

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0115	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	OO - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 3/11/2009 TIME 13:44

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:
 MEMORIAL HOSP & HEALTH CARE CTR 15-0115
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	9,765	-737		0
2	SUBPROVIDER	0	-142,937	0		0
2.01	SUBPROVIDER II	0	4,433	0		0
5	HOSPITAL-BASED SNF	0	0	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	-128,739	-737		0

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

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

HOSPITAL 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	45,329,986		45,329,986	1,841,515.94	24.62	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	919,956		919,956	10,375.00	88.67	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	5,893,233		5,893,233	49,081.00	120.07	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,049,412		1,049,412	54,164.89	19.37	
8.01 EXCLUDED AREA SALARIES	8,300,768		8,300,768	324,198.64	25.60	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,445,711		1,445,711	14,457.11	100.00	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	5,839,441		5,839,441			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,872,639		1,872,639			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	186,250		186,250			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	1,180,287		1,180,287			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,758,894		1,758,894	17,889.24	98.32	
22 ADMINISTRATIVE & GENERAL	4,625,647		4,625,647	219,734.09	21.05	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,307,257		1,307,257	66,353.22	19.70	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	210,821		210,821	20,854.02	10.11	
26 HOUSEKEEPING	757,576		757,576	71,369.04	10.61	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	738,012	-442,111	295,901	22,050.90	13.42	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		442,111	442,111	32,946.64	13.42	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	281,242		281,242	8,397.25	33.49	
31 CENTRAL SERVICE AND SUPPLY	214,039		214,039	19,243.59	11.12	
32 PHARMACY	988,053		988,053	34,179.21	28.91	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,098,295		1,098,295	70,182.85	15.65	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	38,516,797		38,516,797	1,782,059.94	21.61	
2 EXCLUDED AREA SALARIES	9,350,180		9,350,180	378,363.53	24.71	
3 SUBTOTAL SALARIES	29,166,617		29,166,617	1,403,696.41	20.78	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,445,711		1,445,711	14,457.11	100.00	
5 SUBTOTAL WAGE-RELATED COSTS	5,839,441		5,839,441		20.02	
6 TOTAL	36,451,769		36,451,769	1,418,153.52	25.70	
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	11,979,836		11,979,836	583,200.05	20.54	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,553	1,475	1,492
2 UNDUPLICATED CENSUS COUNT		313.00	30.00	160.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	4,520
2 UNDUPLICATED CENSUS COUNT	503.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.05		1.05
5 OTHER ADMINISTRATIVE PERSONEL	2.05		2.05
6 DIRECTING NURSING SERVICE	5.69		5.69
7 NURSING SUPERVISOR	1.20		1.20
8 PHYSICAL THERAPY SERVICE	.28		.28
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.45		.45
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.07		.07
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.01	.25	.26
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	4.85		4.85
17 HOME HEALTH AIDE SUPERVISOR			
18 PRN RN	.54		.54
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915		

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	1,549	139	101	101
22 SKILLED NURSING VISIT CHARGES	211,289	18,148	14,027	13,624
23 PHYSICAL THERAPY VISITS	1,230	37	23	91
24 PHYSICAL THERAPY VISIT CHARGES	190,286	5,735	3,565	13,979
25 OCCUPATIONAL THERAPY VISITS	365	27	9	22
26 OCCUPATIONAL THERAPY VISIT CHARGES	56,015	4,185	1,395	3,312
27 SPEECH PATHOLOGY VISITS	11	21	3	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,705	3,255	465	0
29 MEDICAL SOCIAL SERVICE VISITS	4	3	1	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	776	582	194	582
31 HOME HEALTH AIDE VISITS	1,352	73	6	84
32 HOME HEALTH AIDE VISIT CHARGES	95,167	5,183	426	5,867
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,511	300	143	301
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	555,238	37,088	20,072	37,364
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	239	0	48	19
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	6	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	13,729	1,891	329	1,515

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	71	1,961
22 SKILLED NURSING VISIT CHARGES	0	9,282	266,370
23 PHYSICAL THERAPY VISITS	0	48	1,429
24 PHYSICAL THERAPY VISIT CHARGES	0	7,440	221,005
25 OCCUPATIONAL THERAPY VISITS	0	13	436
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	2,015	66,922
27 SPEECH PATHOLOGY VISITS	0	11	46
28 SPEECH PATHOLOGY VISIT CHARGES	0	1,705	7,130
29 MEDICAL SOCIAL SERVICE VISITS	0	0	11
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	2,134
31 HOME HEALTH AIDE VISITS	0	31	1,546
32 HOME HEALTH AIDE VISIT CHARGES	0	2,201	108,844
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	174	5,429
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	22,643	672,405
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	5	311
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	6
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	414	17,878

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0115
PERIOD: FROM 7/1/2006 TO 6/30/2007
PREPARED 3/11/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		21				
5	RVB		15				
6	RVA		5				
6 .01	RVX		14				
6 .02	RVL						
7	RHC		293				
8	RHB		443				
9	RHA		39				
9 .01	RHX						
9 .02	RHL						
10	RMC		120				
11	RMB		354				
12	RMA		51				
12 .01	RMX		578				
12 .02	RML		1,931				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		27				
16	SE2		294				
17	SE1						
18	SSC		34				
19	SSB		28				
20	SSA		160				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		24				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		4,431				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8736
 Wage Index Factor (after 10/01) : 0.8736
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9915
 SNF CBSA Code : 0015

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/1/2006	3/11/2009
	TO 6/30/2007	WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8736
 Wage Index Factor (after 10/01) : 0.8736
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9915
 SNF CBSA Code : 0015

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	OTHER METHODS OF WRITE-OFFS (SPEC.)
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 3,598,875
17.01	GROSS MEDICAID REVENUES 10,406,415
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 14,005,290
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) .456715
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)

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0115

PERIOD: FROM 7/ 1/2006 TO 6/30/2007

PREPARED 3/11/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
5	0500 EMPLOYEE BENEFITS	1,758,894	9,439,933	11,198,827		11,198,827
6	0600 ADMIN STRATIVE & GENERAL	4,625,647	4,540,181	9,165,828	65,638	9,231,466
7	0700 MAINTENANCE & REPAIRS	1,307,257	3,103,758	4,411,015		4,411,015
9	0900 LAUNDRY & LINEN SERVICE	210,821	86,660	297,481		297,481
10	1000 HOUSEKEEPING	757,576	181,865	939,441		939,441
11	1100 DIETARY	738,012	575,847	1,313,859	-787,076	526,783
12	1200 CAFETERIA				787,076	787,076
14	1400 NURSING ADMINISTRATION	281,242	7,282	288,524		288,524
15	1500 CENTRAL SERVICES & SUPPLY	214,039	183,654	397,693		397,693
16	1600 PHARMACY	988,053	5,358,759	6,346,812		6,346,812
17	1700 MEDICAL RECORDS & LIBRARY	1,098,295	108,611	1,206,906	4,569	1,211,475
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,988,889	378,001	5,366,890	-404,126	4,962,764
26	2600 INTENSIVE CARE UNIT	1,894,360	66,372	1,960,732		1,960,732
31	3100 SUBPROVIDER	752,523	198,128	950,651		950,651
31.01	3101 SUBPROVIDER 2	584,249	133,156	717,405		717,405
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	1,049,412	64,808	1,114,220		1,114,220
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,702,217	2,235,058	4,937,275		4,937,275
39	3900 DELIVERY ROOM & LABOR ROOM				404,126	404,126
40	4000 ANESTHESIOLOGY	2,652,162	235,592	2,887,754		2,887,754
41	4100 RADIOLOGY-DIAGNOSTIC	1,518,833	554,929	2,073,762		2,073,762
43	4300 RADIOISOTOPE	151,907	406,385	558,292		558,292
44	4400 LABORATORY	1,799,191	2,329,148	4,128,339		4,128,339
49	4900 RESPIRATORY THERAPY	848,554	275,554	1,124,108	-49,873	1,074,235
50	5000 PHYSICAL THERAPY	1,353,714	166,064	1,519,778	10,101	1,529,879
53	5300 ELECTROCARDIOLOGY	986,202	3,522,185	4,508,387		4,508,387
53.01	5301 PULMONARY FUNCTION TESTING				49,873	49,873
53.02	5302 CARDIOPULMONARY	69,368	5,631	74,999		74,999
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,962,489	2,962,489		2,962,489
56	5600 DRUGS CHARGED TO PATIENTS					
59	3550 O/P PSYCH	143,105	12,812	155,917	9,473	165,390
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	204,472	49,694	254,166		254,166
60.01	6001 IMED	466,244	182,323	648,567		648,567
60.02	6002 ONCOLOGY	397,550	279,746	677,296		677,296
61	6100 EMERGENCY	3,823,202	137,580	3,960,782		3,960,782
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	964,463	136,167	1,100,630		1,100,630
71	7100 HOME HEALTH AGENCY	732,871	125,687	858,558		858,558
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	80,259	11,085	91,344	1,096	92,440
95	SUBTOTALS	40,143,583	49,893,580	90,037,163	90,877	90,128,040
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	4,127,754	1,557,986	5,685,740	140,754	5,826,494
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS					
100.02	7952 FOUNDATION	121,028	29,886	150,914	2,797	153,711
100.03	7953 MARKETING/PHYS SERVICES	549,380	23,551	572,931		572,931
100.04	7954 COMMUNITY EDUCATION	287,499	120,292	407,791		407,791
100.05	7955 SCHLICHTING PROPERTY					
100.06	7956 MAB		263,343	263,343	-263,343	
100.07	7957 ANNEX					
100.08	7958 PUBLIC RELATION	100,742	343,226	443,968		443,968
100.09	7959 UNUSED SPACE				28,915	28,915
101	TOTAL	45,329,986	52,231,864	97,561,850	-0-	97,561,850

