

**DUNN MEMORIAL HOSPITAL**  
BEDFORD, INDIANA

**PROVIDER NUMBERS**  
15-1335, 15-M335, AND 15-7176

HOSPITAL STATEMENT OF REIMBURSABLE COST  
YEAR ENDED DECEMBER 31, 2008

*CPAs / ADVISORS*



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

FORM APPROVED  
 OMB NO. 0938-0050

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	15-1335	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/22/2009 TIME 15:34

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 DUNN MEMORIAL HOSPITAL 15-1335  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 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.

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 ECR ENCRYPTION INFORMATION  
 DATE: 5/22/2009 TIME 15:34  
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\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	867,185	-23,720	458,564
2	SUBPROVIDER	0	0	0	-6,149
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	867,185	-23,720	452,415

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: 1616 TWENTY-THIRD STREET P.O. BOX:  
 1.01 CITY: BEDFORD STATE: IN ZIP CODE: 47421- COUNTY: LAWRENCE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2  
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
20 SUBPROVIDER 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE 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?

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) N N

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

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

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

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

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

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  
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 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

28.03 STAFFING 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

28.07 0.00%

28.08 0.00%

28.09 0.00%

28.10 0.00%

28.11 0.00%

28.12 0.00%

28.13 0.00%

28.14 0.00%

28.15 0.00%

28.16 0.00%

28.17 0.00%

28.18 0.00%

28.19 0.00%

28.20 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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)?

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N 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? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N  
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: P.O. BOX:  
 40.03 CITY: STATE: ZIP CODE: -  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 N 0  
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0  
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2

"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N  
60.01 IF LINE 60 COLUMN 1 IS Y, 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.

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). / /

HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

PROVIDER NO: 15-1335  
 I PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/22/2009  
 WORKSHEET S-3  
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE 4	VISITS / NOT LTCH N/A	TRIPS 5	TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	18	6,588	92,448.00		2,468			228
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	18	6,588	92,448.00		2,468			228
6 INTENSIVE CARE UNIT	7	2,562	32,520.00		974			113
11 NURSERY								
12 TOTAL	25	9,150	124,968.00		3,442			341
13 RPCH VISITS								
14 SUBPROVIDER	10	2,010			975			13
18 HOME HEALTH AGENCY					5,481			
25 TOTAL	35							
26 OBSERVATION BED DAYS								208
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS					1,674			
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 6	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,852				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,852				
6 INTENSIVE CARE UNIT			1,355				
11 NURSERY			437				
12 TOTAL			5,644				
13 RPCH VISITS							
14 SUBPROVIDER			1,052				
18 HOME HEALTH AGENCY			6,664				
25 TOTAL							
26 OBSERVATION BED DAYS		208	1,133		1,133		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					842	116	2,285
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		384.91			842	116	2,285
13 RPCH VISITS							
14 SUBPROVIDER		9.56			90	2	102
18 HOME HEALTH AGENCY		10.87					
25 TOTAL		405.34					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL-BASED HOME HEALTH AGENCY  
 STATISTICAL DATA  
 HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET S-4  
 I HHA NO: I TO 12/31/2008 I  
 I 15-7176 I  
 COUNTY:

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		193.00		
	TOTAL			
	5			
1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT				
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				

	HHA NO. OF FTE EMPLOYEES (2080 HRS)		
	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).			

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

	FULL EPISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	2,501	24	26	30
22 SKILLED NURSING VISIT CHARGES	300,080	2,886	3,125	3,706
23 PHYSICAL THERAPY VISITS	785	10	0	3
24 PHYSICAL THERAPY VISIT CHARGES	98,318	1,297	0	392
25 OCCUPATIONAL THERAPY VISITS	308	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	38,400	0	0	0
27 SPEECH PATHOLOGY VISITS	34	0	3	0
28 SPEECH PATHOLOGY VISIT CHARGES	4,937	0	437	0
29 MEDICAL SOCIAL SERVICE VISITS	17	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,984	0	182	0
31 HOME HEALTH AIDE VISITS	1,698	0	7	6
32 HOME HEALTH AIDE VISIT CHARGES	131,404	0	551	478
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	5,343	34	37	39
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	576,123	4,183	4,295	4,576
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	290	0	14	5
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,008	77	72	154

Health Financial Systems MCRIF32 FOR DUNN MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
	I	15-1335	I	FROM	1/ 1/2008	I	WORKSHEET S-4
	I	HHA NO:	I	TO	12/31/2008	I	
HOME HEALTH AGENCY STATISTICAL DATA	I	15-7176	I			I	

COUNTY:

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,581
22 SKILLED NURSING VISIT CHARGES	0	0	309,797
23 PHYSICAL THERAPY VISITS	0	0	798
24 PHYSICAL THERAPY VISIT CHARGES	0	0	100,007
25 OCCUPATIONAL THERAPY VISITS	0	0	308
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	38,400
27 SPEECH PATHOLOGY VISITS	0	0	37
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	5,374
29 MEDICAL SOCIAL SERVICE VISITS	0	0	18
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	3,166
31 HOME HEALTH AIDE VISITS	0	0	1,711
32 HOME HEALTH AIDE VISIT CHARGES	0	0	132,433
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	5,453
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	589,177
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	309
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	9,311

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 15-1335  
I

I PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008

I PREPARED 5/22/2009  
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					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,459,454	1,459,454		1,459,454
5	0500 EMPLOYEE BENEFITS	110,802	2,828,474	2,939,276		2,939,276
6	0600 ADMINISTRATIVE & GENERAL	1,832,593	2,968,275	4,800,868	-80,147	4,720,721
8	0800 OPERATION OF PLANT	421,898	1,107,915	1,529,813		1,529,813
9	0900 LAUNDRY & LINEN SERVICE	77,171	42,125	119,296		119,296
10	1000 HOUSEKEEPING	379,818	127,298	507,116		507,116
11	1100 DIETARY	448,025	406,697	854,722	-185,755	668,967
12	1200 CAFETERIA				185,755	185,755
14	1400 NURSING ADMINISTRATION	613,802	85,677	699,479		699,479
15	1500 CENTRAL SERVICES & SUPPLY	151,209	20,663	171,872		171,872
16	1600 PHARMACY	366,407	1,038,068	1,404,475		1,404,475
17	1700 MEDICAL RECORDS & LIBRARY	438,984	158,918	597,902		597,902
18	1800 SOCIAL SERVICE	189,662	36,631	226,293		226,293
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,479,733	449,304	2,929,037	-566,892	2,362,145
26	2600 INTENSIVE CARE UNIT	1,258,280	207,384	1,465,664		1,465,664
31	3100 SUBPROVIDER	506,003	103,685	609,688		609,688
33	3300 NURSERY		5,890	5,890	384,120	390,010
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,202,435	695,871	1,898,306		1,898,306
39	3900 DELIVERY ROOM & LABOR ROOM		48	48	139,841	139,889
40	4000 ANESTHESIOLOGY	460,645	520,300	980,945		980,945
41	4100 RADIOLOGY-DIAGNOSTIC	906,526	859,688	1,766,214		1,766,214
44	4400 LABORATORY	833,268	2,061,053	2,894,321		2,894,321
49	4900 RESPIRATORY THERAPY	679,534	148,964	828,498		828,498
50	5000 PHYSICAL THERAPY	301,301	122,162	423,463		423,463
53	5300 ELECTROCARDIOLOGY	371,251	169,179	540,430		540,430
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,031,456	2,031,456	42,931	2,074,387
56	5600 DRUGS CHARGED TO PATIENTS		2,780	2,780		2,780
57	5700 RENAL DIALYSIS		58,960	58,960		58,960
59	3030 ANGIOCARDIOGRAPHY	400,344	627,449	1,027,793		1,027,793
59.01	3950 CARDIAC REHAB	107,142	21,626	128,768		128,768
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	1,055,093	666,488	1,721,581		1,721,581
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	943,395	335,832	1,279,227		1,279,227
71	7100 HOME HEALTH AGENCY	558,990	131,484	690,474		690,474
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
95	SUBTOTALS	17,094,311	19,499,798	36,594,109	-80,147	36,513,962
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	1,874,047	672,452	2,546,499		2,546,499
100	7950 OTHER NONREIMBURSABLE COST CENTERS	411,317	200,706	612,023	47,265	659,288
100.01	7951 MARKETING	43,406	217,458	260,864	-19,532	241,332
100.02	7952 MEDICAL STAFF				52,414	52,414
101	TOTAL	19,423,081	20,590,414	40,013,495	-0-	40,013,495

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 15-1335  
II PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008I PREPARED 5/22/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-102,719	1,356,735
5	0500 EMPLOYEE BENEFITS	-5,411	2,933,865
6	0600 ADMINISTRATIVE & GENERAL	-385,507	4,335,214
8	0800 OPERATION OF PLANT		1,529,813
9	0900 LAUNDRY & LINEN SERVICE		119,296
10	1000 HOUSEKEEPING	-22,422	484,694
11	1100 DIETARY		668,967
12	1200 CAFETERIA	-115,226	70,529
14	1400 NURSING ADMINISTRATION		699,479
15	1500 CENTRAL SERVICES & SUPPLY	-943	170,929
16	1600 PHARMACY	-2,023	1,402,452
17	1700 MEDICAL RECORDS & LIBRARY	-12,063	585,839
18	1800 SOCIAL SERVICE		226,293
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-569	2,361,576
26	2600 INTENSIVE CARE UNIT	-48,000	1,417,664
31	3100 SUBPROVIDER	-30,480	579,208
33	3300 NURSERY		390,010
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,898,306
39	3900 DELIVERY ROOM & LABOR ROOM		139,889
40	4000 ANESTHESIOLOGY	-938,350	42,595
41	4100 RADIOLOGY-DIAGNOSTIC	-250	1,765,964
44	4400 LABORATORY	-144,675	2,749,646
49	4900 RESPIRATORY THERAPY		828,498
50	5000 PHYSICAL THERAPY		423,463
53	5300 ELECTROCARDIOLOGY		540,430
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,074,387
56	5600 DRUGS CHARGED TO PATIENTS		2,780
57	5700 RENAL DIALYSIS		58,960
59	3030 ANGIOCARDIOGRAPHY	-94,941	932,852
59.01	3950 CARDIAC REHAB		128,768
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-361,666	1,359,915
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-53,223	1,226,004
71	7100 HOME HEALTH AGENCY		690,474
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-2,318,468	34,195,494
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		2,546,499
100	7950 OTHER NONREIMBURSABLE COST CENTERS		659,288
100.01	7951 MARKETING		241,332
100.02	7952 MEDICAL STAFF		52,414
101	TOTAL	-2,318,468	37,695,027

