPPLIES CHARGED	9,648,175	6,285,945	15,934,120	.295021	.295021	.295021
56	DRUGS CHARGED TO PATIENTS	11,453,048	4,993,565	16,446,613	.144443	.144443	.144443
59	MAGNETIC RESONANCE IMAGIN	253,748	4,193,804	4,447,552	.205838	.205838	.205838
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	502,533	6,120,367	6,622,900	.727011	.727011	.727011
62	OBSERVATION BEDS (NON-DIS	146,541	531,007	677,548	1.107697	1.107697	1.107697
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	50,436,142	72,908,624	123,344,766			
102	LESS OBSERVATION BEDS						
103	TOTAL	50,436,142	72,908,624	123,344,766			

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	6,837,455	698,512	6,138,943			6,837,455
39	OPERATING ROOM	346,514	54,177	292,337			346,514
41	DELIVERY ROOM & LABOR ROO	4,965,003	467,524	4,497,479			4,965,003
41	RADIOLOGY-DIAGNOSTIC	958,887	32,952	925,935			958,887
41	01 CAT SCAN	5,376,811	358,301	5,018,510			5,376,811
44	LABORATORY	1,382,458	123,459	1,258,999			1,382,458
49	RESPIRATORY THERAPY	2,495,631	85,233	2,410,398			2,495,631
50	PHYSICAL THERAPY	115,845	7,566	108,279			115,845
52	SPEECH PATHOLOGY	480,496	13,691	466,805			480,496
53	ELECTROCARDIOLOGY	4,700,903	205,956	4,494,947			4,700,903
55	MEDICAL SUPPLIES CHARGED	2,375,604	75,635	2,299,969			2,375,604
56	DRUGS CHARGED TO PATIENTS	915,477	33,334	882,143			915,477
59	MAGNETIC RESONANCE IMAGIN						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,814,918	395,567	4,419,351			4,814,918
62	OBSERVATION BEDS (NON-DIS	750,518	98,788	651,730			750,518
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	36,516,520	2,650,695	33,865,825			36,516,520
102	LESS OBSERVATION BEDS	750,518	98,788	651,730			750,518
103	TOTAL	35,766,002	2,551,907	33,214,095			35,766,002

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	14,988,399	.456183	.456183
39	DELIVERY ROOM & LABOR ROO	1,206,499	.287206	.287206
41	RADIOLOGY-DIAGNOSTIC	14,920,238	.332770	.332770
41 01	CAT SCAN	10,970,465	.087406	.087406
44	LABORATORY	14,630,000	.367520	.367520
49	RESPIRATORY THERAPY	2,904,513	.475969	.475969
50	PHYSICAL THERAPY	2,275,161	1.096903	1.096903
52	SPEECH PATHOLOGY	112,795	1.027040	1.027040
53	ELECTROCARDIOLOGY	3,806,027	.126246	.126246
55	MEDICAL SUPPLIES CHARGED	15,934,120	.295021	.295021
56	DRUGS CHARGED TO PATIENTS	16,446,613	.144443	.144443
59	MAGNETIC RESONANCE IMAGIN	4,447,552	.205838	.205838
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,622,900	.727011	.727011
62	OBSERVATION BEDS (NON-DIS	677,548	1.107697	1.107697
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	109,942,830		
102	LESS OBSERVATION BEDS	677,548		
103	TOTAL	109,265,282		

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	6,837,455	698,512	6,138,943	69,851	356,059	6,411,545
39	OPERATING ROOM	346,514	54,177	292,337	5,418	16,956	324,140
41	DELIVERY ROOM & LABOR ROO	4,965,003	467,524	4,497,479	46,752	260,854	4,657,397
41	RADIOLOGY-DIAGNOSTIC	958,887	32,952	925,935	3,295	53,704	901,888
41	01 CAT SCAN	5,376,811	358,301	5,018,510	35,830	291,074	5,049,907
44	LABORATORY	1,382,458	123,459	1,258,999	12,346	73,022	1,297,090
49	RESPIRATORY THERAPY	2,495,631	85,233	2,410,398	8,523	139,803	2,347,305
50	PHYSICAL THERAPY	115,845	7,566	108,279	757	6,280	108,808
52	SPEECH PATHOLOGY	480,496	13,691	466,805	1,369	27,075	452,052
53	ELECTROCARDIOLOGY	4,700,903	205,956	4,494,947	20,596	260,707	4,419,600
55	MEDICAL SUPPLIES CHARGED	2,375,604	75,635	2,299,969	7,564	133,398	2,234,642
56	DRUGS CHARGED TO PATIENTS	915,477	33,334	882,143	3,333	51,164	860,980
59	MAGNETIC RESONANCE IMAGIN						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,814,918	395,567	4,419,351	39,557	256,322	4,519,039
62	OBSERVATION BEDS (NON-DIS	750,518	98,788	651,730	9,879	37,800	702,839
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	36,516,520	2,650,695	33,865,825	265,070	1,964,218	34,287,232
102	LESS OBSERVATION BEDS	750,518	98,788	651,730	9,879	37,800	702,839
103	TOTAL	35,766,002	2,551,907	33,214,095	255,191	1,926,418	33,584,393