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 3/11/2009
I 15-0115 I FROM 7/ 1/2006 I WORKSHEET A
I I TO 6/30/2007 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-4,447,218	7,391,218
5	0500 EMPLOYEE BENEFITS	-43,689	11,155,138
6	0600 ADMINISTRATIVE & GENERAL	-33,042	9,198,424
7	0700 MAINTENANCE & REPAIRS	-2,416	4,408,599
9	0900 LAUNDRY & LINEN SERVICE	-847	296,634
10	1000 HOUSEKEEPING		939,441
11	1100 DIETARY		526,783
12	1200 CAFETERIA	-399,637	387,439
14	1400 NURSING ADMINISTRATION		288,524
15	1500 CENTRAL SERVICES & SUPPLY	-7,847	389,846
16	1600 PHARMACY	-214,551	6,132,261
17	1700 MEDICAL RECORDS & LIBRARY	-25,069	1,186,406
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		4,962,764
26	2600 INTENSIVE CARE UNIT		1,960,732
31	3100 SUBPROVIDER		950,651
31.01	3101 SUBPROVIDER 2		717,405
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	68	1,114,288
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		4,937,275
39	3900 DELIVERY ROOM & LABOR ROOM		404,126
40	4000 ANESTHESIOLOGY		411,012
41	4100 RADIOLOGY-DIAGNOSTIC	-2,476,742	2,073,762
43	4300 RADIOISOTOPE		558,292
44	4400 LABORATORY	-109,323	4,019,016
49	4900 RESPIRATORY THERAPY	-40,827	1,033,408
50	5000 PHYSICAL THERAPY	-8,684	1,521,195
53	5300 ELECTROCARDIOLOGY	-888,782	3,619,605
53.01	5301 PULMONARY FUNCTION TESTING		49,873
53.02	5302 CARDIOPULMONARY		74,999
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,962,489
56	5600 DRUGS CHARGED TO PATIENTS		
59	3550 O/P PSYCH		165,390
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		254,166
60.01	6001 IMED	-207,721	440,846
60.02	6002 ONCOLOGY	-26,081	651,215
61	6100 EMERGENCY	-2,027,466	1,933,316
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-11,302	1,089,328
71	7100 HOME HEALTH AGENCY		858,558
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		92,440
95	SUBTOTALS	-10,971,176	79,156,864
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		5,826,494
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		
100.02	7952 FOUNDATION		153,711
100.03	7953 MARKETING/PHYS SERVICES		572,931
100.04	7954 COMMUNITY EDUCATION		407,791
100.05	7955 SCHLICHTING PROPERTY		
100.06	7956 MAB		
100.07	7957 ANNEX		
100.08	7958 PUBLIC RELATION		443,968
100.09	7959 UNUSED SPACE		28,915
101	TOTAL	-10,971,176	86,590,674

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0115
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 3/11/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
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	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	PULMONARY FUNCTION TESTING	5301	ELECTROCARDIOLOGY
53.02	CARDIOPULMONARY	5302	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	O/P PSYCH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	IMED	6001	CLINIC
60.02	ONCOLOGY	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
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	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	FOUNDATION	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MARKETING/PHYS SERVICES	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	COMMUNITY EDUCATION	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	SCHLICHTING PROPERTY	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	MAB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	ANNEX	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	PUBLIC RELATION	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	UNUSED SPACE	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150115

PERIOD:
FROM 7/ 1/2006
TO 6/30/2007

PREPARED 3/11/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PULMONARY	B	PULMONARY FUNCTION TESTING	53.01	49,873	
2 MAB	F	ADMINISTRATIVE & GENERAL	6		65,638
3		MEDICAL RECORDS & LIBRARY	17		4,569
4		UNUSED SPACE	100.09		28,915
5		O/P PSYCH	59		9,473
6		FOUNDATION	100.02		2,797
7		PHYSICAL THERAPY	50		10,101
8		HOSPICE	93		1,096
9		PHYSICIANS' PRIVATE OFFICES	98		140,754
10 LABOR AND DELIVERY	I	DELIVERY ROOM & LABOR ROOM	39	354,180	49,946
11 CAFETERIA	K	CAFETERIA	12	442,111	344,965
36 TOTAL RECLASSIFICATIONS				846,164	658,254

(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

PROVIDER NO:
150115

PERIOD:
FROM 7/ 1/2006
TO 6/30/2007

PREPARED 3/11/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
1 PULMONARY	B	RESPIRATORY THERAPY	49	49,873	
2 MAB	F	MAB	100.06		263,343
3					
4					
5					
6					
7					
8					
9					
10 LABOR AND DELIVERY	I	ADULTS & PEDIATRICS	25	354,180	49,946
11 CAFETERIA	K	DIETARY	11	442,111	344,965
36 TOTAL RECLASSIFICATIONS				846,164	658,254

(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

PROVIDER NO:
150115

PERIOD:
FROM 7/1/2006
TO 6/30/2007

PREPARED 3/11/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : PULMONARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PULMONARY FUNCTION TESTING	53.01	49,873	RESPIRATORY THERAPY	49	49,873	
TOTAL RECLASSIFICATIONS FOR CODE B			49,873				49,873

RECLASS CODE: F
EXPLANATION : MAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	65,638	MAB	100.06	263,343	
2.00	MEDICAL RECORDS & LIBRARY	17	4,569			0	
3.00	UNUSED SPACE	100.09	28,915			0	
4.00	O/P PSYCH	59	9,473			0	
5.00	FOUNDATION	100.02	2,797			0	
6.00	PHYSICAL THERAPY	50	10,101			0	
8.00	HOSPICE	93	1,096			0	
9.00	PHYSICIANS' PRIVATE OFFICES	98	140,754			0	
TOTAL RECLASSIFICATIONS FOR CODE F			263,343				263,343

RECLASS CODE: I
EXPLANATION : LABOR AND DELIVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	404,126	ADULTS & PEDIATRICS	25	404,126	
TOTAL RECLASSIFICATIONS FOR CODE I			404,126				404,126

RECLASS CODE: K
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	787,076	DIETARY	11	787,076	
TOTAL RECLASSIFICATIONS FOR CODE K			787,076				787,076

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	3,436,096	533,564		533,564		3,969,660	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	78,083,604	4,991,563		4,991,563		83,075,167	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	35,261,492	7,232,038		7,232,038		42,493,530	
7 SUBTOTAL	116,781,192	12,757,165		12,757,165		129,538,357	
8 RECONCILING ITEMS							
9 TOTAL	116,781,192	12,757,165		12,757,165		129,538,357	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
3	NEW CAP REL COSTS-BL	129,538,357		129,538,357	1.000000				
5	TOTAL	129,538,357		129,538,357	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
3	NEW CAP REL COSTS-BL	11,675,365		-4,284,147				7,391,218
5	TOTAL	11,675,365		-4,284,147				7,391,218

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
3	NEW CAP REL COSTS-BL	11,838,436						11,838,436
5	TOTAL	11,838,436						11,838,436

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-7,635	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,757,532			
13 SALE OF SCRAP, WASTE, ETC.	B	-2,405	ADMINISTRATIVE & GENERAL	6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-151,546			
15 LAUNDRY AND LINEN SERVICE	B	-847	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-392,955	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	B	-214,551	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-25,069	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-6,682	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	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			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 INVESTMENT INCOME TOTAL OLD CAPITAL	B	-1,438,472	NEW CAP REL COSTS-BLDG &	3	11
38 OTHER	A	71	ADMINISTRATIVE & GENERAL	6	
39 MAINTENANCE	B	-1,583	MAINTENANCE & REPAIRS	7	
40 MISCELLANEOUS REVENUE	B	287	ADMINISTRATIVE & GENERAL	6	
41 TELEPHONE DEPRECIATION	A	-12,497	NEW CAP REL COSTS-BLDG &	3	9
42					
43 ADVERTISING - BENEFITS	A	-43,689	EMPLOYEE BENEFITS	5	
44 ADVERTISING - AMBULANCE	A	-2,776	AMBULANCE SERVICES	65	
45 ADVERTISING - CLINIC	A	-521	IMED	60.01	
46 ADVERTISING - ONCOLOGY	A	-1,300	ONCOLOGY	60.02	
47					
48 AHA LIVES - 1993	A	972	NEW CAP REL COSTS-BLDG &	3	9
49 CLINICAL ENGINEERING	B	-833	MAINTENANCE & REPAIRS	7	
49.01 CRNA EXPENSE	A	-919,956	ANESTHESIOLOGY	40	
49.02 MI SC. PROC. CENTER	B	-2,079	ADMINISTRATIVE & GENERAL	6	
49.03 MI SC. SKILLED	B	68	SKILLED NURSING FACILITY	34	
49.04 MI SC. AMBULANCE	B	-8,526	AMBULANCE SERVICES	65	
49.05 MI SC. ER	B	-71,500	EMERGENCY	61	
49.06 AHA/IHHA LOBBYING	A	-3,281	ADMINISTRATIVE & GENERAL	6	
49.07 INTEREST	B	-1,588,343	NEW CAP REL COSTS-BLDG &	3	11
49.08 MI SC. STERILE PROCESSING	B	-7,847	CENTRAL SERVICES & SUPPLY	15	
49.09 MI SC. LAB	B	-52,817	LABORATORY	44	
49.10 INTEREST INCOME	B	-1,257,332	NEW CAP REL COSTS-BLDG &	3	11
49.11					
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,971,176			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & CARDIAC CATH	378,987	530,533	-151,546	9
2						
3						
4						
5		TOTALS	378,987	530,533	-151,546	

* 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) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	C	50.00	JASPER CATH LAB	0.00	CATH LAB
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0115
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 3/11/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	ER-SALARY	1,955,966	1,955,966					
2 40	ANESTHESIA-SALARY	1,498,496	1,498,496					
3 60 1	IMED-SALARY	185,411	185,411					
4								
5								
6								
7								
8 6	A&G-CONTRACTED	18,000	18,000					
9 49	RT-CONTRACTED	40,827	40,827					
10								
11 44	LAB-CONTRACTED	56,506	56,506					
12 53	EKG-CONTRACTED	888,782	888,782					
13 40	ANESTHESIOLOGY-CONTRACTED	58,290	58,290					
14 50	PT-CONTRACTED	8,684	8,684					
15 60 1	IMED-CONTRACTED	21,789	21,789					
16 60 2	ONCOLOGY-CONTRACTED	24,781	24,781					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,757,532	4,757,532					