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	ANGIOCARDIOGRAPHY	3030	ANGIOCARDIOGRAPHY
59.01	CARDIAC REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MEDICAL STAFF	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
151335	FROM 1/ 1/2008	5/22/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
	1	2	3		4	5
1 FOUNDATION RECLASS	A	OTHER NONREIMBURSABLE COST CENTERS	100		40,781	6,484
2 CAFETERIA RECLASS	B	CAFETERIA	12		98,490	87,265
3 OB RECLASS	C	NURSERY	33		333,913	50,207
4		DELIVERY ROOM & LABOR ROOM	39		121,563	18,278
5 MARKETING RECLASS	D	ADMINISTRATIVE & GENERAL	6		2,786	16,746
6 CHARGED PATIENT SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			42,931
7 MEDICAL STAFF RECLASS	F	MEDICAL STAFF	100.02			52,414
36 TOTAL RECLASSIFICATIONS					597,533	274,325

(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: 151335	PERIOD: FROM 1/1/2008 TO 12/31/2008	PREPARED 5/22/2009 WORKSHEET A-6
------------------------	---	-------------------------------------

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
	1	6	7	8	9
1 FOUNDATION RECLASS	A	ADMINISTRATIVE & GENERAL	6	40,781	6,484
2 CAFETERIA RECLASS	B	DIETARY	11	98,490	87,265
3 OB RECLASS	C	ADULTS & PEDIATRICS	25	455,476	68,485
4					
5 MARKETING RECLASS	D	MARKETING	100.01	2,786	16,746
6 CHARGED PATIENT SUPPLIES	E	ADULTS & PEDIATRICS	25		42,931
7 MEDICAL STAFF RECLASS	F	ADMINISTRATIVE & GENERAL	6		52,414
36 TOTAL RECLASSIFICATIONS				597,533	274,325

(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
151335	FROM 1/ 1/2008	5/22/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : FOUNDATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NONREIMBURSABLE COST CEN	100	47,265	ADMINISTRATIVE & GENERAL	6	47,265	
TOTAL RECLASSIFICATIONS FOR CODE A			47,265				47,265

RECLASS CODE: B  
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	185,755	DIETARY	11	185,755	
TOTAL RECLASSIFICATIONS FOR CODE B			185,755				185,755

RECLASS CODE: C  
EXPLANATION : OB RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	384,120	ADULTS & PEDIATRICS	25	523,961	
2.00	DELIVERY ROOM & LABOR ROOM	39	139,841			0	
TOTAL RECLASSIFICATIONS FOR CODE C			523,961				523,961

RECLASS CODE: D  
EXPLANATION : MARKETING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	19,532	MARKETING	100.01	19,532	
TOTAL RECLASSIFICATIONS FOR CODE D			19,532				19,532

RECLASS CODE: E  
EXPLANATION : CHARGED PATIENT SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	42,931	ADULTS & PEDIATRICS	25	42,931	
TOTAL RECLASSIFICATIONS FOR CODE E			42,931				42,931

RECLASS CODE: F  
EXPLANATION : MEDICAL STAFF RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL STAFF	100.02	52,414	ADMINISTRATIVE & GENERAL	6	52,414	
TOTAL RECLASSIFICATIONS FOR CODE F			52,414				52,414

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		
	1	2	3	4	5	6	7
1 LAND	750,982				4,494	746,488	
2 LAND IMPROVEMENTS	825,755	2,737		2,737		828,492	
3 BUILDINGS & FIXTURE	26,293,486	830,566		830,566		27,124,052	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	3,781,564	10,614		10,614		3,792,178	
6 MOVABLE EQUIPMENT	25,846,163	558,020		558,020		26,404,183	
7 SUBTOTAL	57,497,950	1,401,937		1,401,937	4,494	58,895,393	
8 RECONCILING ITEMS							
9 TOTAL	57,497,950	1,401,937		1,401,937	4,494	58,895,393	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
* NEW CAP REL COSTS-MV	948,668	-68,684	305,780	143,220	27,751		1,356,735	
5 TOTAL	948,668	-68,684	305,780	143,220	27,751		1,356,735	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
* NEW CAP REL COSTS-MV	948,668	-68,684	408,499	143,220	27,751		1,459,454	
5 TOTAL	948,668	-68,684	408,499	143,220	27,751		1,459,454	

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

I PROVIDER NO:  
I 15-1335  
I

I PERIOD:  
I FROM 1/ 1/2008 I  
I TO 12/31/2008 I  
I PREPARED 5/22/2009  
I WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-619,075			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CAFETERIA SALES	B	-115,222	CAFETERIA	12	
38 GUEST TRAYS	B	-4	CAFETERIA	12	
39 EKG-EEG CONTRACT REVENUE	B	-58,941	ANGIOCARDIOGRAPHY	59	
40 MEDICAL STAFF APPLICATIONS	B	-1,850	EMPLOYEE BENEFITS	5	
41 MEDICAL RECORD HISTORIES	B	-12,063	MEDICAL RECORDS & LIBRARY	17	
42 OTHER MISC. INCOME	B	-827	PHARMACY	16	
43 SUPPLIES - EMPLOYEE	B	-943	CENTRAL SERVICES & SUPPLY	15	
44 COMMUNITY WELLNESS	B	-341	ADMINISTRATIVE & GENERAL	6	
45 AMBULANCE TRAINING INCOME	B	-2,977	AMBULANCE SERVICES	65	
46 INFECTION CONTROL INCOME	B	-325	ADMINISTRATIVE & GENERAL	6	
47 PRENATAL CLASSES	B	-569	ADULTS & PEDIATRICS	25	
48 MEMBERSHIP REBATES	B	-36,545	ADMINISTRATIVE & GENERAL	6	
49 LAB - OUTSIDE REVENUE	B	-675	LABORATORY	44	
49.01 X-RAY - CORONER	B	-250	RADIOLOGY-DIAGNOSTIC	41	
49.02 PHARMACY - OUTSIDE REVENUE	B	-1,196	PHARMACY	16	
49.03 INTEREST INCOME	B	-102,719	NEW CAP REL COSTS-MVBLE E	4	11
49.06 PRACTICE MANAGEMENT	A	-17,975	ADMINISTRATIVE & GENERAL	6	
49.07 CRNA WAGES	A	-460,645	ANESTHESIOLOGY	40	
49.08 CRNA FICA	A	-12,955	ANESTHESIOLOGY	40	
49.09 CRNA CONTRACT	A	-464,750	ANESTHESIOLOGY	40	
49.12 SERVICE CONTRACT TV'S	A	-9,989	ADMINISTRATIVE & GENERAL	6	
49.13 TELEPHONE SERVICES	A	-50,984	ADMINISTRATIVE & GENERAL	6	
49.14 TELEPHONE SERVICES	A	-3,561	EMPLOYEE BENEFITS	5	
49.15 IHA LOBBYING	A	-1,200	ADMINISTRATIVE & GENERAL	6	
49.16 MISCELLANEOUS INCOME	B	-11,782	ADMINISTRATIVE & GENERAL	6	
49.17 LIFELINE DEPRECIATION	A	-1,071	EMERGENCY	61	
49.18 BRMC ENVIRONMENTAL SERVICES	B	-22,422	HOUSEKEEPING	10	
49.19 AMBULANCE INCOME	B	-50,246	AMBULANCE SERVICES	65	
49.20 PHYSICIAN RECRUITMENT	A	-63,327	ADMINISTRATIVE & GENERAL	6	
49.21 PHYSICIAN INCOME GUARANTEE	A	-193,039	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,318,468			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 15-1335  
I

I PERIOD: I PREPARED 5/22/2009  
I FROM 1/ 1/2008 I WORKSHEET A-8-2  
I TO 12/31/2008 I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN	TOTAL	PROFES-	PROVIDER	RCE	PHYSICIAN/ PROVIDER	UNADJUSTED	5 PERCENT OF
LINE NO.	IDENTIFIER	REMUN-	SIONAL	COMPONENT	AMOUNT	COMPONENT	RCE LIMIT	UNADJUSTED
1	2	3	4	5	6	7	8	9
1 26	INTENSIVE CARE UNIT	48,000	48,000					
2 31	SUBPROVIDER	46,000	30,480	15,520				
3 44	LABORATORY	144,000	144,000					
4 49	RESPIRATORY THERAPY	2,250		2,250				
5 53	ELECTROCARDIOLOGY	63,479		63,479				
6 59	ANGIOCARDIOGRAPHY	36,000	36,000					
7 61	EMERGENCY	360,595	360,595					
8 40	ANESTHESIA	2,513		2,513				
9 41	X-RAY	240		240				
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	703,077	619,075	84,002				



COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	2	SQUARE	FEET	ENTERED
11	DIETARY	10	PATIENT	DAYS	ENTERED
12	CAFETERIA	11	PAID	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	17	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	0	4	5	5a.00	6	8	9
004 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-MVBLE E	1,356,735	1,356,735					
006 EMPLOYEE BENEFITS	2,933,865	13,734	2,947,599				
008 ADMINISTRATIVE & GENERAL	4,335,214	122,126	273,906	4,731,246	4,731,246		
009 OPERATION OF PLANT	1,529,813	227,562	64,393	1,821,768	261,477	2,083,245	
010 LAUNDRY & LINEN SERVICE	119,296	8,851	11,778	139,925	20,083	17,957	177,965
011 HOUSEKEEPING	484,694	6,849	57,971	549,514	78,871	13,894	1,584
012 DIETARY	668,967	23,108	53,349	745,424	106,990	46,880	876
014 CAFETERIA	70,529	15,207	15,032	100,768	14,463	30,851	
015 NURSING ADMINISTRATION	699,479	7,240	93,683	800,402	114,881	14,687	
016 CENTRAL SERVICES & SUPPLY	170,929	25,087	23,079	219,095	31,446	50,893	
017 PHARMACY	1,402,452	6,669	55,924	1,465,045	210,276	13,528	
018 MEDICAL RECORDS & LIBRARY	585,839	36,145	67,001	688,985	98,889	73,327	
018 SOCIAL SERVICE	226,293	3,981	28,948	259,222	37,206	7,588	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,361,576	121,699	308,964	2,792,239	400,767	246,891	63,670
031 INTENSIVE CARE UNIT	1,417,664	27,317	192,049	1,637,030	234,961	55,419	18,336
033 SUBPROVIDER	579,208	13,325	77,230	669,763	96,130	27,032	8,258
033 NURSERY	390,010	4,329	50,964	445,303	63,914	8,783	3,033
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,898,306	86,486	183,525	2,168,317	311,216	175,467	24,099
040 DELIVERY ROOM & LABOR ROO	139,889	18,454	18,554	176,897	25,390	37,438	6,202
041 ANESTHESIOLOGY	42,595		70,307	112,902	16,205		
044 RADIOLOGY-DIAGNOSTIC	1,765,964	47,624	138,361	1,951,949	280,161	96,614	5,393
049 LABORATORY	2,749,646	40,113	127,180	2,916,939	418,665	81,378	
050 RESPIRATORY THERAPY	828,498	10,312	103,716	942,526	135,280	20,921	
053 PHYSICAL THERAPY	423,463	22,814	45,987	492,264	70,654	46,282	3,741
055 ELECTROCARDIOLOGY	540,430	17,258	56,663	614,351	88,177	35,010	1,888
056 MEDICAL SUPPLIES CHARGED	2,074,387			2,074,387	297,735		
057 DRUGS CHARGED TO PATIENTS	2,780			2,780	399		
059 RENAL DIALYSIS	58,960	35,044		94,004	13,492	71,094	4,045
059 ANGIOCARDIOGRAPHY	932,852	20,216	61,104	1,014,172	145,563	41,012	3,505
059 01 CARDIAC REHAB	128,768	7,312	16,353	152,433	21,879	14,834	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	1,359,915	34,094	161,037	1,555,046	223,194	69,167	31,751
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	1,226,004	41,995	143,988	1,411,987	202,661	85,196	775
095 HOME HEALTH AGENCY	690,474	8,442	85,318	784,234	112,560	17,127	
095 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	34,195,494	1,053,393	2,586,364	33,530,917	4,133,585	1,399,270	177,156
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC	2,546,499	121,705	286,032	2,954,236	424,009	246,903	
100 OTHER NONREIMBURSABLE COS	659,288	180,627	69,003	908,918	130,456	366,442	809
100 01 MARKETING	241,332	1,010	6,200	248,542	35,673	2,049	
100 02 MEDICAL STAFF	52,414			52,414	7,523	68,581	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	37,695,027	1,356,735	2,947,599	37,695,027	4,731,246	2,083,245	177,965

