

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	15-0064	I	FROM 10/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 9/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/13/2009 TIME 15:14

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:

FAYETTE MEMORIAL HOSPITAL 15-0064
FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 2/13/2009 TIME 15:14

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PI ENCRYPTION INFORMATION
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Marilyn Thompson

OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Assoc VP / Controller

TITLE
2/16/09

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	2	3	4
1	HOSPITAL	0	-99,059	253,305	-2,139,429
2	SUBPROVIDER	0	14,675	0	0
7	HOSPITAL-BASED HHA	0	-1	-230	0
100	TOTAL	0	-84,385	253,075	-2,139,429

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: 1941 VIRGINIA AVENUE P.O. BOX:
 1.01 CITY: CONNERSVILLE STATE: IN ZIP CODE: 47331- COUNTY: FAYETTE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-0064		7/ 1/1966	4	5	6
03.00	SUBPROVIDER	15-T064		10/ 1/2003	N	P	O
09.00	HOSPITAL-BASED HHA	15-7097		1/ 1/1984	N	P	N
12.00	HOSP-BASED HOSPICE	FHM HOME HEALTHCARE & HOSPICE	15-1548	2/ 1/1996	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2007 TO: 9/30/2008 1 2
 18 TYPE OF CONTROL 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

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

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

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

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

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

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 TERMINATION IN COL. 3. / /

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

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

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

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

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

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

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

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

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

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / / 0
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
	0.00	0		

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

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

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? 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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
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.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

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

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTICAMPUS

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0064
I PERIOD: FROM 10/1/2007 TO 9/30/2008
I PREPARED 2/13/2009
I WORKSHEET S-3
I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS	
				TITLE V	TITLE XVIII	NOT LTCH N/A	TITLE XIX	TITLE XIX	
1 ADULTS & PEDIATRICS	47	17,202	2.01	3	4	2,896	4.01	5	468
2 HMO									1,027
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF									
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	47	17,202				2,896			468
6 INTENSIVE CARE UNIT	12	4,392				1,259			
11 NURSERY									
12 TOTAL	59	21,594				4,155			468
13 RPCH VISITS									
14 SUBPROVIDER	16	5,856				965			24
15 SKILLED NURSING FACILITY									
18 HOME HEALTH AGENCY						4,151			
21 HOSPICE									
25 TOTAL	75								
26 OBSERVATION BED DAYS									199
26 01 OBSERVATION BED DAYS-SUB I									
27 AMBULANCE TRIPS						1,381			
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									

COMPONENT	I/P DAYS /		O/P VISITS TOTAL ALL PATS	TRIPS		INTERNS & RES. FTES	
	TITLE XIX ADMITTED	NOT ADMITTED		TOTAL OBSERVATION ADMITTED	BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			4,591				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			4,591				
6 INTENSIVE CARE UNIT			2,110				
11 NURSERY			579				
12 TOTAL			7,280				
13 RPCH VISITS							
14 SUBPROVIDER			1,359				
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			23,488				
21 HOSPICE			2,028				
25 TOTAL							
26 OBSERVATION BED DAYS		199	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		FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					1,083	533	2,202
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		520.95			1,083	533	2,202
13 RPCH VISITS							
14 SUBPROVIDER		12.70			77	2	109
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY		14.30					
21 HOSPICE		1.20					
25 TOTAL		549.15					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET S-3
 I TO 9/30/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
1 TOTAL SALARY	27,531,449		27,531,449	1,156,064.00	23.81	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	9,655,258	182,927	9,838,185	383,583.00	25.65	
9 OTHER WAGES & RELATED COSTS CONTRACT LABOR:	460,260		460,260	8,029.00	57.32	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	411,899		411,899	4,355.00	94.58	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	4,449,206		4,449,206			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	2,351,903		2,351,903			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A						CMS 339
19.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	212,362	97,001	309,363	10,953.00	28.24	
23 ADMINISTRATIVE & GENERAL	2,664,012	-698,543	1,965,469	109,267.00	17.99	
22.01 A & G UNDER CONTRACT	209,838		209,838	1,042.00	201.38	
24 MAINTENANCE & REPAIRS						
25 OPERATION OF PLANT	596,382	8,414	604,796	37,025.00	16.33	
26 LAUNDRY & LINEN SERVICE	20,780		20,780	1,975.00	10.52	
26.01 HOUSEKEEPING	556,979	8,413	565,392	57,183.00	9.89	
27 HOUSEKEEPING UNDER CONTRACT						
28 DIETARY	547,850	-208,061	339,789	26,364.00	12.89	
27.01 DIETARY UNDER CONTRACT						
29 CAFETERIA		216,336	216,336	17,132.00	12.63	
30 MAINTENANCE OF PERSONNEL						
31 NURSING ADMINISTRATION	471,533	8,944	480,477	15,085.00	31.85	
32 CENTRAL SERVICE AND SUPPLY	98,749		98,749	6,884.00	14.34	
33 PHARMACY	586,274	11,120	597,394	17,151.00	34.83	
34 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	840,445	45,319	885,764	44,559.00	19.88	
35 SOCIAL SERVICE						
OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	27,741,287		27,741,287	1,157,106.00	23.97	
2 EXCLUDED AREA SALARIES	9,655,258	182,927	9,838,185	383,583.00	25.65	
3 SUBTOTAL SALARIES	18,086,029	-182,927	17,903,102	773,523.00	23.14	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	872,159		872,159	12,384.00	70.43	
5 SUBTOTAL WAGE-RELATED COSTS	4,449,206		4,449,206		24.85	
6 TOTAL	23,407,394	-182,927	23,224,467	785,907.00	29.55	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET S-3
 I I TO 9/30/2008 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	6,805,204	-511,057	6,294,147	344,620.00	18.26	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO:
I 15-0064
I HHA NO:
I 15-7097
I COUNTY:

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

I PREPARED 2/13/2009
I WORKSHEET S-4
I

HOME HEALTH AGENCY STATISTICAL DATA

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				

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 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

- 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)
- 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)
- 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

	WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	2,066	0	66	115
22 SKILLED NURSING VISIT CHARGES	237,590	0	7,590	13,225
23 PHYSICAL THERAPY VISITS	360	0	6	16
24 PHYSICAL THERAPY VISIT CHARGES	45,000	0	750	2,000
25 OCCUPATIONAL THERAPY VISITS	0	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	14	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,890	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	24	0	0	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	4,320	0	0	540
31 HOME HEALTH AIDE VISITS	1,373	0	3	24
32 HOME HEALTH AIDE VISIT CHARGES	94,737	0	207	1,656
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	3,837	0	75	158
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	383,537	0	8,547	17,421
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	245	0	26	16
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	10,141	0	181	2,586

Health Financial Systems MCRIF32

FOR FAYETTE 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 2/13/2009
I 15-0064 I FROM 10/ 1/2007 I WORKSHEET S-4
I HHA NO: I TO 9/30/2008 I
I 15-7097 I
COUNTY: FAYETTE I

HOME HEALTH AGENCY STATISTICAL DATA

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	2,247
22 SKILLED NURSING VISIT CHARGES	0	0	258,405
23 PHYSICAL THERAPY VISITS	0	0	382
24 PHYSICAL THERAPY VISIT CHARGES	0	0	47,750
25 OCCUPATIONAL THERAPY VISITS	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	14
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,890
29 MEDICAL SOCIAL SERVICE VISITS	0	0	27
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	4,860
31 HOME HEALTH AIDE VISITS	0	0	1,400
32 HOME HEALTH AIDE VISIT CHARGES	0	0	96,600
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	4,070
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	409,505
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	287
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	12,908

HOSPICE IDENTIFICATION DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/13/2009
I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET S-9
I	HOSPICE NO:	I	TO 9/30/2008	I	
I	15-1548	I		I	

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	962		1	
3 INPATIENT RESPITE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	962		1	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1	964
3 INPATIENT RESPITE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	1	964

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	33		1	
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	29.15	1.00		
9 UNDUPLICATED CENSUS COUNT				

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	1	35
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	1.00	27.54
9 UNDUPLICATED CENSUS COUNT		

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET S-10
 I TO 9/30/2008 I
 I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

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

UNCOMPENSATED CARE REVENUES

- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .397764
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

Health Financial Systems MCRIF32 FOR FAYETTE MEMORIAL HOSPITAL

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
I 15-0064 I FROM 10/ 1/2007 I WORKSHEET S-10
I I TO 9/30/2008 I
I I I

