

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	15-0089	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2008 TIME 16:22

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:
BALL MEMORIAL HOSPITAL 15-0089
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

[Signature]
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
CFC
TITLE
11/26/08
DATE

ECR ENCRYPTION INFORMATION
DATE: 11/24/2008 TIME 16:22

cGu: jkWirq94LcqVPIG2Uk: 5aFz3Q0
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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	57,300	305,583	2,527,017
2	SUBPROVIDER	0	37,660	0	0
5	HOSPITAL-BASED SNF	0	17,010	0	0
100	TOTAL	0	111,970	305,583	2,527,017

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 2401 UNIVERSITY AVENUE P.O. BOX:
 1.01 CITY: MUNCIE STATE: IN ZIP CODE: 47303- COUNTY: DELAWARE

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	BALL MEMORIAL HOSPITAL	15-0089		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	BMH PHYSICAL REHAB	15-T089		7/ 1/1986	N	P	O
06.00 HOSPITAL-BASED SNF	BMH SKILLED CARE CENTER	15-5296		7/ 9/1987	N	P	N
12.00 HOSP-BASED HOSPICE	BALL MEMORIAL HOSPICE	15-1570		10/31/2000			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008
 18 TYPE OF CONTROL
 TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.
 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

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

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

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

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

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 100 0.0000 0.0000

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

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

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N

V XVIII XIX
1 2 3
N Y N

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

TITLE XIX INPATIENT SERVICES

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

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

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

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 - PREMIUMS: 0
 - PAID LOSSES: 0
 - AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

DATE	Y OR N	LIMIT	Y OR N	FEES
0	1	2	3	4
	N	0.00		0
56.01		0.00		0
56.02		0.00		0
56.03		0.00		0
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N N 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET S-2
I I TO 6/30/2008 I

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

N N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

N N 0

MULTICAMPUS

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET S-3
I I TO 6/30/2008 I PART I

COMPONENT		NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	258	94,428			31,113		4,205
2	HMO					1,651		9,548
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	258	94,428			31,113		4,205
6	INTENSIVE CARE UNIT	45	16,470			4,219		
11	NURSERY							
12	TOTAL	303	110,898			35,332		4,205
13	RPCH VISITS							
14	SUBPROVIDER	23	8,418			3,331		149
15	SKILLED NURSING FACILITY	30	10,980			7,137		
20	AMBULATORY SURGICAL CENTER (
21	HOSPICE							
21	01 HOSPICE 2							
21	02 HOSPICE 3							
25	TOTAL	356						
26	OBSERVATION BED DAYS							947
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX ADMITTED	I/P DAYS / OBSERVATION NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS TOTAL ADMITTED	O/P VISITS / OBSERVATION NOT ADMITTED	INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			55,508				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			55,508				
6	INTENSIVE CARE UNIT			8,288				
11	NURSERY			7,801				
12	TOTAL			71,597			62.42	
13	RPCH VISITS							
14	SUBPROVIDER			4,225				
15	SKILLED NURSING FACILITY			8,214				
20	AMBULATORY SURGICAL CENTER (
21	HOSPICE							
21	01 HOSPICE 2							
21	02 HOSPICE 3							
25	TOTAL						62.42	
26	OBSERVATION BED DAYS	69	878	4,166	478	3,688		
26	01 OBSERVATION BED DAYS-SUB I			2,059				
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					7,303	930	17,566
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL	62.42	1,867.84			7,303	930	17,566
13	RPCH VISITS							
14	SUBPROVIDER		23.88			313		402
15	SKILLED NURSING FACILITY		39.32					
20	AMBULATORY SURGICAL CENTER (
21	HOSPICE		8.88					
21	01 HOSPICE 2							
21	02 HOSPICE 3							
25	TOTAL	62.42	1,939.92					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET S-3
 I I TO 6/30/2008 I PARTS II & III

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	89,660,978	-8,256,583	81,404,395	4,022,779.00	20.24	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	295,777		295,777	3,580.00	82.62	
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	4,063,785		4,063,785	162,080.00	25.07	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,439,636		1,439,636	81,781.00	17.60	
8.01 EXCLUDED AREA SALARIES	1,934,819	140,167	2,074,986	75,845.00	27.36	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	7,015,249		7,015,249	264,760.00	26.50	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	7,723,611		7,723,611	210,256.00	36.73	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	21,854,524		21,854,524			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	971,312		971,312			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS	21,426		21,426			CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	959,409		959,409			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	14,688,279	-8,396,750	6,291,529	625,248.00	10.06	
22.01 A & G UNDER CONTRACT	708,613		708,613	5,708.00	124.14	
23 MAINTENANCE & REPAIRS	2,375,190		2,375,190	115,862.00	20.50	
24 OPERATION OF PLANT	651,369		651,369	45,328.00	14.37	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	2,161,075		2,161,075	207,088.00	10.44	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,146,354	-1,362,411	783,943	65,531.00	11.96	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,362,411	1,362,411	113,886.00	11.96	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,136,959		3,136,959	122,314.00	25.65	
31 CENTRAL SERVICE AND SUPPLY	822,391		822,391	74,160.00	11.09	
32 PHARMACY	2,837,567		2,837,567	96,368.00	29.45	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,027,797		2,027,797	136,000.00	14.91	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	85,301,416	-8,256,583	77,044,833	3,857,119.00	19.97	
2 EXCLUDED AREA SALARIES	3,374,455	140,167	3,514,622	157,626.00	22.30	
3 SUBTOTAL SALARIES	81,926,961	-8,396,750	73,530,211	3,699,493.00	19.88	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	14,738,860		14,738,860	475,016.00	31.03	
5 SUBTOTAL WAGE-RELATED COSTS	21,854,524		21,854,524		29.72	
6 TOTAL	118,520,345	-8,396,750	110,123,595	4,174,509.00	26.38	
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	31,555,594	-8,396,750	23,158,844	1,607,493.00	14.41	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET S-7
I I TO 6/30/2008 I

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	4.02 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		4				
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX		17				
6 .02	RVL						
7	RHC		94				
8	RHB		71				
9	RHA		132				
9 .01	RHX						
9 .02	RHL						
10	RMC		65				
11	RMB		81				
12	RMA		173				
12 .01	RMX		2,098				
12 .02	RML		2,718				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		686				
16	SE2		655				
17	SE1		1				
18	SSC		7				
19	SSB		18				
20	SSA		273				
21	CC2						
22	CC1		14				
23	CB2		2				
24	CB1		4				
25	CA2		1				
26	CA1		20				
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		3				
43	PA2						
44	PA1						
45	Default						
46	TOTAL		7,137				

(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): 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 0
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET S-7
I I TO 6/30/2008 I

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 0
 SNF CBSA Code : NOT SPECIFIED

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET S-9
 I HOSPICE NO: I TO 6/30/2008 I
 I 15-1570 I

HOSPICE IDENTIFICATION DATA

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	11,398	435	307	44
3 INPATIENT RESPITE CARE	17			
4 GENERAL INPATIENT CARE	131	18		
5 TOTAL HOSPICE DAYS	11,546	453	307	44

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	789	12,622
3 INPATIENT RESPITE CARE	4	21
4 GENERAL INPATIENT CARE	26	175
5 TOTAL HOSPICE DAYS	819	12,818

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	219	12	8	1
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	52.72	37.75	38.38	44.00
9 UNDUPLICATED CENSUS COUNT	214	12	8	1

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		231
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		55.49
9 UNDUPLICATED CENSUS COUNT	35	261

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET S-10
 I TO 6/30/2008 I
 I I I

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
- 2.01 IS IT AT THE TIME OF ADMISSION?
- 2.02 IS IT AT THE TIME OF FIRST BILLING?
- 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
- 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
- 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
- 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
- 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
- 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
- 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
- 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
- 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
- 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
- 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
- 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
- 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .290564
- 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)

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I	15-0089	I	FROM 7/ 1/2007	I	PREPARED 11/24/2008
I		I	TO 6/30/2008	I	WORKSHEET S-10
I		I		I	

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)

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
3	0300 GENERAL SERVICE COST CNTR					
5	0500 NEW CAP REL COSTS-BLDG & FIXT		15,033,006	15,033,006	186,528	15,219,534
6.01	0610 EMPLOYEE BENEFITS		24,482,141	24,482,141	71,738	24,553,879
6.02	0610 COMMUNICATIONS/PHONES	544,218	137,639	681,857		681,857
6.03	0612 DATA PROCESSING					
6.04	0612 PURCHASING, RECEIVING, AND GENERAL ADMITTING	1,184,940	180,038	1,364,978		1,364,978
6.05	0614 CASHIERING/ACCOUNTS RECEIVABLE	1,503,349	1,768,215	3,271,564		3,271,564
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	11,455,772	20,047,521	31,503,293	-988,666	30,514,627
7	0700 MAINTENANCE & REPAIRS	2,375,190	4,347,222	6,722,412		6,722,412
8	0800 OPERATION OF PLANT	651,369	2,995,613	3,646,982		3,646,982
9	0900 LAUNDRY & LINEN SERVICE				1,443,949	1,443,949
10	1000 HOUSEKEEPING	2,161,075	1,726,789	3,887,864	-1,443,949	2,443,915
11	1100 DIETARY	2,146,354	1,561,604	3,707,958	-2,353,648	1,354,310
12	1200 CAFETERIA				2,353,648	2,353,648
14	1400 NURSING ADMINISTRATION	3,136,959	523,936	3,660,895		3,660,895
15	1500 CENTRAL SERVICES & SUPPLY	822,391	3,132,838	3,955,229	-1,408,774	2,546,455
16	1600 PHARMACY	2,837,567	10,895,067	13,732,634	-9,933,558	3,799,076
17	1700 MEDICAL RECORDS & LIBRARY	2,027,797	998,273	3,026,070		3,026,070
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	4,063,785	1,866,833	5,930,618		5,930,618
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	295,777	553,263	849,040		849,040
24	2400 PARAMED ED PRGM	3,637		3,637		3,637
25	2500 INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	17,022,640	2,330,714	19,353,354	934,744	20,288,098
26	2600 INTENSIVE CARE UNIT	4,942,575	189,377	5,131,952		5,131,952
31	3100 SUBPROVIDER	1,223,487	919,123	2,142,610		2,142,610
33	3300 NURSERY	2,184,251	192,299	2,376,550		2,376,550
34	3400 SKILLED NURSING FACILITY	1,439,636	101,490	1,541,126		1,541,126
37	3700 ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,313,600	28,457,078	32,770,678		32,770,678
38	3800 RECOVERY ROOM	1,348,031	107,530	1,455,561		1,455,561
39	3900 DELIVERY ROOM & LABOR ROOM	1,990,137	194,256	2,184,393		2,184,393
41	4100 RADIOLOGY-DIAGNOSTIC	6,310,360	5,088,045	11,398,405		11,398,405
44	4400 LABORATORY		17,104,294	17,104,294		17,104,294
49	4900 RESPIRATORY THERAPY	3,712,279	305,174	4,017,453		4,017,453
49.01	4901 SLEEP LAB	623,179	156,395	779,574		779,574
50	5000 PHYSICAL THERAPY		2,670,974	2,670,974		2,670,974
51	5100 OCCUPATIONAL THERAPY		1,390,968	1,390,968		1,390,968
52	5200 SPEECH PATHOLOGY		464,028	464,028		464,028
52.01	5201 AUDIOLOGY	83	226,749	226,832		226,832
53	5300 ELECTROCARDIOLOGY	2,531,893	8,247,429	10,779,322		10,779,322
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,408,774	1,408,774
56	5600 DRUGS CHARGED TO PATIENTS				9,933,558	9,933,558
57	5700 RENAL DIALYSIS		1,227,778	1,227,778	-1,227,778	
60	6000 OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	958,871	176,381	1,135,252		1,135,252
60.01	6001 CLINIC MULTI SPECIALTY	223,609	24,262	247,871		247,871
61	6100 EMERGENCY	4,088,819	745,345	4,834,164		4,834,164
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 OBSERVATION BEDS (DISTINCT PART)	829,653	45,556	875,209		875,209
88	8800 SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE	527,222	632,837	1,160,059		1,160,059
93.01	9301 HOSPICE 2					
93.02	9302 HOSPICE 3					
95	9500 SUBTOTALS	89,480,505	161,248,080	250,728,585	-1,023,434	249,705,151
96	9600 NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH	180,473	29,848	210,321		210,321
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 PHYSICIAN BILLING SERVICE					
100.02	7952 PHYSICIAN ANSWERING SERVICE					
100.03	7953 VENDING					
100.04	7954 CARELINE					
100.05	7955 WELLNESS CENTER		45,746	45,746		45,746
100.06	7956 BMH FOUNDATION					
100.07	7957 MIDDLETOWN BOOKSTORE					
100.08	7958 RENTAL PROPERTY					
100.09	7959 ADVERTISING					
100.10	7960 POB DELI					
100.11	7961 POB PHARMACY					
100.12	7962 POB PHYSICIAN SERVICES					
100.13	7963 EXECUTIVE PHYSICAL					
100.14	7964 NEW CASTLE ONCOLOGY					
100.15	7965 MARKETING				730,400	730,400
100.16	7966 RURAL SITE CLINIC					
100.17	7967 CHC					
100.18	7968 CHV					
100.19	7969 HOME OFFICE - CHP					
100.20	7970 MEALS ON WHEELS					
100.21	7971 ST MARY'S SCHOOL					
100.22	7972 CARDINAL KIDS CAMP					
100.23	7973 COLLEGE AVE DAY CARE					
100.24	7974 VENDING MACHINES					

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)
 RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET A
 I I TO 6/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
100.25	7975 PSYCHE BEHAVIORAL HEALTH					
100.26	7976 BLACKFORD COMMUNITY HOSPITAL					
100.27	7977 MIDWEST HEALTH STRATEGIES					
100.28	7978 CARDINAL SELECT RISK RETENTION GRP					
100.29	7979 HOME OFFICE CARDINAL HEALTH INITIATI					
100.30	7980 CARDINAL HEALTH ALLIANCE					
100.31	7984 OTHER NONREIMBURSABLE COST CENTERS					
100.32	7981 RENAL DIALYSIS				293,034	293,034
100.33	7982 LAB CORP					
100.34	7983 H.O. MATERIALS MGMT					
101	TOTAL	89,660,978	161,323,674	250,984,652	-0-	250,984,652

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	2,266,788	17,486,322
5 0500	EMPLOYEE BENEFITS	1,287,791	25,841,670
6.01 0610	COMMUNICATIONS/PHONES	-403,263	278,594
6.02 0611	DATA PROCESSING		
6.03 0612	PURCHASING, RECIEVING, AND GENERAL	657,412	657,412
6.04 0613	ADMITTING		1,364,978
6.05 0614	CASHIERING/ACCOUNTS RECEIVABLE	-1,917	3,269,647
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-13,372,178	17,142,449
7 0700	MAINTENANCE & REPAIRS	-92,644	6,629,768
8 0800	OPERATION OF PLANT	117,189	3,764,171
9 0900	LAUNDRY & LINEN SERVICE		1,443,949
10 1000	HOUSEKEEPING	-32,407	2,411,508
11 1100	DIETARY	-1,734,231	-379,921
12 1200	CAFETERIA		2,353,648
14 1400	NURSING ADMINISTRATION	-13,475	3,647,420
15 1500	CENTRAL SERVICES & SUPPLY	-211,518	2,334,937
16 1600	PHARMACY	-212,404	3,586,672
17 1700	MEDICAL RECORDS & LIBRARY	-174,147	2,851,923
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-816,826	5,113,792
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-231,213	617,827
24 2400	PARAMED ED PRGM	-1,000	2,637
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-728,658	19,559,440
26 2600	INTENSIVE CARE UNIT	-28,800	5,103,152
31 3100	SUBPROVIDER		2,142,610
33 3300	NURSERY	-19,379	2,357,171
34 3400	SKILLED NURSING FACILITY		1,541,126
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-2,021,157	30,749,521
38 3800	RECOVERY ROOM	-11,463	1,444,098
39 3900	DELIVERY ROOM & LABOR ROOM		2,184,393
41 4100	RADIOLOGY-DIAGNOSTIC	-850,407	10,547,998
44 4400	LABORATORY	-2,504,184	14,600,110
49 4900	RESPIRATORY THERAPY	-924,039	3,093,414
49.01 4901	SLEEP LAB	-99,370	680,204
50 5000	PHYSICAL THERAPY	5,631	2,676,605
51 5100	OCCUPATIONAL THERAPY	-169,904	1,221,064
52 5200	SPEECH PATHOLOGY	-53,615	410,413
52.01 5201	AUDIOLOGY	-22,061	204,771
53 5300	ELECTROCARDIOLOGY	-849,662	9,929,660
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-7,335	1,401,439
56 5600	DRUGS CHARGED TO PATIENTS	-18,772	9,914,786
57 5700	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-4,249	1,131,003
60.01 6001	CLINIC MULTI SPECIALTY	-448	247,423
61 6100	EMERGENCY	-424,307	4,409,857
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
62.01 6201	OBSERVATION BEDS (DISTINCT PART)		875,209
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
92 9200	AMBULATORY SURGICAL CENTER (D.P.)		
93 9300	HOSPICE		1,160,059
93.01 9301	HOSPICE 2		
93.02 9302	HOSPICE 3		
95	SUBTOTALS	-21,700,222	228,004,929
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		210,321
100 7950	OTHER NONREIMBURSABLE COST CENTERS		
100.01 7951	PHYSICIAN BILLING SERVICE		
100.02 7952	PHYSICIAN ANSWERING SERVICE		
100.03 7953	VENDING		
100.04 7954	CARELINE		
100.05 7955	WELLNESS CENTER		45,746
100.06 7956	BMH FOUNDATION		
100.07 7957	MIDDLETOWN BOOKSTORE		
100.08 7958	RENTAL PROPERTY		
100.09 7959	ADVERTISING		
100.10 7960	POB DELI		
100.11 7961	POB PHARMACY		
100.12 7962	POB PHYSICIAN SERVICES		
100.13 7963	EXECUTIVE PHYSICAL		
100.14 7964	NEW CASTLE ONCOLOGY		
100.15 7965	MARKETING		730,400
100.16 7966	RURAL SITE CLINIC		
100.17 7967	CHC		
100.18 7968	CHV		
100.19 7969	HOME OFFICE - CHP		
100.20 7970	MEALS ON WHEELS		
100.21 7971	ST MARY'S SCHOOL		
100.22 7972	CARDINAL KIDS CAMP		
100.23 7973	COLLEGE AVE DAY CARE		
100.24 7974	VENDING MACHINES		