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0115
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 3/11/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	9	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-10	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET	ENTERED
11	DIETARY	15	DAYS		ENTERED
12	CAFETERIA	16		HOURS	ENTERED
14	NURSING ADMINISTRATION	18		HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	COSTED	REQUIS.	ENTERED
16	PHARMACY	20	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	21	REVENUES		ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	1	3	5	5a.00	6	7
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &			7,391,218				
005 NEW CAP REL COSTS-BLDG &	7,391,218						
006 EMPLOYEE BENEFITS	11,155,138		74,203	11,229,341			
007 ADMINISTRATIVE & GENERAL	9,198,424		1,247,524	1,192,145	11,638,093	11,638,093	
009 MAINTENANCE & REPAIRS	4,408,599		718,989	336,913	5,464,501	848,489	6,312,990
010 LAUNDRY & LINEN SERVICE	296,634		24,100	54,334	375,068	58,238	36,874
011 HOUSEKEEPING	939,441		24,496	195,246	1,159,183	179,990	37,480
012 DIETARY	526,783		77,292	76,261	680,336	105,638	118,260
014 CAFETERIA	387,439		25,364	113,943	526,746	81,789	38,808
015 NURSING ADMINISTRATION	288,524			72,483	361,007	56,055	
016 CENTRAL SERVICES & SUPPLY	389,846		20,398	55,163	465,407	72,265	31,210
017 PHARMACY	6,132,261		33,968	254,646	6,420,875	996,989	51,972
025 MEDICAL RECORDS & LIBRARY	1,186,406		50,971	283,058	1,520,435	236,083	77,987
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,962,764		728,614	1,194,459	6,885,837	1,069,185	1,114,804
031 INTENSIVE CARE UNIT	1,960,732		220,401	488,224	2,669,357	414,479	337,220
033 SUBPROVIDER	950,651		72,122	193,944	1,216,717	188,923	110,350
034 01 SUBPROVIDER 2	717,405		109,358	150,576	977,339	151,754	167,321
037 NURSERY							
039 SKILLED NURSING FACILITY	1,114,288		143,823	270,460	1,528,571	237,346	220,055
040 ANCILLARY SRVC COST CNTRS							
043 OPERATING ROOM	4,937,275		343,481	696,429	5,977,185	928,095	525,537
044 DELIVERY ROOM & LABOR ROOM	404,126		52,898	91,281	548,305	85,137	80,936
049 ANESTHESIOLOGY	411,012			683,528	1,094,540	169,953	
053 RADIOLOGY-DIAGNOSTIC	2,073,762		234,825	391,441	2,700,028	419,241	359,290
055 RADIOISOTOPE	558,292		18,011	39,150	615,453	95,563	27,558
056 LABORATORY	4,019,016		78,441	463,697	4,561,154	708,224	120,017
059 RESPIRATORY THERAPY	1,033,408		35,474	205,840	1,274,722	197,930	54,276
060 PHYSICAL THERAPY	1,521,195		108,069	348,886	1,978,150	307,153	165,349
062 ELECTROCARDIOLOGY	3,619,605		59,996	254,169	3,933,770	610,808	91,795
065 01 PULMONARY FUNCTION TESTING	49,873		8,272	12,854	70,999	11,024	12,656
065 02 CARDIOPULMONARY	74,999		10,608	17,878	103,485	16,068	16,230
066 MEDICAL SUPPLIES CHARGED	2,962,489				2,962,489	459,995	
066 DRUGS CHARGED TO PATIENTS							
066 O/P PSYCH	165,390		27,368	36,882	229,640	35,657	41,874
066 OUTPAT SERVICE COST CNTRS							
066 CLINIC	254,166		5,591	52,698	312,455	48,516	8,555
066 01 IMED	440,846		59,204	120,163	620,213	96,302	90,584
066 02 ONCOLOGY	651,215		154,571	102,459	908,245	141,026	236,500
066 EMERGENCY	1,933,316		201,419	985,335	3,120,070	484,463	308,178
066 OBSERVATION BEDS (NON-DIS)							
066 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES	1,089,328		37,976	248,566	1,375,870	213,635	58,104
071 HOME HEALTH AGENCY	858,558		32,921	188,879	1,080,358	167,750	50,370
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	92,440		3,166	20,685	116,291	18,057	4,844
095 SUBTOTALS	79,156,864		5,043,914	9,892,675	75,472,894	9,911,820	4,594,994
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP			19,007		19,007	2,951	29,081
100 PHYSICIANS' PRIVATE OFFICE	5,826,494		1,062,316	1,063,825	7,952,635	1,234,812	1,625,381
100 OTHER NONREIMBURSABLE COSTS							
100 01 FOUNDATION	153,711		8,080	31,192	192,983	29,965	12,363
100 03 MARKETING/PHYS SERVICES	572,931		3,842	141,589	718,362	111,542	5,879
100 04 COMMUNITY EDUCATION	407,791			74,096	481,887	74,824	
100 05 SCHLICHTING PROPERTY							
100 06 MAB							
100 07 ANNEX							
100 08 PUBLIC RELATION	443,968		29,602	25,964	499,534	77,564	45,292
100 09 UNUSED SPACE	28,915		1,224,457		1,253,372	194,615	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	86,590,674		7,391,218	11,229,341	86,590,674	11,638,093	6,312,990

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVICE	470,180						
011 HOUSEKEEPING		1,376,653					
012 DIETARY		26,096	930,330				
014 CAFETERIA		8,564		655,907			
015 NURSING ADMINISTRATION				3,961	421,023		
016 CENTRAL SERVICES & SUPPLY	308	6,887		9,079		585,156	
017 PHARMACY		11,468		16,124			7,497,428
025 MEDICAL RECORDS & LIBRARY		17,209		33,110			
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	173,202	245,999	494,520	105,224	204,839		963
026 INTENSIVE CARE UNIT	47,588	74,413	136,443	37,024	72,077		90
031 SUBPROVIDER	9,056	24,350	90,848	14,176	27,597		40
031 01 SUBPROVIDER 2	13,171	36,922	43,979	13,611	26,497		
033 NURSERY							
034 SKILLED NURSING FACILITY	42,820	48,558	164,540	25,553			57
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	71,372	115,968		56,845			4,076
040 DELIVERY ROOM & LABOR ROO	3,792	17,860					
041 ANESTHESIOLOGY				11,061			3
043 RADIOLOGY-DIAGNOSTIC	37,045	79,283		34,217			165,297
044 RADIOISOTOPE		6,081		2,536			
049 LABORATORY	466	26,484		43,405			566
050 RESPIRATORY THERAPY		11,977		17,621			101,267
053 PHYSICAL THERAPY	6,797	36,487		27,874			3,331
053 ELECTROCARDIOLOGY	13,081	20,256		18,659			716
053 01 PULMONARY FUNCTION TESTIN		2,793					
053 02 CARDIOPULMONARY		3,581		1,406			
055 MEDICAL SUPPLIES CHARGED						585,156	145
056 DRUGS CHARGED TO PATIENTS							7,060,569
059 O/P PSYCH		9,240		4,572			
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,888					
060 01 IMED	335	19,989		8,452			80,512
060 02 ONCOLOGY	1,384	52,187		7,383	14,372		1,624
061 EMERGENCY	49,763	68,004		38,855	75,641		2,559
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES		12,822		26,581			6,591
SPEC PURPOSE COST CENTERS							
093 HOME HEALTH AGENCY		11,115		15,875			555
HOSPICE		1,069		1,027			2,667
095 SUBTOTALS	470,180	997,550	930,330	574,231	421,023	585,156	7,431,628
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		6,417					
098 PHYSICIANS' PRIVATE OFFIC		358,667		54,100			64,441
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS				2,861			
100 02 FOUNDATION		2,728					
100 03 MARKETING/PHYS SERVICES		1,297		13,980			
100 04 COMMUNITY EDUCATION				8,768			1,359
100 05 SCHLICHTING PROPERTY							
100 06 MAB							
100 07 ANNEX							
100 08 PUBLIC RELATION		9,994		1,967			
100 09 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	470,180	1,376,653	930,330	655,907	421,023	585,156	7,497,428

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	NEW CAP REL C OSTS-BLDG & 3	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS			74,203	74,203	74,203		
006 ADMINISTRATIVE & GENERAL			1,247,524	1,247,524	7,877	1,255,401	
007 MAINTENANCE & REPAIRS			718,989	718,989	2,226	91,525	812,740
009 LAUNDRY & LINEN SERVICE			24,100	24,100	359	6,282	4,747
010 HOUSEKEEPING			24,496	24,496	1,290	19,415	4,825
011 DIETARY			77,292	77,292	504	11,395	15,225
012 CAFETERIA			25,364	25,364	753	8,822	4,996
014 NURSING ADMINISTRATION					479	6,047	
015 CENTRAL SERVICES & SUPPLY			20,398	20,398	365	7,795	4,018
016 PHARMACY			33,968	33,968	1,683	107,543	6,691
017 MEDICAL RECORDS & LIBRARY			50,971	50,971	1,870	25,466	10,040
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			728,614	728,614	7,892	115,331	143,521
026 INTENSIVE CARE UNIT			220,401	220,401	3,226	44,709	43,414
031 SUBPROVIDER			72,122	72,122	1,282	20,379	14,207
031 01 SUBPROVIDER 2			109,358	109,358	995	16,369	21,541
033 NURSERY							
034 SKILLED NURSING FACILITY			143,823	143,823	1,787	25,602	28,330
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			343,481	343,481	4,602	100,112	67,658
039 DELIVERY ROOM & LABOR ROOM			52,898	52,898	603	9,184	10,420
040 ANESTHESIOLOGY					4,517	18,332	
041 RADIOLOGY-DIAGNOSTIC			234,825	234,825	2,587	45,223	46,255
043 RADIOISOTOPE			18,011	18,011	259	10,308	3,548
044 LABORATORY			78,441	78,441	3,064	76,395	15,451
049 RESPIRATORY THERAPY			35,474	35,474	1,360	21,350	6,988
050 PHYSICAL THERAPY			108,069	108,069	2,305	33,132	21,287
053 ELECTROCARDIOLOGY			59,996	59,996	1,680	65,887	11,818
053 01 PULMONARY FUNCTION TESTING			8,272	8,272	85	1,189	1,629
053 02 CARDIOPULMONARY			10,608	10,608	118	1,733	2,089
055 MEDICAL SUPPLIES CHARGED						49,619	
056 DRUGS CHARGED TO PATIENTS							
059 O/P PSYCH			27,368	27,368	244	3,846	5,391
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			5,591	5,591	348	5,233	1,101
060 01 IMED			59,204	59,204	794	10,388	11,662
060 02 ONCOLOGY			154,571	154,571	677	15,212	30,447
061 EMERGENCY			201,419	201,419	6,511	52,258	39,675
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES			37,976	37,976	1,642	23,044	7,480
071 HOME HEALTH AGENCY			32,921	32,921	1,248	18,095	6,485
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			3,166	3,166	137	1,948	624
095 SUBTOTALS			5,043,914	5,043,914	65,369	1,069,168	591,563
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			19,007	19,007		318	3,744
098 PHYSICIANS' PRIVATE OFFICE			1,062,316	1,062,316	7,030	133,220	209,253
100 OTHER NONREIMBURSABLE COSTS							
100 01 OTHER NONREIMBURSABLE COSTS							
100 02 FOUNDATION			8,080	8,080	206	3,232	1,592
100 03 MARKETING/PHYS SERVICES			3,842	3,842	936	12,032	757
100 04 COMMUNITY EDUCATION					490	8,071	
100 05 SCHLICHTING PROPERTY							
100 06 MAB							
100 07 ANNEX							
100 08 PUBLIC RELATION			29,602	29,602	172	8,367	5,831
100 09 UNUSED SPACE			1,224,457	1,224,457		20,993	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			7,391,218	7,391,218	74,203	1,255,401	812,740