DESCRIPTION

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-0064
I

I PERIOD:
I FROM 10/ 1/2007 I PREPARED 2/13/2009
I TO 9/30/2008 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,878,733	2,878,733		2,878,733
5	0500 EMPLOYEE BENEFITS	212,362	7,332,567	7,544,929	97,001	7,641,930
6	0600 ADMINISTRATIVE & GENERAL	2,664,012	3,497,116	6,161,128	-590,031	5,571,097
8	0800 OPERATION OF PLANT	596,382	2,057,999	2,654,381	-986,552	1,667,829
8.01	0801 OPERATION OF PLANT				994,966	994,966
9	0900 LAUNDRY & LINEN SERVICE	20,780	155,009	175,789		175,789
10	1000 HOUSEKEEPING	556,979	137,335	694,314	8,413	702,727
11	1100 DIETARY	547,850	366,642	914,492	-347,753	566,739
12	1200 CAFETERIA				356,028	356,028
14	1400 NURSING ADMINISTRATION	471,533	16,619	488,152	8,944	497,096
15	1500 CENTRAL SERVICES & SUPPLY	98,749	1,784,096	1,882,845		1,882,845
16	1600 PHARMACY	586,274	1,368,805	1,955,079	11,120	1,966,199
17	1700 MEDICAL RECORDS & LIBRARY	840,445	370,853	1,211,298	45,319	1,256,617
24	2400 PARAMED ED PRGM	18,180	8,143	26,323	8,304	34,627
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,165,786	175,416	2,341,202	-333,008	2,008,194
26	2600 INTENSIVE CARE UNIT	1,130,684	59,150	1,189,834	21,447	1,211,281
31	3100 SUBPROVIDER	549,910	113,475	663,385	10,431	673,816
33	3300 NURSERY				398,659	398,659
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,730,626	562,888	2,293,514	32,826	2,326,340
39	3900 DELIVERY ROOM & LABOR ROOM					
41	4100 RADIOLOGY-DIAGNOSTIC	1,316,144	2,713,518	4,029,662	70,018	4,099,680
44	4400 LABORATORY	921,110	1,103,368	2,024,478	49,003	2,073,481
49	4900 RESPIRATORY THERAPY	459,669	81,890	541,559	27,388	568,947
50	5000 PHYSICAL THERAPY	759,681	123,909	883,590	11,474	895,064
53.01	5301 CARDIAC REHAB	197,083	32,694	229,777	2,977	232,754
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,197,933	688,246	1,886,179	22,722	1,908,901
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	6300 CLINIC					
63.01	6301 BIC	724,878	280,814	1,005,692	12,731	1,018,423
63.02	6302 UCIC	382,010	205,590	587,600	6,709	594,309
63.03	6303 CIC	295,221	138,318	433,539	5,184	438,723
63.04	6304 RIC					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	790,242	173,933	964,175	14,930	979,105
71	7100 HOME HEALTH AGENCY	639,745	113,628	753,373	-34,538	718,835
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE	47,635	68,548	116,183	47,635	163,818
95	9500 SUBTOTALS	19,921,903	26,609,302	46,531,205	-27,653	46,503,552
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
97.01	9701 FMH DIAGNOSTIC CENTE	175,586	5,779	181,365	2,652	184,017
97.02	9702 WELLNESS	90,080	93,644	183,724	1,361	185,085
98	9800 PHYSICIANS' PRIVATE OFFICES	5,290,867	841,474	6,132,341	92,915	6,225,256
98.01	9801 RFE		57,136	57,136		57,136
98.02	9802 MARKETING	151,370	348,342	499,712	-99,933	399,779
98.03	9803 FOUNDATION	112,533	12,260	124,793	30,542	155,335
98.04	9804 BROOKVILLE CLINIC					
98.05	9805 ATOD	6,598	45	6,643	100	6,743
98.06	9806 HEART CENTER					
98.07	9807 WVCP	1,626,725	283,796	1,910,521		1,910,521
98.08	9808 OCCUPATIONAL MED	1,080	7,084	8,164	16	8,180
98.09	9809 HOME MEDICAL EQUIP	154,707	160,378	315,085		315,085
98.10	9810 HOSPITALIST		341,070	341,070		341,070
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	27,531,449	28,760,310	56,291,759	-0-	56,291,759

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 15-0064 I
I I

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

I PREPARED 2/13/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-247,439	2,631,294
5	0500 EMPLOYEE BENEFITS		7,641,930
6	0600 ADMINISTRATIVE & GENERAL	-286,377	5,284,720
8	0800 OPERATION OF PLANT	-1,707	1,666,122
8.01	0801 OPERATION OF PLANT		994,966
9	0900 LAUNDRY & LINEN SERVICE		175,789
10	1000 HOUSEKEEPING		702,727
11	1100 DIETARY		566,739
12	1200 CAFETERIA	-178,920	177,108
14	1400 NURSING ADMINISTRATION	-1,662	495,434
15	1500 CENTRAL SERVICES & SUPPLY		1,882,845
16	1600 PHARMACY	-219,069	1,747,130
17	1700 MEDICAL RECORDS & LIBRARY	-703	1,255,914
24	2400 PARAMED ED PRGM		34,627
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,008,194
26	2600 INTENSIVE CARE UNIT		1,211,281
31	3100 SUBPROVIDER		673,816
33	3300 NURSERY		398,659
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-748,881	1,577,459
39	3900 DELIVERY ROOM & LABOR ROOM		
41	4100 RADIOLOGY-DIAGNOSTIC		4,099,680
44	4400 LABORATORY		2,073,481
49	4900 RESPIRATORY THERAPY		568,947
50	5000 PHYSICAL THERAPY	-26,345	868,719
53.01	5301 CARDIAC REHAB		232,754
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		1,908,901
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 CLINIC		
63.01	4040 BIC	-365,371	653,052
63.02	4041 UCIC	-20,209	574,100
63.03	4042 CIC	-56,656	382,067
63.04	4043 RIC		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-295	978,810
71	7100 HOME HEALTH AGENCY		718,835
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		163,818
95	SUBTOTALS	-2,153,634	44,349,918
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
97.01	9701 FMH DIAGNOSTIC CENTE		184,017
97.02	9702 WELLNESS		185,085
98	9800 PHYSICIANS' PRIVATE OFFICES		6,225,256
98.01	9801 RFE		57,136
98.02	9802 MARKETING		399,779
98.03	9803 FOUNDATION		155,335
98.04	9804 BROOKVILLE CLINIC		
98.05	9805 ATOD		6,743
98.06	9806 HEART CENTER		
98.07	9807 WVCP		1,910,521
98.08	9808 OCCUPATIONAL MED		8,180
98.09	9809 HOME MEDICAL EQUIP		315,085
98.10	9810 HOSPITALIST		341,070
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-2,153,634	54,138,125

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT	0801	OPERATION OF PLANT
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	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	CLINIC	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	BIC	4040	FAMILY PRACTICE
63.02	UCIC	4041	FAMILY PRACTICE
63.03	CIC	4042	FAMILY PRACTICE
63.04	RIC	4043	FAMILY PRACTICE
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	FMH DIAGNOSTIC CENTE	9701	RESEARCH
97.02	WELLNESS	9702	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	RFE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	MARKETING	9802	PHYSICIANS' PRIVATE OFFICES
98.03	FOUNDATION	9803	PHYSICIANS' PRIVATE OFFICES
98.04	BROOKVILLE CLINIC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	ATOD	9805	PHYSICIANS' PRIVATE OFFICES
98.06	HEART CENTER	9806	PHYSICIANS' PRIVATE OFFICES
98.07	WVCP	9807	PHYSICIANS' PRIVATE OFFICES
98.08	OCCUPATIONAL MED	9808	PHYSICIANS' PRIVATE OFFICES
98.09	HOME MEDICAL EQUIP	9809	PHYSICIANS' PRIVATE OFFICES
98.10	HOSPITALIST	9810	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150064

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

PREPARED 2/13/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	INCREASE		
			SALARY	OTHER	
	1	2	3	4	5
1 CAFETERIA	A	CAFETERIA	12	216,336	139,692
2 NURSERY	B	NURSERY	33	385,549	13,110
3 COACH RECLASS	C	EMPLOYEE BENEFITS	5	97,001	
4		ADMINISTRATIVE & GENERAL	6	489,914	
5		OPERATION OF PLANT	8	8,414	
6		HOUSEKEEPING	10	8,413	
7		DIETARY	11	8,275	
8		NURSING ADMINISTRATION	14	8,944	
9		PHARMACY	16	11,120	
10		MEDICAL RECORDS & LIBRARY	17	45,319	
11		PARAMED ED PRGM	24	8,304	
12		ADULTS & PEDIATRICS	25	65,651	
13		INTENSIVE CARE UNIT	26	21,447	
14		SUBPROVIDER	31	10,431	
15		OPERATING ROOM	37	32,826	
16		RADIOLOGY-DIAGNOSTIC	41	19,879	
17		LABORATORY	44	13,913	
18		RESPIRATORY THERAPY	49	9,877	
19		PHYSICAL THERAPY	50	11,474	
20		CARDIAC REHAB	53.01	2,977	
21		EMERGENCY	61	22,722	
22		BIC	63.01	10,949	
23		UCIC	63.02	5,770	
24		CIC	63.03	4,459	
25		AMBULANCE SERVICES	65	14,930	
26		HOME HEALTH AGENCY	71	13,097	
27		FMH DIAGNOSTIC CENTE	97.01	2,652	
28		WELLNESS	97.02	1,361	
29		PHYSICIANS' PRIVATE OFFICES	98	79,915	
30		MARKETING	98.02	41,083	
31		FOUNDATION	98.03	30,542	
32		ATOD	98.05	100	
33		OCCUPATIONAL MED	98.08	16	
34 MAREKTING	D	ADMINISTRATIVE & GENERAL	6	32,504	108,512
35 HOSPICE	F	HOSPICE	93	47,635	
1 AVP	G	RADIOLOGY-DIAGNOSTIC	41	50,139	
2		LABORATORY	44	35,090	
3		RESPIRATORY THERAPY	49	17,511	
4		BIC	63.01	15	
5		BIC	63.01	1,767	
6		UCIC	63.02	939	
7		CIC	63.03	725	
8		PHYSICIANS' PRIVATE OFFICES	98	13,000	
9 HOSPITAL UTILITY RECLASS	I	OPERATION OF PLANT	8.01		994,966
36 TOTAL RECLASSIFICATIONS				1,902,985	1,256,280

(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
150064	FROM 10/ 1/2007	2/13/2009
	TO 9/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1) COST CENTER	LINE NO	SALARY	OTHER	
1 CAFETERIA	A DIETARY	11	216,336	139,692	
2 NURSERY	B ADULTS & PEDIATRICS	25	385,549	13,110	
3 COACH RECLASS	C ADMINISTRATIVE & GENERAL	6	1,101,775		
4					
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28					
29					
30					
31					
32					
33					
34 MAREKTING	D MARKETING	98.02	32,504	108,512	
35 HOSPICE	F HOME HEALTH AGENCY	71	47,635		
1 AVP	G ADMINISTRATIVE & GENERAL	6	119,186		
2					
3					
4					
5					
6					
7					
8					
9 HOSPITAL UTILITY RECLASS	I OPERATION OF PLANT	8	1,902,985	994,966	
36 TOTAL RECLASSIFICATIONS				1,256,280	

(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
150064	FROM 10/ 1/2007	2/13/2009
	TO 9/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	356,028	DIETARY	11	356,028
TOTAL RECLASSIFICATIONS FOR CODE A			356,028			

RECLASS CODE: B
EXPLANATION : NURSERY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	398,659	ADULTS & PEDIATRICS	25	398,659
TOTAL RECLASSIFICATIONS FOR CODE B			398,659			

