

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	I	15-0075	I	FROM 10/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 9/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 6/17/2009 TIME 15:51

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:  
 BLUFFTON REGIONAL MEDICAL CENTER 15-0075  
 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	219,068	-10,796	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	219,068	-10,796	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 303 S. MAIN STREET P.O. BOX:  
 1.01 CITY: BLUFFTON STATE: IN ZIP CODE: 46714- COUNTY: WELLS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	BLUFFTON REGIONAL MEDICAL CENTER	15-0075	2.01	7/ 1/1966	V XVIII XIX
06.00 HOSPITAL-BASED SNF	BLUFFTON SKILLED NURSING	15-5373		3/13/1991	4 5 6 N P O N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2007 TO: 9/30/2008  
 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? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE 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 CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

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

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

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

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

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

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

	1	2	3	4
28.02	100	0.0000	0.9284	
	0.00	1	2760	23060

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

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	100.00%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

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

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

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

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

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

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).

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

	V	XVIII	XIX
36 PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	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?			

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y  
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. 449008  
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y  
 40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: 4000 MERIDIAN BLVD P.O. BOX:  
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-  
 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? Y  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
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: 206,302  
 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 0. 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  
 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. N 0.00 0  
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N  
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).  
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 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 INSTRUCTIONS)      0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.      N

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).      / /

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 ADULTS & PEDIATRICS	1	57	2.01	3	4	4,907	5 385
2 HMO							985
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND Peds		57				4,907	385
6 INTENSIVE CARE UNIT		7				742	13
11 NURSERY							77
12 TOTAL		64				5,649	475
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY		13				3,108	
18 HOME HEALTH AGENCY							
25 TOTAL		77					
26 OBSERVATION BED DAYS							101
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	TRIPS / NOT ADMITTED	INTERNS & RES. / TOTAL	FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			9,034				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND Peds			9,034				
6 INTENSIVE CARE UNIT			1,238				
11 NURSERY			610				
12 TOTAL			10,882				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY			4,063				
18 HOME HEALTH AGENCY							
25 TOTAL							
26 OBSERVATION BED DAYS		101	691		691		
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
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					1,268	93	2,857
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		292.04			1,268	93	2,857
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY		13.67					
18 HOME HEALTH AGENCY							
25 TOTAL		305.71					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	14,176,039		14,176,039	630,398.00	22.49	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	605,173		605,173	28,442.00	21.28	
8.01 EXCLUDED AREA SALARIES	633,654		633,654	17,283.00	36.66	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	246,942		246,942	4,673.00	52.84	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	133,914		133,914	888.00	150.80	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	767,994		767,994	5,699.00	134.76	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,046,858		3,046,858			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	291,798		291,798			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	139,403		139,403	5,117.00	27.24	
22 ADMINISTRATIVE & GENERAL	2,311,356	-104,780	2,206,576	101,880.00	21.66	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	501,985		501,985	25,823.00	19.44	
25 LAUNDRY & LINEN SERVICE	118,887		118,887	11,055.00	10.75	
26 HOUSEKEEPING	394,464		394,464	34,050.00	11.58	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	457,951		457,951	38,818.00	11.80	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	315,858	104,780	420,638	11,424.00	36.82	
31 CENTRAL SERVICE AND SUPPLY	171,901		171,901	10,163.00	16.91	
32 PHARMACY	342,320		342,320	10,618.00	32.24	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	406,031		406,031	22,785.00	17.82	
34 SOCIAL SERVICE	241,999		241,999	8,408.00	28.78	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	14,176,039		14,176,039	630,398.00	22.49	
2 EXCLUDED AREA SALARIES	1,238,827		1,238,827	45,725.00	27.09	
3 SUBTOTAL SALARIES	12,937,212		12,937,212	584,673.00	22.13	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,148,850		1,148,850	11,260.00	102.03	
5 SUBTOTAL WAGE-RELATED COSTS	3,046,858		3,046,858		23.55	
6 TOTAL	17,132,920		17,132,920	595,933.00	28.75	
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	5,402,155		5,402,155	280,141.00	19.28	

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	DAYS 3.01	SERVICES ON/AFTER 10/1 RATE	DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS 4.02	DAYS 4.03
1	RUC							
2	RUB		20					
3	RUA		1					
3 .01	RUX							
3 .02	RUL							
4	RVC		20					
5	RVB		149					
6	RVA		16					
6 .01	RVX		35					
6 .02	RVL		178					
7	RHC		90					
8	RHB		81					
9	RHA		133					
9 .01	RHX							
9 .02	RHL							
10	RMC							
11	RMB		86					
12	RMA		91					
12 .01	RMX		591					
12 .02	RML		1,242					
13	RLB							
14	RLA							
14 .01	RLX							
15	SE3		34					
16	SE2		136					
17	SE1		4					
18	SSC							
19	SSB							
20	SSA		195					
21	CC2							
22	CC1							
23	CB2							
24	CB1							
25	CA2							
26	CA1		6					
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		3,108					

(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) : 0.9284  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2760  
 SNF CBSA Code : 23060

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

	GROUP(1)	M3PI	HIGH COST(2)	SWING BED SNF	TOTAL
		REVENUE CODE	RUGs DAYS	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) : 0.9284  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2760  
 SNF CBSA Code : 23060

## HOSPITAL UNCOMPENSATED CARE DATA

 I PROVIDER NO:  
 I 15-0075  
 I  
 I

 I PERIOD:  
 I FROM 10/ 1/2007  
 I TO 9/30/2008  
 I

 I PREPARED 6/17/2009  
 I WORKSHEET S-10  
 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	4,003,331
17.01	GROSS MEDICAID REVENUES	4,734,143
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	904,578
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9,642,052
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	934,302
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.267478
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	249,905
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	14,152,355



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 15-0075  
I

I PERIOD:  
I FROM 10/ 1/2007  
I TO 9/30/2008

I PREPARED 6/17/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,508,937	2,508,937	471,001	2,979,938
3.01	0301 WELLS CRC COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	139,403	2,220,851	2,360,254	-11,025	2,349,229
6.01	0610 NONPATIENT TELEPHONES	109,138	272,613	381,751		381,751
6.04	0642 ADMITTING	330,060	42,228	372,288		372,288
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	281,696	69,887	351,583		351,583
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	1,590,462	5,919,068	7,509,530	-575,781	6,933,749
8	0800 OPERATION OF PLANT	501,985	2,194,274	2,696,259		2,696,259
9	0900 LAUNDRY & LINEN SERVICE	118,887	59,807	178,694		178,694
10	1000 HOUSEKEEPING	394,464	262,465	656,929		656,929
11	1100 DIETARY	457,951	550,813	1,008,764	-4	1,008,760
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	315,858	34,987	350,845	104,780	455,625
15	1500 CENTRAL SERVICES & SUPPLY	171,901	99,478	271,379	-15,388	255,991
16	1600 PHARMACY	342,320	1,788,558	2,130,878	-1,286,245	844,633
17	1700 MEDICAL RECORDS & LIBRARY	406,031	204,118	610,149		610,149
18	1800 SOCIAL SERVICE	241,999	53,998	295,997		295,997
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,300,033	667,648	2,967,681	-341,778	2,625,903
26	2600 INTENSIVE CARE UNIT	636,740	186,623	823,363	-11,201	812,162
31	3100 SUBPROVIDER					
33	3300 NURSERY		6	6	155,428	155,434
34	3400 SKILLED NURSING FACILITY	605,173	123,558	728,731	-5,732	722,999
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,238,268	2,917,166	4,155,434	-1,943,056	2,212,378
39	3900 DELIVERY ROOM & LABOR ROOM				105,484	105,484
41	4100 RADIOLOGY-DIAGNOSTIC	841,295	418,349	1,259,644	-13,903	1,245,741
43	4300 RADIOISOTOPE	60,348	72,068	132,416	-4,705	127,711
44	4400 LABORATORY	544,748	799,213	1,343,961	-1,120	1,342,841
47	4700 BLOOD STORING, PROCESSING & TRANS.	58,863	162,671	221,534	-118	221,416
49	4900 RESPIRATORY THERAPY	434,685	106,672	541,357	-22,009	519,348
50	5000 PHYSICAL THERAPY	628,747	87,193	715,940	-5,804	710,136
53	5300 ELECTROCARDIOLOGY	40,341	102,299	142,640	-368	142,272
54	5400 ELECTROENCEPHALOGRAPHY	101,545	17,649	119,194	4,709	123,903
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,101,277	2,101,277
56	5600 DRUGS CHARGED TO PATIENTS				1,330,083	1,330,083
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	64,172	60,434	124,606	-3,158	121,448
61	6100 EMERGENCY	585,272	453,049	1,038,321	-28,749	1,009,572
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	13,542,385	22,456,680	35,999,065	2,618	36,001,683
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		57,049	57,049		57,049
98	9800 PHYSICIANS' PRIVATE OFFICES	177,563	462,684	640,247		640,247
100	7950 HEALTHCHECK	47,760	12,488	60,248		60,248
100.01	7951 SENIORS ASSOCIATION		3,566	3,566		3,566
100.02	7952 OTHER NONREIMBURSABLE COST CENTER					
100.03	7953 MARKETING	138,311	422,267	560,578		560,578
100.04	7954 BUSINESS HEALTH	230,805	60,524	291,329	-5,568	285,761
100.05	7955 VACANT SPACE WELLS CAMPUS					
100.06	7956 CLINICAL SOCIAL WORKER					
100.07	7957 WEIGHT MANAGEMENT	39,215	52,284	91,499	2,950	94,449
101	TOTAL	14,176,039	23,527,542	37,703,581	-0-	37,703,581

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
I 15-0075 I FROM 10/ 1/2007 I WORKSHEET A  
I I TO 9/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,472,858	1,507,080
3.01	0301 WELLS CRC COSTS-BLDG & FIXT	29,666	29,666
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,454,434	1,454,434
5	0500 EMPLOYEE BENEFITS	-4,687	2,344,542
6.01	0610 NONPATIENT TELEPHONES	-23,675	358,076
6.04	0642 ADMITTING		372,288
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		351,583
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-2,201,186	4,732,563
8	0800 OPERATION OF PLANT	-3	2,696,256
9	0900 LAUNDRY & LINEN SERVICE	-25,076	153,618
10	1000 HOUSEKEEPING		656,929
11	1100 DIETARY	-178,490	830,270
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		455,625
15	1500 CENTRAL SERVICES & SUPPLY	-5	255,986
16	1600 PHARMACY		844,633
17	1700 MEDICAL RECORDS & LIBRARY	-998	609,151
18	1800 SOCIAL SERVICE		295,997
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-4,143	2,621,760
26	2600 INTENSIVE CARE UNIT		812,162
31	3100 SUBPROVIDER		
33	3300 NURSERY		155,434
34	3400 SKILLED NURSING FACILITY	-4,728	718,271
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-670,943	1,541,435
39	3900 DELIVERY ROOM & LABOR ROOM		105,484
41	4100 RADIOLOGY-DIAGNOSTIC	-90	1,245,651
43	4300 RADIOISOTOPE		127,711
44	4400 LABORATORY	-21,401	1,321,440
47	4700 BLOOD STORING, PROCESSING & TRANS.		221,416
49	4900 RESPIRATORY THERAPY		519,348
50	5000 PHYSICAL THERAPY	-70,785	639,351
53	5300 ELECTROCARDIOLOGY	-2,390	139,882
54	5400 ELECTROENCEPHALOGRAPHY	-2,193	121,710
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	545	2,101,822
56	5600 DRUGS CHARGED TO PATIENTS		1,330,083
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	9,483	130,931
61	6100 EMERGENCY	-156,401	853,171
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,345,924	32,655,759
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		57,049
98	9800 PHYSICIANS' PRIVATE OFFICES		640,247
100	7950 HEALTHCHECK		60,248
100.01	7951 SENIORS ASSOCIATION		3,566
100.02	7952 OTHER NONREIMBURSABLE COST CENTER		
100.03	7953 MARKETING		560,578
100.04	7954 BUSINESS HEALTH		285,761
100.05	7955 VACANT SPACE WELLS CAMPUS		
100.06	7956 CLINICAL SOCIAL WORKER		
100.07	7957 WEIGHT MANAGEMENT		94,449
101	TOTAL	-3,345,924	34,357,657