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	14,988,399	.427767	.451523
39	DELIVERY ROOM & LABOR ROO	1,206,499	.268662	.282716
41	RADIOLOGY-DIAGNOSTIC	14,920,238	.312153	.329636
41 01	CAT SCAN	10,970,465	.082211	.087106
44	LABORATORY	14,630,000	.345175	.365070
49	RESPIRATORY THERAPY	2,904,513	.446577	.471718
50	PHYSICAL THERAPY	2,275,161	1.031709	1.093157
52	SPEECH PATHOLOGY	112,795	.964653	1.020329
53	ELECTROCARDIOLOGY	3,806,027	.118773	.125886
55	MEDICAL SUPPLIES CHARGED	15,934,120	.277367	.293729
56	DRUGS CHARGED TO PATIENTS	16,446,613	.135872	.143983
59	MAGNETIC RESONANCE IMAGIN	4,447,552	.193585	.205089
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,622,900	.682335	.721038
62	OBSERVATION BEDS (NON-DIS	677,548	1.037327	1.093117
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	109,942,830		
102	LESS OBSERVATION BEDS	677,548		
103	TOTAL	109,265,282		

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						
26	ADULTS & PEDIATRICS				1,516,135		1,516,135
33	INTENSIVE CARE UNIT				474,574		474,574
101	NURSERY				117,165		117,165
	TOTAL				2,107,874		2,107,874

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	12,631	7,531			120.03	903,946
26	ADULTS & PEDIATRICS	2,197	1,589			216.01	343,240
33	INTENSIVE CARE UNIT	952				123.07	
101	NURSERY						
	TOTAL	15,780	9,120				1,247,186

TITLE XVIII, PART A HOSPITAL

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS		698,512	14,988,399	2,467,271		
39	OPERATING ROOM		54,177	1,206,499			
41	DELIVERY ROOM & LABOR ROO		467,524	14,920,238	1,400,864		
41	RADIOLOGY-DIAGNOSTIC		32,952	10,970,465	1,223,987		
41	01 CAT SCAN		358,301	14,630,000	3,209,789		
44	LABORATORY		123,459	2,904,513	914,884		
49	RESPIRATORY THERAPY		85,233	2,275,161	304,976		
50	PHYSICAL THERAPY		7,566	112,795	15,178		
52	SPEECH PATHOLOGY		13,691	3,806,027	876,685		
53	ELECTROCARDIOLOGY		205,956	15,934,120	6,229,378		
55	MEDICAL SUPPLIES CHARGED		75,635	16,446,613	8,414,271		
56	DRUGS CHARGED TO PATIENTS		33,334	4,447,552	202,088		
59	MAGNETIC RESONANCE IMAGIN						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		395,567	6,622,900	478,899		
62	OBSERVATION BEDS (NON-DIS		98,788	677,548	29,200		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,650,695	109,942,830	25,767,470		

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.046604	114,985
39	DELIVERY ROOM & LABOR ROO	.044904	
41	RADIOLOGY-DIAGNOSTIC	.031335	43,896
41 01	CAT SCAN	.003004	3,677
44	LABORATORY	.024491	78,611
49	RESPIRATORY THERAPY	.042506	38,888
50	PHYSICAL THERAPY	.037462	11,425
52	SPEECH PATHOLOGY	.067077	1,018
53	ELECTROCARDIOLOGY	.003597	3,153
55	MEDICAL SUPPLIES CHARGED	.012925	80,515
56	DRUGS CHARGED TO PATIENTS	.004599	38,697
59	MAGNETIC RESONANCE IMAGIN	.007495	1,515
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.059727	28,603
62	OBSERVATION BEDS (NON-DIS	.145802	4,257
	OTHER REIMBURS COST CNTRS		
101	TOTAL		449,240