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVICE	35,488						
011 HOUSEKEEPING		50,026					
012 DIETARY		948	105,364				
014 CAFETERIA		311		40,246			
015 NURSING ADMINISTRATION				243	6,769		
016 CENTRAL SERVICES & SUPPLY	23	250		557		33,406	
017 PHARMACY		417		989			151,291
025 MEDICAL RECORDS & LIBRARY		625		2,032			
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	13,075	8,939	56,006	6,455	3,293		19
033 INTENSIVE CARE UNIT	3,592	2,704	15,453	2,272	1,159		2
034 SUBPROVIDER	683	885	10,289	870	444		1
037 01 SUBPROVIDER 2	994	1,342	4,981	835	426		
039 NURSERY							
040 SKILLED NURSING FACILITY	3,232	1,765	18,635	1,568			1
041 ANCILLARY SRVC COST CNTRS							
043 OPERATING ROOM	5,387	4,214		3,488			82
044 DELIVERY ROOM & LABOR ROOM	286	649					
049 ANESTHESIOLOGY				679			
050 RADIOLOGY-DIAGNOSTIC	2,796	2,881		2,099			3,336
053 RADIOISOTOPE		221		156			
056 LABORATORY	35	962		2,663			11
059 RESPIRATORY THERAPY		435		1,081			2,043
060 PHYSICAL THERAPY	513	1,326		1,710			67
062 ELECTROCARDIOLOGY	987	736		1,145			14
065 01 PULMONARY FUNCTION TESTIN		101					
068 02 CARDIOPULMONARY		130		86			
071 MEDICAL SUPPLIES CHARGED						33,406	3
074 DRUGS CHARGED TO PATIENTS							142,477
077 O/P PSYCH		336		281			
080 OUTPAT SERVICE COST CNTRS							
083 CLINIC		69					
086 01 IMED	25	726		519			1,625
089 02 ONCOLOGY	104	1,896		453	231		33
092 EMERGENCY	3,756	2,471		2,384	1,216		52
095 OBSERVATION BEDS (NON-DIS							
098 OTHER REIMBURS COST CNTRS							
101 AMBULANCE SERVICES		466		1,631			133
104 HOME HEALTH AGENCY		404		974			11
107 SPEC PURPOSE COST CENTERS							
110 HOSPICE		39		63			54
113 SUBTOTALS	35,488	36,248	105,364	35,233	6,769	33,406	149,964
116 NONREIMBURS COST CENTERS							
119 GIFT, FLOWER, COFFEE SHOP		233					
122 PHYSICIANS' PRIVATE OFFIC		13,036		3,320			1,300
125 OTHER NONREIMBURSABLE COS							
128 01 OTHER NONREIMBURSABLE COS				176			
131 02 FOUNDATION		99					
134 03 MARKETING/PHYS SERVICES		47		858			
137 04 COMMUNITY EDUCATION				538			27
140 05 SCHLICHTING PROPERTY							
143 06 MAB							
146 07 ANNEX							
149 08 PUBLIC RELATION		363		121			
152 09 UNUSED SPACE							
155 CROSS FOOT ADJUSTMENTS							
158 NEGATIVE COST CENTER							
161 TOTAL	35,488	50,026	105,364	40,246	6,769	33,406	151,291

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (DAYS)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	9	10	11	12	14	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE	859,199						
010 HOUSEKEEPING		319,424					
011 DIETARY		6,055	29,933				
012 CAFETERIA		1,987		1,390,322			
014 NURSING ADMINISTRATION				8,397	458,427		
015 CENTRAL SERVICES & SUPPLY	562	1,598		19,244		100	
016 PHARMACY		2,661		34,179			5,493,939
017 MEDICAL RECORDS & LIBRARY		3,993		70,183			
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	316,506	57,079	15,911	223,037	223,037		706
026 INTENSIVE CARE UNIT	86,962	17,266	4,390	78,480	78,480		66
031 SUBPROVIDER	16,548	5,650	2,923	30,049	30,049		29
031 01 SUBPROVIDER 2	24,068	8,567	1,415	28,851	28,851		
033 NURSERY							
034 SKILLED NURSING FACILITY	78,249	11,267	5,294	54,165			42
037 ANCI LLARY SRVC COST C							
037 OPERATING ROOM	130,424	26,908		120,494			2,987
039 DELIVERY ROOM & LABOR	6,930	4,144					
040 ANESTHESIOLOGY				23,446			2
041 RADIOLOGY-DIAGNOSTIC	67,696	18,396		72,529			121,126
043 RADIOISOTOPE		1,411		5,375			
044 LABORATORY	851	6,145		92,006			415
049 RESPIRATORY THERAPY		2,779		37,352			74,206
050 PHYSICAL THERAPY	12,421	8,466		59,085			2,441
053 ELECTROCARDIOLOGY	23,904	4,700		39,551			525
053 01 PULMONARY FUNCTION TEST		648					
053 02 CARDIOPULMONARY		831		2,980			
055 MEDICAL SUPPLIES CHARACTERIZED						100	106
056 DRUGS CHARGED TO PATIENT							5,173,818
059 O/P PSYCH		2,144		9,692			
060 OUTPAT SERVICE COST CENTER							
060 01 CLINIC		438					
060 01 IMED	612	4,638		17,916			58,997
060 02 ONCOLOGY	2,530	12,109		15,649	15,649		1,190
061 EMERGENCY	90,936	15,779		82,361	82,361		1,875
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C)							
065 AMBULANCE SERVICES		2,975		56,344			4,830
071 HOME HEALTH AGENCY		2,579		33,651			407
093 SPEC PURPOSE COST CENTER							
093 HOSPICE		248		2,177			1,954
095 SUBTOTALS	859,199	231,461	29,933	1,217,193	458,427	100	5,445,722
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE		1,489					
098 PHYSICIANS' PRIVATE OFFICE		83,221		114,676			47,221
100 OTHER NONREIMBURSABLE							
100 01 OTHER NONREIMBURSABLE				6,064			
100 02 FOUNDATION		633					
100 03 MARKETING/PHYS SERVICE		301		29,634			
100 04 COMMUNITY EDUCATION				18,585			996
100 05 SCHLICHTING PROPERTY							
100 06 MAB							
100 07 ANNEX							
100 08 PUBLIC RELATION		2,319		4,170			
100 09 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	470,180	1,376,653	930,330	655,907	421,023	585,156	7,497,428
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		4.309798		.471766		5,851.560000	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.547231		31.080413		.918408		1.364673
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	35,488	50,026	105,364	40,246	6,769	33,406	151,291
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.041304	.156613	3.519995	.028947	.014766	334.060000	.027538

COST CENTER
 DESCRIPTION
 MEDICAL RECORDS & LIBRARY
 (REVENUES)