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)
 RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET A
 I I TO 6/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
100.25	7975 NONREIMBURS COST CENTERS		
100.26	7976 PSYCHE BEHAVIORAL HEALTH		
100.27	7977 BLACKFORD COMMUNITY HOSPITAL	13,913,560	13,913,560
100.28	7978 MIDWEST HEALTH STRATEGIES		
100.29	7979 CARDINAL SELECT RISK RETENTION GRP		
100.30	7980 HOME OFFICE CARDINAL HEALTH INITIATI		
100.31	7981 CARDINAL HEALTH ALLIANCE		
100.32	7982 OTHER NONREIMBURSABLE COST CENTERS		293,034
100.33	7983 RENAL DIALYSIS		
100.34	7984 LAB CORP		
101	7985 H.O. MATERIALS MGMT		
	TOTAL	-7,786,662	243,197,990

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS/PHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	PURCHASING, RECIEVING, AND GENERAL	0612	NONPATIENT TELEPHONES
6.04	ADMITTING	0613	NONPATIENT TELEPHONES
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0614	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	AUDIOLOGY	5201	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CLINIC MULTI SPECIALTY	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
93.01	HOSPICE 2	9301	HOSPICE #####
93.02	HOSPICE 3	9302	HOSPICE #####
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PHYSICIAN BILLING SERVICE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PHYSICIAN ANSWERING SERVICE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	VENDING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	CARELINE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WELLNESS CENTER	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	BMH FOUNDATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	MIDDLETOWN BOOKSTORE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	RENTAL PROPERTY	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	ADVERTISING	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	POB DELI	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	POB PHARMACY	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	POB PHYSICIAN SERVICES	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	EXECUTIVE PHYSICAL	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	NEW CASTLE ONCOLOGY	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	MARKETING	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	RURAL SITE CLINIC	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	CHC	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	CHV	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	HOME OFFICE - CHP	7969	OTHER NONREIMBURSABLE COST CENTERS
100.20	MEALS ON WHEELS	7970	OTHER NONREIMBURSABLE COST CENTERS
100.21	ST MARY'S SCHOOL	7971	OTHER NONREIMBURSABLE COST CENTERS
100.22	CARDINAL KIDS CAMP	7972	OTHER NONREIMBURSABLE COST CENTERS
100.23	COLLEGE AVE DAY CARE	7973	OTHER NONREIMBURSABLE COST CENTERS
100.24	VENDING MACHINES	7974	OTHER NONREIMBURSABLE COST CENTERS
100.25	PSYCHE BEHAVIORAL HEALTH	7975	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.26	BLACKFORD COMMUNITY HOSPITAL	7976	OTHER NONREIMBURSABLE COST CENTERS
100.27	MIDWEST HEALTH STRATEGIES	7977	OTHER NONREIMBURSABLE COST CENTERS
100.28	CARDINAL SELECT RISK RETENTION GRP	7978	OTHER NONREIMBURSABLE COST CENTERS
100.29	HOME OFFICE CARDINAL HEALTH INITIATI	7979	OTHER NONREIMBURSABLE COST CENTERS
100.30	CARDINAL HEALTH ALLIANCE	7980	OTHER NONREIMBURSABLE COST CENTERS
100.31	OTHER NONREIMBURSABLE COST CENTERS	7984	OTHER NONREIMBURSABLE COST CENTERS
100.32	RENAL DIALYSIS	7981	OTHER NONREIMBURSABLE COST CENTERS
100.33	LAB CORP	7982	OTHER NONREIMBURSABLE COST CENTERS
100.34	H.O. MATERIALS MGMT	7983	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
150089	FROM 7/ 1/2007	WORKSHEET A-6
	TO 6/30/2008	

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1) COST CENTER		LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA	A	CAFETERIA	12	1,362,411	991,237
2 MARKETING	B	MARKETING	100.15	140,167	590,233
3 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		186,528
4 SUPPLIES & DRUGS	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,408,774
5		DRUGS CHARGED TO PATIENTS	56		9,933,558
6 WORKMEN'S COMP	E	EMPLOYEE BENEFITS	5		71,738
7 LAUNDRY PURCHASED SERVICE	F	LAUNDRY & LINEN SERVICE	9		1,443,949
8 HOME OFFICE SALARY	G	OTHER ADMINISTRATIVE AND GENERAL	6.06		8,256,583
9 DIALYSIS	H	ADULTS & PEDIATRICS	25		934,744
10		RENAL DIALYSIS	100.32		293,034
36 TOTAL RECLASSIFICATIONS				1,502,578	24,110,378

(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:	PERIOD:	PREPARED
150089	FROM 7/ 1/2007	11/24/2008
	TO 6/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 CAFETERIA	A	DIETARY	11	1,362,411	991,237	
2 MARKETING	B	OTHER ADMINISTRATIVE AND GENERAL	6.06	140,167	590,233	
3 PROPERTY INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06		186,528	12
4 SUPPLIES & DRUGS	D	CENTRAL SERVICES & SUPPLY	15		1,408,774	
5		PHARMACY	16		9,933,558	
6 WORKMEN'S COMP	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		71,738	
7 LAUNDRY PURCHASED SERVICE	F	HOUSEKEEPING	10		1,443,949	
8 HOME OFFICE SALARY	G	OTHER ADMINISTRATIVE AND GENERAL	6.06	8,256,583		
9 DIALYSIS	H	RENAL DIALYSIS	57		934,744	
10		RENAL DIALYSIS	57		293,034	
36 TOTAL RECLASSIFICATIONS				9,759,161	15,853,795	

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

RECLASS CODE: A
 EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	2,353,648
TOTAL RECLASSIFICATIONS FOR CODE A			2,353,648

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	2,353,648	
		2,353,648	

RECLASS CODE: B
 EXPLANATION : MARKETING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.15	730,400
TOTAL RECLASSIFICATIONS FOR CODE B			730,400

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	730,400	
		730,400	

RECLASS CODE: C
 EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	186,528
TOTAL RECLASSIFICATIONS FOR CODE C			186,528

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	186,528	
		186,528	

RECLASS CODE: D
 EXPLANATION : SUPPLIES & DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,408,774
2.00	DRUGS CHARGED TO PATIENTS	56	9,933,558
TOTAL RECLASSIFICATIONS FOR CODE D			11,342,332

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	1,408,774	
PHARMACY	16	9,933,558	
		11,342,332	

RECLASS CODE: E
 EXPLANATION : WORKMEN'S COMP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	71,738
TOTAL RECLASSIFICATIONS FOR CODE E			71,738

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	71,738	
		71,738	

RECLASS CODE: F
 EXPLANATION : LAUNDRY PURCHASED SERVICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	1,443,949
TOTAL RECLASSIFICATIONS FOR CODE F			1,443,949

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	1,443,949	
		1,443,949	

RECLASS CODE: G
 EXPLANATION : HOME OFFICE SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	8,256,583
TOTAL RECLASSIFICATIONS FOR CODE G			8,256,583

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	8,256,583	
		8,256,583	

RECLASS CODE: H
 EXPLANATION : DIALYSIS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	934,744
2.00	RENAL DIALYSIS	100.32	293,034
TOTAL RECLASSIFICATIONS FOR CODE H			1,227,778

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RENAL DIALYSIS	57	934,744	
RENAL DIALYSIS	57	293,034	
		1,227,778	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND	10,113,367	280,095		280,095		10,393,462	
2 LAND IMPROVEMENTS	936,724	53,075,820		53,075,820		54,012,544	
3 BUILDINGS & FIXTURE	163,497,258	27,222,129		27,222,129		190,719,387	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	89,512,157				6,950,676	82,561,481	
6 MOVABLE EQUIPMENT	15,508,666	2,396,628		2,396,628		17,905,294	
7 SUBTOTAL	279,568,172	82,974,672		82,974,672	6,950,676	355,592,168	
8 RECONCILING ITEMS	2,566,280					2,566,280	
9 TOTAL	277,001,892	82,974,672		82,974,672	6,950,676	353,025,888	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	
						RELATED COST 14	TOTAL (1) 15
* NEW CAP REL COSTS-BL	15,283,488		2,008,446	186,528		7,860	17,486,322
5 TOTAL	15,283,488		2,008,446	186,528		7,860	17,486,322

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	
						RELATED COST 14	TOTAL (1) 15
* NEW CAP REL COSTS-BL	13,016,700		2,008,446			7,860	15,033,006
5 TOTAL	13,016,700		2,008,446			7,860	15,033,006

* 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

I PROVIDER NO: I 15-0089 I

I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 11/24/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1			**COST CENTER DELETED**	1	
2			**COST CENTER DELETED**	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			**COST CENTER DELETED**	4	
5					
6					
7					
8					
9					
10					
11					
12					
13	A-8-2	-2,529,000			
14					
15	A-8-1	-8,050,817			
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			**COST CENTER DELETED**	1	
30			**COST CENTER DELETED**	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			**COST CENTER DELETED**	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37	A	-9,712	MAINTENANCE & REPAIRS	7	
38	A	-9,706	NEW CAP REL COSTS-BLDG &	3	9
39	A	-7,335	MEDICAL SUPPLIES CHARGED	55	
40	A	-18,772	DRUGS CHARGED TO PATIENTS	56	
41	A	-89,626	OTHER ADMINISTRATIVE AND	6.06	
42	A	-33,656	COMMUNICATIONS/PHONES	6.01	
43	A	-8,512	COMMUNICATIONS/PHONES	6.01	
44	A	-4,354	EMPLOYEE BENEFITS	5	
45	A	13,913,560	BLACKFORD COMMUNITY HOSPI	100.26	
46	A	657,412	PURCHASING, RECEIVING, AND	6.03	
47	A	47,933	NEW CAP REL COSTS-BLDG &	3	9
48	A	-620	OTHER ADMINISTRATIVE AND	6.06	
49	A	-1,412	NEW CAP REL COSTS-BLDG &	3	9
49.01	A	-44,499	NEW CAP REL COSTS-BLDG &	3	9
49.02	A	110,868	NEW CAP REL COSTS-BLDG &	3	9
49.03	A	-2,008,446	NEW CAP REL COSTS-BLDG &	3	9
49.04	B	-155,283	NEW CAP REL COSTS-BLDG &	3	9
49.05	B	507,440	NEW CAP REL COSTS-BLDG &	3	9
49.06	B	-361,095	COMMUNICATIONS/PHONES	6.01	
49.07	B	-1,917	CASHIERING/ACCOUNTS RECEI	6.05	
49.08	B	-2,211,434	OTHER ADMINISTRATIVE AND	6.06	
49.09	B	-82,932	MAINTENANCE & REPAIRS	7	
49.10	B	-60,373	OPERATION OF PLANT	8	
49.11	B	-32,407	HOUSEKEEPING	10	
49.12	B	-1,734,231	DIETARY	11	
49.13	B	-13,475	NURSING ADMINISTRATION	14	
49.14	B	-211,518	CENTRAL SERVICES & SUPPLY	15	
49.15	B	-212,404	PHARMACY	16	
49.16	B	-174,147	MEDICAL RECORDS & LIBRARY	17	
49.17	B	-212	I&R SERVICES-SALARY & FRI	22	
49.18	B	-108,000	I&R SERVICES-OTHER PRGM C	23	
49.19	B	-1,000	PARAMED ED PRGM	24	
49.20	B	-12,251	ADULTS & PEDIATRICS	25	
49.22	B	-700,867	ADULTS & PEDIATRICS	25	
49.23	B	-19,379	NURSERY	33	
49.24	B	-2,015,697	OPERATING ROOM	37	
49.26	B	-800,407	RADIOLOGY-DIAGNOSTIC	41	
49.27	B	-239,245	LABORATORY	44	
49.28	B	-913,239	RESPIRATORY THERAPY	49	
49.29	B	-360	PHYSICAL THERAPY	50	
49.30	B	-9,314	OCCUPATIONAL THERAPY	51	
49.31	B	-1,783	AUDIOLOGY	52.01	
49.32	B	-129,677	ELECTROCARDIOLOGY	53	
49.34	B	-4,249	CLINIC	60	
49.35	B	-448	CLINIC MULTI SPECIALTY	60.01	
49.36	B	-64	EMERGENCY	61	
50		-7,786,662			

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0089
I

I PERIOD:
I FROM 7/ 1/2007 I PREPARED 11/24/2008
I TO 6/30/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	LINE NO	
	1	2	3	4	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,786,662				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	10,499,481		10,499,481	
2	44	LABORATORY	3,373,438	5,414,865	-2,041,427	
3	3	NEW CAP REL COSTS-BLDG & LAB	261,861		261,861	9
4	50	PHYSICAL THERAPY	2,592,720	2,586,729	5,991	
4.01	51	OCCUPATIONAL THERAPY	1,204,585	1,365,175	-160,590	
4.02	52	SPEECH PATHOLOGY	402,171	455,786	-53,615	
4.03	52	1 AUDIOLOGY	152,103	172,381	-20,278	
4.04	3	NEW CAP REL COSTS-BLDG & H.O. OLD CAP	2,583,745		2,583,745	9
4.05	3	NEW CAP REL COSTS-BLDG & H.O. INTEREST EXP	974,287		974,287	9
4.06	6	6 OTHER ADMINISTRATIVE AND H.O. A&G	16,119,281	27,189,779	-11,070,498	
4.07	5	EMPLOYEE BENEFITS	9,374,758	18,582,094	-9,207,336	
4.08	8	OPERATION OF PLANT	177,562		177,562	
4.09						
4.10						
5		TOTALS	47,715,992	55,766,809	-8,050,817	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	CHS	100.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		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.

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS/PHONES	6	PHONE	LINES	ENTERED
6.02	DATA PROCESSING	C	GROSS	CHARGES	NOT ENTERED
6.03	PURCHASING,RECIEVING,AND GENERAL	63	STOCK	ISSUES	ENTERED
6.04	ADMITTING	C	GROSS	CHARGES	NOT ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	TIME	STUDY	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	22	100%	RADIOLOGY	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	EMPLOYEE FITS	BENE COMMUNICATION S/PHONES	DATA PROCESSI NG	PURCHASING, RE CIEVING, AND	ADMITTING
NONREIMBURS COST CENTERS	0	3	5	6.01	6.02	6.03	6.04
100 26 BLACKFORD COMMUNITY HOSPI	13,913,560	23,300		3,020		3,751	
100 27 MIDWEST HEALTH STRATEGIES		18,510		1,510		966	
100 28 CARDINAL SELECT RISK RETE						339	
100 29 HOME OFFICE CARDINAL HEAL		146,672		189		83	
100 30 CARDINAL HEALTH ALLIANCE							
100 31 OTHER NONREIMBURSABLE COS				6,040			
100 32 RENAL DIALYSIS	293,034	291,046		5,474		2,873	
100 33 LAB CORP				8,872			
100 34 H.O. MATERIALS MGMT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	243,197,990	17,486,322	25,885,995	493,411	289,771	659,866	1,818,134