RECLASS CODE: C
EXPLANATION : COACH RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	97,001	ADMINISTRATIVE & GENERAL	6	1,101,775
2.00	ADMINISTRATIVE & GENERAL	6	489,914			0
3.00	OPERATION OF PLANT	8	8,414			0
4.00	HOUSEKEEPING	10	8,413			0
5.00	DIETARY	11	8,275			0
6.00	NURSING ADMINISTRATION	14	8,944			0
7.00	PHARMACY	16	11,120			0
8.00	MEDICAL RECORDS & LIBRARY	17	45,319			0
9.00	PARAMED ED PRGM	24	8,304			0
10.00	ADULTS & PEDIATRICS	25	65,651			0
11.00	INTENSIVE CARE UNIT	26	21,447			0
12.00	SUBPROVIDER	31	10,431			0
13.00	OPERATING ROOM	37	32,826			0
14.00	RADIOLOGY-DIAGNOSTIC	41	19,879			0
15.00	LABORATORY	44	13,913			0
16.00	RESPIRATORY THERAPY	49	9,877			0
17.00	PHYSICAL THERAPY	50	11,474			0
18.00	CARDIAC REHAB	53.01	2,977			0
19.00	EMERGENCY	61	22,722			0
20.00	BIC	63.01	10,949			0
21.00	UCIC	63.02	5,770			0
22.00	CIC	63.03	4,459			0
23.00	AMBULANCE SERVICES	65	14,930			0
24.00	HOME HEALTH AGENCY	71	13,097			0
25.00	FMH DIAGNOSTIC CENTE	97.01	2,652			0
26.00	WELLNESS	97.02	1,361			0
27.00	PHYSICIANS' PRIVATE OFFICES	98	79,915			0
28.00	MARKETING	98.02	41,083			0
29.00	FOUNDATION	98.03	30,542			0
30.00	ATOD	98.05	100			0
31.00	OCCUPATIONAL MED	98.08	16			0
TOTAL RECLASSIFICATIONS FOR CODE C			1,101,775	1,101,775		

RECLASS CODE: D
EXPLANATION : MAREKTING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	141,016	MARKETING	98.02	141,016
TOTAL RECLASSIFICATIONS FOR CODE D			141,016			

RECLASS CODE: F
EXPLANATION : HOSPICE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	47,635	HOME HEALTH AGENCY	71	47,635
TOTAL RECLASSIFICATIONS FOR CODE F			47,635			

RECLASS CODE: G
EXPLANATION : AVP

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	50,139	ADMINISTRATIVE & GENERAL	6	119,186

RECLASSIFICATIONS

PROVIDER NO: 150064	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 2/13/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: G
EXPLANATION : AVP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	LABORATORY	44	35,090				0
3.00	RESPIRATORY THERAPY	49	17,511				0
4.00	BIC	63.01	15				0
5.00	BIC	63.01	1,767				0
6.00	UCIC	63.02	939				0
7.00	CIC	63.03	725				0
8.00	PHYSICIANS' PRIVATE OFFICES	98	13,000				0
TOTAL RECLASSIFICATIONS FOR CODE G			119,186				119,186

RECLASS CODE: I
EXPLANATION : HOSPITAL UTILITY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8.01	994,966	OPERATION OF PLANT	8	994,966	
TOTAL RECLASSIFICATIONS FOR CODE I			994,966				994,966

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND	BALANCE	DEPRECIATED
		1	2	3	4	5	6	7
1	LAND	1,344,783	65,669		65,669		1,410,452	
2	LAND IMPROVEMENTS	786,140	65,772		65,772		851,912	
3	BUILDINGS & FIXTURE	47,639,869	782,543		782,543		48,422,412	
4	BUILDING IMPROVEMEN	110,658	3,723,675		3,723,675		3,834,333	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	25,424,568	339,610		339,610		25,764,178	
7	SUBTOTAL	75,306,018	4,977,269		4,977,269		80,283,287	
8	RECONCILING ITEMS							
9	TOTAL	75,306,018	4,977,269		4,977,269		80,283,287	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND	BALANCE	DEPRECIATED
		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 III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST		TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	14	15	
3	NEW CAP REL COSTS-BL	2,840,281		-105,893			-103,094		2,631,294
5	TOTAL	2,840,281		-105,893			-103,094		2,631,294

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		TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	14	15	
3	NEW CAP REL COSTS-BL	2,878,733							2,878,733
5	TOTAL	2,878,733							2,878,733

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET A-8
 I I TO 9/30/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1			**COST CENTER DELETED**	1	
2			**COST CENTER DELETED**	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			**COST CENTER DELETED**	4	
5					
6					
7					
8					
9					
10					
11					
12					
13	A-8-2	-1,162,327			
14	A-8-1				
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			**COST CENTER DELETED**	1	
30			**COST CENTER DELETED**	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			**COST CENTER DELETED**	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		**COST CENTER DELETED**	51	
36	A-8-4		**COST CENTER DELETED**	52	
37	B	-703	MEDICAL RECORDS & LIBRARY	17	
38	B	-11,802	ADMINISTRATIVE & GENERAL	6	
39	B	-28,790	OPERATING ROOM	37	
40	B	-1,707	OPERATION OF PLANT	8	
41	B	5,332	ADMINISTRATIVE & GENERAL	6	
42	B	-18,346	NEW CAP REL COSTS-BLDG &	3	9
43	B	-20,106	NEW CAP REL COSTS-BLDG &	3	9
44	A	-367,633	ADMINISTRATIVE & GENERAL	6	
45	A	-48,537	PHARMACY	16	
46	A	-175,012	CAFETERIA	12	
47	A	-3,908	CAFETERIA	12	
48	A	-5,640	PHYSICAL THERAPY	50	
49	A	-1,662	NURSING ADMINISTRATION	14	
49.01	A	-170,532	PHARMACY	16	
49.02	A	-19,540	PHYSICAL THERAPY	50	
49.03	A	-1,165	PHYSICAL THERAPY	50	
49.04	A	206,633	NEW CAP REL COSTS-BLDG &	3	14
49.05	A	-9,503	ADMINISTRATIVE & GENERAL	6	
49.06	A	-8,850	ADMINISTRATIVE & GENERAL	6	
49.07	A	-373	ADMINISTRATIVE & GENERAL	6	
49.08	A	-100	ADMINISTRATIVE & GENERAL	6	
49.09	A	9,450	ADMINISTRATIVE & GENERAL	6	
49.10	A	-105,893	NEW CAP REL COSTS-BLDG &	3	11
49.11	A	-618,117	NEW CAP REL COSTS-BLDG &	3	14
49.12	A	695,304	NEW CAP REL COSTS-BLDG &	3	14
49.13	A	-386,914	NEW CAP REL COSTS-BLDG &	3	14
49.14	A	97,102	ADMINISTRATIVE & GENERAL	6	
49.15	A	-295	AMBULANCE SERVICES	65	
50		-2,153,634			

(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
I 15-0064 I
I I

I PERIOD: I PREPARED 2/13/2009
I FROM 10/ 1/2007 I WORKSHEET A-8-2
I TO 9/30/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	37 OR	720,091	720,091		182,900			
2	63 1 BIC	405,640	365,371	40,269	142,500	3,198	219,094	10,955
3	63 2 UCIC	179,357	15,264	164,093	142,500	2,323	159,148	7,957
4	63 3 CIC	90,820	56,656	34,164	142,500	2,262	154,969	7,748
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,395,908	1,157,382	238,526		7,783	533,211	26,660

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET A-8-2
 I I TO 9/30/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	11	12	13	14	15	16	17	18
1	37 OR							720,091
2	63 1 BIC					219,094		365,371
3	63 2 UCIC					159,148	4,945	20,209
4	63 3 CIC					154,969		56,656
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					533,211	4,945	1,162,327

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MAN	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	FTE'S		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	100%		ENTERED
16	PHARMACY	15	100%		ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS	CHARGES	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	ENTERED