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
004 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	643,863						
011 DIETARY	20,922	921,092					
012 CAFETERIA	13,768		159,850				
014 NURSING ADMINISTRATION	6,555		5,249	941,774			
015 CENTRAL SERVICES & SUPPLY	22,713		3,380		327,527		
016 PHARMACY	6,038		3,727		841	1,699,455	
017 MEDICAL RECORDS & LIBRARY	32,725		8,909		850		903,685
018 SOCIAL SERVICE	3,386		2,347		56		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	110,187	566,871	30,869	333,884	6,391		37,936
026 INTENSIVE CARE UNIT	24,733	199,406	14,977	161,995	2,098		22,829
031 SUBPROVIDER	12,064	154,815	6,556	70,907	375		11,614
033 NURSERY	3,920		3,896	42,140	454		3,186
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	78,310		15,309	165,581	41,802		64,906
039 DELIVERY ROOM & LABOR ROO	16,708		1,418	15,341	5		6,726
040 ANESTHESIOLOGY			691		7		12,625
041 RADIOLOGY-DIAGNOSTIC	43,118		12,979		4,136		177,210
044 LABORATORY	36,319		14,451		23,634		141,957
049 RESPIRATORY THERAPY	9,337		7,387		2,830		17,838
050 PHYSICAL THERAPY	20,655		3,713		802		19,223
053 ELECTROCARDIOLOGY	15,625		4,328		747		37,379
055 MEDICAL SUPPLIES CHARGED					216,303		116,677
056 DRUGS CHARGED TO PATIENTS						1,699,455	65,074
057 RENAL DIALYSIS	2,875				14		1,537
059 ANGIOCARDIOGRAPHY	18,304		3,488		3,071		45,618
059 01 CARDIAC REHAB	6,620		1,482		217		3,562
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	30,869		14,046	151,926	3,866		91,355
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					3,767		26,433
071 HOME HEALTH AGENCY	7,644				631		
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	543,395	921,092	159,202	941,774	312,897	1,699,455	903,685
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	62,935				12,257		
100 OTHER NONREIMBURSABLE COS	6,010				1,710		
100 01 MARKETING	915		648		663		
100 02 MEDICAL STAFF	30,608						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	643,863	921,092	159,850	941,774	327,527	1,699,455	903,685

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	SOCIAL SERVIC E	18	25	I&R COST POST STEP-DOWN ADJ 26	TOTAL
004 GENERAL SERVICE COST CNTR					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	309,805				
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	178,221	4,767,926			4,767,926
031 INTENSIVE CARE UNIT	62,692	2,434,476			2,434,476
033 SUBPROVIDER	48,673	1,106,187			1,106,187
033 NURSERY	20,219	594,848			594,848
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM		3,045,007			3,045,007
040 DELIVERY ROOM & LABOR ROO		286,125			286,125
041 ANESTHESIOLOGY		142,430			142,430
044 RADIOLOGY-DIAGNOSTIC		2,571,560			2,571,560
049 LABORATORY		3,633,343			3,633,343
050 RESPIRATORY THERAPY		1,136,119			1,136,119
053 PHYSICAL THERAPY		657,334			657,334
055 ELECTROCARDIOLOGY		797,505			797,505
056 MEDICAL SUPPLIES CHARGED		2,705,102			2,705,102
057 DRUGS CHARGED TO PATIENTS		1,767,708			1,767,708
059 RENAL DIALYSIS		187,061			187,061
059 01 ANGIOCARDIOGRAPHY		1,274,733			1,274,733
059 02 CARDIAC REHAB		201,027			201,027
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC					
062 EMERGENCY		2,171,220			2,171,220
065 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
071 AMBULANCE SERVICES		1,730,819			1,730,819
095 HOME HEALTH AGENCY		922,196			922,196
095 SPEC PURPOSE COST CENTERS					
098 SUBTOTALS	309,805	32,132,726			32,132,726
100 NONREIMBURS COST CENTERS					
100 01 PHYSICIANS' PRIVATE OFFIC		3,700,340			3,700,340
100 02 OTHER NONREIMBURSABLE COS		1,414,345			1,414,345
101 MARKETING		288,490			288,490
102 02 MEDICAL STAFF		159,126			159,126
103 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER					
TOTAL	309,805	37,695,027			37,695,027

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9
004 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		13,734	13,734	13,734			
008 ADMINISTRATIVE & GENERAL		122,126	122,126	1,276	123,402		
009 OPERATION OF PLANT		227,562	227,562	300	6,821	234,683	
010 LAUNDRY & LINEN SERVICE		8,851	8,851	55	524	2,023	11,453
011 HOUSEKEEPING		6,849	6,849	270	2,057	1,565	102
012 DIETARY		23,108	23,108	249	2,791	5,281	56
014 CAFETERIA		15,207	15,207	70	377	3,475	
015 NURSING ADMINISTRATION		7,240	7,240	436	2,997	1,655	
016 CENTRAL SERVICES & SUPPLY		25,087	25,087	108	820	5,733	
017 PHARMACY		6,669	6,669	261	5,485	1,524	
018 MEDICAL RECORDS & LIBRARY		36,145	36,145	312	2,580	8,260	
018 SOCIAL SERVICE		3,981	3,981	135	971	855	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		121,699	121,699	1,442	10,454	27,813	4,099
031 INTENSIVE CARE UNIT		27,317	27,317	895	6,129	6,243	1,180
033 SUBPROVIDER		13,325	13,325	360	2,508	3,045	531
033 NURSERY		4,329	4,329	237	1,667	989	195
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		86,486	86,486	855	8,118	19,767	1,551
040 DELIVERY ROOM & LABOR ROO		18,454	18,454	86	662	4,217	399
041 ANESTHESIOLOGY				328	423		
044 RADIOLOGY-DIAGNOSTIC		47,624	47,624	645	7,308	10,884	347
049 LABORATORY		40,113	40,113	592	10,921	9,167	
050 RESPIRATORY THERAPY		10,312	10,312	483	3,529	2,357	
053 PHYSICAL THERAPY		22,814	22,814	214	1,843	5,214	241
055 ELECTROCARDIOLOGY		17,258	17,258	264	2,300	3,944	121
056 MEDICAL SUPPLIES CHARGED					7,767		
057 DRUGS CHARGED TO PATIENTS					10		
059 RENAL DIALYSIS		35,044	35,044		352	8,009	260
059 01 ANGIOCARDIOGRAPHY		20,216	20,216	285	3,797	4,620	226
059 02 CARDIAC REHAB		7,312	7,312	76	571	1,671	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY		34,094	34,094	750	5,822	7,792	2,043
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES		41,995	41,995	671	5,286	9,598	50
095 HOME HEALTH AGENCY		8,442	8,442	397	2,936	1,929	
095 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS		1,053,393	1,053,393	12,052	107,826	157,630	11,401
100 NONREIMBURS COST CENTERS							
100 01 PHYSICIANS' PRIVATE OFFIC		121,705	121,705	1,332	11,046	27,814	
100 02 OTHER NONREIMBURSABLE COS		180,627	180,627	321	3,403	41,282	52
101 01 MARKETING		1,010	1,010	29	931	231	
101 02 MEDICAL STAFF					196	7,726	
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL		1,356,735	1,356,735	13,734	123,402	234,683	11,453

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17
004 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	10,843						
012 DIETARY	352	31,837					
014 CAFETERIA	232		19,361				
015 NURSING ADMINISTRATION	110		636	13,074			
016 CENTRAL SERVICES & SUPPLY	383		409		32,540		
017 PHARMACY	102		451		84	14,576	
018 MEDICAL RECORDS & LIBRARY	551		1,079		84		49,011
018 SOCIAL SERVICE	57		284		6		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,857	19,594	3,741	4,635	635		2,058
031 INTENSIVE CARE UNIT	417	6,892	1,814	2,249	208		1,238
033 SUBPROVIDER	203	5,351	794	984	37		630
037 NURSERY	66		472	585	45		173
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	1,319		1,854	2,299	4,153		3,521
041 DELIVERY ROOM & LABOR ROO	281		172	213			365
044 ANESTHESIOLOGY			84		1		685
049 RADIOLOGY-DIAGNOSTIC	726		1,572		411		9,604
050 LABORATORY	612		1,750		2,348		7,700
053 RESPIRATORY THERAPY	157		895		281		968
055 PHYSICAL THERAPY	348		450		80		1,043
056 ELECTROCARDIOLOGY	263		524		74		2,028
057 MEDICAL SUPPLIES CHARGED					21,490		6,329
059 DRUGS CHARGED TO PATIENTS						14,576	3,530
059 01 RENAL DIALYSIS	48				1		83
059 01 ANGIOCARDIOGRAPHY	308		422		305		2,474
059 01 CARDIAC REHAB	111		179		22		193
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	520		1,701	2,109	384		4,955
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					374		1,434
071 HOME HEALTH AGENCY	129				63		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,152	31,837	19,283	13,074	31,086	14,576	49,011
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC	1,060				1,218		
100 01 OTHER NONREIMBURSABLE COS	101				170		
100 01 MARKETING	15		78		66		
100 02 MEDICAL STAFF	515						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,843	31,837	19,361	13,074	32,540	14,576	49,011