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD						
COST ALLOCATION - GENERAL SERVICE COSTS		I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008				
		I 15-0089	I FROM 7/ 1/2007	I WORKSHEET B				
		I	I TO 6/30/2008	I PART I				
COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	
	6.05	6a.05	6.06	7	8	9	10	
003 GENERAL SERVICE COST CNTR								
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS/PHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECIEVING, AND ADMITTING								
006 05 CASHIERING/ACCOUNTS RECEI	3,777,113							
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		18,843,150	18,843,150					
007 MAINTENANCE & REPAIRS		16,523,267	1,387,756	17,911,023				
008 OPERATION OF PLANT		4,012,298	336,985	31,959	4,381,242			
009 LAUNDRY & LINEN SERVICE		1,443,949	121,274			1,565,223		
010 HOUSEKEEPING		3,313,339	278,281	474,615	116,304	9,229	4,191,768	
011 DIETARY		8,255	693	277,032	67,886	1,653	82,407	
012 CAFETERIA		2,960,241	248,625	425,535	104,277	2,031		
014 NURSING ADMINISTRATION		4,808,419	403,849	361,646	88,621		38,457	
015 CENTRAL SERVICES & SUPPLY		2,673,287	224,524	85,065	20,845		38,457	
016 PHARMACY		4,582,446	384,870	186,440	45,687	1,330	41,203	
017 MEDICAL RECORDS & LIBRARY		3,668,427	308,104	345,846	84,749		53,565	
022 I&R SERVICES-SALARY & FRI		6,415,168	538,797					
023 I&R SERVICES-OTHER PRGM C		945,622	79,421	483,566	118,497	10,288	136,315	
024 PARAMED ED PRGM		13,935	1,170	25,291	6,198		6,867	
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	360,938	27,260,794	2,289,580	3,896,945	954,939	741,888	1,507,701	
026 INTENSIVE CARE UNIT	102,778	7,101,671	596,455	612,395	150,067	152,411	195,030	
031 SUBPROVIDER	20,380	2,728,212	229,137	380,389	93,214	57,988	129,448	
033 NURSERY	59,370	3,215,917	270,098	152,348	37,333	25,721	68,672	
034 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	14,385	2,283,703	191,804	633,331	155,197	97,847	82,407	
037 OPERATING ROOM	771,003	34,253,383	2,876,910	1,659,306	406,611	107,266	390,060	
038 RECOVERY ROOM	37,985	2,076,438	174,396	340,650	83,476	76,025	30,236	
039 DELIVERY ROOM & LABOR ROO	263,186	3,437,799	288,734	488,012	119,587	49,214	182,669	
041 RADIOLOGY-DIAGNOSTIC	707,504	14,899,614	1,251,389	2,888,992	707,944	31,200	219,752	
044 LABORATORY	297,270	15,173,734	1,274,412	93,295	22,862	2,379	140,092	
049 RESPIRATORY THERAPY	49,127	4,451,262	373,853	216,897	53,150	1,127	43,264	
049 01 SLEEP LAB	22,587	956,297	80,317	93,776	22,980	27,307	32,963	
050 PHYSICAL THERAPY	29,660	2,812,929	236,252	219,360	53,754	13,541	41,203	
051 OCCUPATIONAL THERAPY	11,522	1,301,351	109,298	151,477	37,119		35,710	
052 SPEECH PATHOLOGY	6,205	429,803	36,098	22,197	5,439		2,747	
052 01 AUDIOLOGY	2,073	209,170	17,568				2,747	
053 ELECTROCARDIOLOGY	381,110	11,660,565	979,348	576,531	141,278	32,607	148,333	
055 MEDICAL SUPPLIES CHARGED	113,135	1,577,713	132,509					
056 DRUGS CHARGED TO PATIENTS	262,394	10,323,617	867,060					
057 RENAL DIALYSIS								
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC	911	1,613,304	135,498	432,233	105,918	15,272	149,706	
060 01 CLINIC MULTI SPECIALTY	512	366,493	30,781	116,273	28,493	1,603	27,469	
061 EMERGENCY	227,852	6,559,954	550,957	531,445	130,230	88,905	200,524	
062 OBSERVATION BEDS (NON-DIS								
062 01 OBSERVATION BEDS (DISTINC SPEC PURPOSE COST CENTERS	35,226	959,509	80,587	71,218	17,452	11,905	26,782	
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE		1,360,832	114,294	65,000	15,928		13,734	
093 01 HOSPICE 2								
093 02 HOSPICE 3								
095 SUBTOTALS	3,777,113	227,225,867	17,501,684	16,339,065	3,996,035	1,558,737	4,068,500	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		16,669	1,400	41,601	10,194			
097 RESEARCH		277,045	23,268	21,747	5,329		20,602	
100 OTHER NONREIMBURSABLE COS								
100 01 PHYSICIAN BILLING SERVICE								
100 02 PHYSICIAN ANSWERING SERVI								
100 03 VENDING								
100 04 CARELINE							34,336	
100 05 WELLNESS CENTER		109,092	9,162	154,751	37,921	6,486		
100 06 BMH FOUNDATION		5,456	458	10,573	2,591		8,241	
100 07 MIDDLETOWN BOOKSTORE								
100 08 RENTAL PROPERTY		566	48					
100 09 ADVERTISING							27,469	
100 10 POB DELI		8,052	676	20,095	4,924			
100 11 POB PHARMACY		8,370	703	17,121	4,196		15,108	
100 12 POB PHYSICIAN SERVICES								
100 13 EXECUTIVE PHYSICAL								
100 14 NEW CASTLE ONCOLOGY								
100 15 MARKETING		775,266	65,113					
100 16 RURAL SITE CLINIC								
100 17 CHC		456	38	1,081	265			
100 18 CHV		42,021	3,529	90,291	22,126		5,150	
100 19 HOME OFFICE - CHP		9,891	831	17,902	4,387		2,404	
100 20 MEALS ON WHEELS								
100 21 ST MARY'S SCHOOL								
100 22 CARDINAL KIDS CAMP								
100 23 COLLEGE AVE DAY CARE								
100 24 VENDING MACHINES								
100 25 PSYCHE BEHAVIORAL HEALTH								

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6.05	6a.05	6.06	7	8	9	10
NONREIMBURS COST CENTERS							
100 26 BLACKFORD COMMUNITY HOSPI		13,943,631	1,171,098	58,152	14,250		4,464
100 27 MIDWEST HEALTH STRATEGIES		20,986	1,763	46,197	11,321		2,404
100 28 CARDINAL SELECT RISK RETE		339	28				343
100 29 HOME OFFICE CARDINAL HEAL		146,944	12,342	366,061	89,703		2,747
100 30 CARDINAL HEALTH ALLIANC							
100 31 OTHER NONREIMBURSABLE COS		6,040	507				
100 32 RENAL DIALYSIS		592,427	49,757	726,386	178,000		
100 33 LAB CORP		8,872	745				
100 34 H.O. MATERIALS MGMT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,777,113	243,197,990	18,843,150	17,911,023	4,381,242	1,565,223	4,191,768

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	11	12	14	15	16	17	22
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS/PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECIEVING, AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	437,926						
012 CAFETERIA		3,740,709					
014 NURSING ADMINISTRATION		157,125	5,858,117				
015 CENTRAL SERVICES & SUPPLY		95,264		3,137,442			
016 PHARMACY		123,803	36		5,365,815		
017 MEDICAL RECORDS & LIBRARY		174,709				4,635,400	
022 I&R SERVICES-SALARY & FRI		208,218					7,162,183
023 I&R SERVICES-OTHER PRGM C		4,596					
024 PARAMED ED PRGM		187					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	380,682	917,473	2,420,135	2,056,061	24,031	557,245	3,233,601
026 INTENSIVE CARE UNIT	31,640	240,284	729,245	260,754	3,621	44,595	598,457
031 SUBPROVIDER	25,604	127,598	172,668	40,762	608	17,044	
033 NURSERY		91,336	316,497	133,674	636	53,623	19,305
034 SKILLED NURSING FACILITY		105,071	346,548	94,111	2,164	33,979	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		299,634	440,029	46,756	6,597	590,646	357,144
038 RECOVERY ROOM		66,939	200,497	40,162	394	142,344	
039 DELIVERY ROOM & LABOR ROO		87,568	259,723	100,106	310	139,311	
041 RADIOLOGY-DIAGNOSTIC		310,563	91,760	1,199	18,201	676,912	106,178
044 LABORATORY						300,505	1,592,669
049 RESPIRATORY THERAPY		172,758			2,041	8,883	38,610
049 01 SLEEP LAB		32,895			63	78,466	
050 PHYSICAL THERAPY					6	47,954	
051 OCCUPATIONAL THERAPY						18,633	
052 SPEECH PATHOLOGY					7	10,038	
052 01 AUDIOLOGY			20			28,527	
053 ELECTROCARDIOLOGY		132,515	113,979		729	264,828	260,619
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					5,227,911		
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		78,242	123,992		46,661	197,953	637,067
060 01 CLINIC MULTI SPECIALTY		19,080	20,816		4,863	27,263	
061 EMERGENCY		216,128	462,534	320,698	7,335	1,323,312	241,313
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC		37,037	114,096	43,159	485	72,905	
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE		23,729	45,542		148	36	
093 01 HOSPICE 2							
093 02 HOSPICE 3							
095 SUBTOTALS	437,926	3,722,752	5,858,117	3,137,442	5,346,811	4,635,002	7,084,963
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH		9,727					77,220
100 OTHER NONREIMBURSABLE COS							
100 01 PHYSICIAN BILLING SERVICE							
100 02 PHYSICIAN ANSWERING SERVI							
100 03 VENDING							
100 04 CARELINE							
100 05 WELLNESS CENTER							
100 06 BMH FOUNDATION							
100 07 MIDDLETOWN BOOKSTORE							
100 08 RENTAL PROPERTY							
100 09 ADVERTISING							
100 10 POB DELI							
100 11 POB PHARMACY							
100 12 POB PHYSICIAN SERVICES					17,639		
100 13 EXECUTIVE PHYSICAL						181	
100 14 NEW CASTLE ONCOLOGY							
100 15 MARKETING		8,230					
100 16 RURAL SITE CLINIC							
100 17 CHC							
100 18 CHV							
100 19 HOME OFFICE - CHP							
100 20 MEALS ON WHEELS							
100 21 ST MARY'S SCHOOL							
100 22 CARDINAL KIDS CAMP							
100 23 COLLEGE AVE DAY CARE							
100 24 VENDING MACHINES							
100 25 PSYCHE BEHAVIORAL HEALTH							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI
		11	12	14	15	16	17	22
NONREIMBURS COST CENTERS								
100	26 BLACKFORD COMMUNITY HOSPI							
100	27 MIDWEST HEALTH STRATEGIES							
100	28 CARDINAL SELECT RISK RETE							
100	29 HOME OFFICE CARDINAL HEAL							
100	30 CARDINAL HEALTH ALLIANCE							
100	31 OTHER NONREIMBURSABLE COS							
100	32 RENAL DIALYSIS					1,365	217	
100	33 LAB CORP							
100	34 H.O. MATERIALS MGMT							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	437,926	3,740,709	5,858,117	3,137,442	5,365,815	4,635,400	7,162,183

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
GENERAL SERVICE COST CNTR					
003 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS/PHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECIEVING, AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C	1,778,305				
024 PARAMED ED PRGM		53,648			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	802,873		47,043,948	-4,036,474	43,007,474
026 INTENSIVE CARE UNIT	148,592		10,865,217	-747,049	10,118,168
031 SUBPROVIDER			4,002,672		4,002,672
033 NURSERY	4,793		4,389,953	-24,098	4,365,855
034 SKILLED NURSING FACILITY			4,026,162		4,026,162
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	88,676		41,523,018	-445,820	41,077,198
038 RECOVERY ROOM			3,231,537		3,231,537
039 DELIVERY ROOM & LABOR ROO			5,153,033		5,153,033
041 RADIOLOGY-DIAGNOSTIC	26,363	53,648	21,283,715	-132,541	21,151,174
044 LABORATORY	395,445		18,995,393	-1,988,114	17,007,279
049 RESPIRATORY THERAPY	9,587		5,371,432	-48,197	5,323,235
049 01 SLEEP LAB			1,325,064		1,325,064
050 PHYSICAL THERAPY			3,424,999		3,424,999
051 OCCUPATIONAL THERAPY			1,653,588		1,653,588
052 SPEECH PATHOLOGY			506,329		506,329
052 01 AUDIOLOGY			258,032		258,032
053 ELECTROCARDIOLOGY	64,709		14,376,041	-325,328	14,050,713
055 MEDICAL SUPPLIES CHARGED			1,710,222		1,710,222
056 DRUGS CHARGED TO PATIENTS			16,418,588		16,418,588
057 RENAL DIALYSIS					
OUTPAT SERVICE COST CNTRS					
060 CLINIC	158,178		3,694,024	-795,245	2,898,779
060 01 CLINIC MULTI SPECIALTY			643,134		643,134
061 EMERGENCY	59,916		10,693,251	-301,229	10,392,022
062 OBSERVATION BEDS (NON-DIS					
062 01 OBSERVATION BEDS (DISTINC			1,435,135		1,435,135
SPEC PURPOSE COST CENTERS					
092 AMBULATORY SURGICAL CENTE					
093 HOSPICE			1,639,243		1,639,243
093 01 HOSPICE 2					
093 02 HOSPICE 3					
095 SUBTOTALS	1,759,132	53,648	223,663,730	-8,844,095	214,819,635
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			69,864		69,864
097 RESEARCH	19,173		454,111	-96,393	357,718
100 OTHER NONREIMBURSABLE COS					
100 01 PHYSICIAN BILLING SERVICE					
100 02 PHYSICIAN ANSWERING SERVI					
100 03 VENDING					
100 04 CARELINE			34,336		34,336
100 05 WELLNESS CENTER			317,412		317,412
100 06 BMH FOUNDATION			27,319		27,319
100 07 MIDDLETOWN BOOKSTORE					
100 08 RENTAL PROPERTY			614		614
100 09 ADVERTISING			27,469		27,469
100 10 POB DELI			33,747		33,747
100 11 POB PHARMACY			45,498		45,498
100 12 POB PHYSICIAN SERVICES			17,639		17,639
100 13 EXECUTIVE PHYSICAL			181		181
100 14 NEW CASTLE ONCOLOGY					
100 15 MARKETING			848,609		848,609
100 16 RURAL SITE CLINIC					
100 17 CHC			1,840		1,840
100 18 CHV			163,117		163,117
100 19 HOME OFFICE - CHP			35,415		35,415
100 20 MEALS ON WHEELS					
100 21 ST MARY'S SCHOOL					
100 22 CARDINAL KIDS CAMP					
100 23 COLLEGE AVE DAY CARE					
100 24 VENDING MACHINES					
100 25 PSYCHE BEHAVIORAL HEALTH					

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION		I&R SERVICES- OTHER	PARAMED PRGM C	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		23	24		25	26	27
NONREIMBURS COST CENTERS							
100	26				15,191,595		15,191,595
100	27				82,671		82,671
100	28				710		710
100	29				617,797		617,797
100	30						
100	31				6,547		6,547
100	32				1,548,152		1,548,152
100	33				9,617		9,617
100	34						
101							
102							
103	TOTAL	1,778,305	53,648		243,197,990	-8,940,488	234,257,502

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENE FITS	COMMUNICATION S/PHONES	DATA NG	PROCESSI	PURCHASING, RE CIEVING, AND
NONREIMBURS COST CENTERS	0	3	4a	5	6.01	6.02	6.03	
100 26 BLACKFORD COMMUNITY HOSPI		23,300	23,300		250			1
100 27 MIDWEST HEALTH STRATEGIES		18,510	18,510		125			
100 28 CARDINAL SELECT RISK RETE								
100 29 HOME OFFICE CARDINAL HEAL		146,672	146,672		16			
100 30 CARDINAL HEALTH ALLIANCE								
100 31 OTHER NONREIMBURSABLE COS					501			
100 32 RENAL DIALYSIS		291,046	291,046		454			1
100 33 LAB CORP					736			
100 34 H.O. MATERIALS MGMT								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		17,486,322	17,486,322	44,325	40,917	268,479		203

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC	OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
	6.04	COUNTS RECEI	TRATIVE AND	REPAIRS	PLANT	EN SERVICE	
		6.05	6.06	7	8	9	10
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS/PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING, AND							
006 04 ADMITTING	62,353						
006 05 CASHIERING/ACCOUNTS RECEI		1,924					
006 06 OTHER ADMINISTRATIVE AND			822,552				
007 MAINTENANCE & REPAIRS			60,574	9,142,635			
008 OPERATION OF PLANT			14,709	16,314	44,317		
009 LAUNDRY & LINEN SERVICE			5,294			5,294	
010 HOUSEKEEPING			12,147	242,266	1,176	31	447,086
011 DIETARY			30	141,410	687	6	8,789
012 CAFETERIA			10,852	217,213	1,055	7	
014 NURSING ADMINISTRATION			17,628	184,601	896		4,102
015 CENTRAL SERVICES & SUPPLY			9,800	43,421	211		4,102
016 PHARMACY			16,799	95,168	462	4	4,395
017 MEDICAL RECORDS & LIBRARY			13,448	176,536	857		5,713
022 I&R SERVICES-SALARY & FRI			23,518				
023 I&R SERVICES-OTHER PRGM C			3,467	246,835	1,199	35	14,539
024 PARAMED ED PRGM			51	12,910	63		732
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,960	210	99,938	1,989,186	9,660	2,510	160,810
026 INTENSIVE CARE UNIT	1,697	60	26,035	312,595	1,518	515	20,802
031 SUBPROVIDER	336	12	10,002	194,169	943	196	13,807
033 NURSERY	980	35	11,790	77,766	378	87	7,324
034 SKILLED NURSING FACILITY	238	8	8,372	323,282	1,570	331	8,789
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,719	172	125,637	846,988	4,113	363	41,603
038 RECOVERY ROOM	627	22	7,612	173,884	844	257	3,223
039 DELIVERY ROOM & LABOR ROO	4,346	153	12,603	249,104	1,210	166	19,483
041 RADIOLOGY-DIAGNOSTIC	11,682	412	54,622	1,474,678	7,161	106	23,438
044 LABORATORY	4,908	173	55,627	47,622	231	8	14,942
049 RESPIRATORY THERAPY	811	29	16,318	110,715	538	4	4,614
049 01 SLEEP LAB	373	13	3,506	47,868	232	92	3,516
050 PHYSICAL THERAPY	490	17	10,312	111,972	544	46	4,395
051 OCCUPATIONAL THERAPY	190	7	4,771	77,321	375		3,809
052 SPEECH PATHOLOGY	102	4	1,576	11,331	55		293
052 01 AUDIOLOGY	34	1	767				293
053 ELECTROCARDIOLOGY	6,293	222	42,748	294,289	1,429	110	15,821
055 MEDICAL SUPPLIES CHARGED	1,868	66	5,784				
056 DRUGS CHARGED TO PATIENTS	4,332	153	37,846				
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	15	1	5,914	220,632	1,071	52	15,967
060 01 CLINIC MULTI SPECIALTY	8		1,344	59,351	288	5	2,930
061 EMERGENCY	3,762	133	24,049	271,275	1,317	301	21,387
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTIC	582	21	3,518	36,353	177	40	2,857
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE			4,989	33,179	161		1,465
093 01 HOSPICE 2							
093 02 HOSPICE 3							
095 SUBTOTALS	62,353	1,924	763,997	8,340,234	40,421	5,272	433,940
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			61	21,235	103		
097 RESEARCH			1,016	11,101	54		2,197
100 OTHER NONREIMBURSABLE COS							
100 01 PHYSICIAN BILLING SERVICE							
100 02 PHYSICIAN ANSWERING SERVI							
100 03 VENDING							
100 04 CARELINE							
100 05 WELLNESS CENTER			400	78,992	384	22	3,662
100 06 BMH FOUNDATION			20	5,397	26		879
100 07 MIDDLETOWN BOOKSTORE							
100 08 RENTAL PROPERTY			2				
100 09 ADVERTISING							2,930
100 10 POB DELI			30	10,257	50		
100 11 POB PHARMACY			31	8,739	42		1,611
100 12 POB PHYSICIAN SERVICES							
100 13 EXECUTIVE PHYSICAL							
100 14 NEW CASTLE ONCOLOGY							
100 15 MARKETING			2,842				
100 16 RURAL SITE CLINIC							
100 17 CHC			2	552	3		
100 18 CHV			154	46,089	224		549
100 19 HOME OFFICE - CHP			36	9,138	44		256
100 20 MEALS ON WHEELS							
100 21 ST MARY'S SCHOOL							
100 22 CARDINAL KIDS CAMP							
100 23 COLLEGE AVE DAY CARE							
100 24 VENDING MACHINES							
100 25 PSYCHE BEHAVIORAL HEALTH							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6.04	6.05	6.06	7	8	9	10
NONREIMBURS COST CENTERS							
100 26 BLACKFORD COMMUNITY HOSPI			51,117	29,683	144		476
100 27 MIDWEST HEALTH STRATEGIES			77	23,581	115		256
100 28 CARDINAL SELECT RISK RETE			1				37
100 29 HOME OFFICE CARDINAL HEAL			539	186,855	907		293
100 30 CARDINAL HEALTH ALLIANCE							
100 31 OTHER NONREIMBURSABLE COS			22				
100 32 RENAL DIALYSIS			2,172	370,782	1,800		
100 33 LAB CORP			33				
100 34 H.O. MATERIALS MGMT							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	62,353	1,924	822,552	9,142,635	44,317	5,294	447,086