17

	GENERAL SERVICE COST	
001	OLD CAP REL COSTS-BLD	
003	NEW CAP REL COSTS-BLD	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENE	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVI	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SU	
016	PHARMACY	
017	MEDICAL RECORDS & LIB	153,328,310
	INPAT ROUTINE SRVC CN	
025	ADULTS & PEDIATRICS	9,347,652
026	INTENSIVE CARE UNIT	3,447,675
031	SUBPROVIDER	2,306,005
031	01 SUBPROVIDER 2	1,086,517
033	NURSERY	
034	SKILLED NURSING FACIL	1,225,193
	ANCILLARY SRVC COST C	
037	OPERATING ROOM	18,254,513
039	DELIVERY ROOM & LABOR	2,439,140
040	ANESTHESIOLOGY	1,925,585
041	RADIOLOGY-DIAGNOSTIC	21,054,668
043	RADIOISOTOPE	4,329,520
044	LABORATORY	14,077,652
049	RESPIRATORY THERAPY	2,318,318
050	PHYSICAL THERAPY	3,729,020
053	ELECTROCARDIOLOGY	14,053,143
053	01 PULMONARY FUNCTION TE	520,416
053	02 CARDIOPULMONARY	333,038
055	MEDICAL SUPPLIES CHAR	14,604,900
056	DRUGS CHARGED TO PATI	25,692,984
059	O/P PSYCH	397,742
	OUTPAT SERVICE COST C	
060	CLINIC	919,148
060	01 IMED	639,680
060	02 ONCOLOGY	1,807,493
061	EMERGENCY	6,312,296
062	OBSERVATION BEDS (NON	
	OTHER REIMBURS COST C	
065	AMBULANCE SERVICES	1,454,755
071	HOME HEALTH AGENCY	1,051,257
	SPEC PURPOSE COST CEN	
093	HOSPICE	
095	SUBTOTALS	153,328,310
	NONREIMBURS COST CENT	
096	GIFT, FLOWER, COFFEE	
098	PHYSICIANS' PRIVATE O	
100	OTHER NONREIMBURSABLE	
100	01 OTHER NONREIMBURSABLE	
100	02 FOUNDATION	
100	03 MARKETING/PHYS SERVIC	
100	04 COMMUNITY EDUCATION	
100	05 SCHLICHTING PROPERTY	
100	06 MAB	
100	07 ANNEX	
100	08 PUBLIC RELATION	
100	09 UNUSED SPACE	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	COST TO BE ALLOCATED	1,884,824
	(PER WRKSHT B, PART	
104	UNIT COST MULTIPLIER	.012293
	(WRKSHT B, PT I)	
105	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART	
106	UNIT COST MULTIPLIER	
	(WRKSHT B, PT II)	
107	COST TO BE ALLOCATED	91,004
	(PER WRKSHT B, PART	
108	UNIT COST MULTIPLIER	.000594
	(WRKSHT B, PT III)	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	10,409,484		10,409,484		10,409,484
26	INTENSIVE CARE UNIT	3,831,073		3,831,073		3,831,073
31	SUBPROVIDER	1,710,405		1,710,405		1,710,405
31	01 SUBPROVIDER 2	1,443,951		1,443,951		1,443,951
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,282,561		2,282,561		2,282,561
37	OPERATING ROOM	7,903,481		7,903,481		7,903,481
39	DELIVERY ROOM & LABOR ROOM	766,014		766,014		766,014
40	ANESTHESIOLOGY	1,299,228		1,299,228		1,299,228
41	RADIOLOGY-DIAGNOSTIC	4,053,226		4,053,226		4,053,226
43	RADIOISOTOPE	800,414		800,414		800,414
44	LABORATORY	5,633,373		5,633,373		5,633,373
49	RESPIRATORY THERAPY	1,686,292		1,686,292		1,686,292
50	PHYSICAL THERAPY	2,570,982		2,570,982		2,570,982
53	ELECTROCARDIOLOGY	4,861,840		4,861,840		4,861,840
53	01 PULMONARY FUNCTION TESTING	103,869		103,869		103,869
53	02 CARDIOPULMONARY	144,864		144,864		144,864
55	MEDICAL SUPPLIES CHARGED	4,187,323		4,187,323		4,187,323
56	DRUGS CHARGED TO PATIENTS	7,376,372		7,376,372		7,376,372
59	O/P PSYCH	325,872		325,872		325,872
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	382,713		382,713		382,713
60	01 IMED	924,251		924,251		924,251
60	02 ONCOLOGY	1,384,941		1,384,941		1,384,941
61	EMERGENCY	4,225,130		4,225,130		4,225,130
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,366,311		1,366,311		1,366,311
65	AMBULANCE SERVICES	1,711,486		1,711,486		1,711,486
101	SUBTOTAL	71,385,456		71,385,456		71,385,456
102	LESS OBSERVATION BEDS	1,366,311		1,366,311		1,366,311
103	TOTAL	70,019,145		70,019,145		70,019,145

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,903,481	539,867	7,363,614			7,903,481
39	DELIVERY ROOM & LABOR ROO	766,014	75,489	690,525			766,014
40	ANESTHESIOLOGY	1,299,228	24,672	1,274,556			1,299,228
41	RADIOLOGY-DIAGNOSTIC	4,053,226	352,508	3,700,718			4,053,226
43	RADIOISOTOPE	800,414	35,075	765,339			800,414
44	LABORATORY	5,633,373	185,384	5,447,989			5,633,373
49	RESPIRATORY THERAPY	1,686,292	70,108	1,616,184			1,686,292
50	PHYSICAL THERAPY	2,570,982	170,624	2,400,358			2,570,982
53	ELECTROCARDIOLOGY	4,861,840	150,611	4,711,229			4,861,840
53	01 PULMONARY FUNCTION TESTIN	103,869	11,585	92,284			103,869
53	02 CARDIOPULMONARY	144,864	14,962	129,902			144,864
55	MEDICAL SUPPLIES CHARGED	4,187,323	91,703	4,095,620			4,187,323
56	DRUGS CHARGED TO PATIENTS	7,376,372	157,665	7,218,707			7,376,372
59	O/P PSYCH	325,872	37,702	288,170			325,872
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	382,713	12,888	369,825			382,713
60	01 IMED	924,251	85,323	838,928			924,251
60	02 ONCOLOGY	1,384,941	204,698	1,180,243			1,384,941
61	EMERGENCY	4,225,130	313,492	3,911,638			4,225,130
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,366,311	142,821	1,223,490			1,366,311
65	AMBULANCE SERVICES	1,711,486	73,236	1,638,250			1,711,486
101	SUBTOTAL	51,707,982	2,750,413	48,957,569			51,707,982
102	LESS OBSERVATION BEDS	1,366,311	142,821	1,223,490			1,366,311
103	TOTAL	50,341,671	2,607,592	47,734,079			50,341,671

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	18,252,434	.433010	.433010
39	DELIVERY ROOM & LABOR ROO	2,439,140	.314051	.314051
40	ANESTHESIOLOGY	1,925,585	.674719	.674719
41	RADIOLOGY-DIAGNOSTIC	21,054,668	.192510	.192510
43	RADIOISOTOPE	4,329,520	.184874	.184874
44	LABORATORY	14,024,835	.401671	.401671
49	RESPIRATORY THERAPY	2,318,318	.727377	.727377
50	PHYSICAL THERAPY	3,729,020	.689452	.689452
53	ELECTROCARDIOLOGY	14,053,143	.345961	.345961
53	01 PULMONARY FUNCTION TESTIN	520,416	.199588	.199588
53	02 CARDIOPULMONARY	333,038	.434977	.434977
55	MEDICAL SUPPLIES CHARGED	14,597,053	.286861	.286861
56	DRUGS CHARGED TO PATIENTS	25,497,520	.289298	.289298
59	O/P PSYCH	397,742	.819305	.819305
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	919,148	.416378	.416378
60	01 IMED	639,680	1.444865	1.444865
60	02 ONCOLOGY	1,807,493	.766222	.766222
61	EMERGENCY	6,312,296	.669349	.669349
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,291,585	1.057856	1.057856
65	AMBULANCE SERVICES	1,454,755	1.176477	1.176477
101	SUBTOTAL	135,897,389		
102	LESS OBSERVATION BEDS	1,291,585		
103	TOTAL	134,605,804		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,903,481	539,867	7,363,614	53,987	427,090	7,422,404
39	DELIVERY ROOM & LABOR ROO	766,014	75,489	690,525	7,549	40,050	718,415
40	ANESTHESIOLOGY	1,299,228	24,672	1,274,556	2,467	73,924	1,222,837
41	RADIOLOGY-DIAGNOSTIC	4,053,226	352,508	3,700,718	35,251	214,642	3,803,333
43	RADIOISOTOPE	800,414	35,075	765,339	3,508	44,390	752,516
44	LABORATORY	5,633,373	185,384	5,447,989	18,538	315,983	5,298,852
49	RESPIRATORY THERAPY	1,686,292	70,108	1,616,184	7,011	93,739	1,585,542
50	PHYSICAL THERAPY	2,570,982	170,624	2,400,358	17,062	139,221	2,414,699
53	ELECTROCARDIOLOGY	4,861,840	150,611	4,711,229	15,061	273,251	4,573,528
53	01 PULMONARY FUNCTION TESTIN	103,869	11,585	92,284	1,159	5,352	97,358
53	02 CARDIOPULMONARY	144,864	14,962	129,902	1,496	7,534	135,834
55	MEDICAL SUPPLIES CHARGED	4,187,323	91,703	4,095,620	9,170	237,546	3,940,607
56	DRUGS CHARGED TO PATIENTS	7,376,372	157,665	7,218,707	15,767	418,685	6,941,920
59	O/P PSYCH	325,872	37,702	288,170	3,770	16,714	305,388
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	382,713	12,888	369,825	1,289	21,450	359,974
60	01 IMED	924,251	85,323	838,928	8,532	48,658	867,061
60	02 ONCOLOGY	1,384,941	204,698	1,180,243	20,470	68,454	1,296,017
61	EMERGENCY	4,225,130	313,492	3,911,638	31,349	226,875	3,966,906
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,366,311	142,821	1,223,490	14,282	70,962	1,281,067
65	AMBULANCE SERVICES	1,711,486	73,236	1,638,250	7,324	95,019	1,609,143
101	SUBTOTAL	51,707,982	2,750,413	48,957,569	275,042	2,839,539	48,593,401
102	LESS OBSERVATION BEDS	1,366,311	142,821	1,223,490	14,282	70,962	1,281,067
103	TOTAL	50,341,671	2,607,592	47,734,079	260,760	2,768,577	47,312,334

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	18,252,434	.406653	.430052
39	DELIVERY ROOM & LABOR ROO	2,439,140	.294536	.310956
40	ANESTHESIOLOGY	1,925,585	.635047	.673437
41	RADIOLOGY-DIAGNOSTIC	21,054,668	.180641	.190835
43	RADIOISOTOPE	4,329,520	.173810	.184063
44	LABORATORY	14,024,835	.377819	.400349
49	RESPIRATORY THERAPY	2,318,318	.683919	.724353
50	PHYSICAL THERAPY	3,729,020	.647543	.684877
53	ELECTROCARDIOLOGY	14,053,143	.325445	.344889
53	01 PULMONARY FUNCTION TESTIN	520,416	.187077	.197361
53	02 CARDIOPULMONARY	333,038	.407863	.430485
55	MEDICAL SUPPLIES CHARGED	14,597,053	.269959	.286233
56	DRUGS CHARGED TO PATIENTS	25,497,520	.272259	.288679
59	O/P PSYCH	397,742	.767804	.809826
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	919,148	.391639	.414976
60	01 IMED	639,680	1.355461	1.431527
60	02 ONCOLOGY	1,807,493	.717025	.754897
61	EMERGENCY	6,312,296	.628441	.664383
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,291,585	.991857	1.046798
65	AMBULANCE SERVICES	1,454,755	1.106126	1.171443
101	SUBTOTAL	135,897,389		
102	LESS OBSERVATION BEDS	1,291,585		
103	TOTAL	134,605,804		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,088,698		1,088,698
26	INTENSIVE CARE UNIT				338,980		338,980
31	SUBPROVIDER				122,532		122,532
31 01	SUBPROVIDER 2				157,486		157,486
33	NURSERY						
101	TOTAL				1,707,696		1,707,696