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					12,631	
26	INTENSIVE CARE UNIT					2,197	
33	NURSERY					952	
101	TOTAL					15,780	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	7,531	
26	INTENSIVE CARE UNIT	1,589	
33	NURSERY		
101	TOTAL	9,120	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	MAGNETIC RESONANCE IMAGIN						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			14,988,399			2,467,271	
	OPERATING ROOM			1,206,499				
39	DELIVERY ROOM & LABOR ROO			14,920,238			1,400,864	
41	RADIOLOGY-DIAGNOSTIC			10,970,465			1,223,987	
41	01 CAT SCAN			14,630,000			3,209,789	
44	LABORATORY			2,904,513			914,884	
49	RESPIRATORY THERAPY			2,275,161			304,976	
50	PHYSICAL THERAPY			112,795			15,178	
52	SPEECH PATHOLOGY			3,806,027			876,685	
53	ELECTROCARDIOLOGY			15,934,120			6,229,378	
55	MEDICAL SUPPLIES CHARGED			16,446,613			8,414,271	
56	DRUGS CHARGED TO PATIENTS			4,447,552			202,088	
59	MAGNETIC RESONANCE IMAGIN							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			6,622,900			478,899	
62	OBSERVATION BEDS (NON-DIS			677,548			29,200	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			109,942,830			25,767,470	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,544,967					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	3,924,885					
41	01 CAT SCAN	2,903,732					
44	LABORATORY	351,799					
49	RESPIRATORY THERAPY	236,296					
50	PHYSICAL THERAPY	8,652					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,390,056					
55	MEDICAL SUPPLIES CHARGED	244,733					
56	DRUGS CHARGED TO PATIENTS	2,423,003					
59	MAGNETIC RESONANCE IMAGIN	1,146,490					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	972,985					
62	OBSERVATION BEDS (NON-DIS	165,435					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	18,313,033					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.456183	.456183			
39 DELIVERY ROOM & LABOR ROOM	.287206	.287206			
41 RADIOLOGY-DIAGNOSTIC	.332770	.332770			
41 01 CAT SCAN	.087406	.087406			
44 LABORATORY	.367520	.367520			
49 RESPIRATORY THERAPY	.475969	.475969			
50 PHYSICAL THERAPY	1.096903	1.096903			
52 SPEECH PATHOLOGY	1.027040	1.027040			
53 ELECTROCARDIOLOGY	.126246	.126246			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.295021	.295021			
56 DRUGS CHARGED TO PATIENTS	.144443	.144443			
59 MAGNETIC RESONANCE IMAGING (MRI)	.205838	.205838			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.727011	.727011			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.107697	1.107697			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		3,544,967			
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		3,924,885			
41	01 CAT SCAN		2,903,732			
44	LABORATORY		351,799	206		
49	RESPIRATORY THERAPY		236,296			
50	PHYSICAL THERAPY		8,652			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		2,390,056			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		244,733	1,354		
56	DRUGS CHARGED TO PATIENTS		2,423,003			
59	MAGNETIC RESONANCE IMAGING (MRI)		1,146,490			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		972,985			
62	OBSERVATION BEDS (NON-DISTINCT PART)		165,435			
101	SUBTOTAL		18,313,033	1,560		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		18,313,033	1,560		

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,617,154	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,306,084	
41 01 CAT SCAN				253,804	
44 LABORATORY				129,293	76
49 RESPIRATORY THERAPY				112,470	
50 PHYSICAL THERAPY				9,490	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				301,735	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				72,201	399
56 DRUGS CHARGED TO PATIENTS				349,986	
59 MAGNETIC RESONANCE IMAGING (MRI)				235,991	
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				707,371	
62 OBSERVATION BEDS (NON-DISTINCT PART)				183,252	
101 SUBTOTAL				5,278,831	475
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				5,278,831	475

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CAT SCAN			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
59 MAGNETIC RESONANCE IMAGING (MRI)			
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.144443
2	PROGRAM VACCINE CHARGES		3,317
3	PROGRAM COSTS		479