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-0075 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 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	
3.01	WELLS CRC COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.04	ADMITTING	0642	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	HEALTHCHECK	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	SENIORS ASSOCIATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTER	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MARKETING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	BUSINESS HEALTH	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	VACANT SPACE WELLS CAMPUS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	CLINICAL SOCIAL WORKER	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	WEIGHT MANAGEMENT	7957	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 150075	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 6/17/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 NURSING ADMINISTRATION	B	NURSING ADMINISTRATION	14	104,780	
2 SUPPLIES CHARGED TO PATIENTS	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,101,277
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	56		1,330,083
20		PHYSICAL THERAPY	50		2,078
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33 INSURANCE RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		84,119
34 PROPERTY TAXES	F	NEW CAP REL COSTS-BLDG & FIXT	3		386,882
35 NURSERY AND L&D COSTS	J	NURSERY	33	133,275	22,159
1 NURSERY AND L&D COSTS	J	DELIVERY ROOM & LABOR ROOM	39	90,446	15,038
2 HBP EXPENSE	K	ELECTROENCEPHALOGRAPHY	54		6,725
3		SKILLED NURSING FACILITY	34		1,350
4		WEIGHT MANAGEMENT	100.07		2,950
36 TOTAL RECLASSIFICATIONS				328,501	3,952,661

(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: 150075	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 6/17/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 NURSING ADMINISTRATION	B	OTHER ADMINISTRATIVE AND GENERAL	6.06	104,780		
2 SUPPLIES CHARGED TO PATIENTS	C	CENTRAL SERVICES & SUPPLY	15		15,388	
3		PHARMACY	16		956	
4		ADULTS & PEDIATRICS	25		77,109	
5		INTENSIVE CARE UNIT	26		10,563	
6		SKILLED NURSING FACILITY	34		3,609	
7		OPERATING ROOM	37		1,918,836	
8		RADIOLOGY-DIAGNOSTIC	41		8,251	
9		RADIOISOTOPE	43		122	
10		LABORATORY	44		1,084	
11		BLOOD STORING, PROCESSING & TRANS.	47		118	
12		RESPIRATORY THERAPY	49		21,952	
13		PHYSICAL THERAPY	50		7,882	
14		ELECTROCARDIOLOGY	53		365	
15		ELECTROENCEPHALOGRAPHY	54		2,016	
16		CLINIC	60		3,158	
17		EMERGENCY	61		27,587	
18		BUSINESS HEALTH	100.04		2,281	
19 DRUGS CHARGED TO PATIENTS	D	DIETARY	11		4	
20		PHARMACY	16		1,285,289	
21		ADULTS & PEDIATRICS	25		3,751	
22		INTENSIVE CARE UNIT	26		638	
23		NURSERY	33		6	
24		SKILLED NURSING FACILITY	34		3,473	
25		OPERATING ROOM	37		24,220	
26		RADIOLOGY-DIAGNOSTIC	41		5,652	
27		RADIOISOTOPE	43		4,583	
28		LABORATORY	44		36	
29		RESPIRATORY THERAPY	49		57	
30		ELECTROCARDIOLOGY	53		3	
31		EMERGENCY	61		1,162	
32		BUSINESS HEALTH	100.04		3,287	
33 INSURANCE RECLASS	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		84,119	12
34 PROPERTY TAXES	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		386,882	13
35 NURSERY AND L&D COSTS	J	ADULTS & PEDIATRICS	25	133,275	22,159	
1 NURSERY AND L&D COSTS	J	ADULTS & PEDIATRICS	25	90,446	15,038	
2 HBP EXPENSE	K	EMPLOYEE BENEFITS	5		11,025	
3						
4						
36 TOTAL RECLASSIFICATIONS				328,501	3,952,661	

(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
150075	FROM 10/ 1/2007	6/17/2009
	TO 9/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: B  
EXPLANATION : NURSING ADMINISTRATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NURSING ADMINISTRATION	14	104,780	OTHER ADMINISTRATIVE AND GENER	6.06	104,780	104,780
TOTAL RECLASSIFICATIONS FOR CODE B			104,780				

RECLASS CODE: C  
EXPLANATION : SUPPLIES CHARGED TO PATIENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,101,277	CENTRAL SERVICES & SUPPLY	15	15,388	
2.00			0	PHARMACY	16	956	
3.00			0	ADULTS & PEDIATRICS	25	77,109	
4.00			0	INTENSIVE CARE UNIT	26	10,563	
5.00			0	SKILLED NURSING FACILITY	34	3,609	
6.00			0	OPERATING ROOM	37	1,918,836	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	8,251	
8.00			0	RADIOISOTOPE	43	122	
9.00			0	LABORATORY	44	1,084	
10.00			0	BLOOD STORING, PROCESSING & TR	47	118	
11.00			0	RESPIRATORY THERAPY	49	21,952	
12.00			0	PHYSICAL THERAPY	50	7,882	
13.00			0	ELECTROCARDIOLOGY	53	365	
14.00			0	ELECTROENCEPHALOGRAPHY	54	2,016	
15.00			0	CLINIC	60	3,158	
16.00			0	EMERGENCY	61	27,587	
17.00			0	BUSINESS HEALTH	100.04	2,281	
TOTAL RECLASSIFICATIONS FOR CODE C			2,101,277	2,101,277			

RECLASS CODE: D  
EXPLANATION : DRUGS CHARGED TO PATIENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,332,083	DIETARY	11	4	
2.00	PHYSICAL THERAPY	50	2,078	PHARMACY	16	1,285,289	
3.00			0	ADULTS & PEDIATRICS	25	3,751	
4.00			0	INTENSIVE CARE UNIT	26	638	
5.00			0	NURSERY	33	6	
6.00			0	SKILLED NURSING FACILITY	34	3,473	
7.00			0	OPERATING ROOM	37	24,220	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	5,652	
9.00			0	RADIOISOTOPE	43	4,583	
10.00			0	LABORATORY	44	36	
11.00			0	RESPIRATORY THERAPY	49	57	
12.00			0	ELECTROCARDIOLOGY	53	3	
13.00			0	EMERGENCY	61	1,162	
14.00			0	BUSINESS HEALTH	100.04	3,287	
TOTAL RECLASSIFICATIONS FOR CODE D			1,332,161	1,332,161			

RECLASS CODE: E  
EXPLANATION : INSURANCE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	84,119	OTHER ADMINISTRATIVE AND GENER	6.06	84,119	84,119
TOTAL RECLASSIFICATIONS FOR CODE E			84,119				

RECLASS CODE: F  
EXPLANATION : PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	386,882	OTHER ADMINISTRATIVE AND GENER	6.06	386,882	386,882
TOTAL RECLASSIFICATIONS FOR CODE F			386,882				

RECLASS CODE: J  
EXPLANATION : NURSERY AND L&D COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NURSERY	33	155,434	ADULTS & PEDIATRICS	25	155,434	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150075	FROM 10/ 1/2007	6/17/2009
	TO 9/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: J  
 EXPLANATION : NURSERY AND L&D COSTS

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	DELIVERY ROOM & LABOR ROOM	39	105,484	ADULTS & PEDIATRICS	25	105,484
TOTAL RECLASSIFICATIONS FOR CODE J						260,918

RECLASS CODE: K  
 EXPLANATION : HBP EXPENSE

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ELECTROENCEPHALOGRAPHY	54	6,725	EMPLOYEE BENEFITS	5	11,025
2.00	SKILLED NURSING FACILITY	34	1,350			0
3.00	WEIGHT MANAGEMENT	100.07	2,950			0
TOTAL RECLASSIFICATIONS FOR CODE K						11,025

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	1,233,554	2,645,946		2,645,946		3,879,500	
3 BUILDINGS & FIXTURE	19,420,186	1,571,645		1,571,645		20,991,831	
4 BUILDING IMPROVEMEN	7,750,606				6,608,010	1,142,596	
5 FIXED EQUIPMENT	2,489,632				2,168,955	320,677	
6 MOVABLE EQUIPMENT	13,085,909				4,482,653	8,603,256	
7 SUBTOTAL	43,979,887	4,217,591		4,217,591	13,259,618	34,937,860	
8 RECONCILING ITEMS							
9 TOTAL	43,979,887	4,217,591		4,217,591	13,259,618	34,937,860	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	22,455,104		22,455,104	.718371				
3 01	WELLS CRC COSTS-BL								
4	NEW CAP REL COSTS-MV	8,803,255		8,803,255	.281629				
5	TOTAL	31,258,359		31,258,359	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,036,079			84,119	386,882		1,507,080
3 01	WELLS CRC COSTS-BL	29,666						29,666
4	NEW CAP REL COSTS-MV	1,454,434						1,454,434
5	TOTAL	2,520,179			84,119	386,882		2,991,180

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,508,937						2,508,937
3 01	WELLS CRC COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,508,937						2,508,937

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

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF.
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	3	4
1			**COST CENTER DELETED**		1
2			**COST CENTER DELETED**		2
3			NEW CAP REL COSTS-BLDG &		3
4			NEW CAP REL COSTS-MVBLE E		4
5					
6					
7					
8					
9					
10	B	-1,377	OTHER ADMINISTRATIVE AND		6.06
11					
12	A-8-2	-185,751			
13					
14	A-8-1	-2,078,359			
15	B	-25,076	LAUNDRY & LINEN SERVICE		9
16	B	-178,490	DIETARY		11
17	B	-4,039	NEW CAP REL COSTS-BLDG &		3
18					9
19					
20	B	-981	MEDICAL RECORDS & LIBRARY		17
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			NEW CAP REL COSTS-MVBLE E		4
33			**COST CENTER DELETED**		20
34					
35	A-8-4		**COST CENTER DELETED**		51
36	A-8-4		**COST CENTER DELETED**		52
37	B	-18,912	OTHER ADMINISTRATIVE AND		6.06
38	B	-10,300	OTHER ADMINISTRATIVE AND		6.06
39	B	17,255	OTHER ADMINISTRATIVE AND		6.06
40	B	-12,884	OTHER ADMINISTRATIVE AND		6.06
41	B	-3,895	PHYSICAL THERAPY		50
42	B	-24,848	PHYSICAL THERAPY		50
43	B	-37,833	PHYSICAL THERAPY		50
44	B	-90	RADIOLOGY-DIAGNOSTIC		41
45	B	-2,390	ELECTROCARDIOLOGY		53
46	B	-3,064	PHYSICAL THERAPY		50
47					
48	A	-13,567	OTHER ADMINISTRATIVE AND		6.06
49	A	9,483	CLINIC		60
49.01	A	545	MEDICAL SUPPLIES CHARGED		55
49.02	A	-19,654	NONPATIENT TELEPHONES		6.01
49.03	A	-4,021	NONPATIENT TELEPHONES		6.01
49.04	A	-4,687	EMPLOYEE BENEFITS		5
49.05	A	-669,015	OPERATING ROOM		37
49.06	A	-62,093	OTHER ADMINISTRATIVE AND		6.06
49.07	A	-3,912	OTHER ADMINISTRATIVE AND		6.06
49.09	A	-17,158	OTHER ADMINISTRATIVE AND		6.06
49.12	A	60	OTHER ADMINISTRATIVE AND		6.06
49.14	A	61	OTHER ADMINISTRATIVE AND		6.06
49.16	A	-1,468,819	NEW CAP REL COSTS-BLDG &		3
49.17	A	29,666	WELLS CRC COSTS-BLDG &		3.01
49.18	A	1,454,434	NEW CAP REL COSTS-MVBLE E		4
49.19	A	-3	OPERATION OF PLANT		8
49.20	A	-17	MEDICAL RECORDS & LIBRARY		17
49.21	A	-4,143	ADULTS & PEDIATRICS		25
49.22	A	-900	OPERATING ROOM		37
49.23	A	-1,145	PHYSICAL THERAPY		50
49.24	A	-5	CENTRAL SERVICES & SUPPLY		15
50		-3,345,924			