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,607	6,431			69.76	448,627
26	INTENSIVE CARE UNIT	4,390	3,060			77.22	236,293
31	SUBPROVIDER	2,927	1,142			41.86	47,804
31 01	SUBPROVIDER 2	1,415	1,197			111.30	133,226
33	NURSERY	2,349					
101	TOTAL	26,688	11,830				865,950

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

PROVIDER NO: 15-0115
PERIOD: FROM 7/1/2006 TO 6/30/2007
PREPARED 3/11/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					15,607	
26	INTENSIVE CARE UNIT					4,390	
31	SUBPROVIDER					2,927	
31 01	SUBPROVIDER 2					1,415	
33	NURSERY					2,349	
34	SKILLED NURSING FACILITY					5,294	
101	TOTAL					31,982	

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

PROVIDER NO:	PERIOD:	PREPARED 3/11/2009
15-0115	FROM 7/ 1/2006	WORKSHEET D
	TO 6/30/2007	PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	6,431	
26	INTENSIVE CARE UNIT	3,060	
31	SUBPROVIDER	1,142	
31 01	SUBPROVIDER 2	1,197	
33	NURSERY		
34	SKILLED NURSING FACILITY	4,431	
101	TOTAL	16,261	

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						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY FUNCTION TESTIN						
53	02 CARDIOPULMONARY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	O/P PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			18,252,434			1,863,669	
39	OPERATING ROOM			2,439,140				
40	DELIVERY ROOM & LABOR ROO			1,925,585			219,601	
41	ANESTHESIOLOGY			21,054,668			2,144,703	
43	RADIOLOGY-DIAGNOSTIC			4,329,520			267,372	
44	RADIOISOTOPE			14,024,835			2,184,979	
49	LABORATORY			2,318,318			612,739	
50	RESPIRATORY THERAPY			3,729,020			592,408	
53	PHYSICAL THERAPY			14,053,143			3,470,873	
53	ELECTROCARDIOLOGY			520,416				
53	01 PULMONARY FUNCTION TESTIN			333,038				422
53	02 CARDIOPULMONARY			14,597,053			6,182,843	
55	MEDICAL SUPPLIES CHARGED			25,497,520			6,363,551	
56	DRUGS CHARGED TO PATIENTS			397,742				
59	O/P PSYCH							
60	OUTPAT SERVICE COST CNTRS			919,148				
60	CLINIC			639,680				
60	01 IMED			1,807,493			14,822	
60	02 ONCOLOGY			6,312,296			741,306	
61	EMERGENCY			1,291,585				
62	OBSERVATION BEDS (NON-DIS							
62	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			134,442,634			24,659,288	

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	1,789,468	1,974,539				
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	191,365	203,676				
41	RADIOLOGY-DIAGNOSTIC	2,727,052	3,446,195				
43	RADIOISOTOPE	631,517	659,989				
44	LABORATORY	203,763	255,793				
49	RESPIRATORY THERAPY	9,844	8,309				
50	PHYSICAL THERAPY	12,536	18,710				
53	ELECTROCARDIOLOGY	963,099	965,695				
53	01 PULMONARY FUNCTION TESTIN						
53	02 CARDIOPULMONARY	100,850	107,972				
55	MEDICAL SUPPLIES CHARGED	644,080	596,220				
56	DRUGS CHARGED TO PATIENTS	2,877,644	3,343,486				
59	O/P PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY	290,254	400,318				
61	EMERGENCY	433,433	481,912				
62	OBSERVATION BEDS (NON-DIS	154,732	145,809				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	11,029,637	12,608,623				

TITLE XVIII, PART B

HOSPITAL

	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	854,995		
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY	137,424		
41 RADIOLOGY-DIAGNOSTIC	663,427		
43 RADIOISOTOPE	122,015		
44 LABORATORY	102,745		
49 RESPIRATORY THERAPY	6,044		
50 PHYSICAL THERAPY	12,900		
53 ELECTROCARDIOLOGY	334,093		
53 01 PULMONARY FUNCTION TESTING			
53 02 CARDIOPULMONARY	46,965		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	171,032		
56 DRUGS CHARGED TO PATIENTS	967,264		
59 O/P PSYCH			
60 OUTPAT SERVICE COST CNTRS			
60 01 CLINIC			
60 02 IMED			
60 02 ONCOLOGY	306,732		
61 EMERGENCY	322,567		
62 OBSERVATION BEDS (NON-DISTINCT PART)	154,245		
65 OTHER REIMBURS COST CNTRS			
101 AMBULANCE SERVICES			
101 SUBTOTAL	4,202,448		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
104 PROGRAM ONLY CHARGES			
104 NET CHARGES	4,202,448		

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	PULMONARY FUNCTION TESTIN						
53 02	CARDIOPULMONARY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	O/P PSYCH						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	IMED						
60 02	ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			18,252,434			680	
39	OPERATING ROOM			2,439,140				
40	DELIVERY ROOM & LABOR ROO			1,925,585				
41	ANESTHESIOLOGY			21,054,668			18,552	
43	RADIOLOGY-DIAGNOSTIC			4,329,520				
44	RADIOISOTOPE			14,024,835			58,423	
49	LABORATORY			2,318,318			966	
50	RESPIRATORY THERAPY			3,729,020			2,216	
53	ELECTROCARDIOLOGY			14,053,143			3,168	
53	01 PULMONARY FUNCTION TESTIN			520,416				
53	02 CARDIOPULMONARY			333,038				
55	MEDICAL SUPPLIES CHARGED			14,597,053			4,117	
56	DRUGS CHARGED TO PATIENTS			25,497,520			182,958	
59	O/P PSYCH			397,742				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			919,148				
60	01 IMED			639,680				
60	02 ONCOLOGY			1,807,493			507	
61	EMERGENCY			6,312,296			20,586	
62	OBSERVATION BEDS (NON-DIS			1,291,585				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			134,442,634			292,173	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY FUNCTION TESTIN						
53	02 CARDIOPULMONARY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	O/P PSYCH						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY FUNCTION TESTIN						
53	02 CARDIOPULMONARY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	O/P PSYCH						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			18,252,434				
	OPERATING ROOM			2,439,140				
39	DELIVERY ROOM & LABOR ROO			1,925,585				
40	ANESTHESIOLOGY			21,054,668			16,920	
41	RADIOLOGY-DIAGNOSTIC			4,329,520				
43	RADIOISOTOPE			14,024,835			44,836	
44	LABORATORY			2,318,318			14,896	
49	RESPIRATORY THERAPY			3,729,020			459,827	
50	PHYSICAL THERAPY			14,053,143			5,287	
53	ELECTROCARDIOLOGY			520,416				
53	01 PULMONARY FUNCTION TESTIN			333,038				
53	02 CARDIOPULMONARY			14,597,053			19,461	
55	MEDICAL SUPPLIES CHARGED			25,497,520			196,554	
56	DRUGS CHARGED TO PATIENTS			397,742				
59	O/P PSYCH							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			919,148				
60	01 IMED			639,680				
60	02 ONCOLOGY			1,807,493			2,269	
61	EMERGENCY			6,312,296			322	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,291,585				
65	AMBULANCE SERVICES							
101	TOTAL			134,442,634			760,372	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY FUNCTION TESTIN						
53	02 CARDIOPULMONARY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	O/P PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
 PROVIDER NO: 15-0115 PERIOD: FROM 7/1/2006 TO 6/30/2007 PREPARED 3/11/2009
 COMPONENT NO: 15-5305 PART II WORKSHEET D

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY FUNCTION TESTIN						
53	02 CARDIOPULMONARY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	O/P PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY FUNCTION TESTIN						
53	02 CARDIOPULMONARY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	O/P PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			18,252,434			621	
	OPERATING ROOM			2,439,140				
39	DELIVERY ROOM & LABOR ROO			1,925,585				
40	ANESTHESIOLOGY			21,054,668			16,294	
41	RADIOLOGY-DIAGNOSTIC			4,329,520			1,216	
43	RADIOISOTOPE			14,024,835			166,908	
44	LABORATORY			2,318,318			101,164	
49	RESPIRATORY THERAPY			3,729,020			504,573	
50	PHYSICAL THERAPY			14,053,143			11,415	
53	ELECTROCARDIOLOGY			520,416				
53	01 PULMONARY FUNCTION TESTIN			333,038				
53	02 CARDIOPULMONARY			14,597,053			236,031	
55	MEDICAL SUPPLIES CHARGED			25,497,520			1,043,087	
56	DRUGS CHARGED TO PATIENTS			397,742				
59	O/P PSYCH							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			919,148				
60	01 IMED			639,680				
60	02 ONCOLOGY			1,807,493			4,223	
61	EMERGENCY			6,312,296				
62	OBSERVATION BEDS (NON-DIS			1,291,585				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			134,442,634			2,085,532	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 PULMONARY FUNCTION TESTIN						
53	02 CARDIOPULMONARY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	O/P PSYCH						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 IMED						
60	02 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,282,561
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	431.16
68	PROGRAM ROUTINE SERVICE COST	1,910,470
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,910,470
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	225,471
72	PER DIEM CAPITAL-RELATED COSTS	42.59
73	PROGRAM CAPITAL-RELATED COSTS	188,716
74	INPATIENT ROUTINE SERVICE COST	1,721,754
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,721,754
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,910,470
80	PROGRAM INPATIENT ANCILLARY SERVICES	868,792
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,779,262