Health Financial Systems		MCRIF32		FOR FAYETTE MEMORIAL HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)			
COST ALLOCATION - GENERAL SERVICE COSTS				I	PROVIDER NO:	I	PERIOD:	I	PREPARED
				I	15-0064	I	FROM 10/ 1/2007	I	2/13/2009
				I		I	TO 9/30/2008	I	WORKSHEET B
									PART I
COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE E & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT		
	0	3	5	5a.00	6	8	8.01		
003 GENERAL SERVICE COST CNTR									
005 NEW CAP REL COSTS-BLDG &	2,631,294	2,631,294							
006 EMPLOYEE BENEFITS	7,641,930	10,986	7,652,916						
008 ADMINISTRATIVE & GENERAL	5,284,720	228,384	562,185	6,075,289	6,075,289				
008 OPERATION OF PLANT	1,666,122	1,068,250	172,623	2,906,995	367,453	3,274,448			
008 01 OPERATION OF PLANT	994,966			994,966	125,767		1,120,733		
009 LAUNDRY & LINEN SERVICE	175,789	2,831	5,931	184,551	23,328	6,283	3,123		
010 HOUSEKEEPING	702,727	13,147	161,376	877,250	110,887	29,176	14,504		
011 DIETARY	566,739	28,911	96,984	692,634	87,551	64,160	31,895		
012 CAFETERIA	177,108	18,871	61,747	257,726	32,577	41,880	20,819		
014 NURSING ADMINISTRATION	495,434		137,139	632,573	79,959				
015 CENTRAL SERVICES & SUPPLY	1,882,845	18,554	28,185	1,929,584	243,905	41,175	20,469		
016 PHARMACY	1,747,130	17,953	121,456	1,886,539	238,464	39,842	19,806		
017 MEDICAL RECORDS & LIBRARY	1,255,914	63,409	243,902	1,563,225	197,596	140,718	21,215		
024 PARAMED ED PRGM	34,627	17,601	7,559	59,787	7,557	39,060	6,688		
025 INPAT ROUTINE SRVC CNTRS									
025 ADULTS & PEDIATRICS	2,008,194	116,087	514,425	2,638,706	333,540	257,622	128,067		
026 INTENSIVE CARE UNIT	1,211,281	64,155	328,845	1,604,281	202,786	142,373	70,775		
031 SUBPROVIDER	673,816	65,812	159,934	899,562	113,707	146,050	72,603		
033 NURSERY	398,659	18,015	110,045	526,719	66,579	39,980	19,874		
034 SKILLED NURSING FACILITY									
037 ANCILLARY SRVC COST CNTRS									
039 OPERATING ROOM	1,577,459	172,626	484,620	2,234,705	282,473	383,093	190,441		
041 DELIVERY ROOM & LABOR ROO									
041 RADIOLOGY-DIAGNOSTIC	4,099,680	154,037	395,643	4,649,360	587,693	341,841	169,934		
044 LABORATORY	2,073,481	49,302	276,893	2,399,676	303,326	109,411	54,390		
049 RESPIRATORY THERAPY	568,947	30,140	138,806	737,893	93,272	66,888	25,557		
050 PHYSICAL THERAPY	868,719	41,886	188,063	1,098,668	138,875	92,954	46,208		
053 01 CARDIAC REHAB	232,754	20,591	57,102	310,447	39,241	45,695	22,716		
055 MEDICAL SUPPLIES CHARGED									
056 DRUGS CHARGED TO PATIENTS									
057 RENAL DIALYSIS									
061 OUTPAT SERVICE COST CNTRS									
061 EMERGENCY	1,908,901	55,724	348,403	2,313,028	292,374	123,662	61,474		
062 OBSERVATION BEDS (NON-DIS									
063 CLINIC									
063 01 BIC	653,052		166,732	819,784	103,623	57,464			
063 02 UCIC	574,100		110,949	685,049	86,592	64,252			
063 03 CIC	382,067		72,317	454,384	57,436	32,011			
063 04 RIC									
065 OTHER REIMBURS COST CNTRS									
065 AMBULANCE SERVICES	978,810	15,833	228,034	1,222,677	154,550	51,748			
071 HOME HEALTH AGENCY	718,835	13,175	186,679	918,689	116,125	29,238			
093 SPEC PURPOSE COST CENTERS									
093 HOSPICE	163,818		13,596	177,414	22,426				
095 SUBTOTALS	44,349,918	2,306,280	5,380,173	41,752,161	4,509,662	2,386,576	1,000,558		
096 NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP									
097 RESEARCH									
097 01 FMH DIAGNOSTIC CENTE	184,017	7,299	50,873	242,189	30,613	16,197			
097 02 WELLNESS	185,085	18,333	26,099	229,517	29,012	154,019			
098 PHYSICIANS' PRIVATE OFFIC	6,225,256	205,805	1,588,960	8,020,021	1,013,759	509,990	100,598		
098 01 RFE	57,136			57,136	7,222				
098 02 MARKETING	399,779	8,369	44,459	452,607	57,211	18,572	9,233		
098 03 FOUNDATION	155,335	2,866	40,837	199,038	25,159	6,359	3,161		
098 04 BROOKVILLE CLINIC									
098 05 ATOD	6,743		1,912	8,655	1,094				
098 06 HEART CENTER		6,511		6,511	823	14,450	7,183		
098 07 WVCP	1,910,521		475,133	2,385,654	301,554				
098 08 OCCUPATIONAL MED	8,180		313	8,493	1,074				
098 09 HOME MEDICAL EQUIP	315,085		44,157	359,242	45,409				
098 10 HOSPITALIST	341,070			341,070	43,112				
100 OTHER NONREIMBURSABLE COS		75,831		75,831	9,585	168,285			
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL	54,138,125	2,631,294	7,652,916	54,138,125	6,075,289	3,274,448	1,120,733		

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET B
 I TO 9/30/2008 I PART I

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING		DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
008 01 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	217,285						
010 HOUSEKEEPING		1,031,817					
011 DIETARY		22,158	898,398				
012 CAFETERIA		14,463		367,465			
014 NURSING ADMINISTRATION				8,549	721,081		
015 CENTRAL SERVICES & SUPPLY		14,220		3,867		2,253,220	
016 PHARMACY		13,759		9,605	21,131		2,229,146
017 MEDICAL RECORDS & LIBRARY		15,961		25,121	5,283		
024 PARAMED ED PRGM		13,489		575			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	77,273	88,970	434,016	44,189	161,121		
031 INTENSIVE CARE UNIT	23,151	49,168	49,074	26,995	60,750		
033 SUBPROVIDER	18,339	50,439	28,292	14,846	34,337		
034 NURSERY		13,807		6,819			
037 SKILLED NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	15,438	132,301		25,124	50,185		
044 DELIVERY ROOM & LABOR ROO							
049 RADIOLOGY-DIAGNOSTIC	26,822	118,055		28,712	66,033		
050 LABORATORY	125	37,785		26,440	60,750		
053 RESPIRATORY THERAPY	61	17,755		10,178	58,109		
055 PHYSICAL THERAPY	18,861	32,102		15,002	34,337		
056 01 CARDIAC REHAB	271	15,781		4,833	10,565		
057 MEDICAL SUPPLIES CHARGED						2,253,220	
061 DRUGS CHARGED TO PATIENTS							2,229,146
062 RENAL DIALYSIS							
063 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY	29,912	42,707		25,813	58,109		
063 OBSERVATION BEDS (NON-DIS CLINIC)							
063 01 BIC	3,279	19,845					
063 02 UCIC	431	22,190					
063 03 CIC		11,055					
063 04 RIC							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES		10,955		27,613	63,392		
093 HOME HEALTH AGENCY		10,097		16,631	36,979		
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE	88			1,445			
097 SUBTOTALS	214,051	767,062	511,382	322,357	721,081	2,253,220	2,229,146
098 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 FMH DIAGNOSTIC CENTE		5,594		4,636			
097 02 WELLNESS		44,210					
098 PHYSICIANS' PRIVATE OFFIC	2,797	175,034		28,737			
098 01 RFE							
098 02 MARKETING		6,414		4,161			
098 03 FOUNDATION		2,196		2,486			
098 04 BROOKVILLE CLINIC							
098 05 ATOD							
098 06 HEART CENTER		4,990					
098 07 WVCP	437		387,016				
098 08 OCCUPATIONAL MED							
098 09 HOME MEDICAL EQUIP				5,088			
098 10 HOSPITALIST							
100 OTHER NONREIMBURSABLE COS		26,317					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	217,285	1,031,817	898,398	367,465	721,081	2,253,220	2,229,146

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 15-0064 I FROM 10/ 1/2007 I WORKSHEET B
 I TO 9/30/2008 I PART I

COST CENTER DESCRIPTION	MEDICAL RECOR PARAMED ED PR SUBTOTAL			I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	DS & LIBRARY 17	GM 24	25		
003 GENERAL SERVICE COST CNTR					
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT					
008 01 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	1,969,119				
024 PARAMED ED PRGM		127,156			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	181,188		4,344,692		4,344,692
031 INTENSIVE CARE UNIT	105,683		2,335,036		2,335,036
033 SUBPROVIDER	37,712		1,415,887		1,415,887
034 NURSERY	14,173		687,951		687,951
037 SKILLED NURSING FACILITY					
039 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	224,511		3,538,271		3,538,271
044 DELIVERY ROOM & LABOR ROO					
049 RADIOLOGY-DIAGNOSTIC	599,650		6,588,100		6,588,100
050 LABORATORY			2,991,903		2,991,903
053 RESPIRATORY THERAPY	122,325		1,132,038		1,132,038
055 PHYSICAL THERAPY	80,917		1,557,924		1,557,924
056 01 CARDIAC REHAB	7,196		456,745		456,745
057 MEDICAL SUPPLIES CHARGED	96,446		2,349,666		2,349,666
061 DRUGS CHARGED TO PATIENTS	227,801		2,456,947		2,456,947
062 RENAL DIALYSIS					
063 OUTPAT SERVICE COST CNTRS					
063 01 EMERGENCY	206,628	127,156	3,280,863		3,280,863
063 02 OBSERVATION BEDS (NON-DIS CLINIC)					
063 03 BIC			1,003,995		1,003,995
063 04 UCIC	31,391		889,905		889,905
063 05 CIC			554,886		554,886
063 06 RIC					
065 OTHER REIMBURS COST CNTRS					
071 AMBULANCE SERVICES	33,498		1,564,433		1,564,433
093 HOME HEALTH AGENCY			1,127,759		1,127,759
095 SPEC PURPOSE COST CENTERS					
096 HOSPICE			201,373		201,373
097 SUBTOTALS	1,969,119	127,156	38,478,374		38,478,374
098 NONREIMBURS COST CENTERS					
099 GIFT, FLOWER, COFFEE SHOP					
100 RESEARCH					
101 01 FMH DIAGNOSTIC CENTE			299,229		299,229
101 02 WELLNESS			456,758		456,758
101 03 PHYSICIANS' PRIVATE OFFIC			9,850,936		9,850,936
101 04 RFE			64,358		64,358
101 05 MARKETING			548,198		548,198
101 06 FOUNDATION			238,399		238,399
101 07 BROOKVILLE CLINIC					
101 08 ATOD			9,749		9,749
101 09 HEART CENTER			33,957		33,957
101 10 WVCP			3,074,661		3,074,661
102 OCCUPATIONAL MED			9,567		9,567
103 HOME MEDICAL EQUIP			409,739		409,739
104 HOSPITALIST			384,182		384,182
105 OTHER NONREIMBURSABLE COS			280,018		280,018
106 CROSS FOOT ADJUSTMENT					
107 NEGATIVE COST CENTER					
108 TOTAL	1,969,119	127,156	54,138,125		54,138,125