(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 subscripts thereof.  
 Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6 6	OTHER ADMINISTRATIVE AND IT FEES	117,712	118,304	-592	
2	6 6	OTHER ADMINISTRATIVE AND MANAGEMENT FEES	456,923	1,006,618	-549,695	
3	6 6	OTHER ADMINISTRATIVE AND MALPRACTICE	206,302	294,717	-88,415	
4	5	EMPLOYEE BENEFITS WORKERS COMP	222,583	222,583		
4.01	6 6	OTHER ADMINISTRATIVE AND I/C INTEREST	749,327	2,188,984	-1,439,657	
4.02	6 6	OTHER ADMINISTRATIVE AND GENERAL LIABILITY	100,977	100,977		
5		TOTALS	1,853,824	3,932,183	-2,078,359	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 15-0075  
I

I PERIOD:  
I FROM 10/ 1/2007  
I TO 9/30/2008

I PREPARED 6/17/2009  
I WORKSHEET A-8-2  
I GROUP 1

WKSHT A LINE NO.	1	COST CENTER/ PHYSICIAN IDENTIFIER	2	TOTAL REMUN- ERATION	3	PROFES- SIONAL COMPONENT	4	PROVIDER COMPONENT	5	RCE AMOUNT	6	PHYSICIAN/ PROVIDER COMPONENT HOURS	7	UNADJUSTED RCE LIMIT	8	5 PERCENT OF UNADJUSTED RCE LIMIT	9
1	34	AGGREGATE		4,728		4,728											
2	37	AGGREGATE		2,500			2,500		204,100		15		1,472			74	
3	44	AGGREGATE		72,055			72,055		219,500		480		50,654			2,533	
4																	
5	54	AGGREGATE		6,725			6,725		171,400		55		4,532			227	
6	61	AGGREGATE		171,151		148,776		22,375	171,400		179		14,750			738	
7																	
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29																	
30																	
101		TOTAL		257,159		153,504		103,655				729	71,408			3,572	

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	34 AGGREGATE							4,728
2	37 AGGREGATE					1,472	1,028	1,028
3	44 AGGREGATE					50,654	21,401	21,401
4								
5	54 AGGREGATE					4,532	2,193	2,193
6	61 AGGREGATE					14,750	7,625	156,401
7								
8								
9								
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23								
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25								
26								
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28								
29								
30								
101	TOTAL					71,408	32,247	185,751

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-0075 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	WELLS CRC COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	NUMBER OF TELEPHONES	ENTERED
6.04	ADMITTING	6	GROSS REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	6	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-7	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE FEET	ENTERED
11	DIETARY	11	MEALS SERVED	ENTERED
12	CAFETERIA	12	MANHOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	16	NUMBER OF ADMITS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	WELLS CRC OSTS-BLDG &	C NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES	TE ADMITTING
	0	3	3.01	4	5	6.01	6.04
003 GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &	1,507,080	1,507,080					
003 01 WELLS CRC COSTS-BLDG &	29,666		29,666				
004 NEW CAP REL COSTS-MVBLE E	1,454,434			1,454,434			
005 EMPLOYEE BENEFITS	2,344,542		355	17,006	2,361,903		
006 01 NONPATIENT TELEPHONES	358,076	7,551		7,178	18,364	391,169	
006 04 ADMITTING	372,288	10,009	178	15,106	55,538	6,422	459,541
006 05 CASHIERING/ACCOUNTS RECEI	351,583	14,742	655	27,752	47,400	4,671	
006 06 OTHER ADMINISTRATIVE AND	4,732,563	121,827	1,272	142,734	249,991	25,689	
008 OPERATION OF PLANT	2,696,256	87,181		73,187	84,468	7,006	
009 LAUNDRY & LINEN SERVICE	153,618	1,470	633	21,345	20,005	584	
010 HOUSEKEEPING	656,929	6,211		6,254	66,375	1,168	
011 DIETARY	830,270	61,013		58,001	77,058	5,255	
012 CAFETERIA			816	25,684			
014 NURSING ADMINISTRATION	455,625	3,063		1,958	70,779	1,752	
015 CENTRAL SERVICES & SUPPLY	255,986	75,648		71,913	28,925	2,919	
016 PHARMACY	844,633				57,601		
017 MEDICAL RECORDS & LIBRARY	609,151	17,982		17,094	68,322	14,596	
018 SOCIAL SERVICE	295,997	2,933		2,009	40,720	1,168	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,621,760	127,747		119,554	349,376	11,677	34,668
026 INTENSIVE CARE UNIT	812,162	22,508		10,789	107,142	2,919	9,283
031 SUBPROVIDER							
033 NURSERY	155,434	3,745		3,560	22,426	584	1,575
034 SKILLED NURSING FACILITY	718,271	45,697		51,266	101,831	5,838	7,928
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,541,435	120,227		114,290	208,360	18,099	94,237
039 DELIVERY ROOM & LABOR ROO	105,484	4,411		4,193	15,219	1,168	1,161
041 RADIOLOGY-DIAGNOSTIC	1,245,651	83,697		79,564	141,562	12,261	77,743
043 RADIOISOTOPE	127,711	5,453		5,183	10,155	1,168	3,441
044 LABORATORY	1,321,440	33,803		32,134	91,663	10,509	64,499
047 BLOOD STORING, PROCESSING	221,416	858		2,657	9,905	584	906
049 RESPIRATORY THERAPY	519,348	40,658		5,191	73,143	1,752	14,313
050 PHYSICAL THERAPY	639,351	37,732		35,869	105,797	2,919	10,171
053 ELECTROCARDIOLOGY	139,882		300	9,435	6,788	3,503	8,159
054 ELECTROENCEPHALOGRAPHY	121,710	2,657		2,526	17,087		3,628
055 MEDICAL SUPPLIES CHARGED	2,101,822						40,371
056 DRUGS CHARGED TO PATIENTS	1,330,083	11,219	339			6,422	59,186
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	130,931	8,225			10,798	2,919	842
061 EMERGENCY	853,171	36,438		34,639	98,482	9,925	27,430
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	32,655,759	994,705	4,548	998,071	2,255,280	163,477	459,541
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	57,049	7,069		6,720		2,335	
098 PHYSICIANS' PRIVATE OFFIC	640,247	458,988	3,774	390,739	29,878	222,437	
100 HEALTHCHECK	60,248	27,118		25,779	8,036	1,168	
100 01 SENIORS ASSOCIATION	3,566						
100 02 OTHER NONREIMBURSABLE COS						1,752	
100 03 MARKETING	560,578	16,749			23,273		
100 04 BUSINESS HEALTH	285,761		978	30,795	38,837		
100 05 VACANT SPACE WELLS CAMPUS			20,366				
100 06 CLINICAL SOCIAL WORKER		2,451		2,330			
100 07 WEIGHT MANAGEMENT	94,449				6,599		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	34,357,657	1,507,080	29,666	1,454,434	2,361,903	391,169	459,541

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 01 WELLS CRC COSTS-BLDG &							
005 01 NEW CAP REL COSTS-MVBLE E							
006 01 EMPLOYEE BENEFITS							
006 04 NONPATIENT TELEPHONES							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI	446,803						
006 06 OTHER ADMINISTRATIVE AND		5,274,076	5,274,076				
008 06 OPERATION OF PLANT		2,948,098	534,614	3,482,712			
009 06 LAUNDRY & LINEN SERVICE		197,655	35,843	35,041	268,539		
010 06 HOUSEKEEPING		736,937	133,638	10,266		880,841	
011 06 DIETARY		1,031,597	187,072	95,215	1,499	39,665	1,355,048
012 06 CAFETERIA		26,500	4,806	42,164		17,565	612,998
014 06 NURSING ADMINISTRATION		533,177	96,687	3,215		1,339	
015 06 CENTRAL SERVICES & SUPPLY		435,391	78,955	118,054		49,179	
016 06 PHARMACY		902,234	163,613				
017 06 MEDICAL RECORDS & LIBRARY		727,145	131,862	28,061		11,690	
018 06 SOCIAL SERVICE		342,827	62,169	3,299		1,374	
025 06 INPAT ROUTINE SRVC CNTRS							
026 06 ADULTS & PEDIATRICS	33,705	3,298,487	598,156	196,262	92,145	81,759	552,178
031 06 INTENSIVE CARE UNIT	9,025	973,828	176,596	17,712	13,647	7,378	31,740
033 06 SUBPROVIDER							
033 06 NURSERY	1,531	188,855	34,247	5,844	4,886	2,435	
034 06 SKILLED NURSING FACILITY	7,707	938,538	170,196	84,160	23,876	35,059	158,132
037 06 ANCILLARY SRVC COST CNTRS							
039 06 OPERATING ROOM	91,650	2,188,298	396,830	187,621	60,610	78,159	
041 06 DELIVERY ROOM & LABOR ROO	1,129	132,765	24,076	6,884	1,956	2,868	
043 06 RADIOLOGY-DIAGNOSTIC	75,583	1,716,061	311,194	130,614	15,105	54,411	
044 06 RADIOISOTOPE	3,346	156,457	28,372	8,509	437	3,545	
047 06 LABORATORY	62,707	1,616,755	293,186	208,141	21	86,708	
049 06 BLOOD STORING, PROCESSING	881	237,207	43,016	4,362		1,817	
050 06 RESPIRATORY THERAPY	13,915	668,320	121,194	8,521	267	3,550	
053 06 PHYSICAL THERAPY	9,888	841,727	152,640	58,883	2,249	24,530	
054 06 ELECTROCARDIOLOGY	7,933	176,000	31,916	15,489	1,234	6,452	
055 06 ELECTROENCEPHALOGRAPHY	3,527	151,135	27,407	4,147	1,051	1,728	
056 06 MEDICAL SUPPLIES CHARGED	39,249	2,181,442	395,587				
060 06 DRUGS CHARGED TO PATIENTS	57,541	1,464,790	265,628	17,508		7,294	
061 06 OUTPAT SERVICE COST CNTRS							
062 06 CLINIC	818	154,533	28,023		254		
071 06 EMERGENCY	26,668	1,086,753	197,074	56,864	24,222	23,688	
095 06 OBSERVATION BEDS (NON-DIS							
095 06 OTHER REIMBURS COST CNTRS							
095 06 HOME HEALTH AGENCY							
095 06 SPEC PURPOSE COST CENTERS							
095 06 SUBTOTALS	446,803	31,327,588	4,724,597	1,346,836	243,459	542,193	1,355,048
096 06 NONREIMBURS COST CENTERS							
096 06 GIFT, FLOWER, COFFEE SHOP		73,173	13,269	11,031		4,595	
098 06 PHYSICIANS' PRIVATE OFFIC		1,746,063	316,635	911,420	25,080	267,210	
100 06 HEALTHCHECK		122,349	22,187	42,319		17,629	
100 01 SENIORS ASSOCIATION		3,566	647				
100 02 OTHER NONREIMBURSABLE COS		1,752	318	37,622		15,673	
100 03 MARKETING		600,600	108,914	26,137		10,888	
100 04 BUSINESS HEALTH		356,371	64,625	50,553		21,060	
100 05 VACANT SPACE WELLS CAMPUS		20,366	3,693	1,052,970			
100 06 CLINICAL SOCIAL WORKER		4,781	867	3,824		1,593	
100 07 WEIGHT MANAGEMENT		101,048	18,324				
101 06 CROSS FOOT ADJUSTMENT							
102 06 NEGATIVE COST CENTER							
103 06 TOTAL	446,803	34,357,657	5,274,076	3,482,712	268,539	880,841	1,355,048