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			4,439,776	
26	INTENSIVE CARE UNIT			2,248,055	
31	SUBPROVIDER				
31 01	SUBPROVIDER 2				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.433010	1,863,669	806,987
39	DELIVERY ROOM & LABOR ROOM		.314051		
40	ANESTHESIOLOGY		.674719	219,601	148,169
41	RADIOLOGY-DIAGNOSTIC		.192510	2,144,703	412,877
43	RADIOISOTOPE		.184874	267,372	49,430
44	LABORATORY		.401671	2,184,979	877,643
49	RESPIRATORY THERAPY		.727377	612,739	445,692
50	PHYSICAL THERAPY		.689452	592,408	408,437
53	ELECTROCARDIOLOGY		.345961	3,470,873	1,200,787
53 01	PULMONARY FUNCTION TESTING		.199588		
53 02	CARDIOPULMONARY		.434977	422	184
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.286861	6,182,843	1,773,617
56	DRUGS CHARGED TO PATIENTS		.289298	6,363,551	1,840,963
59	O/P PSYCH		.819305		
60	OUTPAT SERVICE COST CNTRS CLINIC		.416378		
60 01	IMED		1.444865		
60 02	ONCOLOGY		.766222	14,822	11,357
61	EMERGENCY		.669349	741,306	496,192
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		1.057856		
65	AMBULANCE SERVICES				
101	TOTAL			24,659,288	8,472,335
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			24,659,288	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		890,211	
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.433010	680	294
39	DELIVERY ROOM & LABOR ROOM	.314051		
40	ANESTHESIOLOGY	.674719		
41	RADIOLOGY-DIAGNOSTIC	.192510	18,552	3,571
43	RADIOISOTOPE	.184874		
44	LABORATORY	.401671	58,423	23,467
49	RESPIRATORY THERAPY	.727377	966	703
50	PHYSICAL THERAPY	.689452	2,216	1,528
53	ELECTROCARDIOLOGY	.345961	3,168	1,096
53 01	PULMONARY FUNCTION TESTING	.199588		
53 02	CARDIOPULMONARY	.434977		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.286861	4,117	1,181
56	DRUGS CHARGED TO PATIENTS	.289298	182,958	52,929
59	O/P PSYCH	.819305		
60	OUTPAT SERVICE COST CNTRS CLINIC	.416378		
60 01	IMED	1.444865		
60 02	ONCOLOGY	.766222	507	388
61	EMERGENCY	.669349	20,586	13,779
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.057856		
65	AMBULANCE SERVICES			
101	TOTAL		292,173	98,936
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		292,173	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			601,207	
26	INTENSIVE CARE UNIT			119,617	
31	SUBPROVIDER				
31 01	SUBPROVIDER 2				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.433010	62,277	26,967
39	DELIVERY ROOM & LABOR ROOM		.314051	113,314	35,586
40	ANESTHESIOLOGY		.674719	17,107	11,542
41	RADIOLOGY-DIAGNOSTIC		.192510	57,172	11,006
43	RADIOISOTOPE		.184874	11,434	2,114
44	LABORATORY		.401671	124,515	50,014
49	RESPIRATORY THERAPY		.727377	100,276	72,938
50	PHYSICAL THERAPY		.689452	6,782	4,676
53	ELECTROCARDIOLOGY		.345961	227,813	78,814
53 01	PULMONARY FUNCTION TESTING		.199588	12,332	2,461
53 02	CARDIOPULMONARY		.434977		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.286861	34,744	9,967
56	DRUGS CHARGED TO PATIENTS		.289298	424,077	122,685
59	O/P PSYCH		.819305		
60	OUTPAT SERVICE COST CNTRS CLINIC		.416378	831	346
60 01	IMED		1.444865		
60 02	ONCOLOGY		.766222		
61	EMERGENCY		.669349	30,616	20,493
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		1.057856		
65	AMBULANCE SERVICES				
101	TOTAL			1,223,290	449,609
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			1,223,290	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	SUBPROVIDER 1	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				
26	INTENSIVE CARE UNIT				
31	SUBPROVIDER			337,501	
31	01 SUBPROVIDER 2				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.433010		
39	DELIVERY ROOM & LABOR ROOM		.314051		
40	ANESTHESIOLOGY		.674719		
41	RADIOLOGY-DIAGNOSTIC		.192510	2,678	516
43	RADIOISOTOPE		.184874		
44	LABORATORY		.401671	22,259	8,941
49	RESPIRATORY THERAPY		.727377	2,736	1,990
50	PHYSICAL THERAPY		.689452	823	567
53	ELECTROCARDIOLOGY		.345961	903	312
53	01 PULMONARY FUNCTION TESTING		.199588	744	148
53	02 CARDIOPULMONARY		.434977		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.286861	483	139
56	DRUGS CHARGED TO PATIENTS		.289298	71,248	20,612
59	O/P PSYCH		.819305		
60	OUTPAT SERVICE COST CNTRS CLINIC		.416378		
60	01 IMED		1.444865		
60	02 ONCOLOGY		.766222		
61	EMERGENCY		.669349	7,873	5,270
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		1.057856		
65	AMBULANCE SERVICES				
101	TOTAL			109,747	38,495
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			109,747	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2		5,476	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.433010		
39	DELIVERY ROOM & LABOR ROOM	.314051		
40	ANESTHESIOLOGY	.674719		
41	RADIOLOGY-DIAGNOSTIC	.192510		
43	RADIOISOTOPE	.184874		
44	LABORATORY	.401671	280	112
49	RESPIRATORY THERAPY	.727377		
50	PHYSICAL THERAPY	.689452	2,791	1,924
53	ELECTROCARDIOLOGY	.345961		
53 01	PULMONARY FUNCTION TESTING	.199588		
53 02	CARDIOPULMONARY	.434977		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.286861	275	79
56	DRUGS CHARGED TO PATIENTS	.289298	271	78
59	O/P PSYCH	.819305		
60	OUTPAT SERVICE COST CNTRS CLINIC	.416378		
60 01	IMED	1.444865		
60 02	ONCOLOGY	.766222		
61	EMERGENCY	.669349		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.057856		
65	AMBULANCE SERVICES			
101	TOTAL		3,617	2,193
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,617	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
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)	15,034,170	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	15,034,170	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,305,029	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	16,339,199	
17 PRIMARY PAYER PAYMENTS	70,604	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	16,268,595	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,857,128	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	3,620	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	257,048	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	179,934	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	222,333	
22 SUBTOTAL	14,587,781	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	14,587,781	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	14,578,016	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	9,765	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	882	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,713,882	4,202,448
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,831,818	4,469,874
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.855	
1.04	LINE 1.01 TIMES LINE 1.03.	3,175,369	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	882	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	3,051	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	3,051	

CUSTOMARY CHARGES

11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,051	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,169	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	882	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,301,692	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	49	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,366,308	
19	SUBTOTAL (SEE INSTRUCTIONS)	5,936,217	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	5,936,217	
24	PRIMARY PAYER PAYMENTS	11,900	
25	SUBTOTAL	5,924,317	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	172,926	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	121,048	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	144,430	
28	SUBTOTAL	6,045,365	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	6,045,365	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	6,046,102	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-737	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	690,069	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS	833,006	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM	-142,937	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,460,299	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS	1,455,866	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM	4,433	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9				1,447
				-1,447
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23				1,447
				-1,447
24	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

1

2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	1,443,272			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	1,443,272			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22	1,824,497			
23	CUSTOMARY CHARGES			
24	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
25	PAYMENT FOR SERVICES ON A CHARGE BASIS			
26	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
27	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
28	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
29	RATIO OF LINE 17 TO LINE 18			
30	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
31	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
32	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
33	COST OF COVERED SERVICES			
34	1,443,272			
35	PROSPECTIVE PAYMENT AMOUNT			
36	OTHER THAN OUTLIER PAYMENTS			
37	OUTLIER PAYMENTS			
38	PROGRAM CAPITAL PAYMENTS			
39	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
40	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
41	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
42	SUBTOTAL			
43	1,443,272			
44	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
45	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
46	XVIII ENTER AMOUNT FROM LINE 30			
47	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
48	1,443,272			
49	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
50	EXCESS OF REASONABLE COST			
51	SUBTOTAL			
52	1,443,272			
53	COINSURANCE			
54	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
55	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
56	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
57	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
58	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
59	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
60	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
61	UTILIZATION REVIEW			
62	SUBTOTAL (SEE INSTRUCTIONS)			
63	1,443,272			
64	INPATIENT ROUTINE SERVICE COST			
65	MEDICARE INPATIENT ROUTINE CHARGES			
66	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
67	PAYMENT FOR SERVICES ON A CHARGE BASIS			
68	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
69	FOR PAYMENT OF PART A SERVICES			
70	RATIO OF LINE 43 TO 44			
71	TOTAL CUSTOMARY CHARGES			
72	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
73	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
74	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
75	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
76	OTHER ADJUSTMENTS (SPECIFY)			
77	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
78	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
79	SUBTOTAL			
80	1,443,272			
81	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
82	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
83	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
84	1,443,272			
85	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
86	INTERIM PAYMENTS			
87	1,443,272			
88	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
89	BALANCE DUE PROVIDER/PROGRAM			

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

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

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

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

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

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

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

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

TITLE XIX

SUBPROVIDER 2

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		99,977,528		
2 NET INCOME (LOSS)		11,084,610		
3 TOTAL		111,062,138		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NET ASSETS RELEASED FOR P CONTRIBUTIONS	3,063,084			
6				
7				
8				
9				
10 TOTAL ADDITIONS		5,170,105		
11 SUBTOTAL		116,232,243		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 FASB 158	2,248,620			
14 NET ASSETS RELEASED FROM	3,063,084			
15				
16				
17				
18 TOTAL DEDUCTIONS		5,311,704		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		110,920,539		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NET ASSETS RELEASED FOR P CONTRIBUTIONS				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 FASB 158				
14 NET ASSETS RELEASED FROM				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	9,347,652		9,347,652
2 00 SUBPROVIDER	2,306,005		2,306,005
2 01 SUBPROVIDER 2	1,086,517		1,086,517
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,225,261		1,225,261
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	13,965,435		13,965,435
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,447,674		3,447,674
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,447,674		3,447,674
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	17,413,109		17,413,109
17 00 ANCILLARY SERVICES	48,325,821	86,116,814	134,442,635
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		1,051,257	1,051,257
20 00 AMBULANCE SERVICES	487,658	967,097	1,454,755
23 00 HOSPICE			
24 00 OTHER GSR		8,801,270	8,801,270
24 01 PHYSICIANS		13,230,004	13,230,004
24 02 OTHER		6,124	6,124
25 00 TOTAL PATIENT REVENUES	66,226,588	110,172,566	176,399,154