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL COSTS-BLDG & 3	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	OPERATION OF PLANT 8.01
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS		10,986	10,986	10,986			
006 ADMINISTRATIVE & GENERAL		228,384	228,384	808	229,192		
008 OPERATION OF PLANT		1,068,250	1,068,250	248	13,863	1,082,361	
008 01 OPERATION OF PLANT					4,745		4,745
009 LAUNDRY & LINEN SERVICE		2,831	2,831	9	880	2,077	13
010 HOUSEKEEPING		13,147	13,147	232	4,184	9,644	61
011 DIETARY		28,911	28,911	139	3,303	21,208	135
012 CAFETERIA		18,871	18,871	89	1,229	13,843	88
014 NURSING ADMINISTRATION				197	3,017		
015 CENTRAL SERVICES & SUPPLY		18,554	18,554	40	9,202	13,610	87
016 PHARMACY		17,953	17,953	174	8,997	13,170	84
017 MEDICAL RECORDS & LIBRARY		63,409	63,409	350	7,455	46,514	90
024 PARAMED ED PRGM		17,601	17,601	11	285	12,911	28
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		116,087	116,087	739	12,584	85,156	542
026 INTENSIVE CARE UNIT		64,155	64,155	472	7,651	47,061	300
031 SUBPROVIDER		65,812	65,812	230	4,290	48,277	307
033 NURSERY		18,015	18,015	158	2,512	13,215	84
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		172,626	172,626	696	10,657	126,630	809
041 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC		154,037	154,037	568	22,173	112,995	719
044 LABORATORY		49,302	49,302	398	11,444	36,166	230
049 RESPIRATORY THERAPY		30,140	30,140	199	3,519	22,110	108
050 PHYSICAL THERAPY		41,886	41,886	270	5,240	30,726	196
053 01 CARDIAC REHAB		20,591	20,591	82	1,481	15,104	96
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		55,724	55,724	500	11,031	40,876	260
062 OBSERVATION BEDS (NON-DIS							
063 CLINIC							
063 01 BIC				240	3,910	18,995	
063 02 UCIC				159	3,267	21,238	
063 03 CIC				104	2,167	10,581	
063 04 RIC							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES		15,833	15,833	328	5,831	17,105	
071 HOME HEALTH AGENCY		13,175	13,175	268	4,381	9,664	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				20	846		
095 SUBTOTALS		2,306,280	2,306,280	7,728	170,144	788,876	4,237
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 FMH DIAGNOSTIC CENTE		7,299	7,299	73	1,155	5,354	
097 02 WELLNESS		18,333	18,333	37	1,095	50,910	
098 PHYSICIANS' PRIVATE OFFIC		205,805	205,805	2,276	38,227	168,578	426
098 01 RFE					272		
098 02 MARKETING		8,369	8,369	64	2,158	6,139	39
098 03 FOUNDATION		2,866	2,866	59	949	2,102	13
098 04 BROOKVILLE CLINIC							
098 05 ATOD				3	41		
098 06 HEART CENTER		6,511	6,511		31	4,776	30
098 07 WVCP				683	11,377		
098 08 OCCUPATIONAL MED					41		
098 09 HOME MEDICAL EQUIP				63	1,713		
098 10 HOSPITALIST					1,627		
100 OTHER NONREIMBURSABLE COS		75,831	75,831		362	55,626	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,631,294	2,631,294	10,986	229,192	1,082,361	4,745

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
008 01 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	5,810						
010 HOUSEKEEPING		27,268					
011 DIETARY		586	54,282				
012 CAFETERIA		382		34,502			
014 NURSING ADMINISTRATION				803	4,017		
015 CENTRAL SERVICES & SUPPLY		376		363		42,232	
016 PHARMACY		364		902	118		41,762
017 MEDICAL RECORDS & LIBRARY		422		2,359	29		
024 PARAMED ED PRGM		356		54			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,066	2,351	26,224	4,145	898		
026 INTENSIVE CARE UNIT	619	1,299	2,965	2,535	338		
031 SUBPROVIDER	490	1,333	1,709	1,394	191		
033 NURSERY		365		640			
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	413	3,496		2,359	280		
041 DELIVERY ROOM & LABOR ROO							
044 RADIOLOGY-DIAGNOSTIC	717	3,120		2,696	368		
049 LABORATORY	3	999		2,483	338		
050 RESPIRATORY THERAPY	2	469		956	324		
053 01 PHYSICAL THERAPY	504	848		1,409	191		
055 CARDIAC REHAB	7	417		454	59		
056 MEDICAL SUPPLIES CHARGED						42,232	
057 DRUGS CHARGED TO PATIENTS							41,762
061 RENAL DIALYSIS							
062 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY	800	1,129		2,424	324		
063 OBSERVATION BEDS (NON-DIS CLINIC							
063 01 BIC	88	524					
063 02 UCIC	12	586					
063 03 CIC		292					
063 04 RIC							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES		289		2,593	353		
071 HOME HEALTH AGENCY		267		1,562	206		
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	2			136			
095 SUBTOTALS	5,723	20,270	30,898	30,267	4,017	42,232	41,762
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 FMH DIAGNOSTIC CENTE		148		435			
097 02 WELLNESS		1,168					
098 PHYSICIANS' PRIVATE OFFIC	75	4,627		2,698			
098 01 RFE							
098 02 MARKETING		170		391			
098 03 FOUNDATION		58		233			
098 04 BROOKVILLE CLINIC							
098 05 ATOD							
098 06 HEART CENTER		132					
098 07 WCP	12		23,384				
098 08 OCCUPATIONAL MED							
098 09 HOME MEDICAL EQUIP				478			
098 10 HOSPITALIST							
100 OTHER NONREIMBURSABLE COS		695					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,810	27,268	54,282	34,502	4,017	42,232	41,762

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0064
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/13/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	24	25	26	27
003 GENERAL SERVICE COST CNTR					
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT					
008 01 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	120,628				
024 PARAMED ED PRGM		31,246			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	11,098		261,890		261,890
031 INTENSIVE CARE UNIT	6,473		133,868		133,868
033 SUBPROVIDER	2,310		126,343		126,343
034 NURSERY	868		35,857		35,857
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	13,752		331,718		331,718
041 DELIVERY ROOM & LABOR ROO					
044 RADIOLOGY-DIAGNOSTIC	36,746		334,139		334,139
049 LABORATORY			101,363		101,363
050 RESPIRATORY THERAPY	7,493		65,320		65,320
053 01 PHYSICAL THERAPY	4,956		86,226		86,226
055 CARDIAC REHAB	441		38,732		38,732
056 MEDICAL SUPPLIES CHARGED	5,907		48,139		48,139
057 DRUGS CHARGED TO PATIENTS	13,953		55,715		55,715
057 RENAL DIALYSIS					
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	12,656		125,724		125,724
063 OBSERVATION BEDS (NON-DIS CLINIC)					
063 01 BIC			23,757		23,757
063 02 UCIC	1,923		27,185		27,185
063 03 CIC			13,144		13,144
063 04 RIC					
065 OTHER REIMBURS COST CNTRS					
071 AMBULANCE SERVICES	2,052		44,384		44,384
075 HOME HEALTH AGENCY			29,523		29,523
093 SPEC PURPOSE COST CENTERS					
095 HOSPICE			1,004		1,004
095 SUBTOTALS	120,628		1,884,031		1,884,031
096 NONREIMBURS COST CENTERS					
097 GIFT, FLOWER, COFFEE SHOP					
097 RESEARCH					
097 01 FMH DIAGNOSTIC CENTE			14,464		14,464
097 02 WELLNESS			71,543		71,543
098 PHYSICIANS' PRIVATE OFFIC			422,712		422,712
098 01 RFE			272		272
098 02 MARKETING			17,330		17,330
098 03 FOUNDATION			6,280		6,280
098 04 BROOKVILLE CLINIC					
098 05 ATOD			44		44
098 06 HEART CENTER			11,480		11,480
098 07 WVCP			35,456		35,456
098 08 OCCUPATIONAL MED			41		41
098 09 HOME MEDICAL EQUIP			2,254		2,254
098 10 HOSPITALIST			1,627		1,627
100 OTHER NONREIMBURSABLE COS			132,514		132,514
101 CROSS FOOT ADJUSTMENTS		31,246	31,246		31,246
102 NEGATIVE COST CENTER					
103 TOTAL	120,628	31,246	2,631,294		2,631,294

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET B-1
 I TO 9/30/2008 I

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	SA RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT
	OSTS-BLDG & FITS	FITS		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
	(SQUARE FEET)	(GROSS SALARIES)				
	3	5	6a.00	6	8	8.01
003 GENERAL SERVICE COST						
005 NEW CAP REL COSTS-BLD	381,069					
006 EMPLOYEE BENEFITS	1,591	26,812,507				
008 ADMINISTRATIVE & GENE	33,075	1,969,654	-6,075,289	48,062,836		
008 OPERATION OF PLANT	154,706	604,796		2,906,995	213,685	
008 01 OPERATION OF PLANT				994,966		147,124
009 LAUNDRY & LINEN SERVI	410	20,780		184,551	410	410
010 HOUSEKEEPING	1,904	565,392		877,250	1,904	1,904
011 DIETARY	4,187	339,789		692,634	4,187	4,187
012 CAFETERIA	2,733	216,336		257,726	2,733	2,733
014 NURSING ADMINISTRATIO		480,477		632,573		
015 CENTRAL SERVICES & SU	2,687	98,749		1,929,584	2,687	2,687
016 PHARMACY	2,600	425,529		1,886,539	2,600	2,600
017 MEDICAL RECORDS & LIB	9,183	854,527		1,563,225	9,183	2,785
024 PARAMED ED PRGM	2,549	26,484		59,787	2,549	878
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	16,812	1,802,324		2,638,706	16,812	16,812
026 INTENSIVE CARE UNIT	9,291	1,152,131		1,604,281	9,291	9,291
031 SUBPROVIDER	9,531	560,341		899,562	9,531	9,531
033 NURSERY	2,609	385,549		526,719	2,609	2,609
034 SKILLED NURSING FACIL						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	25,000	1,697,901		2,234,705	25,000	25,000
039 DELIVERY ROOM & LABOR						
041 RADIOLOGY-DIAGNOSTIC	22,308	1,386,163		4,649,360	22,308	22,308
044 LABORATORY	7,140	970,113		2,399,676	7,140	7,140
049 RESPIRATORY THERAPY	4,365	486,317		737,893	4,365	3,355
050 PHYSICAL THERAPY	6,066	658,892		1,098,668	6,066	6,066
053 01 CARDIAC REHAB	2,982	200,060		310,447	2,982	2,982
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
061 OUTPAT SERVICE COST C						
061 EMERGENCY	8,070	1,220,655		2,313,028	8,070	8,070
062 OBSERVATION BEDS (NON						
063 CLINIC						
063 01 BIC		584,157		819,784	3,750	
063 02 UCIC		388,719		685,049	4,193	
063 03 CIC		253,369		454,384	2,089	
063 04 RIC						
065 OTHER REIMBURS COST C						
071 AMBULANCE SERVICES	2,293	798,932		1,222,677	3,377	
071 HOME HEALTH AGENCY	1,908	654,042		918,689	1,908	
071 SPEC PURPOSE COST CEN						
093 HOSPICE		47,635		177,414		
095 SUBTOTALS	334,000	18,849,813	-6,075,289	35,676,872	155,744	131,348
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
097 01 FMH DIAGNOSTIC CENTE	1,057	178,238		242,189	1,057	
097 02 WELLNESS	2,655	91,441		229,517	10,051	
098 PHYSICIANS' PRIVATE O	29,805	5,567,011		8,020,021	33,281	13,206
098 01 RFE				57,136		
098 02 MARKETING	1,212	155,764		452,607	1,212	1,212
098 03 FOUNDATION	415	143,075		199,038	415	415
098 04 BROOKVILLE CLINIC						
098 05 ATOD		6,698		8,655		
098 06 HEART CENTER	943			6,511	943	943
098 07 WVCP		1,664,664		2,385,654		
098 08 OCCUPATIONAL MED		1,096		8,493		
098 09 HOME MEDICAL EQUIP		154,707		359,242		
098 10 HOSPITALIST				341,070		
100 OTHER NONREIMBURSABLE	10,982			75,831	10,982	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,631,294	7,652,916		6,075,289	3,274,448	1,120,733
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	6.905033				15.323715	
104 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		.285423		.126403		7.617608
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED		10,986		229,192	1,082,361	4,745
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					5.065217	
108 (WRKSHT B, PT III)		.000410		.004769		.032252