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 911.93
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,867,745
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,867,745

	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	3,831,493	2,197	1,743.97	1,589	2,771,168
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 7,252,101
49 TOTAL PROGRAM INPATIENT COSTS					16,891,014

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,247,186
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 449,240
 52 TOTAL PROGRAM EXCLUDABLE COST 1,696,426
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 15,194,588

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	823
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	911.93
85	OBSERVATION BED COST	750,518

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			750,518	
87	NEW CAPITAL-RELATED COST	1,516,135		750,518	98,788
88	NON PHYSICIAN ANESTHETIST		.131626	750,518	
89	MEDICAL EDUCATION			750,518	
89.01	MEDICAL EDUCATION - ALLIED HEA			750,518	
89.02	MEDICAL EDUCATION - ALL OTHER			750,518	

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)	12,631
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,631
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,631
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)	425
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)	952
16	NURSERY DAYS (TITLE V OR XIX ONLY)	195

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	11,518,544
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	11,518,544

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,439,900
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,439,900
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.220198
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	747.36
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	11,518,544

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	911.93
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	387,570
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	387,570

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42	1,174,553	952	1,233.77	195	240,585
43	3,831,493	2,197	1,743.97	29	50,575
44					
45					
46					
47					
48					381,417
49					1,060,147

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	823
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	911.93
85	OBSERVATION BED COST	750,518

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		HOSPITAL		PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS		5,847,005		
26	INTENSIVE CARE UNIT		2,404,780		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.456183	2,467,271	1,125,527	
39	DELIVERY ROOM & LABOR ROOM	.287206			
41	RADIOLOGY-DIAGNOSTIC	.332770	1,400,864	466,166	
41 01	CAT SCAN	.087406	1,223,987	106,984	
44	LABORATORY	.368213	3,209,789	1,181,886	
49	RESPIRATORY THERAPY	.475969	914,884	435,456	
50	PHYSICAL THERAPY	1.096903	304,976	334,529	
52	SPEECH PATHOLOGY	1.027040	15,178	15,588	
53	ELECTROCARDIOLOGY	.126246	876,685	110,678	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.295021	6,229,378	1,837,797	
56	DRUGS CHARGED TO PATIENTS	.144443	8,414,271	1,215,383	
59	MAGNETIC RESONANCE IMAGING (MRI)	.205838	202,088	41,597	
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY	.727011	478,899	348,165	
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.107697	29,200	32,345	
	OTHER REIMBURS COST CNTRS				
101	TOTAL		25,767,470	7,252,101	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		25,767,470		

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	HOSPITAL		OTHER
			INPATIENT CHARGES 2	INPATIENT COST 3	
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS		698,378		
26	INTENSIVE CARE UNIT		65,628		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.456183	198,536	90,569	
39	DELIVERY ROOM & LABOR ROOM	.287206	147,589	42,388	
41	RADIOLOGY-DIAGNOSTIC	.332770	36,826	12,255	
41 01	CAT SCAN	.087406	22,813	1,994	
44	LABORATORY	.367520	224,746	82,599	
49	RESPIRATORY THERAPY	.475969	28,289	13,465	
50	PHYSICAL THERAPY	1.096903	2,721	2,985	
52	SPEECH PATHOLOGY	1.027040	309	317	
53	ELECTROCARDIOLOGY	.126246	12,978	1,638	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.295021	231,903	68,416	
56	DRUGS CHARGED TO PATIENTS	.144443	441,723	63,804	
59	MAGNETIC RESONANCE IMAGING (MRI)	.205838	4,794	987	
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY	.727011			
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.107697			
	OTHER REIMBURS COST CNTRS				
101	TOTAL		1,353,227	381,417	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		1,353,227		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
1 DRG AMOUNT		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 AND BEFORE JANUARY 1	10,531,264	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	314,427	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		105.23
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.99
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.15
4.02 SUM OF LINES 4 AND 4.01		18.14
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.54
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		478,119
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		11,323,810
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		