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
004 GENERAL SERVICE COST CNTR				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL 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	6,289			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	3,618	201,645		201,645
031 INTENSIVE CARE UNIT	1,273	55,855		55,855
033 SUBPROVIDER	988	28,756		28,756
033 NURSERY	410	9,168		9,168
037 ANCILLARY SRVC COST CNTRS				
039 OPERATING ROOM		129,923		129,923
040 DELIVERY ROOM & LABOR ROO		24,849		24,849
041 ANESTHESIOLOGY		1,521		1,521
044 RADIOLOGY-DIAGNOSTIC		79,121		79,121
049 LABORATORY		73,203		73,203
050 RESPIRATORY THERAPY		18,982		18,982
053 PHYSICAL THERAPY		32,247		32,247
055 ELECTROCARDIOLOGY		26,776		26,776
056 MEDICAL SUPPLIES CHARGED		35,586		35,586
057 DRUGS CHARGED TO PATIENTS		18,116		18,116
059 RENAL DIALYSIS		43,797		43,797
059 01 ANGIOCARDIOGRAPHY		32,653		32,653
059 02 CARDIAC REHAB		10,135		10,135
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
062 EMERGENCY		60,170		60,170
065 OBSERVATION BEDS (NON-DIS				
071 OTHER REIMBURS COST CNTRS				
095 AMBULANCE SERVICES		59,408		59,408
095 HOME HEALTH AGENCY		13,896		13,896
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	6,289	955,807		955,807
098 NONREIMBURS COST CENTERS				
100 PHYSICIANS' PRIVATE OFFIC		164,175		164,175
100 01 OTHER NONREIMBURSABLE COS		225,956		225,956
100 02 MARKETING		2,360		2,360
101 02 MEDICAL STAFF		8,437		8,437
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	6,289	1,356,735		1,356,735

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	OSTS-MVBLE	E FITS		( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF LAUNDRY )
	( SQUARE FEET )	( GROSS SALARIES )	6a.00	6	8	9
004 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-MVB	225,630					
005 EMPLOYEE BENEFITS	2,284	19,312,279				
006 ADMINISTRATIVE & GENE	20,310	1,794,598	-4,731,246	32,963,781		
008 OPERATION OF PLANT	37,844	421,898		1,821,768	170,775	
009 LAUNDRY & LINEN SERVI	1,472	77,171		139,925	1,472	5,280
010 HOUSEKEEPING	1,139	379,818		549,514	1,139	47
011 DIETARY	3,843	349,535		745,424	3,843	26
012 CAFETERIA	2,529	98,490		100,768	2,529	
014 NURSING ADMINISTRATIO	1,204	613,802		800,402	1,204	
015 CENTRAL SERVICES & SU	4,172	151,209		219,095	4,172	
016 PHARMACY	1,109	366,407		1,465,045	1,109	
017 MEDICAL RECORDS & LIB	6,011	438,984		688,985	6,011	
018 SOCIAL SERVICE	662	189,662		259,222	622	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	20,239	2,024,257		2,792,239	20,239	1,889
026 INTENSIVE CARE UNIT	4,543	1,258,280		1,637,030	4,543	544
031 SUBPROVIDER	2,216	506,003		669,763	2,216	245
033 NURSERY	720	333,913		445,303	720	90
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	14,383	1,202,435		2,168,317	14,384	715
039 DELIVERY ROOM & LABOR	3,069	121,563		176,897	3,069	184
040 ANESTHESIOLOGY		460,645		112,902		
041 RADIOLOGY-DIAGNOSTIC	7,920	906,526		1,951,949	7,920	160
044 LABORATORY	6,671	833,268		2,916,939	6,671	
049 RESPIRATORY THERAPY	1,715	679,534		942,526	1,715	
050 PHYSICAL THERAPY	3,794	301,301		492,264	3,794	111
053 ELECTROCARDIOLOGY	2,870	371,251		614,351	2,870	56
055 MEDICAL SUPPLIES CHAR				2,074,387		
056 DRUGS CHARGED TO PATI				2,780		
057 RENAL DIALYSIS	5,828			94,004	5,828	120
059 ANGIOCARDIOGRAPHY	3,362	400,344		1,014,172	3,362	104
059 01 CARDIAC REHAB	1,216	107,142		152,433	1,216	
060 OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY	5,670	1,055,093		1,555,046	5,670	942
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	6,984	943,395		1,411,987	6,984	23
071 HOME HEALTH AGENCY	1,404	558,990		784,234	1,404	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	175,183	16,945,514	-4,731,246	28,799,671	114,706	5,256
098 NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O	20,240	1,874,047		2,954,236	20,240	
100 OTHER NONREIMBURSABLE	30,039	452,098		908,918	30,039	24
100 01 MARKETING	168	40,620		248,542	168	
100 02 MEDICAL STAFF				52,414	5,622	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,356,735	2,947,599		4,731,246	2,083,245	177,965
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	6.013097				12.198770	
105 (WRKSHT B, PT I)		.152628		.143529		33.705492
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED		13,734		123,402	234,683	11,453
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.000711		.003744	1.374223	2.169129
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR
		(SQUARE ET	FE(PATIENT )DAYS	(PAID )HOURS	(DIRECT )NRSING HRS	(COSTED )REQUIS.	(COSTED )REQUIS.	( ) GROSS CHARGES )
		10	11	12	14	15	16	17
004	GENERAL SERVICE COST							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENE							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVI							
011	HOUSEKEEPING	118,265						
012	DIETARY	3,843	6,259					
014	CAFETERIA	2,529		485,083				
015	NURSING ADMINISTRATIO	1,204		15,930	264,228			
016	CENTRAL SERVICES & SU	4,172		10,257		3,141,059		
017	PHARMACY	1,109		11,309		8,066	100	
018	MEDICAL RECORDS & LIB	6,011		27,035		8,154		64,667,746
025	SOCIAL SERVICE	622		7,123		537		
026	INPAT ROUTINE SRVC CN							
031	ADULTS & PEDIATRICS	20,239	3,852	93,676	93,676	61,289		2,714,765
033	INTENSIVE CARE UNIT	4,543	1,355	45,450	45,450	20,118		1,633,646
037	SUBPROVIDER	2,216	1,052	19,894	19,894	3,596		831,143
039	NURSERY	720		11,823	11,823	4,356		228,000
040	ANCILLARY SRVC COST C							
041	OPERATING ROOM	14,384		46,456	46,456	400,886		4,644,788
044	DELIVERY ROOM & LABOR	3,069		4,304	4,304	48		481,329
049	ANESTHESIOLOGY			2,097		65		903,493
050	RADIOLOGY-DIAGNOSTIC	7,920		39,386		39,669		12,680,065
053	LABORATORY	6,671		43,854		226,652		10,158,664
055	RESPIRATORY THERAPY	1,715		22,417		27,141		1,276,503
056	PHYSICAL THERAPY	3,794		11,269		7,690		1,375,648
057	ELECTROCARDIOLOGY	2,870		13,133		7,168		2,674,876
059	MEDICAL SUPPLIES CHAR					2,074,387		8,349,608
060	DRUGS CHARGED TO PATI						100	4,656,779
061	RENAL DIALYSIS	528				134		110,002
062	ANGIOCARDIOGRAPHY	3,362		10,584		29,452		3,264,499
065	CARDIAC REHAB	1,216		4,496		2,082		254,905
066	OUTPUT SERVICE COST C							
067	CLINIC							
068	EMERGENCY	5,670		42,625	42,625	37,078		6,537,466
069	OBSERVATION BEDS (NON							
070	OTHER REIMBURS COST C							
071	AMBULANCE SERVICES					36,129		1,891,567
072	HOME HEALTH AGENCY	1,404				6,056		
073	SPEC PURPOSE COST CEN							
074	SUBTOTALS	99,811	6,259	483,118	264,228	3,000,753	100	64,667,746
075	NONREIMBURS COST CENT							
076	PHYSICIANS' PRIVATE O	11,560				117,546		
077	OTHER NONREIMBURSABLE	1,104				16,404		
078	01 MARKETING	168		1,965		6,356		
079	02 MEDICAL STAFF	5,622						
080	CROSS FOOT ADJUSTMENT							
081	NEGATIVE COST CENTER							
082	COST TO BE ALLOCATED	643,863	921,092	159,850	941,774	327,527	1,699,455	903,685
083	(WRKSHT B, PART I)							
084	UNIT COST MULTIPLIER		147.162806		3.564248		16,994.550000	
085	(WRKSHT B, PT I)	5.444240		.329531		.104273		.013974
086	COST TO BE ALLOCATED							
087	(WRKSHT B, PART II)							
088	UNIT COST MULTIPLIER							
089	(WRKSHT B, PT II)	10,843	31,837	19,361	13,074	32,540	14,576	49,011
090	COST TO BE ALLOCATED							
091	(WRKSHT B, PART III)							
092	UNIT COST MULTIPLIER		5.086595		.049480		145.760000	
093	(WRKSHT B, PT III)	.091684		.039913		.010360		.000758

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS )
	18
004 GENERAL SERVICE COST	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENE	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATIO	
016 CENTRAL SERVICES & SU	
017 PHARMACY	
018 MEDICAL RECORDS & LIB	
018 SOCIAL SERVICE	6,696
025 INPAT ROUTINE SRVC CN	
026 ADULTS & PEDIATRICS	3,852
031 INTENSIVE CARE UNIT	1,355
033 SUBPROVIDER	1,052
033 NURSERY	437
037 ANCILLARY SRVC COST C	
039 OPERATING ROOM	
040 DELIVERY ROOM & LABOR	
041 ANESTHESIOLOGY	
044 RADIOLOGY-DIAGNOSTIC	
049 LABORATORY	
050 RESPIRATORY THERAPY	
053 PHYSICAL THERAPY	
055 ELECTROCARDIOLOGY	
056 MEDICAL SUPPLIES CHAR	
057 DRUGS CHARGED TO PATI	
059 RENAL DIALYSIS	
059 01 ANGIOCARDIOGRAPHY	
060 01 CARDIAC REHAB	
061 OUTPUT SERVICE COST C	
062 CLINIC	
062 EMERGENCY	
065 OBSERVATION BEDS (NON	
071 OTHER REIMBURS COST C	
071 AMBULANCE SERVICES	
095 HOME HEALTH AGENCY	
095 SPEC PURPOSE COST CEN	
095 SUBTOTALS	6,696
098 NONREIMBURS COST CENT	
100 PHYSICIANS' PRIVATE O	
100 01 OTHER NONREIMBURSABLE	
100 02 MARKETING	
100 02 MEDICAL STAFF	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	309,805
104 (PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
105 (WRKSHT B, PT I)	46.267174
105 COST TO BE ALLOCATED	
106 (PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
107 (WRKSHT B, PT II)	6,289
107 COST TO BE ALLOCATED	
108 (PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	.939217
108 (WRKSHT B, PT III)	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
I	15-1335	I	FROM 1/ 1/2008	I	WORKSHEET C	
I		I	TO 12/31/2008	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					
25	ADULTS & PEDIATRICS	4,767,926		4,767,926		4,767,926
26	INTENSIVE CARE UNIT	2,434,476		2,434,476		2,434,476
31	SUBPROVIDER	1,106,187		1,106,187		1,106,187
33	NURSERY	594,848		594,848		594,848
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,045,007		3,045,007		3,045,007
39	DELIVERY ROOM & LABOR ROO	286,125		286,125		286,125
40	ANESTHESIOLOGY	142,430		142,430		142,430
41	RADIOLOGY-DIAGNOSTIC	2,571,560		2,571,560		2,571,560
44	LABORATORY	3,633,343		3,633,343		3,633,343
49	RESPIRATORY THERAPY	1,136,119		1,136,119		1,136,119
50	PHYSICAL THERAPY	657,334		657,334		657,334
53	ELECTROCARDIOLOGY	797,505		797,505		797,505
55	MEDICAL SUPPLIES CHARGED	2,705,102		2,705,102		2,705,102
56	DRUGS CHARGED TO PATIENTS	1,767,708		1,767,708		1,767,708
57	RENAL DIALYSIS	187,061		187,061		187,061
59	ANGIOCARDIOGRAPHY	1,274,733		1,274,733		1,274,733
59 01	CARDIAC REHAB	201,027		201,027		201,027
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,171,220		2,171,220		2,171,220
62	OBSERVATION BEDS (NON-DIS	1,083,658		1,083,658		1,083,658
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,730,819		1,730,819		1,730,819
101	SUBTOTAL	32,294,188		32,294,188		32,294,188
102	LESS OBSERVATION BEDS	1,083,658		1,083,658		1,083,658
103	TOTAL	31,210,530		31,210,530		31,210,530

## COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,919,621		1,919,621			
26	INTENSIVE CARE UNIT	1,633,646		1,633,646			
31	SUBPROVIDER	831,143		831,143			
33	NURSERY	228,000		228,000			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	963,189	3,681,599	4,644,788	.655575	.655575	.655575
39	DELIVERY ROOM & LABOR ROO	389,488	91,841	481,329	.594448	.594448	.594448
40	ANESTHESIOLOGY	220,727	682,766	903,493	.157644	.157644	.157644
41	RADIOLOGY-DIAGNOSTIC	1,047,605	11,632,460	12,680,065	.202803	.202803	.202803
44	LABORATORY	2,050,449	8,108,215	10,158,664	.357660	.357660	.357660
49	RESPIRATORY THERAPY	780,046	496,457	1,276,503	.890025	.890025	.890025
50	PHYSICAL THERAPY	102,794	1,272,854	1,375,648	.477836	.477836	.477836
53	ELECTROCARDIOLOGY	700,125	1,974,751	2,674,876	.298147	.298147	.298147
55	MEDICAL SUPPLIES CHARGED	4,379,838	3,969,770	8,349,608	.323980	.323980	.323980
56	DRUGS CHARGED TO PATIENTS	2,739,349	1,917,430	4,656,779	.379599	.379599	.379599
57	RENAL DIALYSIS	108,807	1,195	110,002	1.700524	1.700524	1.700524
59	ANGIOCARDIOGRAPHY	2,170,978	1,093,521	3,264,499	.390484	.390484	.390484
59	01 CARDIAC REHAB	5,882	249,023	254,905	.788635	.788635	.788635
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	321,805	6,215,661	6,537,466	.332120	.332120	.332120
62	OBSERVATION BEDS (NON-DIS	29,557	765,587	795,144	1.362845	1.362845	1.362845
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,891,567	1,891,567	.915019	.915019	.915019
101	SUBTOTAL	20,623,049	44,044,697	64,667,746			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,623,049	44,044,697	64,667,746			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,767,926		4,767,926		4,767,926
26	INTENSIVE CARE UNIT	2,434,476		2,434,476		2,434,476
31	SUBPROVIDER	1,106,187		1,106,187		1,106,187
33	NURSERY	594,848		594,848		594,848
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,045,007		3,045,007		3,045,007
39	DELIVERY ROOM & LABOR ROO	286,125		286,125		286,125
40	ANESTHESIOLOGY	142,430		142,430		142,430
41	RADIOLOGY-DIAGNOSTIC	2,571,560		2,571,560		2,571,560
44	LABORATORY	3,633,343		3,633,343		3,633,343
49	RESPIRATORY THERAPY	1,136,119		1,136,119		1,136,119
50	PHYSICAL THERAPY	657,334		657,334		657,334
53	ELECTROCARDIOLOGY	797,505		797,505		797,505
55	MEDICAL SUPPLIES CHARGED	2,705,102		2,705,102		2,705,102
56	DRUGS CHARGED TO PATIENTS	1,767,708		1,767,708		1,767,708
57	RENAL DIALYSIS	187,061		187,061		187,061
59	ANGIOCARDIOGRAPHY	1,274,733		1,274,733		1,274,733
59 01	CARDIAC REHAB	201,027		201,027		201,027
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,171,220		2,171,220		2,171,220
62	OBSERVATION BEDS (NON-DIS	1,083,658		1,083,658		1,083,658
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,730,819		1,730,819		1,730,819
101	SUBTOTAL	32,294,188		32,294,188		32,294,188
102	LESS OBSERVATION BEDS	1,083,658		1,083,658		1,083,658
103	TOTAL	31,210,530		31,210,530		31,210,530

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
I 15-1335 I FROM 1/ 1/2008 I WORKSHEET C  
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,919,621		1,919,621			
26	INTENSIVE CARE UNIT	1,633,646		1,633,646			
31	SUBPROVIDER	831,143		831,143			
33	NURSERY	228,000		228,000			
	ANCLLARY SRVC COST CNTRS						
37	OPERATING ROOM	963,189	3,681,599	4,644,788	.655575	.655575	.655575
39	DELIVERY ROOM & LABOR ROO	389,488	91,841	481,329	.594448	.594448	.594448
40	ANESTHESIOLOGY	220,727	682,766	903,493	.157644	.157644	.157644
41	RADIOLOGY-DIAGNOSTIC	1,047,605	11,632,460	12,680,065	.202803	.202803	.202803
44	LABORATORY	2,050,449	8,108,215	10,158,664	.357660	.357660	.357660
49	RESPIRATORY THERAPY	780,046	496,457	1,276,503	.890025	.890025	.890025
50	PHYSICAL THERAPY	102,794	1,272,854	1,375,648	.477836	.477836	.477836
53	ELECTROCARDIOLOGY	700,125	1,974,751	2,674,876	.298147	.298147	.298147
55	MEDICAL SUPPLIES CHARGED	4,379,838	3,969,770	8,349,608	.323980	.323980	.323980
56	DRUGS CHARGED TO PATIENTS	2,739,349	1,917,430	4,656,779	.379599	.379599	.379599
57	RENAL DIALYSIS	108,807	1,195	110,002	1.700524	1.700524	1.700524
59	ANGIOCARDIOGRAPHY	2,170,978	1,093,521	3,264,499	.390484	.390484	.390484
59 01	CARDIAC REHAB	5,882	249,023	254,905	.788635	.788635	.788635
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	321,805	6,215,661	6,537,466	.332120	.332120	.332120
62	OBSERVATION BEDS (NON-DIS	29,557	765,587	795,144	1.362845	1.362845	1.362845
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,891,567	1,891,567	.915019	.915019	.915019
101	SUBTOTAL	20,623,049	44,044,697	64,667,746			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,623,049	44,044,697	64,667,746			

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	3,045,007	129,923	2,915,084			3,045,007
39	DELIVERY ROOM & LABOR ROO	286,125	24,849	261,276			286,125
40	ANESTHESIOLOGY	142,430	1,521	140,909			142,430
41	RADIOLOGY-DIAGNOSTIC	2,571,560	79,121	2,492,439			2,571,560
44	LABORATORY	3,633,343	73,203	3,560,140			3,633,343
49	RESPIRATORY THERAPY	1,136,119	18,982	1,117,137			1,136,119
50	PHYSICAL THERAPY	657,334	32,247	625,087			657,334
53	ELECTROCARDIOLOGY	797,505	26,776	770,729			797,505
55	MEDICAL SUPPLIES CHARGED	2,705,102	35,586	2,669,516			2,705,102
56	DRUGS CHARGED TO PATIENTS	1,767,708	18,116	1,749,592			1,767,708
57	RENAL DIALYSIS	187,061	43,797	143,264			187,061
59	ANGIOCARDIOGRAPHY	1,274,733	32,653	1,242,080			1,274,733
59	01 CARDIAC REHAB	201,027	10,135	190,892			201,027
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	2,171,220	60,170	2,111,050			2,171,220
62	OBSERVATION BEDS (NON-DIS	1,083,658		1,083,658			1,083,658
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,730,819	59,408	1,671,411			1,730,819
101	SUBTOTAL	23,390,751	646,487	22,744,264			23,390,751
102	LESS OBSERVATION BEDS	1,083,658		1,083,658			1,083,658
103	TOTAL	22,307,093	646,487	21,660,606			22,307,093

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGR RATIO	I/P PT B COST TO CHRGR RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	4,644,788	.655575	.655575
39	DELIVERY ROOM & LABOR ROO	481,329	.594448	.594448
40	ANESTHESIOLOGY	903,493	.157644	.157644
41	RADIOLOGY-DIAGNOSTIC	12,680,065	.202803	.202803
44	LABORATORY	10,158,664	.357660	.357660
49	RESPIRATORY THERAPY	1,276,503	.890025	.890025
50	PHYSICAL THERAPY	1,375,648	.477836	.477836
53	ELECTROCARDIOLOGY	2,674,876	.298147	.298147
55	MEDICAL SUPPLIES CHARGED	8,349,608	.323980	.323980
56	DRUGS CHARGED TO PATIENTS	4,656,779	.379599	.379599
57	RENAL DIALYSIS	110,002	1.700524	1.700524
59	ANGIOCARDIOGRAPHY	3,264,499	.390484	.390484
59	01 CARDIAC REHAB	254,905	.788635	.788635
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,537,466	.332120	.332120
62	OBSERVATION BEDS (NON-DIS	795,144	1.362845	1.362845
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,891,567	.915019	.915019
101	SUBTOTAL	60,055,336		
102	LESS OBSERVATION BEDS	795,144		
103	TOTAL	59,260,192		

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	3,045,007	129,923	2,915,084			3,045,007
39	DELIVERY ROOM & LABOR ROO	286,125	24,849	261,276			286,125
40	ANESTHESIOLOGY	142,430	1,521	140,909			142,430
41	RADIOLOGY-DIAGNOSTIC	2,571,560	79,121	2,492,439			2,571,560
44	LABORATORY	3,633,343	73,203	3,560,140			3,633,343
49	RESPIRATORY THERAPY	1,136,119	18,982	1,117,137			1,136,119
50	PHYSICAL THERAPY	657,334	32,247	625,087			657,334
53	ELECTROCARDIOLOGY	797,505	26,776	770,729			797,505
55	MEDICAL SUPPLIES CHARGED	2,705,102	35,586	2,669,516			2,705,102
56	DRUGS CHARGED TO PATIENTS	1,767,708	18,116	1,749,592			1,767,708
57	RENAL DIALYSIS	187,061	43,797	143,264			187,061
59	ANGIOCARDIOGRAPHY	1,274,733	32,653	1,242,080			1,274,733
59	01 CARDIAC REHAB	201,027	10,135	190,892			201,027
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	2,171,220	60,170	2,111,050			2,171,220
62	OBSERVATION BEDS (NON-DIS	1,083,658		1,083,658			1,083,658
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,730,819	59,408	1,671,411			1,730,819
101	SUBTOTAL	23,390,751	646,487	22,744,264			23,390,751
102	LESS OBSERVATION BEDS	1,083,658		1,083,658			1,083,658
103	TOTAL	22,307,093	646,487	21,660,606			22,307,093