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET B-1
 I TO 9/30/2008 I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(MAN HOURS)	H(FTE'S)	(100%)	(100%)
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST							
005 NEW CAP REL COSTS-BLD							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	81,634						
010 HOUSEKEEPING		194,975					
011 DIETARY		4,187	191,163				
012 CAFETERIA		2,733		656,172			
014 NURSING ADMINISTRATION				15,265	273		
015 CENTRAL SERVICES & SUPPLY		2,687		6,906		100	
016 PHARMACY		2,600		17,151	8		100
017 MEDICAL RECORDS & LIBRARY		3,016		44,857	2		
024 PARAMEDICAL PROGRAM		2,549		1,027			
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS	29,031	16,812	92,351	78,907	61		
026 INTENSIVE CARE UNIT	8,698	9,291	10,442	48,205	23		
031 SUBPROVIDER	6,890	9,531	6,020	26,510	13		
033 NURSERY		2,609		12,177			
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM	5,800	25,000		44,863	19		
041 DELIVERY ROOM & LABOR							
044 RADIOLOGY-DIAGNOSTIC LABORATORY	10,077	22,308		51,270	25		
049 LABORATORY	47	7,140		47,213	23		
050 RESPIRATORY THERAPY	23	3,355		18,175	22		
053 PHYSICAL THERAPY	7,086	6,066		26,788	13		
053 01 CARDIAC REHABILITATION	102	2,982		8,630	4		
055 MEDICAL SUPPLIES CHARGED TO PATIENT						100	
056 DRUGS CHARGED TO PATIENT							100
057 RENAL DIALYSIS							
061 OUTPATIENT SERVICE COST CENTER							
062 EMERGENCY	11,238	8,070		46,094	22		
062 OBSERVATION BEDS (NON CLINIC)							
063 01 BIC	1,232	3,750					
063 02 UCIC	162	4,193					
063 03 CIC		2,089					
063 04 RIC							
065 OTHER REIMBURSABLE COST CENTER							
071 AMBULANCE SERVICES		2,070		49,307	24		
SPEC PURPOSE COST CENTER		1,908		29,698	14		
093 HOSPICE	33			2,581			
095 SUBTOTALS	80,419	144,946	108,813	575,624	273	100	100
096 NONREIMBURSABLE COST CENTER							
097 GIFT, FLOWER, COFFEE RESEARCH							
097 01 FMH DIAGNOSTIC CENTER		1,057		8,279			
097 02 WELLNESS		8,354					
098 PHYSICIANS' PRIVATE OFFICE	1,051	33,075		51,314			
098 01 RFE							
098 02 MARKETING		1,212		7,431			
098 03 FOUNDATION		415		4,439			
098 04 BROOKVILLE CLINIC							
098 05 ATOD							
098 06 HEART CENTER		943					
098 07 WVCP	164		82,350				
098 08 OCCUPATIONAL MEDICINE							
098 09 HOME MEDICAL EQUIPMENT				9,085			
098 10 HOSPITALIST							
100 OTHER NONREIMBURSABLE COST CENTER		4,973					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	217,285	1,031,817	898,398	367,465	721,081	2,253,220	2,229,146
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		5.292048		.560013		22,532.200000	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	2.661697		4.699644		2,641.322344		22,291.460000
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	5,810	27,268	54,282	34,502	4,017	42,232	41,762
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.071171	.139854	.283957	.052581	14.714286	422.320000	417.620000

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET B-1
 I TO 9/30/2008 I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY		PARAMEDICAL PR	
	(GROSS ARGES	CH(ASSIGNED)	TIME)
	17		24	
003 GENERAL SERVICE COST				
005 NEW CAP REL COSTS-BLD				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENE				
008 OPERATION OF PLANT				
008 01 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB	76,971,237			
024 PARAMEDICAL PRGM			100	
025 INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	7,082,351			
026 INTENSIVE CARE UNIT	4,130,993			
031 SUBPROVIDER	1,474,110			
033 NURSERY	553,990			
034 SKILLED NURSING FACIL				
037 ANCILLARY SRVC COST C				
037 OPERATING ROOM	8,775,802			
039 DELIVERY ROOM & LABOR				
041 RADIOLOGY-DIAGNOSTIC	23,440,837			
044 LABORATORY				
049 RESPIRATORY THERAPY	4,781,505			
050 PHYSICAL THERAPY	3,162,921			
053 01 CARDIAC REHAB	281,295			
055 MEDICAL SUPPLIES CHAR	3,769,906			
056 DRUGS CHARGED TO PATI	8,904,372			
057 RENAL DIALYSIS				
061 OUTPAT SERVICE COST C				
061 EMERGENCY	8,076,751		100	
062 OBSERVATION BEDS (NON				
063 CLINIC				
063 01 BIC				
063 02 UCIC	1,227,027			
063 03 CIC				
063 04 RIC				
065 OTHER REIMBURS COST C				
071 AMBULANCE SERVICES	1,309,377			
071 HOME HEALTH AGENCY				
093 SPEC PURPOSE COST CEN				
093 HOSPICE				
095 SUBTOTALS	76,971,237		100	
096 NONREIMBURS COST CENT				
097 GIFT, FLOWER, COFFEE				
097 RESEARCH				
097 01 FMH DIAGNOSTIC CENTE				
097 02 WELLNESS				
098 PHYSICIANS' PRIVATE O				
098 01 RFE				
098 02 MARKETING				
098 03 FOUNDATION				
098 04 BROOKVILLE CLINIC				
098 05 ATOD				
098 06 HEART CENTER				
098 07 WCP				
098 08 OCCUPATIONAL MED				
098 09 HOME MEDICAL EQUIP				
098 10 HOSPITALIST				
100 OTHER NONREIMBURSABLE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	1,969,119		127,156	
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER			1,271.560000	
(WRKSHT B, PT I)	.025583			
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	120,628		31,246	
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER			312.460000	
(WRKSHT B, PT III)	.001567			

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET C
 I I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,344,692		4,344,692		4,344,692
26	INTENSIVE CARE UNIT	2,335,036		2,335,036		2,335,036
31	SUBPROVIDER	1,415,887		1,415,887		1,415,887
33	NURSERY	687,951		687,951		687,951
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,538,271		3,538,271		3,538,271
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	6,588,100		6,588,100		6,588,100
44	LABORATORY	2,991,903		2,991,903		2,991,903
49	RESPIRATORY THERAPY	1,132,038		1,132,038		1,132,038
50	PHYSICAL THERAPY	1,557,924		1,557,924		1,557,924
53	01 CARDIAC REHAB	456,745		456,745		456,745
55	MEDICAL SUPPLIES CHARGED	2,349,666		2,349,666		2,349,666
56	DRUGS CHARGED TO PATIENTS	2,456,947		2,456,947		2,456,947
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,280,863		3,280,863		3,280,863
62	OBSERVATION BEDS (NON-DIS	859,981		859,981		859,981
63	CLINIC					
63	01 BIC	1,003,995		1,003,995		1,003,995
63	02 UCIC	889,905		889,905	4,945	894,850
63	03 CIC	554,886		554,886		554,886
63	04 RIC					
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	1,564,433		1,564,433		1,564,433
101	SUBTOTAL	38,009,223		38,009,223	4,945	38,014,168
102	LESS OBSERVATION BEDS	859,981		859,981		859,981
103	TOTAL	37,149,242		37,149,242	4,945	37,154,187

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	7,082,351		7,082,351			
26	INTENSIVE CARE UNIT	4,130,993		4,130,993			
31	SUBPROVIDER	1,474,110		1,474,110			
33	NURSERY	553,990		553,990			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,398,017	6,377,785	8,775,802	.403185	.403185	.403185
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	2,070,912	21,369,925	23,440,837	.281052	.281052	.281052
44	LABORATORY	2,835,919	10,597,479	13,433,398	.222721	.222721	.222721
49	RESPIRATORY THERAPY	2,501,909	2,279,596	4,781,505	.236753	.236753	.236753
50	PHYSICAL THERAPY	1,059,480	2,103,441	3,162,921	.492559	.492559	.492559
53	01 CARDIAC REHAB	141	281,154	281,295	1.623722	1.623722	1.623722
55	MEDICAL SUPPLIES CHARGED	1,995,797	1,774,109	3,769,906	.623269	.623269	.623269
56	DRUGS CHARGED TO PATIENTS	3,982,922	4,921,450	8,904,372	.275926	.275926	.275926
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,332,623	6,744,128	8,076,751	.406211	.406211	.406211
62	OBSERVATION BEDS (NON-DIS		1,200,570	1,200,570	.716311	.716311	.716311
63	CLINIC						
63	01 BIC		1,228,940	1,228,940	.816960	.816960	.816960
63	02 UCIC		1,227,027	1,227,027	.725253	.725253	.729283
63	03 CIC		560,925	560,925	.989234	.989234	.989234
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	313	1,309,064	1,309,377	1.194792	1.194792	1.194792
101	SUBTOTAL	31,419,477	61,975,593	93,395,070			
102	LESS OBSERVATION BEDS						
103	TOTAL	31,419,477	61,975,593	93,395,070			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
I 15-0064 I FROM 10/ 1/2007 I WORKSHEET C
I I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	4,344,692		4,344,692		4,344,692
26	INTENSIVE CARE UNIT	2,335,036		2,335,036		2,335,036
31	SUBPROVIDER	1,415,887		1,415,887		1,415,887
33	NURSERY	687,951		687,951		687,951
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,538,271		3,538,271		3,538,271
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	6,588,100		6,588,100		6,588,100
44	LABORATORY	2,991,903		2,991,903		2,991,903
49	RESPIRATORY THERAPY	1,132,038		1,132,038		1,132,038
50	PHYSICAL THERAPY	1,557,924		1,557,924		1,557,924
53	01 CARDIAC REHAB	456,745		456,745		456,745
55	MEDICAL SUPPLIES CHARGED	2,349,666		2,349,666		2,349,666
56	DRUGS CHARGED TO PATIENTS	2,456,947		2,456,947		2,456,947
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,280,863		3,280,863		3,280,863
62	OBSERVATION BEDS (NON-DIS	859,981		859,981		859,981
63	CLINIC					
63	01 BIC	1,003,995		1,003,995		1,003,995
63	02 UCIC	889,905		889,905	4,945	894,850
63	03 CIC	554,886		554,886		554,886
63	04 RIC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,564,433		1,564,433		1,564,433
101	SUBTOTAL	38,009,223		38,009,223	4,945	38,014,168
102	LESS OBSERVATION BEDS	859,981		859,981		859,981
103	TOTAL	37,149,242		37,149,242	4,945	37,154,187