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		97,561,850	
ADD (SPECIFY)			
27 00 BAD DEBT	3,567,124		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,567,124	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		101,128,974	

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	253,007			18,078	29,880	300,965
HHA REIMBURSABLE SERVICES						
6	298,645		27,450			326,095
7	17,018		13,401			30,419
8	20,637		3,800			24,437
9	3,788		439			4,227
10	130		108			238
11	139,646		32,531			172,177
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	732,871		77,729	18,078	29,880	858,558

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-41,076	259,889		259,889
HHA REIMBURSABLE SERVICES				
6		326,095		326,095
7	40,902	71,321		71,321
8		24,437		24,437
9		4,227		4,227
10	174	412		412
11		172,177		172,177
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		858,558		858,558

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		259,889				259,889	259,889
HHA REIMBURSABLE SERVICES							
6		326,095				326,095	141,562
7		71,321				71,321	30,961
8		24,437				24,437	10,608
9		4,227				4,227	1,835
10		412				412	179
11		172,177				172,177	74,744
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		858,558				858,558	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		467,657					
6		102,282					
7		35,045					
8		6,062					
9		591					
10		246,921					
11							
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		858,558					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	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						
	HHA REIMBURSABLE SERVICES					-259,889	598,669
6	SKILLED NURSING CARE					326,095	
7	PHYSICAL THERAPY					71,321	
8	OCCUPATIONAL THERAPY					24,437	
9	SPEECH PATHOLOGY					4,227	
10	MEDICAL SOCIAL SERVICES					412	
11	HOME HEALTH AIDE					172,177	
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)						
						-259,889	598,669
25	COST TO BE ALLOCATED					259,889	
26	UNIT COST MULTIPLIER					.434111	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	NEW CAP REL COSTS-BLDG & 3	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL			32,921	188,879	221,800	34,440
2 SKILLED NURSING CARE	467,657				467,657	72,613
3 PHYSICAL THERAPY	102,282				102,282	15,882
4 OCCUPATIONAL THERAPY	35,045				35,045	5,442
5 SPEECH PATHOLOGY	6,062				6,062	941
6 MEDICAL SOCIAL SERVICES	591				591	92
7 HOME HEALTH AIDE	246,921				246,921	38,340
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)	858,558		32,921	188,879	1,080,358	167,750
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	MAINTENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	50,370		11,115		15,875	
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)	50,370		11,115		15,875	
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 1

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		555	12,923	347,078		347,078
2 SKILLED NURSING CARE				540,270		540,270
3 PHYSICAL THERAPY				118,164		118,164
4 OCCUPATIONAL THERAPY				40,487		40,487
5 SPEECH PATHOLOGY				7,003		7,003
6 MEDICAL SOCIAL SERVICES				683		683
7 HOME HEALTH AIDE				285,261		285,261
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)		555	12,923	1,338,946		1,338,946
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	189,053	729,323
3 PHYSICAL THERAPY	41,348	159,512
4 OCCUPATIONAL THERAPY	14,167	54,654
5 SPEECH PATHOLOGY	2,451	9,454
6 MEDICAL SOCIAL SERVICES	239	922
7 HOME HEALTH AIDE	99,820	385,081
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)	347,078	1,338,946
21 UNIT COST MULTIPLIER	0.349924	

(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	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	1	3	5	6A	6	7
1 ADMIN & GENERAL		2,579	732,871		221,800	2,579
2 SKILLED NURSING CARE					467,657	
3 PHYSICAL THERAPY					102,282	
4 OCCUPATIONAL THERAPY					35,045	
5 SPEECH PATHOLOGY					6,062	
6 MEDICAL SOCIAL SERVICES					591	
7 HOME HEALTH AIDE					246,921	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		2,579	732,871		1,080,358	2,579
21 COST TO BE ALLOCATED		32,921	188,879		167,750	50,370
22 UNIT COST MULTIPLIER		12.765025	0.257725		0.155273	19.530826

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (DAYS)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		2,579		33,651		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		2,579		33,651		
21 COST TO BE ALLOCATED		11,115		15,875		
22 UNIT COST MULTIPLIER		4.309810		0.471754		

HHA 1

HHA COST CENTER	PHARMACY	MEDICAL RECO
	(COSTED REQUIS.)	(REVENUES)
	16	17
1 ADMIN & GENERAL	407	1,051,257
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)	407	1,051,257
21 COST TO BE ALLOCATED	555	12,923
22 UNIT COST MULTIPLIER	1.363636	0.012293

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	729,323		729,323	3,814	191.22	1,101
2	PHYSICAL THERAPY	3	159,512		159,512	1,862	85.67	921
3	OCCUPATIONAL THERAPY	4	54,654		54,654	528	103.51	236
4	SPEECH PATHOLOGY	5	9,454		9,454	61	154.98	41
5	MEDICAL SOCIAL SERVICES	6	922		922	15	61.47	3
6	HOME HEALTH AIDE SERVICE	7	385,081		385,081	4,520	85.19	709
7	TOTAL		1,338,946		1,338,946	10,800		3,011

	-----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		
	7	8	PART A 9	10	11	12
1	SKILLED NURSING	860	210,533	164,449		374,982
2	PHYSICAL THERAPY	508	78,902	43,520		122,422
3	OCCUPATIONAL THERAPY	200	24,428	20,702		45,130
4	SPEECH PATHOLOGY	5	6,354	775		7,129
5	MEDICAL SOCIAL SERVICES	8	184	492		676
6	HOME HEALTH AIDE SERVICES	837	60,400	71,304		131,704
7	TOTAL	2,418	380,801	301,242		682,043

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

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

PROVIDER NO: 15-0115
 HHA NO: 15-7222
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 3/11/2009
 WORKSHEET H-6
 PARTS III & III
 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 I)	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	8.00						5,786
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	-----PART B-----		-----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		12,091		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.689452			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.286861			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.289298			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
			----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	85.67					
2 OCCUPATIONAL THERAPY	3	103.51					
3 SPEECH PATHOLOGY	4	154.98					
4 TOTAL (SUM OF LINES 1-3)							

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		389,307		271,360
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS			389,307	271,360
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2006	3/11/2009
HOSPICE NO:	TO 6/30/2007	WORKSHEET K
-		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF			5,301	
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	80,259			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	80,259		5,301	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2006	3/11/2009
HOSPICE NO:	TO 6/30/2007	WORKSHEET K
-		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF		5,301		5,301
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	5,784	86,043		86,043
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	5,784	91,344		91,344

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2006	3/11/2009
HOSPICE NO:	TO 6/30/2007	WORKSHEET K
-		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		5,301
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE	1,096	87,139
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	1,096	92,440

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2006	3/11/2009
HOSPICE NO:	TO 6/30/2007	WORKSHEET K-1
-		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2006	3/11/2009
HOSPICE NO:	TO 6/30/2007	WORKSHEET K-1
-		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	80,259			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	80,259			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2006	3/11/2009
HOSPICE NO:	TO 6/30/2007	WORKSHEET K-1
-		

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	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	80,259
14	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	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	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)	80,259

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

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED
HOSPICE GENERAL SERVICE COST	15-0115	FROM 7/ 1/2006	3/11/2009
	HOSPICE NO:	TO 6/30/2007	WORKSHEET K-4
	-		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF	5,301			
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	87,139			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	92,440			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2006	3/11/2009
HOSPICE NO:	TO 6/30/2007	WORKSHEET K-4
-		PART I

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	5,301			
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	5,301		92,440	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	5,301		92,440	

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

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 - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	92,440
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	11 PHYSICAL THERAPY	
16	12 OCCUPATIONAL THERAPY	
17	13 SPEECH/LANGUAGE PATHOLOGY	
18	14 MEDICAL SOCIAL SERVICES	
19	15 SPIRITUAL COUNSELING	
20	16 DIETARY COUNSELING	
21	17 COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	19 OTHER	
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	92,440

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0115	FROM 7/ 1/2006	3/11/2009
HOSPICE NO:	TO 6/30/2007	WORKSHEET K-4
-		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				100
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				100
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30				
31				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)				5,301
35 UNIT COST MULTIPLIER	.000000	.000000	.000000	53.01000

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		37,161		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		106,794	37,161	143,955
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		143,955		143,955
30.00 UNIT COST MULTIPLIER			.347969	

(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	OLD CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-BLDG & FIXT	EMPLOYEE BENEFITS	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	6A
	1	3	5	
1.00 ADMINISTRATIVE AND GENERAL		248	80,259	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		248	80,259	
30.00 TOTAL COST TO BE ALLOCATED		3,166	20,685	
31.00 UNIT COST MULTIPLIER	.000000	12.766129	.257728	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUMULATED COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)
	6	7	9	10
1.00 ADMINISTRATIVE AND GENERAL	23,851	248		248
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	92,440			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER

(COSTED REQUIS.) 16 (REVENUES) 17

1.00 ADMINISTRATIVE AND GENERAL	1,954	
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,954	
30.00 TOTAL COST TO BE ALLOCATED	2,667	
31.00 UNIT COST MULTIPLIER	1.364893	.000000

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	.689452	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.289298	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.401671	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.286861	
8	EMERGENCY	61	.669349	
9	RADIOLOGY-DIAGNOSTIC	41	.192510	
10	O/P PSYCH	59	.819305	
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				143,955
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,304,737
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	292
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	49.18
	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	.00
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,305,029
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)	