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	11	12	14	15	16	17	22
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS/PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECIEVING, AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	140,701						
012 CAFETERIA		400,376					
014 NURSING ADMINISTRATION		16,817	371,246				
015 CENTRAL SERVICES & SUPPLY		10,196		102,557			
016 PHARMACY		13,251	2		207,059		
017 MEDICAL RECORDS & LIBRARY		18,699				356,817	
022 I&R SERVICES-SALARY & FRI		22,286					48,031
023 I&R SERVICES-OTHER PRGM C		492					
024 PARAMED ED PRGM		20					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	122,310	98,200	153,373	67,209	927	42,895	
031 INTENSIVE CARE UNIT	10,165	25,718	46,214	8,524	140	3,433	
033 SUBPROVIDER	8,226	13,657	10,942	1,332	23	1,312	
034 NURSERY		9,776	20,057	4,370	25	4,128	
037 SKILLED NURSING FACILITY		11,246	21,962	3,076	84	2,616	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		32,070	27,886	1,528	255	45,466	
041 RECOVERY ROOM		7,165	12,706	1,313	15	10,957	
044 DELIVERY ROOM & LABOR ROO		9,373	16,459	3,272	12	10,724	
049 RADIOLOGY-DIAGNOSTIC		33,240	5,815	39	702	52,106	
050 LABORATORY						23,132	
051 RESPIRATORY THERAPY		18,491			79	684	
052 01 SLEEP LAB		3,521			2	6,040	
053 PHYSICAL THERAPY						3,691	
054 OCCUPATIONAL THERAPY						1,434	
055 SPEECH PATHOLOGY						773	
056 01 AUDIOLOGY			1			2,196	
057 ELECTROCARDIOLOGY		14,183	7,223		28	20,386	
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS					201,736		
062 RENAL DIALYSIS							
063 OUTPAT SERVICE COST CNTRS							
064 CLINIC		8,374	7,858		1,801	15,238	
065 01 CLINIC MULTI SPECIALTY		2,042	1,319		188	2,099	
066 EMERGENCY		23,133	29,312	10,483	283	101,861	
067 OBSERVATION BEDS (NON-DIS							
068 01 OBSERVATION BEDS (DISTINC		3,964	7,231	1,411	19	5,612	
069 SPEC PURPOSE COST CENTERS							
070 AMBULATORY SURGICAL CENTE							
071 HOSPICE		2,540	2,886		6	3	
072 01 HOSPICE 2							
073 02 HOSPICE 3							
074 SUBTOTALS	140,701	398,454	371,246	102,557	206,325	356,786	
075 NONREIMBURS COST CENTERS							
076 GIFT, FLOWER, COFFEE SHOP							
077 RESEARCH		1,041					
078 OTHER NONREIMBURSABLE COS							
079 01 PHYSICIAN BILLING SERVICE							
080 02 PHYSICIAN ANSWERING SERVI							
081 03 VENDING							
082 04 CARELINE							
083 05 WELLNESS CENTER							
084 06 BMH FOUNDATION							
085 07 MIDDLETOWN BOOKSTORE							
086 08 RENTAL PROPERTY							
087 09 ADVERTISING							
088 10 POB DELI							
089 11 POB PHARMACY						681	
090 12 POB PHYSICIAN SERVICES							
091 13 EXECUTIVE PHYSICAL							14
092 14 NEW CASTLE ONCOLOGY							
093 15 MARKETING		881					
094 16 RURAL SITE CLINIC							
095 17 CHC							
096 18 CHV							
097 19 HOME OFFICE - CHP							
098 20 MEALS ON WHEELS							
099 21 ST MARY'S SCHOOL							
100 22 CARDINAL KIDS CAMP							
100 23 COLLEGE AVE DAY CARE							
100 24 VENDING MACHINES							
100 25 PSYCHE BEHAVIORAL HEALTH							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI
		11	12	14	15	16	17	22
NONREIMBURS COST CENTERS								
100 26	BLACKFORD COMMUNITY HOSPI							
100 27	MIDWEST HEALTH STRATEGIES							
100 28	CARDINAL SELECT RISK RETE							
100 29	HOME OFFICE CARDINAL HEAL							
100 30	CARDINAL HEALTH ALLIANCE							
100 31	OTHER NONREIMBURSABLE COS							
100 32	RENAL DIALYSIS					53	17	
100 33	LAB CORP							
100 34	H.O. MATERIALS MGMT							
101	CROSS FOOT ADJUSTMENTS							48,031
102	NEGATIVE COST CENTER	122,064						
103	TOTAL	262,765	400,376	371,246	102,557	207,059	356,817	48,031

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
003 GENERAL SERVICE COST CNTR					
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS/PHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECIEVING, AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C	463,723				
024 PARAMED ED PRGM		23,912			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS			4,359,199		4,359,199
031 INTENSIVE CARE UNIT			713,666		713,666
033 SUBPROVIDER			409,757		409,757
034 NURSERY			203,552		203,552
034 SKILLED NURSING FACILITY			637,585		637,585
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM			1,863,206		1,863,206
039 RECOVERY ROOM			358,916		358,916
041 DELIVERY ROOM & LABOR ROO			542,993		542,993
044 RADIOLOGY-DIAGNOSTIC			2,878,404		2,878,404
049 LABORATORY			206,192		206,192
049 01 RESPIRATORY THERAPY			244,920		244,920
050 SLEEP LAB			104,967		104,967
051 PHYSICAL THERAPY			221,626		221,626
052 OCCUPATIONAL THERAPY			149,529		149,529
052 01 SPEECH PATHOLOGY			23,532		23,532
053 AUDIOLOGY			3,517		3,517
055 ELECTROCARDIOLOGY			663,523		663,523
056 MEDICAL SUPPLIES CHARGED			15,761		15,761
057 DRUGS CHARGED TO PATIENTS			262,722		262,722
060 RENAL DIALYSIS					
060 OUTPAT SERVICE COST CNTRS					
060 01 CLINIC			450,699		450,699
061 CLINIC MULTI SPECIALTY			116,321		116,321
062 EMERGENCY			719,660		719,660
062 01 OBSERVATION BEDS (NON-DIS					
092 OBSERVATION BEDS (DISTINC			92,887		92,887
093 SPEC PURPOSE COST CENTERS					
093 01 AMBULATORY SURGICAL CENTE					
093 02 HOSPICE			71,829		71,829
093 01 HOSPICE 2					
093 02 HOSPICE 3					
095 SUBTOTALS			15,314,963		15,314,963
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			38,068		38,068
097 RESEARCH			24,221		24,221
100 OTHER NONREIMBURSABLE COS					
100 01 PHYSICIAN BILLING SERVICE					
100 02 PHYSICIAN ANSWERING SERVI					
100 03 VENDING					
100 04 CARELINE			3,662		3,662
100 05 WELLNESS CENTER			141,913		141,913
100 06 BMH FOUNDATION			10,652		10,652
100 07 MIDDLETOWN BOOKSTORE					
100 08 RENTAL PROPERTY			49		49
100 09 ADVERTISING			2,930		2,930
100 10 POB DELI			18,389		18,389
100 11 POB PHARMACY			17,408		17,408
100 12 POB PHYSICIAN SERVICES			681		681
100 13 EXECUTIVE PHYSICAL			14		14
100 14 NEW CASTLE ONCOLOGY					
100 15 MARKETING			3,800		3,800
100 16 RURAL SITE CLINIC					
100 17 CHC			990		990
100 18 CHV			83,492		83,492
100 19 HOME OFFICE - CHP			16,788		16,788
100 20 MEALS ON WHEELS					
100 21 ST MARY'S SCHOOL					
100 22 CARDINAL KIDS CAMP					
100 23 COLLEGE AVE DAY CARE					
100 24 VENDING MACHINES					
100 25 PSYCHE BEHAVIORAL HEALTH					

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

COST CENTER DESCRIPTION		I&R SERVICES- OTHER PRGM	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		23	24	25	26	27
NONREIMBURS COST CENTERS						
100	26 BLACKFORD COMMUNITY HOSPI			104,971		104,971
100	27 MIDWEST HEALTH STRATEGIES			42,664		42,664
100	28 CARDINAL SELECT RISK RETE			38		38
100	29 HOME OFFICE CARDINAL HEAL			335,282		335,282
100	30 CARDINAL HEALTH ALLIANCE					
100	31 OTHER NONREIMBURSABLE COS			523		523
100	32 RENAL DIALYSIS			666,325		666,325
100	33 LAB CORP			769		769
100	34 H.O. MATERIALS MGMT					
101	CROSS FOOT ADJUSTMENTS	463,723	23,912	535,666		535,666
102	NEGATIVE COST CENTER			122,064		122,064
103	TOTAL	463,723	23,912	17,486,322		17,486,322

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	NEW CAP REL	C	BENE	COMMUNICATION	DATA PROCESSI	PURCHASING,RE	RE ADMITTING
	OSTS-BLDG &	FITS		S/PHONES	NG	CEIVING,AND	
	(SQUARE FEET)	(GROSS)LARIES	SA(PHONE)INES	L() CHARGES	GROSS)	(STOCK)SSUES	I() GROSS) CHARGES
	3	5	6.01		6.02	6.03	6.04
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD	1,452,938						
005 EMPLOYEE BENEFITS	3,683	80,871,422					
006 01 COMMUNICATIONS/PHONES	3,375	544,218	2,614				
006 02 DATA PROCESSING	22,148		123	733,677,536			
006 03 PURCHASING, RECIEVING,			13			59,250,517	
006 04 ADMITTING	5,049	1,184,940	60			159,940	733,677,536
006 05 CASHIERING/ACCOUNTS R		1,503,349	70			1,171,674	
006 06 OTHER ADMINISTRATIVE	67,931	2,526,049	230			2,798,675	
007 MAINTENANCE & REPAIRS	754,454	2,375,190	50			3,935,292	
008 OPERATION OF PLANT	1,064	651,369	8			2,273,251	
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	15,801	2,161,075	7			1,670,918	
011 DIETARY	9,223	783,943	26			1,915,880	
012 CAFETERIA	14,167	1,362,411					
014 NURSING ADMINISTRATIO	12,040	3,136,959	37			449,788	
015 CENTRAL SERVICES & SU	2,832	822,391	18			3,378,876	
016 PHARMACY	6,207	2,837,567	46			369,728	
017 MEDICAL RECORDS & LIB	11,514	2,027,797	120			557,292	
022 I&R SERVICES-SALARY &		4,063,785				54,481	
023 I&R SERVICES-OTHER PR	16,099	295,777	207			26,298	
024 PARAMED ED PRGM	842	3,637					
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	129,738	17,022,640	613	70,112,293	1,176,022	70,112,293	
026 INTENSIVE CARE UNIT	20,388	4,942,575	55	19,964,731	51,011	19,964,731	
031 SUBPROVIDER	12,664	1,223,487	17	3,958,786	592,754	3,958,786	
033 NURSERY	5,072	2,184,251	24	11,532,552	136,289	11,532,552	
034 SKILLED NURSING FACIL	21,085	1,439,636	28	2,794,209	27,678	2,794,209	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	55,242	4,313,600	150	149,740,543	20,537,103	149,740,543	
038 RECOVERY ROOM	11,341	1,348,031	23	7,378,544	74,940	7,378,544	
039 DELIVERY ROOM & LABOR	16,247	1,990,137	48	51,123,853	155,110	51,123,853	
041 RADIOLOGY-DIAGNOSTIC	96,181	6,310,360	197	137,432,859	3,112,086	137,432,859	
044 LABORATORY	3,106		65	57,744,716	5,459,641	57,744,716	
049 RESPIRATORY THERAPY	7,221	3,712,279	13	9,542,913	331,275	9,542,913	
049 01 SLEEP LAB	3,122	623,179	18	4,387,454	41,008	4,387,454	
050 PHYSICAL THERAPY	7,303		10	5,761,424	29,651	5,761,424	
051 OCCUPATIONAL THERAPY	5,043		7	2,238,184	28,800	2,238,184	
052 SPEECH PATHOLOGY	739		4	1,205,346	6,529	1,205,346	
052 01 AUDIOLOGY		83	5	402,635	17,748	402,635	
053 ELECTROCARDIOLOGY	19,194	2,531,893	82	74,030,626	7,200,775	74,030,626	
055 MEDICAL SUPPLIES CHAR				21,976,471		21,976,471	
056 DRUGS CHARGED TO PATI				50,970,108		50,970,108	
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST C							
060 CLINIC	14,390	958,871			176,964	69,282	176,964
060 01 CLINIC MULTI SPECIALT	3,871	223,609			99,373	9,877	99,373
061 EMERGENCY	17,693	4,918,472	34	44,260,203	124,367	44,260,203	
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS	2,371		4	6,842,749	11,223	6,842,749	
062 SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
093 HOSPICE	2,164	527,222	17			248,106	
093 01 HOSPICE 2							
093 02 HOSPICE 3							
095 SUBTOTALS	1,400,604	80,550,782	2,429	733,677,536	58,203,368	733,677,536	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,385						
097 RESEARCH	724	180,473				21,940	
100 OTHER NONREIMBURSABLE							
100 01 PHYSICIAN BILLING SER							
100 02 PHYSICIAN ANSWERING S							
100 03 VENDING							
100 04 CARELINE							
100 05 WELLNESS CENTER	5,152		7			1,759	
100 06 BMH FOUNDATION	352		6			7,836	
100 07 MIDDLETOWN BOOKSTORE							
100 08 RENTAL PROPERTY			3				
100 09 ADVERTISING							
100 10 POB DELI	669						
100 11 POB PHARMACY	570		8				
100 12 POB PHYSICIAN SERVICE							
100 13 EXECUTIVE PHYSICAL							
100 14 NEW CASTLE ONCOLOGY							
100 15 MARKETING		140,167					
100 16 RURAL SITE CLINIC							
100 17 CHC	36					2,028	
100 18 CHV	3,006		19			202,619	
100 19 HOME OFFICE - CHP	596		9			91,500	
100 20 MEALS ON WHEELS							
100 21 ST MARY'S SCHOOL							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	NEW CAP REL	C EMPLOYEE	BENE COMMUNICATION	DATA PROCESSI	PURCHASING,RE	ADMITTING
	OSTS-BLDG & (SQUARE FEET)	FITS (GROSS)LARIES	S(PHONE)INES	L(GROSS) CHARGES	(STOCK)ISSUES	I(GROSS) CHARGES)
	3	5	6.01	6.02	6.03	6.04
NONREIMBURS COST CENT						
100 22 CARDINAL KIDS CAMP						
100 23 COLLEGE AVE DAY CARE						
100 24 VENDING MACHINES						
100 25 PSYCHE BEHAVIORAL HEA						
100 26 BLACKFORD COMMUNITY H	1,936		16		336,849	
100 27 MIDWEST HEALTH STRATE	1,538		8		86,770	
100 28 CARDINAL SELECT RISK					30,399	
100 29 HOME OFFICE CARDINAL	12,187		1		7,482	
100 30 CARDINAL HEALTH ALLIA						
100 31 OTHER NONREIMBURSABLE			32			
100 32 RENAL DIALYSIS	24,183		29		257,967	
100 33 LAB CORP			47			
100 34 H.O. MATERIALS MGMT						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	17,486,322	25,885,995	493,411	289,771	659,866	1,818,134
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	12.035147		188.757077		.011137	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		.320088		.000395		.002478
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		44,325	40,917	268,479	203	62,353
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000548	15.653022		.000003	.000085