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	4,644,788	.655575	.655575
39	DELIVERY ROOM & LABOR ROO	481,329	.594448	.594448
40	ANESTHESIOLOGY	903,493	.157644	.157644
41	RADIOLOGY-DIAGNOSTIC	12,680,065	.202803	.202803
44	LABORATORY	10,158,664	.357660	.357660
49	RESPIRATORY THERAPY	1,276,503	.890025	.890025
50	PHYSICAL THERAPY	1,375,648	.477836	.477836
53	ELECTROCARDIOLOGY	2,674,876	.298147	.298147
55	MEDICAL SUPPLIES CHARGED	8,349,608	.323980	.323980
56	DRUGS CHARGED TO PATIENTS	4,656,779	.379599	.379599
57	RENAL DIALYSIS	110,002	1.700524	1.700524
59	ANGIOCARDIOGRAPHY	3,264,499	.390484	.390484
59	01 CARDIAC REHAB	254,905	.788635	.788635
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,537,466	.332120	.332120
62	OBSERVATION BEDS (NON-DIS	795,144	1.362845	1.362845
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,891,567	.915019	.915019
101	SUBTOTAL	60,055,336		
102	LESS OBSERVATION BEDS	795,144		
103	TOTAL	59,260,192		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	ANGIOCARDIOGRAPHY					
59 01	CARDIAC REHAB					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART V

COMPUTATION OF OUTPATIENT COST PER VISIT -  
 RURAL PRIMARY CARE HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	ANGIOCARDIOGRAPHY							
59	01 CARDIAC REHAB							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				201,645		201,645
26	INTENSIVE CARE UNIT				55,855		55,855
31	SUBPROVIDER				28,756		28,756
33	NURSERY				9,168		9,168
101	TOTAL				295,424		295,424

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,985	2,468			40.45	99,831
26	INTENSIVE CARE UNIT	1,355	974			41.22	40,148
31	SUBPROVIDER	1,052	975			27.33	26,647
33	NURSERY	437				20.98	
101	TOTAL	7,829	4,417				166,626

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS					4,985	
25	ADULTS & PEDIATRICS					1,355	
26	INTENSIVE CARE UNIT					1,052	
31	SUBPROVIDER					437	
33	NURSERY						
101	TOTAL					7,829	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		2,468
26	INTENSIVE CARE UNIT		974
31	SUBPROVIDER		975
33	NURSERY		
101	TOTAL		4,417

TITLE XVIII, PART B

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.655575		.655575		
39 DELIVERY ROOM & LABOR ROOM	.594448		.594448		
40 ANESTHESIOLOGY	.157644		.157644		
41 RADIOLOGY-DIAGNOSTIC	.202803		.202803		
44 LABORATORY	.357660		.357660		
49 RESPIRATORY THERAPY	.890025		.890025		
50 PHYSICAL THERAPY	.477836		.477836		
53 ELECTROCARDIOLOGY	.298147		.298147		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.323980		.323980		
56 DRUGS CHARGED TO PATIENTS	.379599		.379599		
57 RENAL DIALYSIS	1.700524		1.700524		
59 ANGIOCARDIOGRAPHY	.390484		.390484		
59 01 CARDIAC REHAB	.788635		.788635		
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.332120		.332120		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.362845		1.362845		
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.915019		.915019		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,540,893			
39 DELIVERY ROOM & LABOR ROOM		521			
40 ANESTHESIOLOGY		35,419			
41 RADIOLOGY-DIAGNOSTIC		4,403,141			
44 LABORATORY		2,755,301			
49 RESPIRATORY THERAPY		208,753			
50 PHYSICAL THERAPY		394,455			
53 ELECTROCARDIOLOGY		684,155			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,351,291			
56 DRUGS CHARGED TO PATIENTS		573,062			
57 RENAL DIALYSIS					
59 ANGIOCARDIOGRAPHY		510,169			
59 01 CARDIAC REHAB		134,954			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		1,831,768			
62 OBSERVATION BEDS (NON-DISTINCT PART)		363,549			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		14,787,431			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		14,787,431			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

All Other Hospital I/P Hospital I/P  
 Part B Charges Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	1,010,171		
39 DELIVERY ROOM & LABOR ROOM	310		
40 ANESTHESIOLOGY	5,584		
41 RADIOLOGY-DIAGNOSTIC	892,970		
44 LABORATORY	985,461		
49 RESPIRATORY THERAPY	185,795		
50 PHYSICAL THERAPY	188,485		
53 ELECTROCARDIOLOGY	203,979		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	437,791		
56 DRUGS CHARGED TO PATIENTS	217,534		
57 RENAL DIALYSIS			
59 01 ANGIOCARDIOGRAPHY	199,213		
59 01 CARDIAC REHAB	106,429		
OUTPUT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY	608,367		
62 OBSERVATION BEDS (NON-DISTINCT PART)	495,461		
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	5,537,550		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES	5,537,550		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
I	15-1335	I	FROM 1/ 1/2008	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART VI	
I	15-1335	I		I		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1  
.379599  
5,818  
2,209

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-M335 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 1

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		129,923	4,644,788			
39	DELIVERY ROOM & LABOR ROO		24,849	481,329			
40	ANESTHESIOLOGY		1,521	903,493			
41	RADIOLOGY-DIAGNOSTIC		79,121	12,680,065	23,210		
44	LABORATORY		73,203	10,158,664	63,387		
49	RESPIRATORY THERAPY		18,982	1,276,503	27,085		
50	PHYSICAL THERAPY		32,247	1,375,648	2,064		
53	ELECTROCARDIOLOGY		26,776	2,674,876	2,158		
55	MEDICAL SUPPLIES CHARGED		35,586	8,349,608	9,724		
56	DRUGS CHARGED TO PATIENTS		18,116	4,656,779	105,847		
57	RENAL DIALYSIS		43,797	110,002			
59	ANGIOCARDIOGRAPHY		32,653	3,264,499			
59	01 CARDIAC REHAB		10,135	254,905			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		60,170	6,537,466	1,545		
62	OBSERVATION BEDS (NON-DIS			795,144			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		587,079	58,163,769	235,020		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-M335 I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.027972	
39	DELIVERY ROOM & LABOR ROO	.051626	
40	ANESTHESIOLOGY	.001683	
41	RADIOLOGY-DIAGNOSTIC	.006240	145
44	LABORATORY	.007206	457
49	RESPIRATORY THERAPY	.014870	403
50	PHYSICAL THERAPY	.023441	48
53	ELECTROCARDIOLOGY	.010010	22
55	MEDICAL SUPPLIES CHARGED	.004262	41
56	DRUGS CHARGED TO PATIENTS	.003890	412
57	RENAL DIALYSIS	.398147	
59	ANGIOCARDIOGRAPHY	.010002	
59 01	CARDIAC REHAB	.039760	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.009204	14
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,542



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			4,644,788				
39	DELIVERY ROOM & LABOR ROO			481,329				
40	ANESTHESIOLOGY			903,493				
41	RADIOLOGY-DIAGNOSTIC			12,680,065			23,210	
44	LABORATORY			10,158,664			63,387	
49	RESPIRATORY THERAPY			1,276,503			27,085	
50	PHYSICAL THERAPY			1,375,648			2,064	
53	ELECTROCARDIOLOGY			2,674,876			2,158	
55	MEDICAL SUPPLIES CHARGED			8,349,608			9,724	
56	DRUGS CHARGED TO PATIENTS			4,656,779			105,847	
57	RENAL DIALYSIS			110,002				
59	ANGIOCARDIOGRAPHY			3,264,499				
59	01 CARDIAC REHAB			254,905				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			6,537,466			1,545	
62	OBSERVATION BEDS (NON-DIS			795,144				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			58,163,769			235,020	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I

TITLE XIX

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				201,645		201,645
26	INTENSIVE CARE UNIT				55,855		55,855
31	SUBPROVIDER				28,756		28,756
33	NURSERY				9,168		9,168
101	TOTAL				295,424		295,424

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,985	228			40.45	9,223
26	INTENSIVE CARE UNIT	1,355	113			41.22	4,658
31	SUBPROVIDER	1,052	13			27.33	355
33	NURSERY	437				20.98	
101	TOTAL	7,829	354				14,236

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					4,985	
26	INTENSIVE CARE UNIT					1,355	
31	SUBPROVIDER					1,052	
33	NURSERY					437	
101	TOTAL					7,829	

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		228
26	INTENSIVE CARE UNIT		113
31	SUBPROVIDER		13
33	NURSERY		
101	TOTAL		354

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-M335 I I

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		129,923	4,644,788			
39	DELIVERY ROOM & LABOR ROO		24,849	481,329			
40	ANESTHESIOLOGY		1,521	903,493			
41	RADIOLOGY-DIAGNOSTIC		79,121	12,680,065			
44	LABORATORY		73,203	10,158,664			
49	RESPIRATORY THERAPY		18,982	1,276,503			
50	PHYSICAL THERAPY		32,247	1,375,648			
53	ELECTROCARDIOLOGY		26,776	2,674,876			
55	MEDICAL SUPPLIES CHARGED		35,586	8,349,608			
56	DRUGS CHARGED TO PATIENTS		18,116	4,656,779	9,635		
57	RENAL DIALYSIS		43,797	110,002			
59	ANGIOCARDIOGRAPHY		32,653	3,264,499			
59 01	CARDIAC REHAB		10,135	254,905			
60	OUTPAT SERVICE COST CNTRS CLINIC						
61	EMERGENCY		60,170	6,537,466			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			795,144			
65	AMBULANCE SERVICES						
101	TOTAL		587,079	58,163,769	9,635		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-M335 I

TITLE XIX SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.027972	
39	DELIVERY ROOM & LABOR ROO	.051626	
40	ANESTHESIOLOGY	.001683	
41	RADIOLOGY-DIAGNOSTIC	.006240	
44	LABORATORY	.007206	
49	RESPIRATORY THERAPY	.014870	
50	PHYSICAL THERAPY	.023441	
53	ELECTROCARDIOLOGY	.010010	
55	MEDICAL SUPPLIES CHARGED	.004262	
56	DRUGS CHARGED TO PATIENTS	.003890	37
57	RENAL DIALYSIS	.398147	
59	ANGIOCARDIOGRAPHY	.010002	
59 01	CARDIAC REHAB	.039760	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.009204	
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		37