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-0075 I FROM 10/ 1/2007 I WORKSHEET B  
 I I TO 9/30/2008 I PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & WELLS CRC COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	704,033						
014 NURSING ADMINISTRATION	19,444	653,862					
015 CENTRAL SERVICES & SUPPLY	17,297		698,876				
016 PHARMACY	18,072		3,969	1,087,888			
017 MEDICAL RECORDS & LIBRARY	38,780		3,750		941,288		
018 SOCIAL SERVICE	14,310		246			424,225	
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	161,495	272,288	22,854		71,009	345,047	5,691,680
026 INTENSIVE CARE UNIT	39,907	67,284	6,361		19,013	7,415	1,360,881
031 SUBPROVIDER							
033 NURSERY	8,030	13,539	977		3,226	32,174	294,213
034 SKILLED NURSING FACILITY	48,408	81,617	6,183		16,238	39,589	1,601,996
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	79,282	133,672	33,604		193,065		3,351,141
039 DELIVERY ROOM & LABOR ROO	5,450	9,188	663		2,378		186,228
041 RADIOLOGY-DIAGNOSTIC	51,152		12,858		159,235		2,450,630
043 RADIOISOTOPE	3,225		10,070		7,048		217,663
044 LABORATORY	44,361		79,839		132,109		2,461,120
047 BLOOD STORING, PROCESSING	3,749		32,793		1,855		324,799
049 RESPIRATORY THERAPY	28,808		5,600		29,316		865,576
050 PHYSICAL THERAPY	40,788		2,211		20,833		1,143,861
053 ELECTROCARDIOLOGY	4,209	7,097	363		16,712		259,472
054 ELECTROENCEPHALOGRAPHY	6,820		265		7,431		199,984
055 MEDICAL SUPPLIES CHARGED			439,747		82,688		3,099,464
056 DRUGS CHARGED TO PATIENTS				1,087,888	121,225		2,964,333
060 OUTPAT SERVICE COST CNTRS CLINIC	3,496	5,894	1,487		1,724		195,411
061 EMERGENCY	37,534	63,283	12,048		56,183		1,557,649
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	674,617	653,862	675,888	1,087,888	941,288	424,225	28,226,101
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP			11,817				113,885
098 PHYSICIANS' PRIVATE OFFIC			941				3,267,349
100 HEALTHCHECK	3,967		759				209,210
100 01 SENIORS ASSOCIATION			8				4,221
100 02 OTHER NONREIMBURSABLE COS							55,365
100 03 MARKETING	8,944		1,365				756,848
100 04 BUSINESS HEALTH	13,601		1,732				507,942
100 05 VACANT SPACE WELLS CAMPUS							1,077,029
100 06 CLINICAL SOCIAL WORKER							11,065
100 07 WEIGHT MANAGEMENT	2,904		6,366				128,642
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	704,033	653,862	698,876	1,087,888	941,288	424,225	34,357,657

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG & WELLS CRC COSTS-BLDG &		
004 01 NEW CAP REL COSTS-MVBLE E		
005 01 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 OTHER ADMINISTRATIVE AND		
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		
018 SOCIAL SERVICE		
025 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		5,691,680
026 INTENSIVE CARE UNIT		1,360,881
031 SUBPROVIDER		
033 NURSERY		294,213
034 SKILLED NURSING FACILITY		1,601,996
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		3,351,141
039 DELIVERY ROOM & LABOR ROO		186,228
041 RADIOLOGY-DIAGNOSTIC		2,450,630
043 RADIOISOTOPE		217,663
044 LABORATORY		2,461,120
047 BLOOD STORING, PROCESSING		324,799
049 RESPIRATORY THERAPY		865,576
050 PHYSICAL THERAPY		1,143,861
053 ELECTROCARDIOLOGY		259,472
054 ELECTROENCEPHALOGRAPHY		199,984
055 MEDICAL SUPPLIES CHARGED		3,099,464
056 DRUGS CHARGED TO PATIENTS		2,964,333
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC		195,411
061 EMERGENCY		1,557,649
062 OBSERVATION BEDS (NON-DIS		
062 OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		
071 SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		28,226,101
095 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		113,885
098 PHYSICIANS' PRIVATE OFFIC		3,267,349
100 HEALTHCHECK		209,210
100 01 SENIORS ASSOCIATION		4,221
100 02 OTHER NONREIMBURSABLE COS		55,365
100 03 MARKETING		756,848
100 04 BUSINESS HEALTH		507,942
100 05 VACANT SPACE WELLS CAMPUS		1,077,029
100 06 CLINICAL SOCIAL WORKER		11,065
100 07 WEIGHT MANAGEMENT		128,642
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		34,357,657

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL COSTS-BLDG & OSTS	WELLS CRC OSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	3	3.01	4	4a	5	6.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & WELLS CRC COSTS-BLDG & OSTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	1,999		355	17,006	19,360	19,360	
006 01 NONPATIENT TELEPHONES	9	7,551		7,178	14,738	151	14,889
006 04 ADMITTING	1,365	10,009	178	15,106	26,658	455	244
006 05 CASHIERING/ACCOUNTS RECEI	2,101	14,742	655	27,752	45,250	388	178
006 06 OTHER ADMINISTRATIVE AND OPERATION OF PLANT	90,280	121,827	1,272	142,734	356,113	2,049	978
008 LAUNDRY & LINEN SERVICE	96,479	87,181		73,187	256,847	692	267
009 HOUSEKEEPING	62	1,470	633	21,345	23,510	164	22
010 DIETARY	218	6,211		6,254	12,465	544	44
012 CAFETERIA		61,013		58,001	119,232	632	200
014 NURSING ADMINISTRATION		3,063	816	25,684	26,500		
015 CENTRAL SERVICES & SUPPLY	8,950	75,648		1,958	5,021	580	67
016 PHARMACY	83,735			71,913	156,511	237	111
017 MEDICAL RECORDS & LIBRARY	20,031	17,982		17,094	55,107	560	556
018 SOCIAL SERVICE		2,933		2,009	4,942	334	44
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	73,993	127,747		119,554	321,294	2,866	444
026 INTENSIVE CARE UNIT	788	22,508		10,789	34,085	878	111
031 SUBPROVIDER							
033 NURSERY		3,745		3,560	7,305	184	22
034 SKILLED NURSING FACILITY	9,624	45,697		51,266	106,587	835	222
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	53,719	120,227		114,290	288,236	1,708	689
039 DELIVERY ROOM & LABOR ROO		4,411		4,193	8,604	125	44
041 RADIOLOGY-DIAGNOSTIC	172,619	83,697		79,564	335,880	1,160	467
043 RADIOISOTOPE		5,453		5,183	10,636	83	44
044 LABORATORY	774	33,803		32,134	66,711	751	400
047 BLOOD STORING, PROCESSING		858		2,657	3,515	81	22
049 RESPIRATORY THERAPY		40,658		5,191	45,849	599	67
050 PHYSICAL THERAPY	1,192	37,732		35,869	74,793	867	111
053 ELECTROCARDIOLOGY			300	9,435	9,735	56	133
054 ELECTROENCEPHALOGRAPHY	650	2,657		2,526	5,833	140	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		11,219	339		11,558		244
060 OUTPAT SERVICE COST CNTRS CLINIC	6,872	8,225			15,097	88	111
061 EMERGENCY	8,003	36,438		34,639	79,080	807	378
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS SUBTOTALS	633,463	994,705	4,548	998,071	2,630,787	18,486	6,220
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		7,069		6,720	13,789		89
098 PHYSICIANS' PRIVATE OFFIC		458,988	3,774	390,739	853,501	245	8,469
100 HEALTHCHECK		27,118		25,779	52,897	66	44
100 01 SENIORS ASSOCIATION							
100 02 OTHER NONREIMBURSABLE COS							67
100 03 MARKETING	2,579	16,749			19,328	191	
100 04 BUSINESS HEALTH	792		978	30,795	32,565	318	
100 05 VACANT SPACE WELLS CAMPUS			20,366		20,366		
100 06 CLINICAL SOCIAL WORKER		2,451		2,330	4,781		
100 07 WEIGHT MANAGEMENT						54	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	636,834	1,507,080	29,666	1,454,434	3,628,014	19,360	14,889

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-0075 I FROM 10/ 1/2007 I WORKSHEET B  
 I I TO 9/30/2008 I PART III

COST CENTER DESCRIPTION	6.04	6.05	6.06	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & WELLS CRC COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 04 ADMITTING	27,357						
006 05 CASHIERING/ACCOUNTS RECEI		45,816					
006 06 OTHER ADMINISTRATIVE AND OPERATION OF PLANT			359,140				
008 06 OPERATION OF PLANT			36,406	294,212			
009 09 LAUNDRY & LINEN SERVICE			2,441	2,960	29,097		
010 10 HOUSEKEEPING			9,100	867		23,020	
011 11 DIETARY			12,739	8,044	162	1,037	142,046
012 12 CAFETERIA			327	3,562		459	64,260
014 14 NURSING ADMINISTRATION			6,584	272		35	
015 15 CENTRAL SERVICES & SUPPLY			5,377	9,973		1,285	
016 16 PHARMACY			11,142				
017 17 MEDICAL RECORDS & LIBRARY			8,980	2,371		306	
018 18 SOCIAL SERVICE			4,234	279		36	
025 25 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,062	3,455	40,720	16,580	9,985	2,137	57,883
026 26 INTENSIVE CARE UNIT	552	925	12,026	1,496	1,479	193	3,327
031 31 SUBPROVIDER							
033 33 NURSERY	94	157	2,332	494	529	64	
034 34 SKILLED NURSING FACILITY	471	790	11,590	7,110	2,587	916	16,576
037 37 ANCILLARY SRVC COST CNTRS OPERATING ROOM	5,631	9,410	27,023	15,850	6,567	2,043	
039 39 DELIVERY ROOM & LABOR ROO	69	116	1,640	582	212	75	
041 41 RADIOLOGY-DIAGNOSTIC	4,624	7,748	21,192	11,034	1,637	1,422	
043 43 RADIOISOTOPE	205	343	1,932	719	47	93	
044 44 LABORATORY	3,836	6,428	19,965	17,583	2	2,266	
047 47 BLOOD STORING, PROCESSING	54	90	2,929	369		47	
049 49 RESPIRATORY THERAPY	851	1,426	8,253	720	29	93	
050 50 PHYSICAL THERAPY	605	1,014	10,394	4,974	244	641	
053 53 ELECTROCARDIOLOGY	485	813	2,173	1,308	134	169	
054 54 ELECTROENCEPHALOGRAPHY	216	362	1,866	350	114	45	
055 55 MEDICAL SUPPLIES CHARGED	2,401	4,023	26,939				
056 56 DRUGS CHARGED TO PATIENTS	3,520	5,898	18,089	1,479		191	
060 60 OUTPAT SERVICE COST CNTRS CLINIC	50	84	1,908		27		
061 61 EMERGENCY	1,631	2,734	13,420	4,804	2,625	619	
062 62 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
071 71 SUBTOTALS	27,357	45,816	321,721	113,780	26,380	14,172	142,046
095 95 NONREIMBURS COST CENTERS							
096 96 GIFT, FLOWER, COFFEE SHOP			904	932		120	
098 98 PHYSICIANS' PRIVATE OFFIC			21,562	76,995	2,717	6,980	
100 100 HEALTHCHECK			1,511	3,575		461	
100 01 SENIORS ASSOCIATION			44				
100 02 OTHER NONREIMBURSABLE COS			22	3,178		410	
100 03 MARKETING			7,417	2,208		285	
100 04 BUSINESS HEALTH			4,401	4,271		550	
100 05 VACANT SPACE WELLS CAMPUS			251	88,950			
100 06 CLINICAL SOCIAL WORKER			59	323		42	
100 07 WEIGHT MANAGEMENT			1,248				
101 101 CROSS FOOT ADJUSTMENTS							
102 102 NEGATIVE COST CENTER							
103 103 TOTAL	27,357	45,816	359,140	294,212	29,097	23,020	142,046