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	7,082,351		7,082,351			
26	INTENSIVE CARE UNIT	4,130,993		4,130,993			
31	SUBPROVIDER	1,474,110		1,474,110			
33	NURSERY	553,990		553,990			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,398,017	6,377,785	8,775,802	.403185	.403185	.403185
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	2,070,912	21,369,925	23,440,837	.281052	.281052	.281052
44	LABORATORY	2,835,919	10,597,479	13,433,398	.222721	.222721	.222721
49	RESPIRATORY THERAPY	2,501,909	2,279,596	4,781,505	.236753	.236753	.236753
50	PHYSICAL THERAPY	1,059,480	2,103,441	3,162,921	.492559	.492559	.492559
53	01 CARDIAC REHAB	141	281,154	281,295	1.623722	1.623722	1.623722
55	MEDICAL SUPPLIES CHARGED	1,995,797	1,774,109	3,769,906	.623269	.623269	.623269
56	DRUGS CHARGED TO PATIENTS	3,982,922	4,921,450	8,904,372	.275926	.275926	.275926
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,332,623	6,744,128	8,076,751	.406211	.406211	.406211
62	OBSERVATION BEDS (NON-DIS		1,200,570	1,200,570	.716311	.716311	.716311
63	CLINIC						
63	01 BIC		1,228,940	1,228,940	.816960	.816960	.816960
63	02 UCIC		1,227,027	1,227,027	.725253	.725253	.729283
63	03 CIC		560,925	560,925	.989234	.989234	.989234
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	313	1,309,064	1,309,377	1.194792	1.194792	1.194792
101	SUBTOTAL	31,419,477	61,975,593	93,395,070			
102	LESS OBSERVATION BEDS						
103	TOTAL	31,419,477	61,975,593	93,395,070			

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	3,538,271	331,718	3,206,553			3,538,271
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	6,588,100	334,139	6,253,961			6,588,100
44	LABORATORY	2,991,903	101,363	2,890,540			2,991,903
49	RESPIRATORY THERAPY	1,132,038	65,320	1,066,718			1,132,038
50	PHYSICAL THERAPY	1,557,924	86,226	1,471,698			1,557,924
53	01 CARDIAC REHAB	456,745	38,732	418,013			456,745
55	MEDICAL SUPPLIES CHARGED	2,349,666	48,139	2,301,527			2,349,666
56	DRUGS CHARGED TO PATIENTS	2,456,947	55,715	2,401,232			2,456,947
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,280,863	125,724	3,155,139			3,280,863
62	OBSERVATION BEDS (NON-DIS	859,981	51,838	808,143			859,981
63	CLINIC						
63	01 BIC	1,003,995	23,757	980,238			1,003,995
63	02 UCIC	889,905	27,185	862,720			889,905
63	03 CIC	554,886	13,144	541,742			554,886
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,564,433	44,384	1,520,049			1,564,433
101	SUBTOTAL	29,225,657	1,347,384	27,878,273			29,225,657
102	LESS OBSERVATION BEDS	859,981	51,838	808,143			859,981
103	TOTAL	28,365,676	1,295,546	27,070,130			28,365,676

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	8,775,802	.403185	.403185
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	23,440,837	.281052	.281052
44	LABORATORY	13,433,398	.222721	.222721
49	RESPIRATORY THERAPY	4,781,505	.236753	.236753
50	PHYSICAL THERAPY	3,162,921	.492559	.492559
53	01 CARDIAC REHAB	281,295	1.623722	1.623722
55	MEDICAL SUPPLIES CHARGED	3,769,906	.623269	.623269
56	DRUGS CHARGED TO PATIENTS	8,904,372	.275926	.275926
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	8,076,751	.406211	.406211
62	OBSERVATION BEDS (NON-DIS	1,200,570	.716311	.716311
63	CLINIC			
63	01 BIC	1,228,940	.816960	.816960
63	02 UCIC	1,227,027	.725253	.725253
63	03 CIC	560,925	.989234	.989234
63	04 RIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,309,377	1.194792	1.194792
101	SUBTOTAL	80,153,626		
102	LESS OBSERVATION BEDS	1,200,570		
103	TOTAL	78,953,056		

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	3,538,271	331,718	3,206,553	33,172	185,980	3,319,119
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	6,588,100	334,139	6,253,961	33,414	362,730	6,191,956
44	LABORATORY	2,991,903	101,363	2,890,540	10,136	167,651	2,814,116
49	RESPIRATORY THERAPY	1,132,038	65,320	1,066,718	6,532	61,870	1,063,636
50	PHYSICAL THERAPY	1,557,924	86,226	1,471,698	8,623	85,358	1,463,943
53	01 CARDIAC REHAB	456,745	38,732	418,013	3,873	24,245	428,627
55	MEDICAL SUPPLIES CHARGED	2,349,666	48,139	2,301,527	4,814	133,489	2,211,363
56	DRUGS CHARGED TO PATIENTS	2,456,947	55,715	2,401,232	5,572	139,271	2,312,104
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,280,863	125,724	3,155,139	12,572	182,998	3,085,293
62	OBSERVATION BEDS (NON-DIS	859,981	51,838	808,143	5,184	46,872	807,925
63	CLINIC						
63	01 BIC	1,003,995	23,757	980,238	2,376	56,854	944,765
63	02 UCIC	889,905	27,185	862,720	2,719	50,038	837,148
63	03 CIC	554,886	13,144	541,742	1,314	31,421	522,151
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,564,433	44,384	1,520,049	4,438	88,163	1,471,832
101	SUBTOTAL	29,225,657	1,347,384	27,878,273	134,739	1,616,940	27,473,978
102	LESS OBSERVATION BEDS	859,981	51,838	808,143	5,184	46,872	807,925
103	TOTAL	28,365,676	1,295,546	27,070,130	129,555	1,570,068	26,666,053

Health Financial Systems MCRIF32 FOR FAYETTE MEMORIAL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO I
 CHARGE RATIOS NET OF REDUCTIONS I PROVIDER NO: 15-0064
 SPECIAL TITLE XIX WORKSHEET I

**NOT A CMS WORKSHEET ** (09/2000)
 I PERIOD: I PREPARED 2/13/2009
 I FROM 10/ 1/2007 I WORKSHEET C
 I TO 9/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	8,775,802	.378213	.399405
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	23,440,837	.264153	.279627
44	LABORATORY	13,433,398	.209487	.221967
49	RESPIRATORY THERAPY	4,781,505	.222448	.235387
50	PHYSICAL THERAPY	3,162,921	.462845	.489832
53	01 CARDIAC REHAB	281,295	1.523763	1.609954
55	MEDICAL SUPPLIES CHARGED	3,769,906	.586583	.621992
56	DRUGS CHARGED TO PATIENTS	8,904,372	.259659	.275300
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	8,076,751	.381997	.404654
62	OBSERVATION BEDS (NON-DIS	1,200,570	.672951	.711993
63	CLINIC			
63	01 BIC	1,228,940	.768764	.815027
63	02 UCIC	1,227,027	.682257	.723037
63	03 CIC	560,925	.930875	.986891
63	04 RIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,309,377	1.124070	1.191402
101	SUBTOTAL	80,153,626		
102	LESS OBSERVATION BEDS	1,200,570		
103	TOTAL	78,953,056		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I I TO 9/30/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				261,890		261,890
31	INTENSIVE CARE UNIT				133,868		133,868
33	SUBPROVIDER				126,343		126,343
101	NURSERY				35,857		35,857
	TOTAL				557,958		557,958

Health Financial Systems MCRIF32 FOR FAYETTE MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I I TO 9/30/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	5,724	2,896			45.75	132,492
26	ADULTS & PEDIATRICS	2,110	1,259			63.44	79,871
31	INTENSIVE CARE UNIT	1,359	965			92.97	89,716
33	SUBPROVIDER	579				61.93	
101	NURSERY						
	TOTAL	9,772	5,120				302,079

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART II
 I 15-0064 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		331,718	8,775,802	988,217		
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC		334,139	23,440,837	1,876,067		
44	LABORATORY		101,363	13,433,398	2,282,467		
49	RESPIRATORY THERAPY		65,320	4,781,505	2,016,885		
50	PHYSICAL THERAPY		86,226	3,162,921	136,173		
53	01 CARDIAC REHAB		38,732	281,295	141		
55	MEDICAL SUPPLIES CHARGED		48,139	3,769,906	979,660		
56	DRUGS CHARGED TO PATIENTS		55,715	8,904,372	2,405,126		
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		125,724	8,076,751	1,267,467		
62	OBSERVATION BEDS (NON-DIS		51,838	1,200,570			
63	CLINIC						
63	01 BIC		23,757	1,228,940			
63	02 UCIC		27,185	1,227,027			
63	03 CIC		13,144	560,925			
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		1,303,000	78,844,249	11,952,203		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART II
 I 15-0064 I PPS I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	
		CST/CHRG 7	NEW CAPITAL RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.037799	37,354
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.014255	26,743
44	LABORATORY	.007546	17,223
49	RESPIRATORY THERAPY	.013661	27,553
50	PHYSICAL THERAPY	.027262	3,712
53 01	CARDIAC REHAB	.137692	19
55	MEDICAL SUPPLIES CHARGED	.012769	12,509
56	DRUGS CHARGED TO PATIENTS	.006257	15,049
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.015566	19,729
62	OBSERVATION BEDS (NON-DIS	.043178	
63	CLINIC		
63 01	BIC	.019331	
63 02	UCIC	.022155	
63 03	CIC	.023433	
63 04	RIC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		159,891