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	(GROSS CHARGES)	RECONCIL- IATION	(ACCUM. COST)	(SQUARE) FEET	(SQUARE) FEET	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE)
	6.05	6a.06	6.06	7	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS/PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING,RECIEVING,							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R	733,677,536						
006 06 OTHER ADMINISTRATIVE		-18,843,150	224,354,840				
007 MAINTENANCE & REPAIRS			16,523,267	596,298			
008 OPERATION OF PLANT			4,012,298	1,064	595,234		
009 LAUNDRY & LINEN SERVI			1,443,949			2,500,331	
010 HOUSEKEEPING			3,313,339	15,801	15,801	14,742	12,208
011 DIETARY			8,255	9,223	9,223	2,641	240
012 CAFETERIA			2,960,241	14,167	14,167	3,244	
014 NURSING ADMINISTRATIO			4,808,419	12,040	12,040		112
015 CENTRAL SERVICES & SU			2,673,287	2,832	2,832		112
016 PHARMACY			4,582,446	6,207	6,207	2,124	120
017 MEDICAL RECORDS & LIB			3,668,427	11,514	11,514		156
022 I&R SERVICES-SALARY &			6,415,168				
023 I&R SERVICES-OTHER PR			945,622	16,099	16,099	16,435	397
024 PARAMED ED PRGM			13,935	842	842		20
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	70,112,293		27,260,794	129,738	129,738	1,185,109	4,391
026 INTENSIVE CARE UNIT	19,964,731		7,101,671	20,388	20,388	243,466	568
031 SUBPROVIDER	3,958,786		2,728,212	12,664	12,664	92,632	377
033 NURSERY	11,532,552		3,215,917	5,072	5,072	41,088	200
034 SKILLED NURSING FACIL	2,794,209		2,283,703	21,085	21,085	156,304	240
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	149,740,543		34,253,383	55,242	55,242	171,350	1,136
038 RECOVERY ROOM	7,378,544		2,076,438	11,341	11,341	121,445	88
039 DELIVERY ROOM & LABOR	51,123,853		3,437,799	16,247	16,247	78,616	532
041 RADIOLOGY-DIAGNOSTIC	137,432,859		14,899,614	96,181	96,181	49,839	640
044 LABORATORY	57,744,716		15,173,734	3,106	3,106	3,800	408
049 RESPIRATORY THERAPY	9,542,913		4,451,262	7,221	7,221	1,801	126
049 01 SLEEP LAB	4,387,454		956,297	3,122	3,122	43,621	96
050 PHYSICAL THERAPY	5,761,424		2,812,929	7,303	7,303	21,631	120
051 OCCUPATIONAL THERAPY	2,238,184		1,301,351	5,043	5,043		104
052 SPEECH PATHOLOGY	1,205,346		429,803	739	739		8
052 01 AUDIOLOGY	402,635		209,170				8
053 ELECTROCARDIOLOGY	74,030,626		11,660,565	19,194	19,194	52,088	432
055 MEDICAL SUPPLIES CHAR	21,976,471		1,577,713				
056 DRUGS CHARGED TO PATI	50,970,108		10,323,617				
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST C							
060 CLINIC	176,964		1,613,304	14,390	14,390	24,396	436
060 01 CLINIC MULTI SPECIALT	99,373		366,493	3,871	3,871	2,561	80
061 EMERGENCY	44,260,203		6,559,954	17,693	17,693	142,020	584
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS	6,842,749		959,509	2,371	2,371	19,017	78
062 SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
093 HOSPICE			1,360,832	2,164	2,164		40
093 01 HOSPICE 2							
093 02 HOSPICE 3							
095 SUBTOTALS	733,677,536	-18,843,150	208,382,717	543,964	542,900	2,489,970	11,849
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			16,669	1,385	1,385		
097 RESEARCH			277,045	724	724		60
100 OTHER NONREIMBURSABLE							
100 01 PHYSICIAN BILLING SER							
100 02 PHYSICIAN ANSWERING S							
100 03 VENDING							
100 04 CARELINE							100
100 05 WELLNESS CENTER			109,092	5,152	5,152	10,361	
100 06 BMH FOUNDATION			5,456	352	352		24
100 07 MIDDLETOWN BOOKSTORE							
100 08 RENTAL PROPERTY			566				
100 09 ADVERTISING							80
100 10 POB DELI			8,052	669	669		
100 11 POB PHARMACY			8,370	570	570		44
100 12 POB PHYSICIAN SERVICE							
100 13 EXECUTIVE PHYSICAL							
100 14 NEW CASTLE ONCOLOGY							
100 15 MARKETING			775,266				
100 16 RURAL SITE CLINIC							
100 17 CHC			456	36	36		
100 18 CHV			42,021	3,006	3,006		15
100 19 HOME OFFICE - CHP			9,891	596	596		7
100 20 MEALS ON WHEELS							
100 21 ST MARY'S SCHOOL							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET 8-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	MAINTENANCE & OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	
	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
	6.05	6a.06	6.06	7	8	9	10
NONREIMBURS COST CENT							
100 22 CARDINAL KIDS CAMP							
100 23 COLLEGE AVE DAY CARE							
100 24 VENDING MACHINES							
100 25 PSYCHE BEHAVIORAL HEA							
100 26 BLACKFORD COMMUNITY H			13,943,631	1,936	1,936		13
100 27 MIDWEST HEALTH STRATE			20,986	1,538	1,538		7
100 28 CARDINAL SELECT RISK			339				1
100 29 HOME OFFICE CARDINAL			146,944	12,187	12,187		8
100 30 CARDINAL HEALTH ALLIA							
100 31 OTHER NONREIMBURSABLE			6,040				
100 32 RENAL DIALYSIS			592,427	24,183	24,183		
100 33 LAB CORP			8,872				
100 34 H.O. MATERIALS MGMT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,777,113		18,843,150	17,911,023	4,381,242	1,565,223	4,191,768
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.005148		.083988	30.037033	7.360537	.626006	343.362385
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	1,924		822,552	9,142,635	44,317	5,294	447,086
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000003		.003666	15.332325	.074453	.002117	36.622379

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	(MEALS SERVED)	S(FTE'S)	(DIRECT)SING HRS	NR(TIME)TUDY	S(COSTED)EQUIS.	R(TIME)SPENT	(ASSIGNED) TIME
	11	12	14	15	16	17	22
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS/PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECIEVING,							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	229,070						
012 CAFETERIA		139,986					
014 NURSING ADMINISTRATIO		5,880	1,144,295				
015 CENTRAL SERVICES & SU		3,565		5,234			
016 PHARMACY		4,633	7		10,551,148		
017 MEDICAL RECORDS & LIB		6,538				128,370	
022 I&R SERVICES-SALARY &		7,792					742
023 I&R SERVICES-OTHER PR		172					
024 PARAMED ED PRGM		7					
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	199,127	34,334	472,737	3,430	47,253	15,432	335
026 INTENSIVE CARE UNIT	16,550	8,992	142,447	435	7,120	1,235	62
031 SUBPROVIDER	13,393	4,775	33,728	68	1,195	472	
033 NURSERY		3,418	61,823	223	1,250	1,485	2
034 SKILLED NURSING FACIL		3,932	67,693	157	4,255	941	
ANCILLARY SRVC COST C							
037 OPERATING ROOM		11,213	85,953	78	12,972	16,357	37
038 RECOVERY ROOM		2,505	39,164	67	775	3,942	
039 DELIVERY ROOM & LABOR		3,277	50,733	167	609	3,858	
041 RADIOLOGY-DIAGNOSTIC		11,622	17,924	2	35,789	18,746	11
044 LABORATORY						8,322	165
049 RESPIRATORY THERAPY		6,465			4,013	246	4
049 01 SLEEP LAB		1,231			123	2,173	
050 PHYSICAL THERAPY					11	1,328	
051 OCCUPATIONAL THERAPY						516	
052 SPEECH PATHOLOGY					13	278	
052 01 AUDIOLOGY			4			790	
053 ELECTROCARDIOLOGY		4,959	22,264		1,433	7,334	27
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI					10,279,985		
057 RENAL DIALYSIS							
OUTPAT SERVICE COST C							
060 CLINIC		2,928	24,220		91,752	5,482	66
060 01 CLINIC MULTI SPECIALT		714	4,066		9,563	755	
061 EMERGENCY		8,088	90,349	535	14,424	36,647	25
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS		1,386	22,287	72	954	2,019	
SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
093 HOSPICE		888	8,896		291	1	
093 01 HOSPICE 2							
093 02 HOSPICE 3							
095 SUBTOTALS	229,070	139,314	1,144,295	5,234	10,513,780	128,359	734
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH		364					8
100 OTHER NONREIMBURSABLE							
100 01 PHYSICIAN BILLING SER							
100 02 PHYSICIAN ANSWERING S							
100 03 VENDING							
100 04 CARELINE							
100 05 WELLNESS CENTER							
100 06 BMH FOUNDATION							
100 07 MIDDLETOWN BOOKSTORE							
100 08 RENTAL PROPERTY							
100 09 ADVERTISING							
100 10 POB DELI							
100 11 POB PHARMACY							
100 12 POB PHYSICIAN SERVICE					34,684		
100 13 EXECUTIVE PHYSICAL						5	
100 14 NEW CASTLE ONCOLOGY							
100 15 MARKETING		308					
100 16 RURAL SITE CLINIC							
100 17 CHC							
100 18 CHV							
100 19 HOME OFFICE - CHP							
100 20 MEALS ON WHEELS							
100 21 ST MARY'S SCHOOL							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	I&R SERVICES-
	(MEALS ERVED)	S(FTE'S)	(DIRECT)SING HRS	NR(TIME)TUDY	S(COSTED)EQUIS.	R(TIME)SPENT	(ASSIGNED) TIME)
	11	12	14	15	16	17	22
NONREIMBURS COST CENT							
100 22 CARDINAL KIDS CAMP							
100 23 COLLEGE AVE DAY CARE							
100 24 VENDING MACHINES							
100 25 PSYCHE BEHAVIORAL HEA							
100 26 BLACKFORD COMMUNITY H							
100 27 MIDWEST HEALTH STRATE							
100 28 CARDINAL SELECT RISK							
100 29 HOME OFFICE CARDINAL							
100 30 CARDINAL HEALTH ALLIA							
100 31 OTHER NONREIMBURSABLE							
100 32 RENAL DIALYSIS					2,684	6	
100 33 LAB CORP							
100 34 H.O. MATERIALS MGMT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	437,926	3,740,709	5,858,117	3,137,442	5,365,815	4,635,400	7,162,183
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.911756	26.722022	5.119412	599.434849	.508553	36.109683	9,652.537736
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	140,701	400,376	371,246	102,557	207,059	356,817	48,031
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.614227	2.860115	.324432	19.594383	.019624	2.779598	64.731806

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET 8-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM	
	(ASSIGNED TIME	(100% RADIOLOGY)
	23	24
003 GENERAL SERVICE COST		
005 NEW CAP REL COSTS-BLD		
006 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS/PHONES		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECIEIVING,		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS R		
006 06 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
022 I&R SERVICES-SALARY &		
023 I&R SERVICES-OTHER PR	742	
024 PARAMED ED PRGM		100
025 INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	335	
026 INTENSIVE CARE UNIT	62	
031 SUBPROVIDER		
033 NURSERY	2	
034 SKILLED NURSING FACIL		
ANCILLARY SRVC COST C		
037 OPERATING ROOM	37	
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR		
041 RADIOLOGY-DIAGNOSTIC	11	100
044 LABORATORY	165	
049 RESPIRATORY THERAPY	4	
049 01 SLEEP LAB		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
052 01 AUDIOLOGY		
053 ELECTROCARDIOLOGY	27	
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
057 RENAL DIALYSIS		
060 OUTPAT SERVICE COST C		
060 CLINIC	66	
060 01 CLINIC MULTI SPECIALT		
061 EMERGENCY	25	
062 OBSERVATION BEDS (NON		
062 01 OBSERVATION BEDS (DIS		
SPEC PURPOSE COST CEN		
092 AMBULATORY SURGICAL C		
093 HOSPICE		
093 01 HOSPICE 2		
093 02 HOSPICE 3		
095 SUBTOTALS	734	100
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
097 RESEARCH	8	
100 OTHER NONREIMBURSABLE		
100 01 PHYSICIAN BILLING SER		
100 02 PHYSICIAN ANSWERING S		
100 03 VENDING		
100 04 CARELINE		
100 05 WELLNESS CENTER		
100 06 BMH FOUNDATION		
100 07 MIDDLETOWN BOOKSTORE		
100 08 RENTAL PROPERTY		
100 09 ADVERTISING		
100 10 POB DELI		
100 11 POB PHARMACY		
100 12 POB PHYSICIAN SERVICE		
100 13 EXECUTIVE PHYSICAL		
100 14 NEW CASTLE ONCOLOGY		
100 15 MARKETING		
100 16 RURAL SITE CLINIC		
100 17 CHC		
100 18 CHV		
100 19 HOME OFFICE - CHP		
100 20 MEALS ON WHEELS		
100 21 ST MARY'S SCHOOL		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET 8-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM	
	(ASSIGNED TIME	(100% RADIOLOGY)
	23	24
NONREIMBURS COST CENT		
100 22 CARDINAL KIDS CAMP		
100 23 COLLEGE AVE DAY CARE		
100 24 VENDING MACHINES		
100 25 PSYCHE BEHAVIORAL HEA		
100 26 BLACKFORD COMMUNITY H		
100 27 MIDWEST HEALTH STRATE		
100 28 CARDINAL SELECT RISK		
100 29 HOME OFFICE CARDINAL		
100 30 CARDINAL HEALTH ALLIA		
100 31 OTHER NONREIMBURSABLE		
100 32 RENAL DIALYSIS		
100 33 LAB CORP		
100 34 H.O. MATERIALS MGMT		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	1,778,305	53,648
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		536.480000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART	2,396.637466	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	463,723	23,912
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	624.963612	239.120000

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	43,007,474		43,007,474		43,007,474
26	INTENSIVE CARE UNIT	10,118,168		10,118,168		10,118,168
31	SUBPROVIDER	4,002,672		4,002,672		4,002,672
33	NURSERY	4,365,855		4,365,855		4,365,855
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,026,162		4,026,162		4,026,162
37	OPERATING ROOM	41,077,198		41,077,198		41,077,198
38	RECOVERY ROOM	3,231,537		3,231,537		3,231,537
39	DELIVERY ROOM & LABOR ROO	5,153,033		5,153,033		5,153,033
41	RADIOLOGY-DIAGNOSTIC	21,151,174		21,151,174		21,151,174
44	LABORATORY	17,007,279		17,007,279		17,007,279
49	RESPIRATORY THERAPY	5,323,235		5,323,235		5,323,235
49 01	SLEEP LAB	1,325,064		1,325,064		1,325,064
50	PHYSICAL THERAPY	3,424,999		3,424,999		3,424,999
51	OCCUPATIONAL THERAPY	1,653,588		1,653,588		1,653,588
52	SPEECH PATHOLOGY	506,329		506,329		506,329
52 01	AUDIOLOGY	258,032		258,032		258,032
53	ELECTROCARDIOLOGY	14,050,713		14,050,713		14,050,713
55	MEDICAL SUPPLIES CHARGED	1,710,222		1,710,222		1,710,222
56	DRUGS CHARGED TO PATIENTS	16,418,588		16,418,588		16,418,588
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,898,779		2,898,779		2,898,779
60 01	CLINIC MULTI SPECIALTY	643,134		643,134		643,134
61	EMERGENCY	10,392,022		10,392,022		10,392,022
62	OBSERVATION BEDS (NON-DIS	4,313,979		4,313,979		4,313,979
62 01	OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS	1,435,135		1,435,135		1,435,135
101	SUBTOTAL	217,494,371		217,494,371		217,494,371
102	LESS OBSERVATION BEDS	4,313,979		4,313,979		4,313,979
103	TOTAL	213,180,392		213,180,392		213,180,392

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	64,725,443		64,725,443			
26	INTENSIVE CARE UNIT	19,964,731		19,964,731			
31	SUBPROVIDER	3,958,786		3,958,786			
33	NURSERY	11,532,552		11,532,552			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,794,209		2,794,209			
37	OPERATING ROOM	87,861,296	61,879,247	149,740,543	.274322	.274322	.274322
38	RECOVERY ROOM	4,238,852	3,139,692	7,378,544	.437964	.437964	.437964
39	DELIVERY ROOM & LABOR ROO	9,665,543	41,458,310	51,123,853	.100795	.100795	.100795
41	RADIOLOGY-DIAGNOSTIC	34,178,862	103,253,997	137,432,859	.153902	.153902	.153902
44	LABORATORY	27,802,863	29,941,853	57,744,716	.294525	.294525	.294525
49	RESPIRATORY THERAPY	8,322,283	1,220,630	9,542,913	.557821	.557821	.557821
49	01 SLEEP LAB	239,114	4,148,340	4,387,454	.302012	.302012	.302012
50	PHYSICAL THERAPY	3,368,911	2,392,513	5,761,424	.594471	.594471	.594471
51	OCCUPATIONAL THERAPY	1,996,409	241,775	2,238,184	.738808	.738808	.738808
52	SPEECH PATHOLOGY	1,007,088	198,258	1,205,346	.420069	.420069	.420069
52	01 AUDIOLOGY	1,181	401,454	402,635	.640858	.640858	.640858
53	ELECTROCARDIOLOGY	35,909,342	38,121,284	74,030,626	.189796	.189796	.189796
55	MEDICAL SUPPLIES CHARGED	17,691,456	4,285,015	21,976,471	.077821	.077821	.077821
56	DRUGS CHARGED TO PATIENTS	36,655,252	14,314,856	50,970,108	.322122	.322122	.322122
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	833	176,131	176,964	16.380614	16.380614	16.380614
60	01 CLINIC MULTI SPECIALTY	176	99,197	99,373	6.471919	6.471919	6.471919
61	EMERGENCY	10,846,875	33,413,328	44,260,203	.234794	.234794	.234794
62	OBSERVATION BEDS (NON-DIS		5,386,850	5,386,850	.800835	.800835	.800835
62	01 OBSERVATION BEDS (DISTINC	372,999	6,469,750	6,842,749	.209731	.209731	.209731
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	383,135,056	350,542,480	733,677,536			
102	LESS OBSERVATION BEDS						
103	TOTAL	383,135,056	350,542,480	733,677,536			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET C
I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	47,043,948		47,043,948		47,043,948
26	INTENSIVE CARE UNIT	10,865,217		10,865,217		10,865,217
31	SUBPROVIDER	4,002,672		4,002,672		4,002,672
33	NURSERY	4,389,953		4,389,953		4,389,953
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,026,162		4,026,162		4,026,162
37	OPERATING ROOM	41,523,018		41,523,018		41,523,018
38	RECOVERY ROOM	3,231,537		3,231,537		3,231,537
39	DELIVERY ROOM & LABOR ROO	5,153,033		5,153,033		5,153,033
41	RADIOLOGY-DIAGNOSTIC	21,283,715		21,283,715		21,283,715
44	LABORATORY	18,995,393		18,995,393		18,995,393
49	RESPIRATORY THERAPY	5,371,432		5,371,432		5,371,432
49 01	SLEEP LAB	1,325,064		1,325,064		1,325,064
50	PHYSICAL THERAPY	3,424,999		3,424,999		3,424,999
51	OCCUPATIONAL THERAPY	1,653,588		1,653,588		1,653,588
52	SPEECH PATHOLOGY	506,329		506,329		506,329
52 01	AUDIOLOGY	258,032		258,032		258,032
53	ELECTROCARDIOLOGY	14,376,041		14,376,041		14,376,041
55	MEDICAL SUPPLIES CHARGED	1,710,222		1,710,222		1,710,222
56	DRUGS CHARGED TO PATIENTS	16,418,588		16,418,588		16,418,588
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,694,024		3,694,024		3,694,024
60 01	CLINIC MULTI SPECIALTY	643,134		643,134		643,134
61	EMERGENCY	10,693,251		10,693,251		10,693,251
62	OBSERVATION BEDS (NON-DIS	4,313,979		4,313,979		4,313,979
62 01	OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS	1,435,135		1,435,135		1,435,135
101	SUBTOTAL	226,338,466		226,338,466		226,338,466
102	LESS OBSERVATION BEDS	4,313,979		4,313,979		4,313,979
103	TOTAL	222,024,487		222,024,487		222,024,487