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 01 WELLS CRC COSTS-BLDG &							
005 01 NEW CAP REL COSTS-MVBLE E							
006 01 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	95,108						
014 NURSING ADMINISTRATION	2,627	15,186					
015 CENTRAL SERVICES & SUPPLY	2,337		175,831				
016 PHARMACY	2,441			998	98,788		
017 MEDICAL RECORDS & LIBRARY	5,239					944	
018 SOCIAL SERVICE	1,933					62	
025 INPAT ROUTINE SRVC CNTRS							11,864
026 ADULTS & PEDIATRICS	21,817	6,323	5,750		5,588	9,650	506,554
031 INTENSIVE CARE UNIT	5,391	1,563	1,600		1,496	207	65,329
033 SUBPROVIDER							
034 NURSERY	1,085	314	246		254	900	13,980
037 SKILLED NURSING FACILITY	6,539	1,896	1,556		1,278	1,107	160,060
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	10,710	3,105	8,454		15,178		394,604
043 DELIVERY ROOM & LABOR ROO	736	213	167		187		12,770
044 RADIOLOGY-DIAGNOSTIC	6,910		3,235		12,532		407,841
047 RADIOISOTOPE	436		2,534		555		17,627
049 LABORATORY	5,993		20,087		10,397		154,419
050 BLOOD STORING, PROCESSING	507		8,251		146		16,011
053 RESPIRATORY THERAPY	3,892		1,409		2,307		65,495
054 PHYSICAL THERAPY	5,510		556		1,640		101,349
055 ELECTROCARDIOLOGY	569	165	91		1,315		17,146
056 ELECTROENCEPHALOGRAPHY	921		67		585		10,499
060 MEDICAL SUPPLIES CHARGED			110,635		6,507		150,505
061 DRUGS CHARGED TO PATIENTS				98,788	9,540		149,307
062 OUTPAT SERVICE COST CNTRS							
066 CLINIC	472	137	374		136		18,484
067 EMERGENCY	5,070	1,470	3,031		4,422		120,091
071 OBSERVATION BEDS (NON-DIS							
075 OTHER REIMBURS COST CNTRS							
076 HOME HEALTH AGENCY							
077 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	91,135	15,186	170,047	98,788	74,063	11,864	2,382,071
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP			2,973				18,807
100 PHYSICIANS' PRIVATE OFFIC			237				970,706
100 HEALTHCHECK	536		191				59,281
100 01 SENIORS ASSOCIATION			2				46
100 02 OTHER NONREIMBURSABLE COS							3,677
100 03 MARKETING	1,208		343				30,980
100 04 BUSINESS HEALTH	1,837		436				44,378
100 05 VACANT SPACE WELLS CAMPUS							109,567
100 06 CLINICAL SOCIAL WORKER							5,205
100 07 WEIGHT MANAGEMENT	392		1,602				3,296
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	95,108	15,186	175,831	98,788	74,063	11,864	3,628,014

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
DESCRIPTION	26	27
003 GENERAL SERVICE COST CNTR		
003 NEW CAP REL COSTS-BLDG &		
003 01 WELLS CRC COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 OTHER ADMINISTRATIVE AND		
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		
018 SOCIAL SERVICE		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		506,554
026 INTENSIVE CARE UNIT		65,329
031 SUBPROVIDER		
033 NURSERY		13,980
034 SKILLED NURSING FACILITY		160,060
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		394,604
039 DELIVERY ROOM & LABOR ROO		12,770
041 RADIOLOGY-DIAGNOSTIC		407,841
043 RADIOISOTOPE		17,627
044 LABORATORY		154,419
047 BLOOD STORING, PROCESSING		16,011
049 RESPIRATORY THERAPY		65,495
050 PHYSICAL THERAPY		101,349
053 ELECTROCARDIOLOGY		17,146
054 ELECTROENCEPHALOGRAPHY		10,499
055 MEDICAL SUPPLIES CHARGED		150,505
056 DRUGS CHARGED TO PATIENTS		149,307
OUTPAT SERVICE COST CNTRS		
060 CLINIC		18,484
061 EMERGENCY		120,091
062 OBSERVATION BEDS (NON-DIS		
OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		2,382,071
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		18,807
098 PHYSICIANS' PRIVATE OFFIC		970,706
100 HEALTHCHECK		59,281
100 01 SENIORS ASSOCIATION		46
100 02 OTHER NONREIMBURSABLE COS		3,677
100 03 MARKETING		30,980
100 04 BUSINESS HEALTH		44,378
100 05 VACANT SPACE WELLS CAMPUS		109,567
100 06 CLINICAL SOCIAL WORKER		5,205
100 07 WEIGHT MANAGEMENT		3,296
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		3,628,014

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL	C WELLS CRC	C NEW CAP REL	C EMPLOYEE BENE	NONPATIENT TE	ADMITTING
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	LEPHONES (NUMBER OF TELEPHONES)	(GROSS REVENUE)
	3	3.01	4	5	6.01	6.04
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	196,792					
004 01 WELLS CRC COSTS-BLD		128,333				
004 06 NEW CAP REL COSTS-MVB			199,782			
005 EMPLOYEE BENEFITS		1,536	2,336	14,036,636		
006 01 NONPATIENT TELEPHONES	986		986	109,138	670	
006 04 ADMITTING	1,307	768	2,075	330,060	11	105,526,874
006 05 CASHIERING/ACCOUNTS R	1,925	2,832	3,812	281,696	8	
006 06 OTHER ADMINISTRATIVE	15,908	5,504	19,606	1,485,682	44	
008 OPERATION OF PLANT	11,384		10,053	501,985	12	
009 LAUNDRY & LINEN SERVI	192	2,740	2,932	118,887	1	
010 HOUSEKEEPING	811		859	394,464	2	
011 DIETARY	7,967		7,967	457,951	9	
012 CAFETERIA		3,528	3,528			
014 NURSING ADMINISTRATIO	400		269	420,638	3	
015 CENTRAL SERVICES & SU	9,878		9,878	171,901	5	
016 PHARMACY				342,320		
017 MEDICAL RECORDS & LIB	2,348		2,348	406,031	25	
018 SOCIAL SERVICE	383		276	241,999	2	
025 INPAT ROUTINE SRVC CN	16,681		16,422	2,076,312	20	7,960,602
026 ADULTS & PEDIATRICS	2,939		1,482	636,740	5	2,131,542
031 INTENSIVE CARE UNIT						
033 SUBPROVIDER						
034 NURSERY	489		489	133,275	1	361,658
037 SKILLED NURSING FACIL	5,967		7,042	605,173	10	1,820,361
039 ANCILLARY SRVC COST C						
041 OPERATING ROOM	15,699		15,699	1,238,268	31	21,645,406
043 DELIVERY ROOM & LABOR	576		576	90,446	2	266,570
044 RADIOLOGY-DIAGNOSTIC	10,929		10,929	841,295	21	17,851,405
047 RADIOISOTOPE	712		712	60,348	2	790,156
049 LABORATORY	4,414		4,414	544,748	18	14,810,442
050 BLOOD STORING, PROCES	112		365	58,863	1	207,994
053 RESPIRATORY THERAPY	5,309		713	434,685	3	3,286,562
054 PHYSICAL THERAPY	4,927		4,927	628,747	5	2,335,485
055 ELECTROCARDIOLOGY		1,296	1,296	40,341	6	1,873,546
056 ELECTROENCEPHALOGRAPH	347		347	101,545		833,060
060 MEDICAL SUPPLIES CHAR						9,269,938
061 DRUGS CHARGED TO PATI	1,465	1,465			11	13,590,293
062 OUTPAT SERVICE COST C						
066 CLINIC	1,074			64,172	5	193,274
061 EMERGENCY	4,758		4,758	585,272	17	6,298,580
062 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
095 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	129,887	19,669	137,096	13,402,982	280	105,526,874
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	923		923		4	
100 PHYSICIANS' PRIVATE O	59,934	16,328	53,672	177,563	381	
100 HEALTHCHECK	3,541		3,541	47,760	2	
100 01 SENIORS ASSOCIATION						
100 02 OTHER NONREIMBURSABLE					3	
100 03 MARKETING	2,187			138,311		
100 04 BUSINESS HEALTH		4,230	4,230	230,805		
100 05 VACANT SPACE WELLS CA		88,106				
100 06 CLINICAL SOCIAL WORKE	320		320			
100 07 WEIGHT MANAGEMENT				39,215		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,507,080	29,666	1,454,434	2,361,903	391,169	459,541
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	7.658238		7.280105		583.834328	
105 (WRKSHT B, PT I)		.231164		.168267		.004355
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED				19,360	14,889	27,357
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER				.001379	22.222388	.000259
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS REVENUE )	RECONCIL- IATION	( ACCUM. COST	(SQUARE )FEET	(POUNDS OF )LAUNDRY	(SQUARE )FEET	(MEALS )SERVED
	6.05	6a.06	6.06	8	9	10	11
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
004 01 WELLS CRC COSTS-BLD							
005 01 NEW CAP REL COSTS-MVB							
006 01 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R	105,526,874						
006 06 OTHER ADMINISTRATIVE		-5,274,076	29,083,581				
008 OPERATION OF PLANT			2,948,098	291,412			
009 LAUNDRY & LINEN SERVI			197,655	2,932	440,373		
010 HOUSEKEEPING			736,937	859		176,925	
011 DIETARY			1,031,597	7,967	2,459	7,967	140,585
012 CAFETERIA			26,500	3,528		3,528	63,598
014 NURSING ADMINISTRATIO			533,177	269		269	
015 CENTRAL SERVICES & SU			435,391	9,878		9,878	
016 PHARMACY			902,234				
017 MEDICAL RECORDS & LIB			727,145	2,348		2,348	
018 SOCIAL SERVICE			342,827	276		276	
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	7,960,602		3,298,487	16,422	151,106	16,422	57,288
031 INTENSIVE CARE UNIT	2,131,542		973,828	1,482	22,379	1,482	3,293
033 SUBPROVIDER							
033 NURSERY	361,658		188,855	489	8,013	489	
034 SKILLED NURSING FACIL	1,820,361		938,538	7,042	39,154	7,042	16,406
037 ANCILLARY SRVC COST C							
039 OPERATING ROOM	21,645,406		2,188,298	15,699	99,393	15,699	
041 DELIVERY ROOM & LABOR	266,570		132,765	576	3,208	576	
043 RADIOLOGY-DIAGNOSTIC	17,851,405		1,716,061	10,929	24,771	10,929	
044 RADIOISOTOPE	790,156		156,457	712	717	712	
047 LABORATORY	14,810,442		1,616,755	17,416	35	17,416	
049 BLOOD STORING, PROCES	207,994		237,207	365		365	
050 RESPIRATORY THERAPY	3,286,562		668,320	713	438	713	
053 PHYSICAL THERAPY	2,335,485		841,727	4,927	3,688	4,927	
054 ELECTROCARDIOLOGY	1,873,546		176,000	1,296	2,024	1,296	
055 ELECTROENCEPHALOGRAPH	833,060		151,135	347	1,723	347	
056 MEDICAL SUPPLIES CHAR	9,269,938		2,181,442				
060 DRUGS CHARGED TO PATI	13,590,293		1,464,790	1,465		1,465	
060 OUTPUT SERVICE COST C							
061 CLINIC	193,274		154,533		416		
062 EMERGENCY	6,298,580		1,086,753	4,758	39,721	4,758	
071 OBSERVATION BEDS (NON							
071 OTHER REIMBURS COST C							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
096 SUBTOTALS	105,526,874	-5,274,076	26,053,512	112,695	399,245	108,904	140,585
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE			73,173	923		923	
100 PHYSICIANS' PRIVATE O			1,746,063	76,262	41,128	53,672	
100 HEALTHCHECK			122,349	3,541		3,541	
100 01 SENIORS ASSOCIATION			3,566				
100 02 OTHER NONREIMBURSABLE			1,752	3,148		3,148	
100 03 MARKETING			600,600	2,187		2,187	
100 04 BUSINESS HEALTH			356,371	4,230		4,230	
100 05 VACANT SPACE WELLS CA			20,366	88,106			
100 06 CLINICAL SOCIAL WORKE			4,781	320		320	
100 07 WEIGHT MANAGEMENT			101,048				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	446,803		5,274,076	3,482,712	268,539	880,841	1,355,048
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				11.951162		4.978612	
105 (WRKSHT B, PT I)	.004234		.181342		.609799		9.638639
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
107 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	45,816		359,140	294,212	29,097	23,020	142,046
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.000434		.012349	1.009608	.066074	.130112	1.010392
108 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (GROSS) REVENUE	SOCIAL SERVICES (NUMBER OF) ADMITS
	12	14	15	16	17	18
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD						
003 01 WELLS CRC COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS R						
006 06 OTHER ADMINISTRATIVE						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA	413,653					
014 NURSING ADMINISTRATION	11,424	227,858				
015 CENTRAL SERVICES & SUPPLY	10,163		3,339,485			
016 PHARMACY	10,618		18,963	100		
017 MEDICAL RECORDS & LIBRARY	22,785		17,920		105,526,874	
018 SOCIAL SERVICE	8,408		1,175			3,204
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	94,887	94,887	109,203		7,960,602	2,606
026 INTENSIVE CARE UNIT	23,447	23,447	30,396		2,131,542	56
031 SUBPROVIDER						
033 NURSERY	4,718	4,718	4,668		361,658	243
034 SKILLED NURSING FACILITY	28,442	28,442	29,544		1,820,361	299
ANCILLARY SRVC COST C						
037 OPERATING ROOM	46,582	46,582	160,572		21,645,406	
039 DELIVERY ROOM & LABOR	3,202	3,202	3,168		266,570	
041 RADIOLOGY-DIAGNOSTIC	30,054		61,439		17,851,405	
043 RADIOISOTOPE	1,895		48,118		790,156	
044 LABORATORY	26,064		381,500		14,810,442	
047 BLOOD STORING, PROCES	2,203		156,699		207,994	
049 RESPIRATORY THERAPY	16,926		26,759		3,286,562	
050 PHYSICAL THERAPY	23,965		10,565		2,335,485	
053 ELECTROCARDIOLOGY	2,473	2,473	1,736		1,873,546	
054 ELECTROENCEPHALOGRAPH	4,007		1,268		833,060	
055 MEDICAL SUPPLIES CHAR			2,101,278		9,269,938	
056 DRUGS CHARGED TO PATIENT				100	13,590,293	
OUTPUT SERVICE COST CENTER						
060 CLINIC	2,054	2,054	7,105		193,274	
061 EMERGENCY	22,053	22,053	57,568		6,298,580	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST CENTER)						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CENTER						
095 SUBTOTALS	396,370	227,858	3,229,644	100	105,526,874	3,204
NONREIMBURS COST CENTER						
096 GIFT, FLOWER, COFFEE			56,466			
098 PHYSICIANS' PRIVATE OFFICE			4,495			
100 HEALTHCHECK	2,331		3,629			
100 01 SENIORS ASSOCIATION			38			
100 02 OTHER NONREIMBURSABLE						
100 03 MARKETING	5,255		6,522			
100 04 BUSINESS HEALTH	7,991		8,274			
100 05 VACANT SPACE WELLS CENTER						
100 06 CLINICAL SOCIAL WORKER						
100 07 WEIGHT MANAGEMENT	1,706		30,417			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	704,033	653,862	698,876	1,087,888	941,288	424,225
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	1.701989	2.869603	.209277	10,878.880000	.008920	132.404806
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)						
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)						
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)	95,108	15,186	175,831	98,788	74,063	11,864
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.229922	.066647	.052652	987.880000	.000702	3.702871