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		11,034,569		3,560,027
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 7/30/2007	14,598		
ADJUSTMENTS TO PROVIDER	.02 12/31/2007	146,317	12/31/2007	161,424
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50		7/30/2007	28,507
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	160,915		132,917
4 TOTAL INTERIM PAYMENTS		11,195,484		3,692,944
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,211,477			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	8,576,893			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	3,803,355			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	15,591,725			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
13.01 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	29,000,010			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	29,000,010			
OTHER ASSETS				
22 INVESTMENTS	11,951,683			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	6,156,935			
26 TOTAL OTHER ASSETS	18,108,618			
27 TOTAL ASSETS	62,700,353			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I
 I 15-0030 I FROM 1/ 1/2007 I
 I I TO 12/31/2007 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,291,874			
29 SALARIES, WAGES & FEES PAYABLE	3,223,313			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,296,835			
36 TOTAL CURRENT LIABILITIES	7,812,022			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	15,154,144			
42 TOTAL LONG-TERM LIABILITIES	15,154,144			
43 TOTAL LIABILITIES	22,966,166			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	39,734,187			
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	39,734,187			
52 TOTAL LIABILITIES AND FUND BALANCES	62,700,353			

	GENERAL FUND		SPECIFIC PURPOSE FUND
	1	2	3
1 FUND BALANCE AT BEGINNING		37,553,753	4
2 OF PERIOD			
3 NET INCOME (LOSS)		2,180,434	
4 TOTAL		39,734,187	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6			
7			
8			
9			
10 TOTAL ADDITIONS			
11 SUBTOTAL		39,734,187	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13			
14			
15			
16			
17			
18 TOTAL DEDUCTIONS			
19 FUND BALANCE AT END OF		39,734,187	
PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND		PLANT FUND
	5	6	7
1 FUND BALANCE AT BEGINNING			8
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			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	9,439,900		9,439,900
5 00 SWING BED - SNF			
9 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,439,900		9,439,900
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 INTENSIVE CARE UNIT			
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,439,900		9,439,900
17 00 TOTAL INPATIENT ROUTINE CARE SERVICE	40,491,896	75,045,383	115,537,279
18 00 ANCILLARY SERVICES			
19 00 OUTPATIENT SERVICES			
23 00 HOME HEALTH AGENCY			
24 00 HOSPICE			
25 00 TOTAL PATIENT REVENUES	49,931,796	75,045,383	124,977,179

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	57,321,480
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	57,321,480

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION	
1 TOTAL PATIENT REVENUES	124,977,179
2 LESS: ALLOWANCES AND DISCOUNTS ON	68,576,009
3 NET PATIENT REVENUES	56,401,170
4 LESS: TOTAL OPERATING EXPENSES	57,321,480
5 NET INCOME FROM SERVICE TO PATIENT	-920,310
OTHER INCOME	
6 CONTRIBUTIONS, DONATIONS, BEQUES	
7 INCOME FROM INVESTMENTS	996,923
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	2,103,821
25 TOTAL OTHER INCOME	3,100,744
26 TOTAL	2,180,434
OTHER EXPENSES	
27	
28	
29	
30 TOTAL OTHER EXPENSES	
31 NET INCOME (OR LOSS) FOR THE PERIO	2,180,434

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	97,372				117,625	214,997
HHA REIMBURSABLE SERVICES						
6	192,186					192,186
7	99,179					99,179
8	18,509					18,509
9						
10						
11	12,880					12,880
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	420,126				117,625	537,751

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		214,997	-7,471	207,526
HHA REIMBURSABLE SERVICES				
6		192,186		192,186
7		99,179		99,179
8		18,509		18,509
9				
10				
11		12,880		12,880
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		537,751	-7,471	530,280

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							
5	207,526					207,526	207,526
6	192,186					192,186	123,572
7	99,179					99,179	63,771
8	18,509					18,509	11,901
9							
10							
11	12,880					12,880	8,282
12							
13							
13.20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	530,280					530,280	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	315,758						
7	162,950						
8	30,410						
9							
10							
11	21,162						
12							
13							
13.20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	530,280						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	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					-207,526	322,754
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						192,186
7 PHYSICAL THERAPY						99,179
8 OCCUPATIONAL THERAPY						18,509
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES						
11 HOME HEALTH AIDE						12,880
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)					-207,526	322,754
25 COST TO BE ALLOCATED						207,526
26 UNIT COST MULTIPLIER						.642985