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET C
I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	64,725,443		64,725,443			
26	INTENSIVE CARE UNIT	19,964,731		19,964,731			
31	SUBPROVIDER	3,958,786		3,958,786			
33	NURSERY	11,532,552		11,532,552			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,794,209		2,794,209			
37	OPERATING ROOM	87,861,296	61,879,247	149,740,543	.277300	.277300	.277300
38	RECOVERY ROOM	4,238,852	3,139,692	7,378,544	.437964	.437964	.437964
39	DELIVERY ROOM & LABOR ROO	9,665,543	41,458,310	51,123,853	.100795	.100795	.100795
41	RADIOLOGY-DIAGNOSTIC	34,178,862	103,253,997	137,432,859	.154866	.154866	.154866
44	LABORATORY	27,802,863	29,941,853	57,744,716	.328955	.328955	.328955
49	RESPIRATORY THERAPY	8,322,283	1,220,630	9,542,913	.562871	.562871	.562871
49 01	SLEEP LAB	239,114	4,148,340	4,387,454	.302012	.302012	.302012
50	PHYSICAL THERAPY	3,368,911	2,392,513	5,761,424	.594471	.594471	.594471
51	OCCUPATIONAL THERAPY	1,996,409	241,775	2,238,184	.738808	.738808	.738808
52	SPEECH PATHOLOGY	1,007,088	198,258	1,205,346	.420069	.420069	.420069
52 01	AUDIOLOGY	1,181	401,454	402,635	.640858	.640858	.640858
53	ELECTROCARDIOLOGY	35,909,342	38,121,284	74,030,626	.194190	.194190	.194190
55	MEDICAL SUPPLIES CHARGED	17,691,456	4,285,015	21,976,471	.077821	.077821	.077821
56	DRUGS CHARGED TO PATIENTS	36,655,252	14,314,856	50,970,108	.322122	.322122	.322122
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS						
60	CLINIC	833	176,131	176,964	20.874438	20.874438	20.874438
60 01	CLINIC MULTI SPECIALTY	176	99,197	99,373	6.471919	6.471919	6.471919
61	EMERGENCY	10,846,875	33,413,328	44,260,203	.241600	.241600	.241600
62	OBSERVATION BEDS (NON-DIS		5,386,850	5,386,850	.800835	.800835	.800835
62 01	OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS	372,999	6,469,750	6,842,749	.209731	.209731	.209731
101	SUBTOTAL	383,135,056	350,542,480	733,677,536			
102	LESS OBSERVATION BEDS						
103	TOTAL	383,135,056	350,542,480	733,677,536			

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	41,077,198	1,863,206	39,213,992			41,077,198
38	RECOVERY ROOM	3,231,537	358,916	2,872,621			3,231,537
39	DELIVERY ROOM & LABOR ROO	5,153,033	542,993	4,610,040			5,153,033
41	RADIOLOGY-DIAGNOSTIC	21,151,174	2,878,404	18,272,770			21,151,174
44	LABORATORY	17,007,279	206,192	16,801,087			17,007,279
49	RESPIRATORY THERAPY	5,323,235	244,920	5,078,315			5,323,235
49 01	SLEEP LAB	1,325,064	104,967	1,220,097			1,325,064
50	PHYSICAL THERAPY	3,424,999	221,626	3,203,373			3,424,999
51	OCCUPATIONAL THERAPY	1,653,588	149,529	1,504,059			1,653,588
52	SPEECH PATHOLOGY	506,329	23,532	482,797			506,329
52 01	AUDIOLOGY	258,032	3,517	254,515			258,032
53	ELECTROCARDIOLOGY	14,050,713	663,523	13,387,190			14,050,713
55	MEDICAL SUPPLIES CHARGED	1,710,222	15,761	1,694,461			1,710,222
56	DRUGS CHARGED TO PATIENTS	16,418,588	262,722	16,155,866			16,418,588
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,898,779	450,699	2,448,080			2,898,779
60 01	CLINIC MULTI SPECIALTY	643,134	116,321	526,813			643,134
61	EMERGENCY	10,392,022	719,660	9,672,362			10,392,022
62	OBSERVATION BEDS (NON-DIS	4,313,979	438,588	3,875,391			4,313,979
62 01	OBSERVATION BEDS (DISTINC	1,435,135	92,887	1,342,248			1,435,135
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	151,974,040	9,357,963	142,616,077			151,974,040
102	LESS OBSERVATION BEDS	4,313,979	438,588	3,875,391			4,313,979
103	TOTAL	147,660,061	8,919,375	138,740,686			147,660,061

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	149,740,543	.274322	.274322
38	RECOVERY ROOM	7,378,544	.437964	.437964
39	DELIVERY ROOM & LABOR ROO	51,123,853	.100795	.100795
41	RADIOLOGY-DIAGNOSTIC	137,432,859	.153902	.153902
44	LABORATORY	57,744,716	.294525	.294525
49	RESPIRATORY THERAPY	9,542,913	.557821	.557821
49	01 SLEEP LAB	4,387,454	.302012	.302012
50	PHYSICAL THERAPY	5,761,424	.594471	.594471
51	OCCUPATIONAL THERAPY	2,238,184	.738808	.738808
52	SPEECH PATHOLOGY	1,205,346	.420069	.420069
52	01 AUDIOLOGY	402,635	.640858	.640858
53	ELECTROCARDIOLOGY	74,030,626	.189796	.189796
55	MEDICAL SUPPLIES CHARGED	21,976,471	.077821	.077821
56	DRUGS CHARGED TO PATIENTS	50,970,108	.322122	.322122
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	176,964	16.380614	16.380614
60	01 CLINIC MULTI SPECIALTY	99,373	6.471919	6.471919
61	EMERGENCY	44,260,203	.234794	.234794
62	OBSERVATION BEDS (NON-DIS	5,386,850	.800835	.800835
62	01 OBSERVATION BEDS (DISTINC	6,842,749	.209731	.209731
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	630,701,815		
102	LESS OBSERVATION BEDS	5,386,850		
103	TOTAL	625,314,965		

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST 8 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	41,523,018	1,863,206	39,659,812			41,523,018
38	RECOVERY ROOM	3,231,537	358,916	2,872,621			3,231,537
39	DELIVERY ROOM & LABOR ROO	5,153,033	542,993	4,610,040			5,153,033
41	RADIOLOGY-DIAGNOSTIC	21,283,715	2,878,404	18,405,311			21,283,715
44	LABORATORY	18,995,393	206,192	18,789,201			18,995,393
49	RESPIRATORY THERAPY	5,371,432	244,920	5,126,512			5,371,432
49	01 SLEEP LAB	1,325,064	104,967	1,220,097			1,325,064
50	PHYSICAL THERAPY	3,424,999	221,626	3,203,373			3,424,999
51	OCCUPATIONAL THERAPY	1,653,588	149,529	1,504,059			1,653,588
52	SPEECH PATHOLOGY	506,329	23,532	482,797			506,329
52	01 AUDIOLOGY	258,032	3,517	254,515			258,032
53	ELECTROCARDIOLOGY	14,376,041	663,523	13,712,518			14,376,041
55	MEDICAL SUPPLIES CHARGED	1,710,222	15,761	1,694,461			1,710,222
56	DRUGS CHARGED TO PATIENTS	16,418,588	262,722	16,155,866			16,418,588
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,694,024	450,699	3,243,325			3,694,024
60	01 CLINIC MULTI SPECIALTY	643,134	116,321	526,813			643,134
61	EMERGENCY	10,693,251	719,660	9,973,591			10,693,251
62	OBSERVATION BEDS (NON-DIS	4,313,979	438,588	3,875,391			4,313,979
62	01 OBSERVATION BEDS (DISTINC	1,435,135	92,887	1,342,248			1,435,135
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	156,010,514	9,357,963	146,652,551			156,010,514
102	LESS OBSERVATION BEDS	4,313,979	438,588	3,875,391			4,313,979
103	TOTAL	151,696,535	8,919,375	142,777,160			151,696,535

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	149,740,543	.277300	.277300
38	RECOVERY ROOM	7,378,544	.437964	.437964
39	DELIVERY ROOM & LABOR ROO	51,123,853	.100795	.100795
41	RADIOLOGY-DIAGNOSTIC	137,432,859	.154866	.154866
44	LABORATORY	57,744,716	.328955	.328955
49	RESPIRATORY THERAPY	9,542,913	.562871	.562871
49 01	SLEEP LAB	4,387,454	.302012	.302012
50	PHYSICAL THERAPY	5,761,424	.594471	.594471
51	OCCUPATIONAL THERAPY	2,238,184	.738808	.738808
52	SPEECH PATHOLOGY	1,205,346	.420069	.420069
52 01	AUDIOLOGY	402,635	.640858	.640858
53	ELECTROCARDIOLOGY	74,030,626	.194190	.194190
55	MEDICAL SUPPLIES CHARGED	21,976,471	.077821	.077821
56	DRUGS CHARGED TO PATIENTS	50,970,108	.322122	.322122
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	176,964	20.874438	20.874438
60 01	CLINIC MULTI SPECIALTY	99,373	6.471919	6.471919
61	EMERGENCY	44,260,203	.241600	.241600
62	OBSERVATION BEDS (NON-DIS	5,386,850	.800835	.800835
62 01	OBSERVATION BEDS (DISTINC	6,842,749	.209731	.209731
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	630,701,815		
102	LESS OBSERVATION BEDS	5,386,850		
103	TOTAL	625,314,965		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I I TO 6/30/2008 I PART I
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (8, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (8, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				4,359,199		4,359,199
26	INTENSIVE CARE UNIT				713,666		713,666
31	SUBPROVIDER				409,757		409,757
33	NURSERY				203,552		203,552
101	TOTAL				5,686,174		5,686,174

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I I TO 6/30/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	59,674	31,113			73.05	2,272,805
26	INTENSIVE CARE UNIT	8,288	4,219			86.11	363,298
31	SUBPROVIDER	6,284	3,331			65.21	217,215
33	NURSERY	7,801				26.09	
101	TOTAL	82,047	38,663				2,853,318

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-0089 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,863,206	149,740,543	37,201,254		
38	RECOVERY ROOM		358,916	7,378,544	2,299,806		
39	DELIVERY ROOM & LABOR ROO		542,993	51,123,853	59,997		
41	RADIOLOGY-DIAGNOSTIC		2,878,404	137,432,859	21,491,665		
44	LABORATORY		206,192	57,744,716	19,292,069		
49	RESPIRATORY THERAPY		244,920	9,542,913	5,128,116		
49	01 SLEEP LAB		104,967	4,387,454	125,456		
50	PHYSICAL THERAPY		221,626	5,761,424	1,251,342		
51	OCCUPATIONAL THERAPY		149,529	2,238,184	567,097		
52	SPEECH PATHOLOGY		23,532	1,205,346	485,126		
52	01 AUDIOLOGY		3,517	402,635			
53	ELECTROCARDIOLOGY		663,523	74,030,626	29,032,092		
55	MEDICAL SUPPLIES CHARGED		15,761	21,976,471	11,047,437		
56	DRUGS CHARGED TO PATIENTS		262,722	50,970,108	20,465,948		
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		450,699	176,964	813		
60	01 CLINIC MULTI SPECIALTY		116,321	99,373	111		
61	EMERGENCY		719,660	44,260,203	6,338,956		
62	OBSERVATION BEDS (NON-DIS		438,588	5,386,850			
62	01 OBSERVATION BEDS (DISTINC		92,887	6,842,749	165,571		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,357,963	630,701,815	154,952,856		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-0089 I
 PPS

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.012443	462,895
38	RECOVERY ROOM	.048643	111,869
39	DELIVERY ROOM & LABOR ROO	.010621	637
41	RADIOLOGY-DIAGNOSTIC	.020944	450,121
44	LABORATORY	.003571	68,892
49	RESPIRATORY THERAPY	.025665	131,613
49 01	SLEEP LAB	.023924	3,001
50	PHYSICAL THERAPY	.038467	48,135
51	OCCUPATIONAL THERAPY	.066808	37,887
52	SPEECH PATHOLOGY	.019523	9,471
52 01	AUDIOLOGY	.008735	
53	ELECTROCARDIOLOGY	.008963	260,215
55	MEDICAL SUPPLIES CHARGED	.000717	7,921
56	DRUGS CHARGED TO PATIENTS	.005154	105,481
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	2.546840	2,071
60 01	CLINIC MULTI SPECIALTY	1.170549	130
61	EMERGENCY	.016260	103,071
62	OBSERVATION BEDS (NON-DIS	.081418	
62 01	OBSERVATION BEDS (DISTINC	.013575	2,248
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,805,658

Health Financial Systems MCRIF32

FOR BALL MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
I I TO 6/30/2008 I PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					59,674	
26	INTENSIVE CARE UNIT					8,288	
31	SUBPROVIDER					6,284	
33	NURSERY					7,801	
34	SKILLED NURSING FACILITY					8,214	
101	TOTAL					90,261	

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
I I TO 6/30/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	31,113	
26	INTENSIVE CARE UNIT	4,219	
31	SUBPROVIDER	3,331	
33	NURSERY		
34	SKILLED NURSING FACILITY	7,137	
101	TOTAL	45,800	

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-0089 I I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A	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
		ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37		OPERATING ROOM						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC			53,648			
44		LABORATORY						
49		RESPIRATORY THERAPY						
49	01	SLEEP LAB						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
52	01	AUDIOLOGY						
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	CLINIC MULTI SPECIALTY						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
62	01	OBSERVATION BEDS (DISTINC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL			53,648			

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-0089 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			149,740,543			37,201,254	
38	RECOVERY ROOM			7,378,544			2,299,806	
39	DELIVERY ROOM & LABOR ROO			51,123,853			59,997	
41	RADIOLOGY-DIAGNOSTIC	53,648	53,648	137,432,859	.000390	.000390	21,491,665	8,382
44	LABORATORY			57,744,716			19,292,069	
49	RESPIRATORY THERAPY			9,542,913			5,128,116	
49 01	SLEEP LAB			4,387,454			125,456	
50	PHYSICAL THERAPY			5,761,424			1,251,342	
51	OCCUPATIONAL THERAPY			2,238,184			567,097	
52	SPEECH PATHOLOGY			1,205,346			485,126	
52 01	AUDIOLOGY			402,635				
53	ELECTROCARDIOLOGY			74,030,626			29,032,092	
55	MEDICAL SUPPLIES CHARGED			21,976,471			11,047,437	
56	DRUGS CHARGED TO PATIENTS			50,970,108			20,465,948	
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			176,964			813	
60 01	CLINIC MULTI SPECIALTY			99,373			111	
61	EMERGENCY			44,260,203			6,338,956	
62	OBSERVATION BEDS (NON-DIS			5,386,850				
62 01	OBSERVATION BEDS (DISTINC			6,842,749			165,571	
	OTHER REIMBURS COST CNTRS							
101	TOTAL	53,648	53,648	630,701,815			154,952,856	8,382

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	20,903,044					
38	RECOVERY ROOM	1,171,961					
39	DELIVERY ROOM & LABOR ROO	26,169					
41	RADIOLOGY-DIAGNOSTIC	40,025,943			15,610		
44	LABORATORY	963,095					
49	RESPIRATORY THERAPY	358,258					
49	01 SLEEP LAB	1,314,760					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	13,586					
52	01 AUDIOLOGY	84,456					
53	ELECTROCARDIOLOGY	10,505,872					
55	MEDICAL SUPPLIES CHARGED	819,449					
56	DRUGS CHARGED TO PATIENTS	3,333,755					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	240,719					
60	01 CLINIC MULTI SPECIALTY	67,968					
61	EMERGENCY	7,605,351					
62	OBSERVATION BEDS (NON-DIS	1,894,242					
62	01 OBSERVATION BEDS (DISTINC	1,314,916					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	90,643,544			15,610		

TITLE XVIII, PART B		HOSPITAL				
Cost Center Description		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.274322	.274322			
38	RECOVERY ROOM	.437964	.437964			
39	DELIVERY ROOM & LABOR ROOM	.100795	.100795			
41	RADIOLOGY-DIAGNOSTIC	.153902	.153902			
44	LABORATORY	.294525	.294525			
49	RESPIRATORY THERAPY	.557821	.557821			
49 01	SLEEP LAB	.302012	.302012			
50	PHYSICAL THERAPY	.594471	.594471			
51	OCCUPATIONAL THERAPY	.738808	.738808			
52	SPEECH PATHOLOGY	.420069	.420069			
52 01	AUDIOLOGY	.640858	.640858			
53	ELECTROCARDIOLOGY	.189796	.189796			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.077821	.077821			
56	DRUGS CHARGED TO PATIENTS	.322122	.322122			
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	16.380614	16.380614			
60 01	CLINIC MULTI SPECIALTY	6.471919	6.471919			
61	EMERGENCY	.234794	.234794			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.800835	.800835			
62 01	OBSERVATION BEDS (DISTINCT PART)	.209731	.209731			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 TITLE XVIII, PART B HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART V
 I 15-0089 I I