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,691,680		5,691,680		5,691,680
26	INTENSIVE CARE UNIT	1,360,881		1,360,881		1,360,881
31	SUBPROVIDER					
33	NURSERY	294,213		294,213		294,213
34	SKILLED NURSING FACILITY	1,601,996		1,601,996		1,601,996
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,351,141		3,351,141	1,028	3,352,169
39	DELIVERY ROOM & LABOR ROO	186,228		186,228		186,228
41	RADIOLOGY-DIAGNOSTIC	2,450,630		2,450,630		2,450,630
43	RADIOISOTOPE	217,663		217,663		217,663
44	LABORATORY	2,461,120		2,461,120	21,401	2,482,521
47	BLOOD STORING, PROCESSING	324,799		324,799		324,799
49	RESPIRATORY THERAPY	865,576		865,576		865,576
50	PHYSICAL THERAPY	1,143,861		1,143,861		1,143,861
53	ELECTROCARDIOLOGY	259,472		259,472		259,472
54	ELECTROENCEPHALOGRAPHY	199,984		199,984	2,193	202,177
55	MEDICAL SUPPLIES CHARGED	3,099,464		3,099,464		3,099,464
56	DRUGS CHARGED TO PATIENTS	2,964,333		2,964,333		2,964,333
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	195,411		195,411		195,411
61	EMERGENCY	1,557,649		1,557,649	7,625	1,565,274
62	OBSERVATION BEDS (NON-DIS	404,415		404,415		404,415
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	28,630,516		28,630,516	32,247	28,662,763
102	LESS OBSERVATION BEDS	404,415		404,415		404,415
103	TOTAL	28,226,101		28,226,101	32,247	28,258,348

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	7,337,436		7,337,436			
31	INTENSIVE CARE UNIT	2,131,542		2,131,542			
33	SUBPROVIDER						
34	NURSERY	361,658		361,658			
	SKILLED NURSING FACILITY	1,820,361		1,820,361			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,557,157	15,088,249	21,645,406	.154820	.154820	.154867
39	DELIVERY ROOM & LABOR ROO	203,365	63,205	266,570	.698608	.698608	.698608
41	RADIOLOGY-DIAGNOSTIC	4,390,246	13,461,159	17,851,405	.137279	.137279	.137279
43	RADIOISOTOPE	149,670	640,486	790,156	.275468	.275468	.275468
44	LABORATORY	6,856,525	7,953,917	14,810,442	.166175	.166175	.167620
47	BLOOD STORING, PROCESSING	127,211	80,783	207,994	1.561579	1.561579	1.561579
49	RESPIRATORY THERAPY	3,147,677	138,885	3,286,562	.263368	.263368	.263368
50	PHYSICAL THERAPY	1,526,616	808,868	2,335,484	.489775	.489775	.489775
53	ELECTROCARDIOLOGY	1,142,298	731,248	1,873,546	.138492	.138492	.138492
54	ELECTROENCEPHALOGRAPHY	40,244	792,816	833,060	.240060	.240060	.242692
55	MEDICAL SUPPLIES CHARGED	5,542,991	3,726,948	9,269,939	.334356	.334356	.334356
56	DRUGS CHARGED TO PATIENTS	9,887,969	3,702,324	13,590,293	.218121	.218121	.218121
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	44,819	148,455	193,274	1.011057	1.011057	1.011057
61	EMERGENCY	1,871,387	4,427,193	6,298,580	.247302	.247302	.248512
62	OBSERVATION BEDS (NON-DIS	39,556	583,610	623,166	.648968	.648968	.648968
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	53,178,728	52,348,146	105,526,874			
102	LESS OBSERVATION BEDS						
103	TOTAL	53,178,728	52,348,146	105,526,874			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
I 15-0075 I FROM 10/ 1/2007 I WORKSHEET C  
I I TO 9/30/2008 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
	INPAT ROUTINE SRVC CNTRS			294,213		
25	ADULTS & PEDIATRICS	5,691,680		5,691,680		5,691,680
26	INTENSIVE CARE UNIT	1,360,881		1,360,881		1,360,881
31	SUBPROVIDER					
33	NURSERY	294,213		294,213		294,213
34	SKILLED NURSING FACILITY	1,601,996		1,601,996		1,601,996
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,351,141		3,351,141	1,028	3,352,169
39	DELIVERY ROOM & LABOR ROO	186,228		186,228		186,228
41	RADIOLOGY-DIAGNOSTIC	2,450,630		2,450,630		2,450,630
43	RADIOISOTOPE	217,663		217,663		217,663
44	LABORATORY	2,461,120		2,461,120	21,401	2,482,521
47	BLOOD STORING, PROCESSING	324,799		324,799		324,799
49	RESPIRATORY THERAPY	865,576		865,576		865,576
50	PHYSICAL THERAPY	1,143,861		1,143,861		1,143,861
53	ELECTROCARDIOLOGY	259,472		259,472		259,472
54	ELECTROENCEPHALOGRAPHY	199,984		199,984	2,193	202,177
55	MEDICAL SUPPLIES CHARGED	3,099,464		3,099,464		3,099,464
56	DRUGS CHARGED TO PATIENTS	2,964,333		2,964,333		2,964,333
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	195,411		195,411		195,411
61	EMERGENCY	1,557,649		1,557,649	7,625	1,565,274
62	OBSERVATION BEDS (NON-DIS	404,415		404,415		404,415
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	28,630,516		28,630,516	32,247	28,662,763
102	LESS OBSERVATION BEDS	404,415		404,415		404,415
103	TOTAL	28,226,101		28,226,101	32,247	28,258,348

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
I 15-0075 I FROM 10/ 1/2007 I WORKSHEET C  
I I TO 9/30/2008 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
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	7,337,436		7,337,436			
26	INTENSIVE CARE UNIT	2,131,542		2,131,542			
31	SUBPROVIDER						
33	NURSERY	361,658		361,658			
34	SKILLED NURSING FACILITY	1,820,361		1,820,361			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,557,157	15,088,249	21,645,406	.154820	.154820	.154867
39	DELIVERY ROOM & LABOR ROO	203,365	63,205	266,570	.698608	.698608	.698608
41	RADIOLOGY-DIAGNOSTIC	4,390,246	13,461,159	17,851,405	.137279	.137279	.137279
43	RADIOISOTOPE	149,670	640,486	790,156	.275468	.275468	.275468
44	LABORATORY	6,856,525	7,953,917	14,810,442	.166175	.166175	.167620
47	BLOOD STORING, PROCESSING	127,211	80,783	207,994	1.561579	1.561579	1.561579
49	RESPIRATORY THERAPY	3,147,677	138,885	3,286,562	.263368	.263368	.263368
50	PHYSICAL THERAPY	1,526,616	808,868	2,335,484	.489775	.489775	.489775
53	ELECTROCARDIOLOGY	1,142,298	731,248	1,873,546	.138492	.138492	.138492
54	ELECTROENCEPHALOGRAPHY	40,244	792,816	833,060	.240060	.240060	.242692
55	MEDICAL SUPPLIES CHARGED	5,542,991	3,726,948	9,269,939	.334356	.334356	.334356
56	DRUGS CHARGED TO PATIENTS	9,887,969	3,702,324	13,590,293	.218121	.218121	.218121
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	44,819	148,455	193,274	1.011057	1.011057	1.011057
61	EMERGENCY	1,871,387	4,427,193	6,298,580	.247302	.247302	.248512
62	OBSERVATION BEDS (NON-DIS	39,556	583,610	623,166	.648968	.648968	.648968
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	53,178,728	52,348,146	105,526,874			
102	LESS OBSERVATION BEDS						
103	TOTAL	53,178,728	52,348,146	105,526,874			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,351,141	394,604	2,956,537			3,351,141
39	DELIVERY ROOM & LABOR ROO	186,228	12,770	173,458			186,228
41	RADIOLOGY-DIAGNOSTIC	2,450,630	407,841	2,042,789			2,450,630
43	RADIOISOTOPE	217,663	17,627	200,036			217,663
44	LABORATORY	2,461,120	154,419	2,306,701			2,461,120
47	BLOOD STORING, PROCESSING	324,799	16,011	308,788			324,799
49	RESPIRATORY THERAPY	865,576	65,495	800,081			865,576
50	PHYSICAL THERAPY	1,143,861	101,349	1,042,512			1,143,861
53	ELECTROCARDIOLOGY	259,472	17,146	242,326			259,472
54	ELECTROENCEPHALOGRAPHY	199,984	10,499	189,485			199,984
55	MEDICAL SUPPLIES CHARGED	3,099,464	150,505	2,948,959			3,099,464
56	DRUGS CHARGED TO PATIENTS	2,964,333	149,307	2,815,026			2,964,333
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	195,411	18,484	176,927			195,411
61	EMERGENCY	1,557,649	120,091	1,437,558			1,557,649
62	OBSERVATION BEDS (NON-DIS	404,415	35,993	368,422			404,415
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	19,681,746	1,672,141	18,009,605			19,681,746
102	LESS OBSERVATION BEDS	404,415	35,993	368,422			404,415
103	TOTAL	19,277,331	1,636,148	17,641,183			19,277,331