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL				163,557	163,557	36,133
2 SKILLED NURSING CARE	315,758				315,758	69,757
3 PHYSICAL THERAPY	162,950				162,950	35,999
4 OCCUPATIONAL THERAPY	30,410				30,410	6,718
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	21,162				21,162	4,675
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)	530,280			163,557	693,837	153,282
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	OPERATION OF PLANT 8	LAUNDRY & LI 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL			10,646			
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)			10,646			
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	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL	1,874		12,595	224,805		224,805
2 SKILLED NURSING CARE				385,515		385,515
3 PHYSICAL THERAPY				198,949		198,949
4 OCCUPATIONAL THERAPY				37,128		37,128
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				25,837		25,837
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,874		12,595	872,234		872,234
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
HHA COST CENTER	15	16	17	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	133,862	519,377
3 PHYSICAL THERAPY	69,080	268,029
4 OCCUPATIONAL THERAPY	12,892	50,020
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE	8,971	34,808
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)	224,805	872,234
21 UNIT COST MULTIPLIER	0.347227	

(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-BLDG & SQUARE FEET 3	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
1			420,126		163,557	
2					315,758	
3					162,950	
4					30,410	
5						
6						
7					21,162	
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20			420,126		693,837	
21			163,557		153,282	
22			0.389305		0.220919	

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSEKEEPING HOURS OF SERVICE 10	DIETARY PATIENT DAYS 11	CAFETERIA FTE'S 12	NURSING ADMINISTRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLIES COSTED REQUIS. 15
1		46				7,444
2						
3						
4						
5						
6						
7						
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20		46				7,444
21		10,646				1,874
22		231.434783				0.251746

HHA COST CENTER	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARIES TIME SPENT 17
1		26
2		
3		
4		
5		
6		
7		
8		
9		
9.20		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
19.50		
20		26
21		12,595
22		484.423077

I PROVIDER NO: I PERIOD: I PREPARED 5/23/2008
 I 15-0030 I FROM 1/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2007 I PARTS I II & III
 I 15-7430 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
1 SKILLED NURSING	2	519,377	2	519,377	2,777	187.03	1,054
2 PHYSICAL THERAPY	3	268,029		268,029	1,585	169.10	884
3 OCCUPATIONAL THERAPY	4	50,020		50,020	291	171.89	180
4 SPEECH PATHOLOGY	5						
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICES	7	34,808		34,808	863	40.33	352
7 TOTAL		872,234		872,234	5,516		2,470

	-----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	440	9	82,293	279,423
2 PHYSICAL THERAPY		312	10	52,759	202,243
3 OCCUPATIONAL THERAPY		40	11	6,876	37,816
4 SPEECH PATHOLOGY					
5 MEDICAL SOCIAL SERVICES					
6 HOME HEALTH AIDE SERVICES		399		16,092	30,288
7 TOTAL		1,191		158,020	549,770

LIMITATION COST COMPUTATION	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS PART A
8 SKILLED NURSING					5	6
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	440	9	82,293	279,423
9 PHYSICAL THERAPY		312	10	52,759	202,243
10 OCCUPATIONAL THERAPY		40	11	6,876	37,816
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICES		399		16,092	30,288
14 TOTAL		1,191		158,020	549,770

I PROVIDER NO: I PERIOD: I PREPARED 5/23/2008
 I 15-0030 I FROM 1/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2007 I PARTS I II & III
 I 15-7430 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

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

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

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP 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	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	1.096903			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.027040			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.295021			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.144443			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
		2	1	2	3	4	5
1 PHYSICAL THERAPY	1	169.10	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	2	171.89					
3 SPEECH PATHOLOGY	3						
4 TOTAL (SUM OF LINES 1-3)	4						

TITLE XVIII HHA 1

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

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

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

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	391,452	175,362
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,234	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	10,657	6,425
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	2,272	1,995
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,138	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	408,753	183,782
13	EXCESS REASONABLE COST		
14	SUBTOTAL	408,753	183,782
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	408,753	183,782
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	408,753	183,782
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	408,753	183,782
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	408,753	183,782
25	INTERIM PAYMENTS	408,753	183,782
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		

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		408,753		183,782
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		NONE	NONE
4 TOTAL INTERIM PAYMENTS		408,753		183,782
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	133,085			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES	21,329			
13 NURSING CARE	85,392			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	17,621			
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	17,251			
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	274,678			

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	254,928	388,013	-33,780	354,233
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES		21,329		21,329
13 NURSING CARE		85,392		85,392
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES		17,621		17,621
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		17,251		17,251
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	254,928	529,606	-33,780	495,826