Cost Center Description	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
(A) ANCILLARY SRVC COST CNTRS	5	5.01	5.02	5.03	6
37 OPERATING ROOM		20,903,044			
38 RECOVERY ROOM		1,171,961			
39 DELIVERY ROOM & LABOR ROOM		26,169			
41 RADIOLOGY-DIAGNOSTIC		40,025,943			
44 LABORATORY		963,095			
49 RESPIRATORY THERAPY		358,258			
49 01 SLEEP LAB		1,314,760			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		13,586			
52 01 AUDIOLOGY		84,456			
53 ELECTROCARDIOLOGY		10,505,872			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		819,449			
56 DRUGS CHARGED TO PATIENTS		3,333,755			
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		240,719			
60 01 CLINIC MULTI SPECIALTY		67,968			
61 EMERGENCY		7,605,351			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,894,242			
62 01 OBSERVATION BEDS (DISTINCT PART)		1,314,916			
101 SUBTOTAL		90,643,544			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		90,643,544			

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART V
 I 15-0089 I I

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				5,734,165	
38	RECOVERY ROOM				513,277	
39	DELIVERY ROOM & LABOR ROOM				2,638	
41	RADIOLOGY-DIAGNOSTIC				6,160,073	
44	LABORATORY				283,656	
49	RESPIRATORY THERAPY				199,844	
49	01 SLEEP LAB				397,073	
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY				5,707	
52	01 AUDIOLOGY				54,124	
53	ELECTROCARDIOLOGY				1,993,972	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				63,770	
56	DRUGS CHARGED TO PATIENTS				1,073,876	
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC				3,943,125	
60	01 CLINIC MULTI SPECIALTY				439,883	
61	EMERGENCY				1,785,691	
62	OBSERVATION BEDS (NON-DISTINCT PART)				1,516,975	
62	01 OBSERVATION BEDS (DISTINCT PART)				275,779	
101	SUBTOTAL				24,443,628	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				24,443,628	

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

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0089	I	FROM 7/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2008	I	PART VI
I	15-0089	I		I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.322122
	2,408
	776

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-T089 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,863,206	149,740,543	123,080		
38	RECOVERY ROOM		358,916	7,378,544	4,708		
39	DELIVERY ROOM & LABOR ROO		542,993	51,123,853	66		
41	RADIOLOGY-DIAGNOSTIC		2,878,404	137,432,859	305,273		
44	LABORATORY		206,192	57,744,716	288,517		
49	RESPIRATORY THERAPY		244,920	9,542,913	66,875		
49 01	SLEEP LAB		104,967	4,387,454	20,272		
50	PHYSICAL THERAPY		221,626	5,761,424	753,864		
51	OCCUPATIONAL THERAPY		149,529	2,238,184	688,389		
52	SPEECH PATHOLOGY		23,532	1,205,346	179,749		
52 01	AUDIOLOGY		3,517	402,635	837		
53	ELECTROCARDIOLOGY		663,523	74,030,626	83,965		
55	MEDICAL SUPPLIES CHARGED		15,761	21,976,471	134,763		
56	DRUGS CHARGED TO PATIENTS		262,722	50,970,108	643,463		
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		450,699	176,964			
60 01	CLINIC MULTI SPECIALTY		116,321	99,373			
61	EMERGENCY		719,660	44,260,203	6,116		
62	OBSERVATION BEDS (NON-DIS		438,588	5,386,850			
62 01	OBSERVATION BEDS (DISTINC		92,887	6,842,749			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,357,963	630,701,815	3,299,937		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-T089 I
 PPS

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.012443	1,531
38	RECOVERY ROOM	.048643	229
39	DELIVERY ROOM & LABOR ROO	.010621	1
41	RADIOLOGY-DIAGNOSTIC	.020944	6,394
44	LABORATORY	.003571	1,030
49	RESPIRATORY THERAPY	.025665	1,716
49 01	SLEEP LAB	.023924	485
50	PHYSICAL THERAPY	.038467	28,999
51	OCCUPATIONAL THERAPY	.066808	45,990
52	SPEECH PATHOLOGY	.019523	3,509
52 01	AUDIOLOGY	.008735	7
53	ELECTROCARDIOLOGY	.008963	753
55	MEDICAL SUPPLIES CHARGED	.000717	97
56	DRUGS CHARGED TO PATIENTS	.005154	3,316
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	2.546840	
60 01	CLINIC MULTI SPECIALTY	1.170549	
61	EMERGENCY	.016260	99
62	OBSERVATION BEDS (NON-DIS	.081418	
62 01	OBSERVATION BEDS (DISTINC	.013575	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		94,156

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET 0
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-T089 I
 PPS

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC			53,648			
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			53,648			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			149,740,543			123,080	
38	RECOVERY ROOM			7,378,544			4,708	
39	DELIVERY ROOM & LABOR ROO			51,123,853			66	
41	RADIOLOGY-DIAGNOSTIC	53,648	53,648	137,432,859	.000390	.000390	305,273	119
44	LABORATORY			57,744,716			288,517	
49	RESPIRATORY THERAPY			9,542,913			66,875	
49	01 SLEEP LAB			4,387,454			20,272	
50	PHYSICAL THERAPY			5,761,424			753,864	
51	OCCUPATIONAL THERAPY			2,238,184			688,389	
52	SPEECH PATHOLOGY			1,205,346			179,749	
52	01 AUDIOLOGY			402,635			837	
53	ELECTROCARDIOLOGY			74,030,626			83,965	
55	MEDICAL SUPPLIES CHARGED			21,976,471			134,763	
56	DRUGS CHARGED TO PATIENTS			50,970,108			643,463	
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			176,964				
60	01 CLINIC MULTI SPECIALTY			99,373				
61	EMERGENCY			44,260,203			6,116	
62	OBSERVATION BEDS (NON-DIS			5,386,850				
62	01 OBSERVATION BEDS (DISTINC			6,842,749				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	53,648	53,648	630,701,815			3,299,937	119

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-T089 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-5296 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-5296 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49 01	SLEEP LAB		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
52 01	AUDIOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	CLINIC MULTI SPECIALTY		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
62 01	OBSERVATION BEDS (DISTINC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC			53,648			
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			53,648			

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			149,740,543			67,862	
38	RECOVERY ROOM			7,378,544			1,090	
39	DELIVERY ROOM & LABOR ROO			51,123,853				
41	RADIOLOGY-DIAGNOSTIC	53,648	53,648	137,432,859	.000390	.000390	260,698	102
44	LABORATORY			57,744,716			903,579	
49	RESPIRATORY THERAPY			9,542,913			243,179	
49 01	SLEEP LAB			4,387,454				
50	PHYSICAL THERAPY			5,761,424			530,065	
51	OCCUPATIONAL THERAPY			2,238,184			326,026	
52	SPEECH PATHOLOGY			1,205,346			80,311	
52 01	AUDIOLOGY			402,635				
53	ELECTROCARDIOLOGY			74,030,626			315,838	
55	MEDICAL SUPPLIES CHARGED			21,976,471			759,922	
56	DRUGS CHARGED TO PATIENTS			50,970,108			2,024,021	
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			176,964				
60 01	CLINIC MULTI SPECIALTY			99,373				
61	EMERGENCY			44,260,203				
62	OBSERVATION BEDS (NON-DIS			5,386,850				
62 01	OBSERVATION BEDS (DISTINC			6,842,749				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	53,648	53,648	630,701,815			5,512,591	102

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-5296 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART I
 I 15-0089 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	59,674
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	59,674
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59,674
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	31,113
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	43,007,474
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	43,007,474

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	63,075,278
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	63,075,278
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.681844
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,057.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	43,007,474

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				720.71
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				22,423,450
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				22,423,450

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	10,118,168	8,288	1,220.82	4,219	5,150,640
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2,636,103
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,814,040
52	TOTAL PROGRAM EXCLUDABLE COST	4,450,143
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	62,096,603

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 15-0089 I I

TITLE XVIII PART A

HOSPITAL

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 4,166
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 720.71
- 85 OBSERVATION BED COST 3,002,478

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		43,007,474		3,002,478	
87 NEW CAPITAL-RELATED COST	4,359,199	43,007,474	.101359	3,002,478	304,328
88 NON PHYSICIAN ANESTHETIST		43,007,474		3,002,478	
89 MEDICAL EDUCATION		43,007,474		3,002,478	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 636.96
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,121,714
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,121,714

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

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1,479,129
 49 TOTAL PROGRAM INPATIENT COSTS 3,600,843

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 217,215
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 94,275
 52 TOTAL PROGRAM EXCLUDABLE COST 311,490
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,289,353

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 15-T089 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SUBPROVIDER I PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 2,059
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 636.96
- 85 OBSERVATION BED COST 1,311,501

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		4,002,672		1,311,501	
87 NEW CAPITAL-RELATED COST	409,757	4,002,672	.102371	1,311,501	134,260
88 NON PHYSICIAN ANESTHETIST		4,002,672		1,311,501	
89 MEDICAL EDUCATION		4,002,672		1,311,501	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,214
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,214
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,214
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,137
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,026,162
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,026,162

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,794,209
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,794,209
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.440895
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	340.18
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,026,162

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 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 15-5296 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	4,026,162
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		490.16
68	PROGRAM ROUTINE SERVICE COST		3,498,272
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,498,272
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		637,585
72	PER DIEM CAPITAL-RELATED COSTS		77.62
73	PROGRAM CAPITAL-RELATED COSTS		553,974
74	INPATIENT ROUTINE SERVICE COST		2,944,298
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,944,298
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,498,272
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,821,772
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		5,320,044

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				

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	59,674
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	59,674
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59,674
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,205
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	7,801
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	47,043,948
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	47,043,948

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	63,075,278
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	63,075,278
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.745838
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,057.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	47,043,948

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 788.35
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,315,012
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,315,012

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY)	4,389,953	7,801	562.74		
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	10,865,217	8,288	1,310.96		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 3,776,862
49 TOTAL PROGRAM INPATIENT COSTS					7,091,874

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 15-0089 I I

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,166
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	788.35
85	OBSERVATION BED COST	3,284,266

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART I
 I 15-T089 I I

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,284
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,284
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	6,284
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	149
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,002,672
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,002,672

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,002,672

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 636.96
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 94,907
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 94,907

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

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
 49 TOTAL PROGRAM INPATIENT COSTS 94,907

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 15-T089 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,059
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	636.96
85	OBSERVATION BED COST	1,311,501

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2008 I
 I 15-0089 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		36,725,057	
26	INTENSIVE CARE UNIT		11,248,833	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.274322	37,201,254	10,205,122
38	RECOVERY ROOM	.437964	2,299,806	1,007,232
39	DELIVERY ROOM & LABOR ROOM	.100795	59,997	6,047
41	RADIOLOGY-DIAGNOSTIC	.153902	21,491,665	3,307,610
44	LABORATORY	.294525	19,292,069	5,681,997
49	RESPIRATORY THERAPY	.557821	5,128,116	2,860,571
49 01	SLEEP LAB	.302012	125,456	37,889
50	PHYSICAL THERAPY	.594471	1,251,342	743,887
51	OCCUPATIONAL THERAPY	.738808	567,097	418,976
52	SPEECH PATHOLOGY	.420069	485,126	203,786
52 01	AUDIOLOGY	.640858		
53	ELECTROCARDIOLOGY	.189796	29,032,092	5,510,175
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.077821	11,047,437	859,723
56	DRUGS CHARGED TO PATIENTS	.322122	20,465,948	6,592,532
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	16.380614	813	13,317
60 01	CLINIC MULTI SPECIALTY	6.471919	111	718
61	EMERGENCY	.234794	6,338,956	1,488,349
62	OBSERVATION BEDS (NON-DISTINCT PART)	.800835		
62 01	OBSERVATION BEDS (DISTINCT PART)	.209731	165,571	34,725
	OTHER REIMBURS COST CNTRS			
101	TOTAL		154,952,856	38,972,656
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		154,952,856	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2008 I
 I 15-T089 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,076,766	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.274322	123,080	33,764
38	RECOVERY ROOM	.437964	4,708	2,062
39	DELIVERY ROOM & LABOR ROOM	.100795	66	7
41	RADIOLOGY-DIAGNOSTIC	.153902	305,273	46,982
44	LABORATORY	.294525	288,517	84,975
49	RESPIRATORY THERAPY	.557821	66,875	37,304
49 01	SLEEP LAB	.302012	20,272	6,122
50	PHYSICAL THERAPY	.594471	753,864	448,150
51	OCCUPATIONAL THERAPY	.738808	688,389	508,587
52	SPEECH PATHOLOGY	.420069	179,749	75,507
52 01	AUDIOLOGY	.640858	837	536
53	ELECTROCARDIOLOGY	.189796	83,965	15,936
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.077821	134,763	10,487
56	DRUGS CHARGED TO PATIENTS	.322122	643,463	207,274
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	16.380614		
60 01	CLINIC MULTI SPECIALTY	6.471919		
61	EMERGENCY	.234794	6,116	1,436
62	OBSERVATION BEDS (NON-DISTINCT PART)	.800835		
62 01	OBSERVATION BEDS (DISTINCT PART)	.209731		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,299,937	1,479,129
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,299,937	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2008 I
 I 15-5296 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.274322	67,862	18,616
38	RECOVERY ROOM	.437964	1,090	477
39	DELIVERY ROOM & LABOR ROOM	.100795		
41	RADIOLOGY-DIAGNOSTIC	.153902	260,698	40,122
44	LABORATORY	.294525	903,579	266,127
49	RESPIRATORY THERAPY	.557821	243,179	135,650
49 01	SLEEP LAB	.302012		
50	PHYSICAL THERAPY	.594471	530,065	315,108
51	OCCUPATIONAL THERAPY	.738808	326,026	240,871
52	SPEECH PATHOLOGY	.420069	80,311	33,736
52 01	AUDIOLOGY	.640858		
53	ELECTROCARDIOLOGY	.189796	315,838	59,945
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.077821	759,922	59,138
56	DRUGS CHARGED TO PATIENTS	.322122	2,024,021	651,982
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	16.380614		
60 01	CLINIC MULTI SPECIALTY	6.471919		
61	EMERGENCY	.234794		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.800835		
62 01	OBSERVATION BEDS (DISTINCT PART)	.209731		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,512,591	1,821,772
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,512,591	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2008 I
 I 15-0089 I

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,232,024	
26	INTENSIVE CARE UNIT		831,633	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.277300	2,785,459	772,408
38	RECOVERY ROOM	.437964	179,092	78,436
39	DELIVERY ROOM & LABOR ROOM	.100795	2,820,881	284,331
41	RADIOLOGY-DIAGNOSTIC	.154866	1,676,928	259,699
44	LABORATORY	.328955	2,121,758	697,963
49	RESPIRATORY THERAPY	.562871	406,251	228,667
49 01	SLEEP LAB	.302012	4,389	1,326
50	PHYSICAL THERAPY	.594471	61,709	36,684
51	OCCUPATIONAL THERAPY	.738808	45,369	33,519
52	SPEECH PATHOLOGY	.420069	47,410	19,915
52 01	AUDIOLOGY	.640858		
53	ELECTROCARDIOLOGY	.194190	1,635,386	317,576
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.077821	1,067,541	83,077
56	DRUGS CHARGED TO PATIENTS	.322122	2,524,087	813,064
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS			
60	CLINIC	20.874438		
60 01	CLINIC MULTI SPECIALTY	6.471919	46	298
61	EMERGENCY	.241600	620,443	149,899
62	OBSERVATION BEDS (NON-DISTINCT PART)	.800835		
62 01	OBSERVATION BEDS (DISTINCT PART)	.209731		
101	OTHER REIMBURS COST CNTRS TOTAL		15,996,749	3,776,862
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		15,996,749	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2008 I PART A
 I 15-0089 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	12,929,825	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12,326,681	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	27,045,854	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	542,221	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	466,286	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	1,504,452	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	977,847	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	292.92	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	50.70	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6, LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	50.70	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	60.08	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	50.70	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	50.70	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	50.70	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	50.70	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.173085	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.183333	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.173085	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	1,187,709	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	1,153,478	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	2,574,238	
	SUM OF LINES 3.21 - 3.23	
	4,915,425	
	PLUS E-3, PT VI, LINE 23	
	199,254	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	5,114,679	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.22	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	19.18	
4.02 SUM OF LINES 4 AND 4.01	24.40	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	9.23	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,827,508	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2008 I PART A
 I 15-0089 I I

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 ORGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	63,222,394	
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)	63,222,394	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,931,472	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2,168,324	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	3,062	
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	8,382	
16 TOTAL	70,333,634	
17 PRIMARY PAYER PAYMENTS	140,229	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	70,193,405	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,193,792	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	196,896	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,318,726	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	923,108	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	689,229	
22 SUBTOTAL	65,725,825	
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	65,725,825	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	65,668,271	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	57,554	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2008 I PART B
 I 15-0089 I I