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	21,645,406	.154820	.154820
39	DELIVERY ROOM & LABOR ROO	266,570	.698608	.698608
41	RADIOLOGY-DIAGNOSTIC	17,851,405	.137279	.137279
43	RADIOISOTOPE	790,156	.275468	.275468
44	LABORATORY	14,810,442	.166175	.166175
47	BLOOD STORING, PROCESSING	207,994	1.561579	1.561579
49	RESPIRATORY THERAPY	3,286,562	.263368	.263368
50	PHYSICAL THERAPY	2,335,484	.489775	.489775
53	ELECTROCARDIOLOGY	1,873,546	.138492	.138492
54	ELECTROENCEPHALOGRAPHY	833,060	.240060	.240060
55	MEDICAL SUPPLIES CHARGED	9,269,939	.334356	.334356
56	DRUGS CHARGED TO PATIENTS	13,590,293	.218121	.218121
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	193,274	1.011057	1.011057
61	EMERGENCY	6,298,580	.247302	.247302
62	OBSERVATION BEDS (NON-DIS	623,166	.648968	.648968
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	93,875,877		
102	LESS OBSERVATION BEDS	623,166		
103	TOTAL	93,252,711		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,351,141	394,604	2,956,537	39,460	171,479	3,140,202
39	DELIVERY ROOM & LABOR ROO	186,228	12,770	173,458	1,277	10,061	174,890
41	RADIOLOGY-DIAGNOSTIC	2,450,630	407,841	2,042,789	40,784	118,482	2,291,364
43	RADIOISOTOPE	217,663	17,627	200,036	1,763	11,602	204,298
44	LABORATORY	2,461,120	154,419	2,306,701	15,442	133,789	2,311,889
47	BLOOD STORING, PROCESSING	324,799	16,011	308,788	1,601	17,910	305,288
49	RESPIRATORY THERAPY	865,576	65,495	800,081	6,550	46,405	812,621
50	PHYSICAL THERAPY	1,143,861	101,349	1,042,512	10,135	60,466	1,073,260
53	ELECTROCARDIOLOGY	259,472	17,146	242,326	1,715	14,055	243,702
54	ELECTROENCEPHALOGRAPHY	199,984	10,499	189,485	1,050	10,990	187,944
55	MEDICAL SUPPLIES CHARGED	3,099,464	150,505	2,948,959	15,051	171,040	2,913,373
56	DRUGS CHARGED TO PATIENTS	2,964,333	149,307	2,815,026	14,931	163,272	2,786,130
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	195,411	18,484	176,927	1,848	10,262	183,301
61	EMERGENCY	1,557,649	120,091	1,437,558	12,009	83,378	1,462,262
62	OBSERVATION BEDS (NON-DIS	404,415	35,993	368,422	3,599	21,368	379,448
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	19,681,746	1,672,141	18,009,605	167,215	1,044,559	18,469,972
102	LESS OBSERVATION BEDS	404,415	35,993	368,422	3,599	21,368	379,448
103	TOTAL	19,277,331	1,636,148	17,641,183	163,616	1,023,191	18,090,524

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	21,645,406	.145075	.152997
39	DELIVERY ROOM & LABOR ROO	266,570	.656075	.693818
41	RADIOLOGY-DIAGNOSTIC	17,851,405	.128358	.134995
43	RADIOISOTOPE	790,156	.258554	.273237
44	LABORATORY	14,810,442	.156099	.165132
47	BLOOD STORING, PROCESSING	207,994	1.467773	1.553881
49	RESPIRATORY THERAPY	3,286,562	.247256	.261375
50	PHYSICAL THERAPY	2,335,484	.459545	.485435
53	ELECTROCARDIOLOGY	1,873,546	.130075	.137577
54	ELECTROENCEPHALOGRAPHY	833,060	.225607	.238799
55	MEDICAL SUPPLIES CHARGED	9,269,939	.314282	.332733
56	DRUGS CHARGED TO PATIENTS	13,590,293	.205009	.217023
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	193,274	.948400	1.001495
61	EMERGENCY	6,298,580	.232157	.245395
62	OBSERVATION BEDS (NON-DIS	623,166	.608904	.643193
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	93,875,877		
102	LESS OBSERVATION BEDS	623,166		
103	TOTAL	93,252,711		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				506,554		506,554
26	ADULTS & PEDIATRICS				65,329		65,329
31	INTENSIVE CARE UNIT						
33	SUBPROVIDER				13,980		13,980
101	NURSERY						
	TOTAL				585,863		585,863

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						
26	ADULTS & PEDIATRICS	9,725	4,907			52.09	255,606
31	INTENSIVE CARE UNIT	1,238	742			52.77	39,155
33	SUBPROVIDER						
33	NURSERY	610				22.92	
101	TOTAL	11,573	5,649				294,761

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		394,604	21,645,406	2,307,750		
39	DELIVERY ROOM & LABOR ROO		12,770	266,570			
41	RADIOLOGY-DIAGNOSTIC		407,841	17,851,405	2,480,201		
43	RADIOISOTOPE		17,627	790,156	86,075		
44	LABORATORY		154,419	14,810,442	3,688,264		
47	BLOOD STORING, PROCESSING		16,011	207,994	76,764		
49	RESPIRATORY THERAPY		65,495	3,286,562	1,685,130		
50	PHYSICAL THERAPY		101,349	2,335,484	278,936		
53	ELECTROCARDIOLOGY		17,146	1,873,546	710,698		
54	ELECTROENCEPHALOGRAPHY		10,499	833,060	21,847		
55	MEDICAL SUPPLIES CHARGED		150,505	9,269,939	2,677,399		
56	DRUGS CHARGED TO PATIENTS		149,307	13,590,293	4,653,343		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		18,484	193,274	22,062		
61	EMERGENCY		120,091	6,298,580	1,086,068		
62	OBSERVATION BEDS (NON-DIS		35,993	623,166			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,672,141	93,875,877	19,774,537		

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.018230	42,070
39	DELIVERY ROOM & LABOR ROO	.047905	
41	RADIOLOGY-DIAGNOSTIC	.022846	56,663
43	RADIOISOTOPE	.022308	1,920
44	LABORATORY	.010426	38,454
47	BLOOD STORING, PROCESSING	.076978	5,909
49	RESPIRATORY THERAPY	.019928	33,581
50	PHYSICAL THERAPY	.043395	12,104
53	ELECTROCARDIOLOGY	.009152	6,504
54	ELECTROENCEPHALOGRAPHY	.012603	275
55	MEDICAL SUPPLIES CHARGED	.016236	43,470
56	DRUGS CHARGED TO PATIENTS	.010986	51,122
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.095636	2,110
61	EMERGENCY	.019066	20,707
62	OBSERVATION BEDS (NON-DIS	.057758	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		314,889

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-0075 I FROM 10/ 1/2007 I WORKSHEET D  
 I I TO 9/30/2008 I PART III

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					9,725	
26	INTENSIVE CARE UNIT					1,238	
31	SUBPROVIDER						
33	NURSERY					610	
34	SKILLED NURSING FACILITY					4,063	
101	TOTAL					15,636	

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

I PROVIDER NO: 15-0075  
 I PERIOD: FROM 10/ 1/2007 TO 9/30/2008  
 I PREPARED 6/17/2009  
 I WORKSHEET D  
 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	4,907	
26	INTENSIVE CARE UNIT	742	
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY	3,108	
101	TOTAL	8,757	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			21,645,406			2,307,750	
39	DELIVERY ROOM & LABOR ROO			266,570				
41	RADIOLOGY-DIAGNOSTIC			17,851,405			2,480,201	
43	RADIOISOTOPE			790,156			86,075	
44	LABORATORY			14,810,442			3,688,264	
47	BLOOD STORING, PROCESSING			207,994			76,764	
49	RESPIRATORY THERAPY			3,286,562			1,685,130	
50	PHYSICAL THERAPY			2,335,484			278,936	
53	ELECTROCARDIOLOGY			1,873,546			710,698	
54	ELECTROENCEPHALOGRAPHY			833,060			21,847	
55	MEDICAL SUPPLIES CHARGED			9,269,939			2,677,399	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			13,590,293			4,653,343	
60	CLINIC			193,274			22,062	
61	EMERGENCY			6,298,580			1,086,068	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			623,166				
101	TOTAL			93,875,877			19,774,537	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,881,732					
39	DELIVERY ROOM & LABOR ROO	667					
41	RADIOLOGY-DIAGNOSTIC	3,304,025					
43	RADIOISOTOPE	189,668					
44	LABORATORY	254,936					
47	BLOOD STORING, PROCESSING	40,274					
49	RESPIRATORY THERAPY	26,034					
50	PHYSICAL THERAPY	82					
53	ELECTROCARDIOLOGY	242,238					
54	ELECTROENCEPHALOGRAPHY	194,422					
55	MEDICAL SUPPLIES CHARGED	926,233					
56	DRUGS CHARGED TO PATIENTS	1,050,040					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	24,257					
61	EMERGENCY	759,059					
62	OBSERVATION BEDS (NON-DIS	96,864					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	10,990,531					

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	.154820	.154820			
39 DELIVERY ROOM & LABOR ROOM	.698608	.698608			
41 RADIOLOGY-DIAGNOSTIC	.137279	.137279			
43 RADIOISOTOPE	.275468	.275468			
44 LABORATORY	.166175	.166175			
47 BLOOD STORING, PROCESSING & TRANS.	1.561579	1.561579			
49 RESPIRATORY THERAPY	.263368	.263368			
50 PHYSICAL THERAPY	.489775	.489775			
53 ELECTROCARDIOLOGY	.138492	.138492			
54 ELECTROENCEPHALOGRAPHY	.240060	.240060			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.334356	.334356			
56 DRUGS CHARGED TO PATIENTS	.218121	.218121			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	1.011057	1.011057			
62 EMERGENCY	.247302	.247302			
101 OBSERVATION BEDS (NON-DISTINCT PART)	.648968	.648968			
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES					

TITLE XVIII, PART B	HOSPITAL	All other (1)	PPS Services	Non-PPS	PPS Services	Outpatient
			FY8 to 12/31	Services	1/1 to FYE	Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM			3,881,732			
39 DELIVERY ROOM & LABOR ROOM			667			
41 RADIOLOGY-DIAGNOSTIC			3,304,025			
43 RADIOISOTOPE			189,668			
44 LABORATORY			254,936			
47 BLOOD STORING, PROCESSING & TRANS.			40,274			
49 RESPIRATORY THERAPY			26,034			
50 PHYSICAL THERAPY			82			
53 ELECTROCARDIOLOGY			242,238			
54 ELECTROENCEPHALOGRAPHY			194,422			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			926,233			
56 DRUGS CHARGED TO PATIENTS			1,050,040			
OUTPAT SERVICE COST CNTRS						
60 CLINIC			24,257			
61 EMERGENCY			759,059			
62 OBSERVATION BEDS (NON-DISTINCT PART)			96,864			
101 SUBTOTAL			10,990,531			
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104 NET CHARGES			10,990,531			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				600,970	
39 DELIVERY ROOM & LABOR ROOM				466	
41 RADIOLOGY-DIAGNOSTIC				453,573	
43 RADIOISOTOPE				52,247	
44 LABORATORY				42,364	
47 BLOOD STORING, PROCESSING & TRANS.				62,891	
49 RESPIRATORY THERAPY				6,857	
50 PHYSICAL THERAPY				40	
53 ELECTROCARDIOLOGY				33,548	
54 ELECTROENCEPHALOGRAPHY				46,673	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				309,692	
56 DRUGS CHARGED TO PATIENTS				229,036	
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				24,525	
62 EMERGENCY				187,717	
62 OBSERVATION BEDS (NON-DISTINCT PART)				62,862	
101 SUBTOTAL				2,113,461	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				2,113,461	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 62 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES



TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Health Financial Systems MCRIF32 FOR BLUFFTON REGIONAL MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(09/1996) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-0075 I FROM 10/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2008 I PART II  
 I 15-5373 I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC		
43	RADIOISOTOPE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC							
43	RADIOISOTOPE							
44	LABORATORY							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			21,645,406			899	
39	DELIVERY ROOM & LABOR ROO			266,570				
41	RADIOLOGY-DIAGNOSTIC			17,851,405			55,653	
43	RADIOISOTOPE			790,156				
44	LABORATORY			14,810,442			349,492	
47	BLOOD STORING, PROCESSING			207,994			4,618	
49	RESPIRATORY THERAPY			3,286,562			344,637	
50	PHYSICAL THERAPY			2,335,484			835,888	
53	ELECTROCARDIOLOGY			1,873,546			6,130	
54	ELECTROENCEPHALOGRAPHY			833,060			1,367	
55	MEDICAL SUPPLIES CHARGED			9,269,939			221,829	
56	DRUGS CHARGED TO PATIENTS			13,590,293			1,085,852	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			193,274				
61	EMERGENCY			6,298,580				
62	OBSERVATION BEDS (NON-DIS			623,166				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			93,875,877			2,906,365	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.145075				542,429
39 DELIVERY ROOM & LABOR ROOM	.656075				28,609
41 RADIOLOGY-DIAGNOSTIC	.128358				420,107
43 RADIOISOTOPE	.258554				20,917
44 LABORATORY	.156099				15,471
47 BLOOD STORING, PROCESSING & TRANS.	1.467773				33,187
49 RESPIRATORY THERAPY	.247256				15,000
50 PHYSICAL THERAPY	.459545				44,801
53 ELECTROCARDIOLOGY	.130075				20,710
54 ELECTROENCEPHALOGRAPHY	.225607				90,437
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.314282				
56 DRUGS CHARGED TO PATIENTS	.205009				
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.948400				1,227
61 EMERGENCY	.232157				262,695
62 OBSERVATION BEDS (NON-DISTINCT PART)	.608904				68,527
101 SUBTOTAL					2,104,713
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					2,104,713