TITLE XIX

SUBPROVIDER 1

PPS

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

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES 6	INPAT PROG CHARGE 7	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			4,644,788					
39	DELIVERY ROOM & LABOR ROO			481,329					
40	ANESTHESIOLOGY			903,493					
41	RADIOLOGY-DIAGNOSTIC			12,680,065					
44	LABORATORY			10,158,664					
49	RESPIRATORY THERAPY			1,276,503					
50	PHYSICAL THERAPY			1,375,648					
53	ELECTROCARDIOLOGY			2,674,876					
55	MEDICAL SUPPLIES CHARGED			8,349,608					
56	DRUGS CHARGED TO PATIENTS			4,656,779				9,635	
57	RENAL DIALYSIS			110,002					
59	ANGIOCARDIOGRAPHY			3,264,499					
59	01 CARDIAC REHAB			254,905					
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
61	EMERGENCY			6,537,466					
62	OBSERVATION BEDS (NON-DIS			795,144					
	OTHER REIMBURS COST CNTRS								
65	AMBULANCE SERVICES								
101	TOTAL			58,163,769				9,635	

TITLE XIX

SUBPROVIDER 1

PPS

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

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,985
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,985
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,985
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,468
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,767,926
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,767,926

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,553,267
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,553,267
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.341843
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	712.79
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,767,926

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 956.45  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,360,519  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,360,519

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT	2,434,476	1,355	1,796.66	974	1,749,947
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1 3,708,708  
 49 TOTAL PROGRAM INPATIENT COSTS 7,819,174

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 XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,133
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	956.45
85	OBSERVATION BED COST	1,083,658

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,052
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,052
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,052
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)	975
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	1,106,187
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	1,106,187

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	831,143
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	831,143
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.330923
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	790.06
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	1,106,187

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,051.51
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,025,222
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,025,222

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
					96,955
49	TOTAL PROGRAM INPATIENT COSTS				
					1,122,177

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	26,647
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,542
52	TOTAL PROGRAM EXCLUDABLE COST	28,189
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,093,988

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-M335 I I

TITLE XVIII PART A SUBPROVIDER I 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,051.51
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	1,106,187			
87	NEW CAPITAL-RELATED COST	28,756	.025996		
88	NON PHYSICIAN ANESTHETIST	1,106,187			
89	MEDICAL EDUCATION	1,106,187			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
I	15-1335	I	FROM 1/ 1/2008	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART	I
I	15-1335	I		I		

TITLE XIX - I/P

HOSPITAL

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,985
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,985
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,985
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)	228
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)	437
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,767,926
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,767,926

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,553,267
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,553,267
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.341843
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	712.79
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,767,926

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 956.45  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 218,071  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 218,071

	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	594,848	437	1,361.21		
43 INTENSIVE CARE UNIT	2,434,476	1,355	1,796.66	113	203,023
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 429,739
49 TOTAL PROGRAM INPATIENT COSTS					850,833

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,133
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	956.45
85	OBSERVATION BED COST	1,083,658

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,052
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,052
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,052
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)	13
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	1,106,187
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	1,106,187

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	831,143
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	831,143
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.330923
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	790.06
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	1,106,187

TITLE XIX - I/P SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,051.51  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 13,670  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 13,670

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					3,657

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 355  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 37  
 52 TOTAL PROGRAM EXCLUDABLE COST 392  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 16,935

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 SUBPROVIDER I 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,051.51
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	1,106,187			
87	NEW CAPITAL-RELATED COST	28,756	.025996		
88	NON PHYSICIAN ANESTHETIST	1,106,187			
89	MEDICAL EDUCATION	1,106,187			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-M335 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		776,792	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.655575		
39	DELIVERY ROOM & LABOR ROOM	.594448		
40	ANESTHESIOLOGY	.157644		
41	RADIOLOGY-DIAGNOSTIC	.202803	23,210	4,707
44	LABORATORY	.357660	63,387	22,671
49	RESPIRATORY THERAPY	.890025	27,085	24,106
50	PHYSICAL THERAPY	.477836	2,064	986
53	ELECTROCARDIOLOGY	.298147	2,158	643
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.323980	9,724	3,150
56	DRUGS CHARGED TO PATIENTS	.379599	105,847	40,179
57	RENAL DIALYSIS	1.700524		
59	ANGIOCARDIOGRAPHY	.390484		
59 01	CARDIAC REHAB	.788635		
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.332120	1,545	513
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.362845		
65	AMBULANCE SERVICES			
101	TOTAL		235,020	96,955
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		235,020	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	OTHER	
			INPATIENT CHARGES 2	INPATIENT COST 3
	TITLE XIX			
	HOSPITAL			
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		149,867	
26	INTENSIVE CARE UNIT		74,692	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.655575	53,351	34,976
39	DELIVERY ROOM & LABOR ROOM	.594448	60,427	35,921
40	ANESTHESIOLOGY	.157644	266	42
41	RADIOLOGY-DIAGNOSTIC	.202803	68,980	13,989
44	LABORATORY	.357660	148,813	53,224
49	RESPIRATORY THERAPY	.890025	71,745	63,855
50	PHYSICAL THERAPY	.477836	9,912	4,736
53	ELECTROCARDIOLOGY	.298147	32,497	9,689
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.323980	235,759	76,381
56	DRUGS CHARGED TO PATIENTS	.379599	179,176	68,015
57	RENAL DIALYSIS	1.700524	5,087	8,651
59	ANGIOCARDIOGRAPHY	.390484	112,807	44,049
59	01 CARDIAC REHAB	.788635		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.332120	48,811	16,211
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.362845		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,027,631	429,739
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,027,631	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-M335 I I

TITLE XIX

SUBPROVIDER 1

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		10,322	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.655575		
39	DELIVERY ROOM & LABOR ROOM	.594448		
40	ANESTHESIOLOGY	.157644		
41	RADIOLOGY-DIAGNOSTIC	.202803		
44	LABORATORY	.357660		
49	RESPIRATORY THERAPY	.890025		
50	PHYSICAL THERAPY	.477836		
53	ELECTROCARDIOLOGY	.298147		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.323980		
56	DRUGS CHARGED TO PATIENTS	.379599	9,635	3,657
57	RENAL DIALYSIS	1.700524		
59	ANGIOCARDIOGRAPHY	.390484		
59 01	CARDIAC REHAB	.788635		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.332120		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.362845		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		9,635	3,657
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,635	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
I	15-1335	I	FROM 1/ 1/2008	I	WORKSHEET	E
I	COMPONENT NO:	I	TO 12/31/2008	I	PART	B
I	15-1335	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,539,759
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,539,759

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,595,157
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	47,325
18.01	CAH ACTUAL BILLED COINSURANCE	2,441,931
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,105,901
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,105,901
24	PRIMARY PAYER PAYMENTS	692
25	SUBTOTAL	3,105,209

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	550,018
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	550,018
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	510,056
28	SUBTOTAL	3,655,227
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,655,227
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,678,947
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-23,720
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
I	15-1335	I	FROM 1/ 1/2008	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART B	
I	15-M335	I		I		

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## SUBPROVIDER 1

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)  
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1,  
2001 (SEE INSTRUCTIONS).  
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.  
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.  
1.04 LINE 1.01 TIMES LINE 1.03.  
1.05 LINE 1.02 DIVIDED BY LINE 1.04.  
1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)  
1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9,  
9.01, 9,02) LINE 101.

2 INTERNS AND RESIDENTS  
3 ORGAN ACQUISITIONS  
4 COST OF TEACHING PHYSICIANS  
5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

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

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT  
18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)  
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON  
LINE 17.01 (SEE INSTRUCTIONS)  
19 SUBTOTAL (SEE INSTRUCTIONS)  
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  
24 PRIMARY PAYER PAYMENTS  
25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  
26 COMPOSITE RATE ESRD  
27 BAD DEBTS (SEE INSTRUCTIONS)  
27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)  
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES  
28 SUBTOTAL  
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  
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
34 INTERIM PAYMENTS  
34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
35 BALANCE DUE PROVIDER/PROGRAM  
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-1335 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,904,070		3,480,866
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	12/18/2008	178,005		
ADJUSTMENTS TO PROVIDER .02	8/18/2008	308,883		
ADJUSTMENTS TO PROVIDER .03	8/18/2008	4,596		
ADJUSTMENTS TO PROVIDER .04	1/ 1/2008	137,102	1/ 1/2008	495,333
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			12/18/2008	82,541
ADJUSTMENTS TO PROGRAM .51			8/18/2008	131,709
ADJUSTMENTS TO PROGRAM .52			8/18/2008	83,002
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		628,586		198,081
4 TOTAL INTERIM PAYMENTS		6,532,656		3,678,947
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		867,185		23,720
7 TOTAL MEDICARE PROGRAM LIABILITY		7,399,841		3,655,227

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-M335 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		699,600		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			699,600	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY			699,600	

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.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	760,032
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	2.874317
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	760,032
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	760,032
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	760,032
5	PRIMARY PAYER PAYMENTS	7,093
6	SUBTOTAL	752,939
7	DEDUCTIBLES	53,339
8	SUBTOTAL	699,600
9	COINSURANCE	
10	SUBTOTAL	699,600
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	699,600
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/22/2009
I	15-1335	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	15-M335	I		I	

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	699,600
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	699,600
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
I	15-1335	I	FROM 1/ 1/2008	I	WORKSHEET E-3	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART II	
I	15-1335	I		I		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	7,819,174
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	7,819,174
5	PRIMARY PAYER PAYMENTS	6,146
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	7,891,158
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	7,891,158
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	625,791
21	EXCESS REASONABLE COST	
22	SUBTOTAL	7,265,367
23	COINSURANCE	4,096
24	SUBTOTAL	7,261,271
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	138,570
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	138,570
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	128,663
26	SUBTOTAL	7,399,841
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	7,399,841
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	6,532,656
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	867,185
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1			850,833	
2				
3				
4				
5				
6			850,833	
7			18,560	
8				
9			832,273	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10			239,314	
11			1,027,631	
12				
13				
14				
15				
16			1,266,945	
	CUSTOMARY CHARGES			
17				
18				
19				
20			1,266,945	
21			434,672	
22				
23			832,273	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			832,273	
31				
32			832,273	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			832,273	
36				
37				
38				
38.01				
38.02				
38.03				
39				
40			832,273	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			832,273	
53				
54				
55			832,273	
56				
57			373,709	
57.01				

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/22/2009
I	15-1335	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	-	I		I	

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

58 BALANCE DUE PROVIDER/PROGRAM  
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

1  
458,564

2

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-M335 I I

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

TITLE XIX	SUBPROVIDER 1	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	10,322	
11	ANCILLARY SERVICE CHARGES	9,635	
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	19,957	
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)	19,957	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	19,957	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	6,149	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/22/2009
I	15-1335	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	15-M335	I		I	