PART 8 - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	776
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	24,428,018
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	18,816,506
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.821
1.04	LINE 1.01 TIMES LINE 1.03.	20,055,403
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	93.82
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.	15,610
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	776
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	2,408
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	2,408
	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)	2,408
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,632
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	776
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	18,832,116
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,736,736
19	SUBTOTAL (SEE INSTRUCTIONS)	14,096,154
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	720,595
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	14,816,749
24	PRIMARY PAYER PAYMENTS	17,675
25	SUBTOTAL	14,799,074
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	1,270,677
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	889,474
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	704,074
28	SUBTOTAL	15,688,548
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)	282
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	15,688,266
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	15,369,947
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	318,319
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 15-0089 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		62,494,634		14,061,075
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	2/11/2008	82,131	2/11/2008	87,665
ADJUSTMENTS TO PROVIDER .02	2/11/2008	100,263		
ADJUSTMENTS TO PROVIDER .03	6/30/2008	2,991,243	6/30/2008	1,221,207
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		3,173,637		1,308,872
4 TOTAL INTERIM PAYMENTS		65,668,271		15,369,947
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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,219,237		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		4,219,237		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL				
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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 15-5296 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,304,631		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		2,304,631		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2008 I PART I
 I 15-T089 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,513,590
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0349
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	151,597
1.05	OUTLIER PAYMENTS	684,357
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,349,544
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.543716
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,349,544
5	PRIMARY PAYER PAYMENTS	3,576
6	SUBTOTAL	4,345,968
7	DEDUCTIBLES	90,784
8	SUBTOTAL	4,255,184
9	COINSURANCE	19,264
10	SUBTOTAL	4,235,920
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	29,797
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	20,858
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	7,239
12	SUBTOTAL	4,256,778
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	119
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0089	I	FROM 7/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
I	15-T089	I		I	

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)	4,256,897
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,219,237
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	37,660
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 15-5296 I I

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	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			

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
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I	COMPONENT NO:	I	TO 6/30/2008	I	PART III
I	15-5296	I		I	

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

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

TITLE XVIII

SNF

PPS
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E-3
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 I - I I

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
	COMPUTATION OF NET COST OF COVERED SERVICE			
1		INPATIENT HOSPITAL/SNF/NF SERVICES		
2		MEDICAL AND OTHER SERVICES	7,091,874	
3		INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4		ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5		COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6		SUBTOTAL	7,091,874	
7		INPATIENT PRIMARY PAYER PAYMENTS		
8		OUTPATIENT PRIMARY PAYER PAYMENTS		
9		SUBTOTAL	7,091,874	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10		ROUTINE SERVICE CHARGES	4,232,024	
11		ANCILLARY SERVICE CHARGES	15,996,749	
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	20,228,773	
	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)	20,228,773	
21		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	13,136,899	
22		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23		COST OF COVERED SERVICES	7,091,874	
	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	7,091,874	
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	7,091,874	
33		DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34		EXCESS OF REASONABLE COST		
35		SUBTOTAL	7,091,874	
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)	7,091,874	
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	7,091,874	
53		INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54		DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55		TOTAL AMOUNT PAYABLE TO THE PROVIDER	7,091,874	
56		SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57		INTERIM PAYMENTS	5,276,541	
57.01		TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58		BALANCE DUE PROVIDER/PROGRAM	1,815,333	

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
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I	-	I	I

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-II, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 15-T089 I I

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	94,907	
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	94,907	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	94,907	
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	94,907	
23	COST OF COVERED SERVICES	94,907	
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	94,907	
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	94,907	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST	94,907	
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		

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
I	PROVIDER NO:	I	PERIOD:
I	15-0089	I	FROM 7/ 1/2007
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I	15-T089	I	

I PREPARED 11/24/2008
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I PART III

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-II, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		57.92
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		57.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		62.42
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		57.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		42.33
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		20.08
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		62.41
3.10	SEE INSTRUCTIONS		57.91
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		18.63
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		18.55
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		19.41
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	18.86
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		18.86
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		76,304.00
3.18	SEE INSTRUCTIONS		1,439,093
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		39.37
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		38.51
3.21	SEE INSTRUCTIONS	RES INIT YEARS	39.05
3.22	SEE INSTRUCTIONS		39.05
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		80,582.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,146,727
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		4,585,820

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS			38,663
5	TOTAL INPATIENT DAYS			68,021
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11		.568398
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,606,571	183,211	2,789,782
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			1,600
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			68,021
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)			100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.			92,626
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)			
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		6,511	6,511

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

Health Financial Systems MCRIF32 FOR BALL MEMORIAL HOSPITAL
 DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL
 EDUCATION COSTS

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET E-3
 I I TO 6/30/2008 I PART IV

TITLE XVIII

9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
 10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	73,645,861
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	143,805
16	TOTAL PART A REASONABLE COST	73,502,056

PART B REASONABLE COST

17	REASONABLE COST	24,444,404
18	PRIMARY PAYER PAYMENTS	17,675
19	TOTAL PART B REASONABLE COST	24,426,729
20	TOTAL REASONABLE COST	97,928,785
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.750566
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.249434

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	2,888,919
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,168,324
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	720,595

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	4.00	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	4.50	
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	4.00	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	80,582.00	
9 MULTIPLY LINE 7 TIMES LINE 8	322,328	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.568398	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	183,211	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	6,511	

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)		
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)		
15 PRORATED REDUCED ALLOWABLE IME FTE CAP		

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	4.00	
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	9.38	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	4.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.013656	
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.003635	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	52,302,360	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	2,512,959	
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	199,254	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,476,971			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	121,770,531			
5 OTHER RECEIVABLES	2,914,142			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-78,736,904			
7 INVENTORY	3,680,218			
8 PREPAID EXPENSES	352,746			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	51,457,704			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	355,592,168			
14.01 LESS ACCUMULATED DEPRECIATION	-165,695,162			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	189,897,006			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	-19,892,950			
26 TOTAL OTHER ASSETS	-19,892,950			
27 TOTAL ASSETS	221,461,760			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,323,297			
29 SALARIES, WAGES & FEES PAYABLE	2,512,353			
30 PAYROLL TAXES PAYABLE	349,524			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,497,499			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	916,638			
35 OTHER CURRENT LIABILITIES	6,455,923			
36 TOTAL CURRENT LIABILITIES	15,055,234			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	8,418,752			
42 TOTAL LONG-TERM LIABILITIES	8,418,752			
43 TOTAL LIABILITIES	23,473,986			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	197,987,774			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	197,987,774			
52 TOTAL LIABILITIES AND FUND BALANCES	221,461,760			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
1 FUND BALANCE AT BEGINNING		201,265,602
2 OF PERIOD		
3 NET INCOME (LOSS)		-1,136,020
4 TOTAL		200,129,582
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		200,129,582
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM	2,141,808	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		2,141,808
19 FUND BALANCE AT END OF		197,987,774
PERIOD PER BALANCE SHEET		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET G-2
 I I TO 6/30/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	699,965,840		699,965,840
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	699,965,840		699,965,840
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	699,965,840		699,965,840
17 00 ANCILLARY SERVICES			
18 00 OUTPATIENT SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
23 01 HOSPICE 2			
23 02 HOSPICE 3			
24 00			
25 00 TOTAL PATIENT REVENUES	699,965,840		699,965,840

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	250,984,652
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	250,984,652

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET G-3
 I I TO 6/30/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	699,965,840
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	467,182,589
3	NET PATIENT REVENUES	232,783,251
4	LESS: TOTAL OPERATING EXPENSES	250,984,652
5	NET INCOME FROM SERVICE TO PATIENTS	-18,201,401
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	11,659,986
24.01	OTHER NON OPERATING REVENUE	5,912,835
25	TOTAL OTHER INCOME	17,572,821
26	TOTAL OTHER EXPENSES	-628,580
27	GAIN/LOSS ON ASSETS	507,440
28		
29		
30	TOTAL OTHER EXPENSES	507,440
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,136,020

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0089	I	FROM 7/ 1/2007	I	WORKSHEET K
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	15-1570	I		I	

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				
2				
3				
4				
5				
6	111,475			
7				
8				
9				
10	291,255			
10.20				
11				
12				
13				
14				
15	73,407			
16	51,082			
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34	527,219			

IN LIEU OF FORM CMS-2552-96-K (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K
 I HOSPICE NO: I TO 6/30/2008 I
 I 15-1570 I

RECLASSIFICATION AND ADJUSTMENT
 OF TRIAL BALANCE EXPENSES

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 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	632,840	744,315		744,315
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		291,255		291,255
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		73,407		73,407
15 SPIRITUAL COUNSELING		51,082		51,082
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)	632,840	1,160,059		1,160,059

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K
I HOSPICE NO: I TO 6/30/2008 I
I 15-1570 I I

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
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		744,315
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPITE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		
13 NURSING CARE		291,255
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		73,407
19 SPIRITUAL COUNSELING		51,082
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)		1,160,059

Health Financial Systems

MCRIF32

FOR BALL MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96-K-1 (05/2007)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0089	I	FROM 7/ 1/2007	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	15-1570	I		I	

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
6	111,475			
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15			73,407	
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34	111,475		73,407	

Health Financial Systems

MCRIF32

FOR BALL MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96-K-1 (05/2007)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0089	I	FROM 7/ 1/2007	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	15-1570	I		I	

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20		291,255		
11				
12				
13				
14				
15				
16				51,082
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34		291,255		51,082

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0089	I	FROM 7/ 1/2007	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	15-1570	I		I	

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.
3	PLANT OPERATION AND MAINTENANCE
4	TRANSPORTATION - STAFF
5	VOLUNTEER SERVICE COORDINATION
6	ADMINISTRATIVE AND GENERAL
	INPATIENT CARE SERVICE
7	INPATIENT - GENERAL CARE
8	INPATIENT - RESPITE CARE
9	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)

111,475
291,255
73,407
51,082
527,219

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-4
I HOSPICE NO: I TO 6/30/2008 I PART I
I 15-1570 I 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 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	744,315			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	291,255			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	73,407			
15 SPIRITUAL COUNSELING	51,082			
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)	1,160,059			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-4
 I HOSPICE NO: I TO 6/30/2008 I PART I
 I 15-1570 I 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 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			744,315	744,315
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE				
9 INPATIENT - RESPITE CARE				
10 VISITING SERVICES				
10.20 PHYSICIAN SERVICES				
10.20 NURSING CARE			291,255	521,440
11 NURSING CARE-CONTINUOUS HOME CARE				
12 PHYSICAL THERAPY				
13 OCCUPATIONAL THERAPY				
14 SPEECH/LANGUAGE PATHOLOGY				
15 MEDICAL SOCIAL SERVICES			73,407	131,422
16 SPIRITUAL COUNSELING			51,082	91,453
17 DIETARY COUNSELING				
18 COUNSELING - OTHER				
18.20 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
19 OTHER HOSPICE SERVICE COSTS				
20 OTHER				
20.30 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)			415,744	744,315

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0089	I	FROM 7/ 1/2007	I	WORKSHEET K-4
I	HOSPICE NO:	I	TO 6/30/2008	I	PART I
I	15-1570	I		I	

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.
3	PLANT OPERATION AND MAINTENANCE
4	TRANSPORTATION - STAFF
5	VOLUNTEER SERVICE COORDINATION
6	ADMINISTRATIVE AND GENERAL
	INPATIENT CARE SERVICE
7	INPATIENT - GENERAL CARE
8	INPATIENT - RESPITE CARE
	VISITING SERVICES
9	PHYSICIAN SERVICES
10	NURSING CARE
	812,695
10.20	NURSING CARE-CONTINUOUS HOME CARE
11	PHYSICAL THERAPY
12	OCCUPATIONAL THERAPY
13	SPEECH/LANGUAGE PATHOLOGY
14	MEDICAL SOCIAL SERVICES
	204,829
15	SPIRITUAL COUNSELING
	142,535
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)
	1,160,059

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0089	I	FROM 7/ 1/2007	I	WORKSHEET K-4
I	HOSPICE NO:	I	TO 6/30/2008	I	PART II
I	15-1570	I		I	

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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
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31				
32				
33				
34				
35				
	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0089	I	FROM 7/ 1/2007	I	WORKSHEET K-4
I	HOSPICE NO:	I	TO 6/30/2008	I	PART II
I	15-1570	I		I	

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL		-744,315	415,744
7 INPATIENT CARE SERVICE			
8 INPATIENT - GENERAL CARE			
9 INPATIENT - RESPITE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			291,255
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			73,407
18 SPIRITUAL COUNSELING			51,082
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38 FUNDRAISING			
39 OTHER PROGRAM COSTS			
40 COST TO BE ALLOCATED (PER WKST K-4, PART I)			744,315
41 UNIT COST MULTIPLIER	.000000		1.790320

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2008 I PART I
 I 15-1570 I I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	EMPLOYEE BENEFITS	COMMUNICATIONS/ PHONES
		0	3	5	6.01
1.00 ADMINISTRATIVE AND GENERAL	6		26,044	168,757	3,209
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	812,695			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	204,829			
10.00 SPIRITUAL COUNSELING	15	142,535			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,160,059	26,044	168,757	3,209
30.00 UNIT COST MULTIPLIER					

DATA PROCESSING PURCHASING, RECI EVING, AND ADMITTING CASHIERING/ACCO UNTS RECEIVABLE GENERAL

HOSPICE COST CENTER	6.02	6.03	6.04	6.05
1.00 ADMINISTRATIVE AND GENERAL		2,763		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,763		
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-5
I HOSPICE NO: I TO 6/30/2008 I PART I
I 15-1570 I I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6A.05	6.06	7	8
1.00 ADMINISTRATIVE AND GENERAL	200,773	16,863	65,000	15,928
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	812,695	68,257		
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	204,829	17,203		
10.00 SPIRITUAL COUNSELING	142,535	11,971		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,360,832	114,294	65,000	15,928
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL		13,734		23,729
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		13,734		23,729
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-5
I HOSPICE NO: I TO 6/30/2008 I PART I
I 15-1570 I I

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
1.00 ADMINISTRATIVE AND GENERAL	45,542		148	36
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	45,542		148	36
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23	PARAMED ED PRGM 24	SUBTOTAL 25
1.00 ADMINISTRATIVE AND GENERAL				381,753
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				880,952
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				222,032
10.00 SPIRITUAL COUNSELING				154,506
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				1,639,243
30.00 UNIT COST MULTIPLIER				

IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2008 I PART I
 I 15-1570 I I

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		381,753		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		880,952	267,443	1,148,395
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		222,032	67,405	289,437
10.00 SPIRITUAL COUNSELING		154,506	46,905	201,411
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,639,243		1,639,243
30.00 UNIT COST MULTIPLIER			.303583	

(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.

IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2008 I PART II
 I 15-1570 I I

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS/ PHONES (PHONE LINES)	DATA PROCESSING (GROSS CHARGES)
	3	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL	2,164	527,222	17	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,164	527,222	17	
30.00 TOTAL COST TO BE ALLOCATED	26,044	168,757	3,209	
31.00 UNIT COST MULTIPLIER	12.035120	.320087	188.764706	.000000

HOSPICE COST CENTER	PURCHASING, RECI EVING, AND GENERAL (STOCK ISSUES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCO UNTS RECEIVABLE (GROSS CHARGES)	RECONCILIATION
	6.03	6.04	6.05	6A.06
1.00 ADMINISTRATIVE AND GENERAL	7,274			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2008 I PART II
 I 15-1570 I I

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING, AND GENERAL	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION
HOSPICE COST CENTER	6.03	6.04	6.05	6A.06
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	7,274			
30.00 TOTAL COST TO BE ALLOCATED	2,763			
31.00 UNIT COST MULTIPLIER	.379846	.000000	.000000	

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)
	6.06	7	8	9
1.00 ADMINISTRATIVE AND GENERAL	200,773	2,164	2,164	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	812,695			
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	204,829			
10.00 SPIRITUAL COUNSELING	142,535			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
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)	1,360,832	2,164	2,164	
30.00 TOTAL COST TO BE ALLOCATED	114,294	65,000	15,928	
31.00 UNIT COST MULTIPLIER	.083988	30.036969	7.360444	.000000

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

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(HOURS OF SERVICE) 10	(MEALS SERVED) 11	(FTE'S) 12	(DIRECT NRSNG HRS) 14
1.00 ADMINISTRATIVE AND GENERAL	40		888	8,896
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	40		888	8,896
30.00 TOTAL COST TO BE ALLOCATED	13,734		23,729	45,542
31.00 UNIT COST MULTIPLIER	343.350000	.000000	26.721847	5.119379

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES APPRVD
	(TIME STUDY) 15	(COSTED REQUIS.) 16	(TIME SPENT) 17	(ASSIGNED TIME) 22
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		291		1
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2008 I PART II
 I 15-1570 I I

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

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES & APPRVD
28.00 OTHER PROGRAM COSTS	15	16	17	22
29.00 TOTAL (SUM OF LINE 1 THRU 28)		291	1	
30.00 TOTAL COST TO BE ALLOCATED		148	36	
31.00 UNIT COST MULTIPLIER	.000000	.508591	36.000000	.000000

HOSPICE COST CENTER	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM (100% RADIOLOGY)
	23	24

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

.000000 .000000

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2008 I PART III
 I 15-1570 I I

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	.594471	
2	OCCUPATIONAL THERAPY	51	.738808	
3	SPEECH PATHOLOGY	52	.420069	
3.01	AUDIOLOGY	52.01	.640858	
4	DRUGS CHARGED TO PATIENTS	56	.322122	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.294525	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.077821	
8	EMERGENCY	61	.234794	
9	RADIOLOGY-DIAGNOSTIC	41	.153902	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET K-6
 I HOSPICE NO: I TO 6/30/2008 I
 I 15-1570 I

CALCULATION OF PER DIEM COST

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 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,639,243
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				12,818
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				127.89
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	11,546			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,476,618			
6 UNDUPLICATED MEDICAID DAYS		453		
7 AGGREGATE MEDICAID COST		57,934		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	307			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	39,262			
10 UNDUPLICATED NF DAYS		44		
11 AGGREGATE NF COST		5,627		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			819	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			104,742	

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

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0089 I FROM 7/ 1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2008 I PARTS I-IV
 I 15-0089 I I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,437,134
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	83,459
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	174.31
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	54.70
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	9.26
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	410,879
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON 5-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,931,472

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)	