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6	Outpatient Radiology 7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					
43 RADIOISOTOPE					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		78,693			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		69,390			
43 RADIOISOTOPE		7,397			
44 LABORATORY		65,578			
47 BLOOD STORING, PROCESSING & TRANS.		30,701			
49 RESPIRATORY THERAPY		3,825			
50 PHYSICAL THERAPY		15,251			
53 ELECTROCARDIOLOGY		1,951			
54 ELECTROENCEPHALOGRAPHY		10,107			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,509			
56 DRUGS CHARGED TO PATIENTS		18,540			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC		1,164			
62 EMERGENCY		60,986			
101 OBSERVATION BEDS (NON-DISTINCT PART)		41,726			
102 SUBTOTAL		411,818			
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES		411,818			

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)	9,725
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,725
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	9,725
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)	4,907
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,691,680
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,691,680

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,337,436
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,337,436
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.775704
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	754.49
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,691,680

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 585.26  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,871,871  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,871,871

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	1,360,881	1,238	1,099.26	742	815,651
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					4,346,241
49 TOTAL PROGRAM INPATIENT COSTS					8,033,763

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 294,761  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 314,889  
 52 TOTAL PROGRAM EXCLUDABLE COST 609,650  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 7,424,113

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	691
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	585.26
85	OBSERVATION BED COST	404,415

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	5,691,680		404,415	
87	NEW CAPITAL-RELATED COST	506,554	.088999	404,415	35,993
88	NON PHYSICIAN ANESTHETIST	5,691,680		404,415	
89	MEDICAL EDUCATION	5,691,680		404,415	
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)	4,063
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,063
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,063
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)	3,108
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,601,996
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,601,996

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,820,361
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,820,361
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.880043
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	448.03
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,601,996

TITLE XVIII PART A SNF PPS

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

	1
66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,601,996
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	394.29
68 PROGRAM ROUTINE SERVICE COST	1,225,453
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,225,453
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	160,060
72 PER DIEM CAPITAL-RELATED COSTS	39.39
73 PROGRAM CAPITAL-RELATED COSTS	122,424
74 INPATIENT ROUTINE SERVICE COST	1,103,029
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,103,029
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78 INPATIENT ROUTINE SERVICE COST LIMITATION	
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,225,453
80 PROGRAM INPATIENT ANCILLARY SERVICES	885,424
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2,110,877

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,725
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,725
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,725
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)	385
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)	610
16	NURSERY DAYS (TITLE V OR XIX ONLY)	77

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,691,680
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,691,680

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,337,436
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,337,436
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.775704
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	754.49
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,691,680

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 585.26  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 225,325  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 225,325

	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	294,213	610	482.32	77	37,139
43 INTENSIVE CARE UNIT	1,360,881	1,238	1,099.26	13	14,290
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1  
 49 TOTAL PROGRAM INPATIENT COSTS 325,946  
 602,700

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	691
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	585.26
85	OBSERVATION BED COST	404,415

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		3,917,357	
31	INTENSIVE CARE UNIT		1,349,953	
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.154867	2,307,750	357,394
39	DELIVERY ROOM & LABOR ROOM	.698608		
41	RADIOLOGY-DIAGNOSTIC	.137279	2,480,201	340,480
43	RADIOISOTOPE	.275468	86,075	23,711
44	LABORATORY	.167620	3,688,264	618,227
47	BLOOD STORING, PROCESSING & TRANS.	1.561579	76,764	119,873
49	RESPIRATORY THERAPY	.263368	1,685,130	443,809
50	PHYSICAL THERAPY	.489775	278,936	136,616
53	ELECTROCARDIOLOGY	.138492	710,698	98,426
54	ELECTROENCEPHALOGRAPHY	.242692	21,847	5,302
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.334356	2,677,399	895,204
56	DRUGS CHARGED TO PATIENTS	.218121	4,653,343	1,014,992
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.011057	22,062	22,306
61	EMERGENCY	.248512	1,086,068	269,901
62	OBSERVATION BEDS (NON-DISTINCT PART)	.648968		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		19,774,537	4,346,241
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		19,774,537	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.154820	899	139
39	DELIVERY ROOM & LABOR ROOM	.698608		
41	RADIOLOGY-DIAGNOSTIC	.137279	55,653	7,640
43	RADIOISOTOPE	.275468		
44	LABORATORY	.166175	349,492	58,077
47	BLOOD STORING, PROCESSING & TRANS.	1.561579	4,618	7,211
49	RESPIRATORY THERAPY	.263368	344,637	90,766
50	PHYSICAL THERAPY	.489775	835,888	409,397
53	ELECTROCARDIOLOGY	.138492	6,130	849
54	ELECTROENCEPHALOGRAPHY	.240060	1,367	328
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.334356	221,829	74,170
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.218121	1,085,852	236,847
60	CLINIC	1.011057		
61	EMERGENCY	.247302		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.648968		
101	TOTAL		2,906,365	885,424
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,906,365	



CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-0075 I FROM 10/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 9/30/2008 I PART A  
 I 15-0075 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
- 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1
- 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

6,365,416

MANAGED CARE PATIENTS

- 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST
- 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1
- 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1
- 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)
- 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
- 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
- 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97
- 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)
- 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD

73,627

62.11

INDIRECT MEDICAL EDUCATION ADJUSTMENT

- 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I
- 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)
- 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
- 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.
- 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
- 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)

FOR CR PERIODS ENDING ON OR AFTER 7/1/2005  
 E-3 PT 6 LN 15 PLUS LN 3.06

- 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)
- 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS
- 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.
- 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1
- 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09
- 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10
- 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.
- 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)
- 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).
- 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)
- 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)
- 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)
- 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1
- 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)
- 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

SUM OF LINES PLUS E-3, PT  
 3.21 - 3.23 VI, LINE 23

- 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).

DISPROPORTIONATE SHARE ADJUSTMENT

- 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)
- 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I
- 4.02 SUM OF LINES 4 AND 4.01
- 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)
- 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)

2.76

13.42

16.18

3.16

201,147

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, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)
- 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS      HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	6,640,190	
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)	6,640,190	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	541,496	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	7,181,686	
17 PRIMARY PAYER PAYMENTS	18,457	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	7,163,229	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	926,400	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	33,848	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	121,556	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	85,089	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	121,556	
22 SUBTOTAL	6,288,070	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	6,288,070	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	6,069,002	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	219,068	
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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES  
 HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	173
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,113,461
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,234,448
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.829
1.04	LINE 1.01 TIMES LINE 1.03.	1,752,059
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	173
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	791
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	791
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)	791
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	618
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	173
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,234,448
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	642,576
19	SUBTOTAL (SEE INSTRUCTIONS)	1,592,045
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,592,045
24	PRIMARY PAYER PAYMENTS	2,021
25	SUBTOTAL	1,590,024
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	83,484
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	58,439
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	83,484
28	SUBTOTAL	1,648,463
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,648,463
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,659,259
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-10,796
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,266,896		1,589,851
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.		64,356		51,373
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	5/ 5/2008	2,694	5/ 5/2008	18,035
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	7/ 1/2008	231,436		
ADJUSTMENTS TO PROGRAM .51	9/12/2008	33,508		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99		-262,250		18,035
SUBTOTAL		6,069,002		1,659,259
4 TOTAL INTERIM PAYMENTS				
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		NONE		NONE
SUBTOTAL		219,068		10,796
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		6,288,070		1,648,463

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.

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		1,042,827		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,042,827		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,042,827		

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

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				1,142,459
25	OUTLIER PAYMENTS				
26	PROGRAM CAPITAL PAYMENTS				
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)				
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS				
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				
30	SUBTOTAL				1,142,459
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)				
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30				1,142,459
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34	EXCESS OF REASONABLE COST				
35	SUBTOTAL				1,142,459
36	COINSURANCE				99,632
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19				
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)				
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)				
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES				
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)				
39	UTILIZATION REVIEW				
40	SUBTOTAL (SEE INSTRUCTIONS)				1,042,827
41	INPATIENT ROUTINE SERVICE COST				
42	MEDICARE INPATIENT ROUTINE CHARGES				
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES				
45	RATIO OF LINE 43 TO 44				
46	TOTAL CUSTOMARY CHARGES				
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				
50	OTHER ADJUSTMENTS (SPECIFY)				
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				
52	SUBTOTAL				1,042,827
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)				
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER				1,042,827
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)				
57	INTERIM PAYMENTS				1,042,827
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)				
58	BALANCE DUE PROVIDER/PROGRAM				
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)				

Health Financial Systems      MCRIF32      FOR BLUFFTON REGIONAL MEDICAL CENTER      IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
CALCULATION OF REIMBURSEMENT SETTLEMENT      I PROVIDER NO:      I PERIOD:      I PREPARED 6/17/2009  
I 15-0075      I FROM 10/ 1/2007      I WORKSHEET E-3  
I COMPONENT NO:      I TO 9/30/2008      I PART III  
I 15-5373      I

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

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	318,778			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	6,071,958			
5	OTHER RECEIVABLES	9,648			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,152,973			
7	INVENTORY	837,553			
8	PREPAID EXPENSES	197,325			
9	OTHER CURRENT ASSETS	137,714			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	6,420,003			
FIXED ASSETS					
12	LAND	3,879,500			
12.01	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	22,134,427			
14.01	LESS ACCUMULATED DEPRECIATION	-2,973,874			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	8,923,941			
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	453,906			
21	TOTAL FIXED ASSETS	32,417,900			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,108,762			
26	TOTAL OTHER ASSETS	1,108,762			
27	TOTAL ASSETS	39,946,665			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,363,444			
29 SALARIES, WAGES & FEES PAYABLE	1,280,421			
30 PAYROLL TAXES PAYABLE	1,452,378			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,763			
36 TOTAL CURRENT LIABILITIES	4,098,006			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	42,009,325			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	-12,711			
42 TOTAL LONG-TERM LIABILITIES	41,996,614			
43 TOTAL LIABILITIES	46,094,620			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-6,147,955			
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	-6,147,955			
52 TOTAL LIABILITIES AND FUND BALANCES	39,946,665			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		-7,296,987		
2 OF PERIOD				
2 NET INCOME (LOSS)		1,148,892		
3 TOTAL		-6,148,095		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-6,148,095		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		-6,148,095		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
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				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	7,847,008		7,847,008
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,820,361		1,820,361
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,667,369		9,667,369
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,131,542		2,131,542
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,131,542		2,131,542
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,798,911		11,798,911
17 00 ANCILLARY SERVICES	41,527,730	52,514,448	94,042,178
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
24 00			
25 00 TOTAL PATIENT REVENUES	53,326,641	52,514,448	105,841,089

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		37,703,581	
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		37,703,581	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	105,841,089
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	65,214,047
3	NET PATIENT REVENUES	40,627,042
4	LESS: TOTAL OPERATING EXPENSES	37,703,581
5	NET INCOME FROM SERVICE TO PATIENTS	2,923,461
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	1,377
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	25,076
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	247,664
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	5,050
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	642,642
25	TOTAL OTHER INCOME	921,809
26	TOTAL	3,845,270
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	2,696,378
28		
29		
30	TOTAL OTHER EXPENSES	2,696,378
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,148,892

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	539,354
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	2,142
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	28.07
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	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	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	541,496
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)	