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

TITLE XIX

SUBPROVIDER 1

PPS  
 TITLE V OR  
 TITLE XIX  
 1  
 -6,149

TITLE XVIII  
 SNF PPS  
 2

58 BALANCE DUE PROVIDER/PROGRAM  
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

## BALANCE SHEET

I  
I  
IPROVIDER NO:  
15-1335I PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008I PREPARED 5/22/2009  
I  
I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	5,260,468			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	5,221,198			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	1,424,043			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	11,905,709			
FIXED ASSETS				
12 LAND				
12.01				
13 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	18,589,762			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	18,589,762			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,355,297			
26 TOTAL OTHER ASSETS	1,355,297			
27 TOTAL ASSETS	31,850,768			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,877,498			
29 SALARIES, WAGES & FEES PAYABLE	1,470,654			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	7,693,808			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,465,002			
36 TOTAL CURRENT LIABILITIES	16,506,962			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	426,381			
42 TOTAL LONG-TERM LIABILITIES	426,381			
43 TOTAL LIABILITIES	16,933,343			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	14,917,425			
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	14,917,425			
52 TOTAL LIABILITIES AND FUND BALANCES	31,850,768			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		19,507,033		
2 OF PERIOD				
3 NET INCOME (LOSS)		-4,589,608		
4 TOTAL		14,917,425		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		14,917,425		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		14,917,425		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,919,621		1,919,621
2 00 SUBPROVIDER	831,143		831,143
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,750,764		2,750,764
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,633,646		1,633,646
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,633,646		1,633,646
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,384,410		4,384,410
17 00 ANCILLARY SERVICES	16,776,777		16,776,777
18 00 OUTPATIENT SERVICES		49,031,229	49,031,229
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	21,161,187	49,031,229	70,192,416

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	40,013,495		
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		40,013,495	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET G-3  
 I I TO 12/31/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	70,192,416
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	36,867,470
3	NET PATIENT REVENUES	33,324,946
4	LESS: TOTAL OPERATING EXPENSES	40,013,495
5	NET INCOME FROM SERVICE TO PATIENTS	-6,688,549
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	1,520,522
24.01	NON-OPERATING INCOME	153,026
24.02	DISCONTINUED OPERATIONS	425,393
25	TOTAL OTHER INCOME	2,098,941
26	TOTAL	-4,589,608
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-4,589,608

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	104,702				101,294	205,996
HHA REIMBURSABLE SERVICES						
6	343,695					343,695
7	53,420				2,823	56,243
8					27,367	27,367
9	1,844					1,844
10	2,159					2,159
11	53,170					53,170
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	558,990				131,484	690,474

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		205,996		205,996
HHA REIMBURSABLE SERVICES				
6		343,695		343,695
7		56,243		56,243
8		27,367		27,367
9		1,844		1,844
10		2,159		2,159
11		53,170		53,170
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		690,474		690,474

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	205,996					205,996	205,996
HHA REIMBURSABLE SERVICES							
6	343,695					343,695	146,137
7	56,243					56,243	23,914
8	27,367					27,367	11,636
9	1,844					1,844	784
10	2,159					2,159	918
11	53,170					53,170	22,607
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	690,474					690,474	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	489,832						
7	80,157						
8	39,003						
9	2,628						
10	3,077						
11	75,777						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	690,474						

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MILEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-205,996	484,478
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					343,695
7	PHYSICAL THERAPY					56,243
8	OCCUPATIONAL THERAPY					27,367
9	SPEECH PATHOLOGY					1,844
10	MEDICAL SOCIAL SERVICES					2,159
11	HOME HEALTH AIDE					53,170
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-205,996	484,478
25	COST TO BE ALLOCATED					205,996
26	UNIT COST MULTIPLIER					.425192

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	OPERATION OF PLANT 8
1 ADMIN & GENERAL		8,442	85,318	93,760	13,457	17,127
2 SKILLED NURSING CARE	489,832			489,832	70,305	
3 PHYSICAL THERAPY	80,157			80,157	11,505	
4 OCCUPATIONAL THERAPY	39,003			39,003	5,598	
5 SPEECH PATHOLOGY	2,628			2,628	377	
6 MEDICAL SOCIAL SERVICES	3,077			3,077	442	
7 HOME HEALTH AIDE	75,777			75,777	10,876	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	690,474	8,442	85,318	784,234	112,560	17,127
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL		7,644				631
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		7,644				631
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	PHARMACY	MEDICAL RECO RDS & LIBRAR	SOCIAL SERVI CE	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL
	16	17	18	25	26	27
1 ADMIN & GENERAL				132,619		132,619
2 SKILLED NURSING CARE				560,137		560,137
3 PHYSICAL THERAPY				91,662		91,662
4 OCCUPATIONAL THERAPY				44,601		44,601
5 SPEECH PATHOLOGY				3,005		3,005
6 MEDICAL SOCIAL SERVICES				3,519		3,519
7 HOME HEALTH AIDE				86,653		86,653
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				922,196		922,196
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	94,082	654,219
3 PHYSICAL THERAPY	15,396	107,058
4 OCCUPATIONAL THERAPY	7,491	52,092
5 SPEECH PATHOLOGY	505	3,510
6 MEDICAL SOCIAL SERVICES	591	4,110
7 HOME HEALTH AIDE	14,554	101,207
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	132,619	922,196
21 UNIT COST MULTIPLIER	0.167962	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-MVBLE (SQUARE FEET	4	EMPLOYEE BEN EFITS ( GROSS SALARIES )	5	RECONCILIATI ON	6A	ADMINISTRATI VE & GENERAL ( ACCUM. COST )	6	OPERATION OF PLANT (SQUARE FEET	8	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY	9
1 ADMIN & GENERAL		1,404		558,990			93,760		1,404			
2 SKILLED NURSING CARE							489,832					
3 PHYSICAL THERAPY							80,157					
4 OCCUPATIONAL THERAPY							39,003					
5 SPEECH PATHOLOGY							2,628					
6 MEDICAL SOCIAL SERVICES							3,077					
7 HOME HEALTH AIDE							75,777					
8 SUPPLIES												
9 DRUGS												
9.20 COST ADMINISTERING DRUGS												
10 DME												
11 HOME DIALYSIS AIDE SVCS												
12 RESPIRATORY THERAPY												
13 PRIVATE DUTY NURSING												
14 CLINIC												
15 HEALTH PROM ACTIVITIES												
16 DAY CARE PROGRAM												
17 HOME DEL MEALS PROGRAM												
18 HOMEMAKER SERVICE												
19 ALL OTHER												
19.50 TELEMEDICINE												
20 TOTAL (SUM OF 1-19)		1,404		558,990			784,234		1,404			
21 COST TO BE ALLOCATED		8,442		85,318			112,560		17,127			
22 UNIT COST MULTIPLIER		6.012821		0.152629			0.143529		12.198718			

HHA COST CENTER	HOUSEKEEPING (SQUARE FEET	10	DIETARY FE (PATIENT ) DAYS	11	CAFETERIA (PAID ) HOURS	12	NURSING ADMI NISTRATION (DIRECT ) NRSING HRS	14	CENTRAL SERV ICES & SUPPL (COSTED ) REQUIS.	15	PHARMACY (COSTED ) REQUIS.	16
1 ADMIN & GENERAL		1,404							6,056			
2 SKILLED NURSING CARE												
3 PHYSICAL THERAPY												
4 OCCUPATIONAL THERAPY												
5 SPEECH PATHOLOGY												
6 MEDICAL SOCIAL SERVICES												
7 HOME HEALTH AIDE												
8 SUPPLIES												
9 DRUGS												
9.20 COST ADMINISTERING DRUGS												
10 DME												
11 HOME DIALYSIS AIDE SVCS												
12 RESPIRATORY THERAPY												
13 PRIVATE DUTY NURSING												
14 CLINIC												
15 HEALTH PROM ACTIVITIES												
16 DAY CARE PROGRAM												
17 HOME DEL MEALS PROGRAM												
18 HOMEMAKER SERVICE												
19 ALL OTHER												
19.50 TELEMEDICINE												
20 TOTAL (SUM OF 1-19)		1,404							6,056			
21 COST TO BE ALLOCATED		7,644							631			
22 UNIT COST MULTIPLIER		5.444444							0.104194			

HHA 1

MEDICAL RECO	SOCIAL SERVI
RDS & LIBRAR	CE
( GROSS	(PATIENT
CHARGES )	DAYS )
17	18

HHA COST CENTER

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET H-6  
 I HHA NO: I TO 12/31/2008 I PARTS I II & III  
 I 15-7176 I HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	654,219		654,219	3,391	192.93	1,015
2 PHYSICAL THERAPY	3	107,058		107,058	981	109.13	440
3 OCCUPATIONAL THERAPY	4	52,092		52,092	358	145.51	189
4 SPEECH PATHOLOGY	5	3,510		3,510	25	140.40	31
5 MEDICAL SOCIAL SERVICES	6	4,110		4,110	20	205.50	5
6 HOME HEALTH AIDE SERVICE	7	101,207		101,207	1,889	53.58	348
7 TOTAL		922,196		922,196	6,664		2,028

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	1,566		195,824	302,128		497,952
2 PHYSICAL THERAPY	358		48,017	39,069		87,086
3 OCCUPATIONAL THERAPY	119		27,501	17,316		44,817
4 SPEECH PATHOLOGY	6		4,352	842		5,194
5 MEDICAL SOCIAL SERVICES	13		1,028	2,672		3,700
6 HOME HEALTH AIDE SERVICES	1,363		18,646	73,030		91,676
7 TOTAL	3,425		295,368	435,057		730,425

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET H-6  
 I HHA NO: I TO 12/31/2008 I PARTS I II & III  
 I 15-7176 I I HHA I

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00						1,953
16 COST OF DRUGS	9.00				9,311		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES		7,358			
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST  
LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.477836			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.323980			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.379599			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE			
		COST PER VISIT	PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS	PROGRAM COSTS
	1	2	3	4	5
1 PHYSICAL THERAPY		109.13	2.01	3	3.01
2 OCCUPATIONAL THERAPY		145.51			
3 SPEECH PATHOLOGY		140.40			
4 TOTAL (SUM OF LINES 1-3)					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009  
 I 15-1335 I FROM 1/ 1/2008 I WORKSHEET H-7  
 I HHA NO: I TO 12/31/2008 I PARTS I & II  
 I 15-7176 I I

TITLE XVIII

HHA 1

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

PART A

PART B  
 NOT SUBJECT TO  
 DED & COINS  
 2

PART B  
 SUBJECT TO  
 DED & COINS  
 3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A  
 SERVICES  
 1

PART B  
 SERVICES  
 2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	280,495	358,432
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		1,293
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	560	2,803
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	1,877	1,644
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		95
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	282,932	364,267
13	EXCESS REASONABLE COST		
14	SUBTOTAL	282,932	364,267
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	282,932	364,267
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	282,932	364,267
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	282,932	364,267
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	282,932	364,267
25	INTERIM PAYMENTS	282,932	364,267
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		282,932		364,267
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		282,932		364,267
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01				
AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		282,932		364,267

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.