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
ADMINISTRATIVE AND GENERAL	133,085			
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE				
9 INPATIENT - RESPITE CARE				
10 VISITING SERVICES				
11 PHYSICIAN SERVICES				
12 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
13 PHYSICAL THERAPY				
14 OCCUPATIONAL THERAPY				
15 SPEECH/LANGUAGE PATHOLOGY				
16 MEDICAL SOCIAL SERVICES			17,621	
17 SPIRITUAL COUNSELING				
18 DIETARY COUNSELING				
19 COUNSELING - OTHER				
20 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
21 OTHER HOSPICE SERVICE COSTS				
22 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	133,085		17,621	

COMPENSATION ANALYSIS
 SALARIES AND WAGES

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				21,329
13 NURSING CARE	85,392			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			17,251	
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	85,392		17,251	21,329

COMPENSATION ANALYSIS
 SALARIES AND WAGES

HOSPICE 1

TOTAL (1)
 9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
	ADMINISTRATIVE AND GENERAL	133,085
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	21,329
10	NURSING CARE	85,392
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	17,621
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	17,251
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	274,678

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

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			354,233	354,233
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES			21,329	53,360
10 NURSING CARE			85,392	213,631
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			17,621	44,084
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			17,251	43,158
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			141,593	354,233

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	74,689
10	NURSING CARE	299,023
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	61,705
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	60,409
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	495,826

HOSPICE 1

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

COST ALLOCATION -
 HOSPICE STATISTICAL BASIS

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		-354,233	141,593
8 INPATIENT - GENERAL CARE			
9 INPATIENT - RESPITE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			21,329
12 NURSING CARE			85,392
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			17,621
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			17,251
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38 FUNDRAISING			
39 OTHER PROGRAM COSTS			
40 COST TO BE ALLOCATED (PER WKST K-4, PART I)			354,233
41 UNIT COST MULTIPLIER	.000000		2.501769

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6				106,933
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9	74,689			
5.00 NURSING CARE	10	299,023			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	61,705			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20	60,409			
14.00 OTHER	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER -- SPECIFY	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00 OTHER	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		495,826			106,933
30.00 UNIT COST MULIPLIER					

HOSPICE COST CENTER	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5A	6	8	9
1.00 ADMINISTRATIVE AND GENERAL	106,933	23,624		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	74,689	16,500		
5.00 NURSING CARE	299,023	66,060		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	61,705	13,632		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	60,409	13,346		
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	602,759	133,162		
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		131,751		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES		91,189	19,846	111,035
5.00 NURSING CARE		365,083	79,457	444,540
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		75,337	16,396	91,733
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		73,755	16,052	89,807
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		737,115	.217639	737,115
30.00 UNIT COST MULIPLIER				

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
 (2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	3	4	5	6A
1.00 ADMINISTRATIVE AND GENERAL			274,678	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			274,678	
30.00 TOTAL COST TO BE ALLOCATED			106,933	
31.00 UNIT COST MULIPLIER	.000000	.000000	.389303	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)
	6	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	106,933			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	74,689			
5.00 NURSING CARE	299,023			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	61,705			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	60,409			
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	602,759			
30.00 TOTAL COST TO BE ALLOCATED	133,162			
31.00 UNIT COST MULIPLIER	.220921	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(PATIENT DAYS)	(FTE'S)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				4,744
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				4,744
30.00 TOTAL COST TO BE ALLOCATED				1,194
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.251686

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY
	(COSTED REQUIS.)	(TIME SPENT)
	16	17
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPITE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00 OTHER		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER -- SPECIFY		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00 OTHER		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28)		
30.00 TOTAL COST TO BE ALLOCATED		
31.00 UNIT COST MULIPLIER	.000000	.000000

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

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	1.096903	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52	1.027040	
4	DRUGS CHARGED TO PATIENTS	56	.144443	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.367520	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.295021	
8	EMERGENCY	61	.727011	
9	RADIOLOGY-DIAGNOSTIC	41	.332770	
9.01	CAT SCAN	41.01	.087406	
10	MAGNETIC RESONANCE IMAGING (MRI)	59	.205838	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1				737,115
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	934,748
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	30,433
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	38.37
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.99
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.15
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	18.14
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.74
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	34,960
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,000,141
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	