Health Financial Systems MCRIF32

FOR FAYETTE MEMORIAL HOSPITAL

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

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

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
I I TO 9/30/2008 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					5,724	
26	INTENSIVE CARE UNIT					2,110	
31	SUBPROVIDER					1,359	
33	NURSERY					579	
34	SKILLED NURSING FACILITY						
101	TOTAL					9,772	

Health Financial Systems MCRIF32

FOR FAYETTE MEMORIAL HOSPITAL

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

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

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
I I TO 9/30/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	2,896
26	INTENSIVE CARE UNIT		1,259
31	SUBPROVIDER		965
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL		5,120

Health Financial Systems MCRIF32 FOR FAYETTE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 OTHER PASS THROUGH COSTS I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART IV
 I 15-0064 I

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR		
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS		
		1	1.01	2	2.01	2.02	2.03		
37	ANCILLARY SRVC COST CNTRS								
	OPERATING ROOM								
39	DELIVERY ROOM & LABOR ROO								
41	RADIOLOGY-DIAGNOSTIC								
44	LABORATORY								
49	RESPIRATORY THERAPY								
50	PHYSICAL THERAPY								
53	01 CARDIAC REHAB								
55	MEDICAL SUPPLIES CHARGED								
56	DRUGS CHARGED TO PATIENTS								
57	RENAL DIALYSIS								
	OUTPAT SERVICE COST CNTRS								
61	EMERGENCY			127,156					
62	OBSERVATION BEDS (NON-DIS								
63	CLINIC								
63	01 BIC								
63	02 UCIC								
63	03 CIC								
63	04 RIC								
	OTHER REIMBURS COST CNTRS								
65	AMBULANCE SERVICES								
101	TOTAL			127,156					

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

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART IV
 I 15-0064 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			8,775,802			988,217	
39	OPERATING ROOM							
41	DELIVERY ROOM & LABOR ROO							
44	RADIOLOGY-DIAGNOSTIC			23,440,837			1,876,067	
44	LABORATORY			13,433,398			2,282,467	
49	RESPIRATORY THERAPY			4,781,505			2,016,885	
50	PHYSICAL THERAPY			3,162,921			136,173	
53	01 CARDIAC REHAB			281,295			141	
55	MEDICAL SUPPLIES CHARGED			3,769,906			979,660	
56	DRUGS CHARGED TO PATIENTS			8,904,372			2,405,126	
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	127,156	127,156	8,076,751	.015743	.015743	1,267,467	19,954
62	OBSERVATION BEDS (NON-DIS			1,200,570				
63	CLINIC							
63	01 BIC			1,228,940				
63	02 UCIC			1,227,027				
63	03 CIC			560,925				
63	04 RIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	127,156	127,156	78,844,249			11,952,203	19,954

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,309,483					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	7,725,291					
44	LABORATORY	249,538					
49	RESPIRATORY THERAPY	1,085,817					
50	PHYSICAL THERAPY	3,138					
53	01 CARDIAC REHAB	201,771					
55	MEDICAL SUPPLIES CHARGED	523,141					
56	DRUGS CHARGED TO PATIENTS	1,960,221					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,568,658			24,695		
62	OBSERVATION BEDS (NON-DIS	999,968					
63	CLINIC						
63	01 BIC	86,818					
63	02 UCIC	89,049					
63	03 CIC	32,680					
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	16,835,573			24,695		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.403185	.403185			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC	.281052	.281052			
44 LABORATORY	.222721	.222721			
49 RESPIRATORY THERAPY	.236753	.236753			
50 PHYSICAL THERAPY	.492559	.492559			
53 01 CARDIAC REHAB	1.623722	1.623722			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.623269	.623269			
56 DRUGS CHARGED TO PATIENTS	.275926	.275926			
57 RENAL DIALYSIS					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.406211	.406211			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.716311	.716311			
63 CLINIC					
63 01 BIC	.816960	.816960			
63 02 UCIC	.725253	.725253			
63 03 CIC	.989234	.989234			
63 04 RIC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	1.194792	1.194792			
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

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,309,483			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		7,725,291			
44 LABORATORY		249,538			
49 RESPIRATORY THERAPY		1,085,817	53		
50 PHYSICAL THERAPY		3,138	40		
53 01 CARDIAC REHAB		201,771			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		523,141	46		
56 DRUGS CHARGED TO PATIENTS		1,960,221			
57 RENAL DIALYSIS					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		1,568,658			
62 OBSERVATION BEDS (NON-DISTINCT PART)		999,968			
63 CLINIC					
63 01 BIC		86,818	12		
63 02 UCIC		89,049			
63 03 CIC		32,680	2		
63 04 RIC					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		16,835,573	153		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		16,835,573	153		

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				931,149	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				2,171,208	
44 LABORATORY				55,577	
49 RESPIRATORY THERAPY				257,070	13
50 PHYSICAL THERAPY				1,546	20
53 01 CARDIAC REHAB				327,620	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				326,058	29
56 DRUGS CHARGED TO PATIENTS				540,876	
57 RENAL DIALYSIS					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				637,206	
62 OBSERVATION BEDS (NON-DISTINCT PART)				716,288	
63 CLINIC					
63 01 BIC				70,927	10
63 02 UCIC				64,583	
63 03 CIC				32,328	2
63 04 RIC					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				6,132,436	74
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				6,132,436	74

(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

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 01 CARDIAC REHAB			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
61 OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 CLINIC			
63 01 BIC			
63 02 UCIC			
63 03 CIC			
63 04 RIC			
65 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART II
 I 15-T064 I

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		331,718	8,775,802	6,572		
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC		334,139	23,440,837	61,399		
44	LABORATORY		101,363	13,433,398	87,449		
49	RESPIRATORY THERAPY		65,320	4,781,505	58,566		
50	PHYSICAL THERAPY		86,226	3,162,921	614,214		
53	01 CARDIAC REHAB		38,732	281,295			
55	MEDICAL SUPPLIES CHARGED		48,139	3,769,906	30,489		
56	DRUGS CHARGED TO PATIENTS		55,715	8,904,372	171,452		
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		125,724	8,076,751	6,301		
62	OBSERVATION BEDS (NON-DIS		51,838	1,200,570			
63	CLINIC						
63	01 BIC		23,757	1,228,940			
63	02 UCIC		27,185	1,227,027			
63	03 CIC		13,144	560,925			
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		1,303,000	78,844,249	1,036,442		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART II
 I 15-T064 I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.037799	248
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.014255	875
44	LABORATORY	.007546	660
49	RESPIRATORY THERAPY	.013661	800
50	PHYSICAL THERAPY	.027262	16,745
53 01	CARDIAC REHAB	.137692	
55	MEDICAL SUPPLIES CHARGED	.012769	389
56	DRUGS CHARGED TO PATIENTS	.006257	1,073
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.015566	98
62	OBSERVATION BEDS (NON-DIS	.043178	
63	CLINIC		
63 01	BIC	.019331	
63 02	UCIC	.022155	
63 03	CIC	.023433	
63 04	RIC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		20,888

PPS

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

IN LIEU OF FORM CMS-2552-96(04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART IV
 I 15-T064 I I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
39	DELIVERY ROOM & LABOR ROO											
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
53	01 CARDIAC REHAB											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY					127,156						
62	OBSERVATION BEDS (NON-DIS											
63	CLINIC											
63	01 BIC											
63	02 UCIC											
63	03 CIC											
63	04 RIC											
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL					127,156						

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			8,775,802			6,572	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			23,440,837			61,399	
44	LABORATORY			13,433,398			87,449	
49	RESPIRATORY THERAPY			4,781,505			58,566	
50	PHYSICAL THERAPY			3,162,921			614,214	
53	01 CARDIAC REHAB			281,295				
55	MEDICAL SUPPLIES CHARGED			3,769,906			30,489	
56	DRUGS CHARGED TO PATIENTS			8,904,372			171,452	
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	127,156	127,156	8,076,751	.015743	.015743	6,301	99
62	OBSERVATION BEDS (NON-DIS			1,200,570				
63	CLINIC							
63	01 BIC			1,228,940				
63	02 UCIC			1,227,027				
63	03 CIC			560,925				
63	04 RIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	127,156	127,156	78,844,249			1,036,442	99

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

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART IV
 I 15-T064 I

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						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CLINIC						
63	01 BIC						
63	02 UCIC						
63	03 CIC						
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,724
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,724
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,724
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)	2,896
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 XVII 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	4,344,692
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	4,344,692

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,981,908
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,981,908
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.435257
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,743.87
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	4,344,692

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					759.03
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,198,151
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,198,151

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,335,036	2,110	1,106.65	1,259	1,393,272
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	212,363
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	179,845
52	TOTAL PROGRAM EXCLUDABLE COST	392,208
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	6,967,168

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,133
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	759.03
85	OBSERVATION BED COST	859,981

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,344,692		859,981	
87	NEW CAPITAL-RELATED COST	261,890	.060278	859,981	51,838
88	NON PHYSICIAN ANESTHETIST	4,344,692		859,981	
89	MEDICAL EDUCATION	4,344,692		859,981	
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)	1,359
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,359
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,359
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)	965
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	1,415,887
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	1,415,887

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,474,110
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,474,110
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.960503
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,084.70
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	1,415,887

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 1,041.86
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,005,395
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,005,395

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					424,657

1,430,052

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 89,716
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 20,987
 52 TOTAL PROGRAM EXCLUDABLE COST 110,703
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,319,349

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 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2008 I PART III
 I 15-T064 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	1,041.86
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	1,415,887			
87	NEW CAPITAL-RELATED COST	1,415,887	.089232		
88	NON PHYSICIAN ANESTHETIST	1,415,887			
89	MEDICAL EDUCATION	1,415,887			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		3,612,801	
31	INTENSIVE CARE UNIT		2,567,891	
	SUBPROVIDER		3,240	
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	.403185	988,217	398,434
41	DELIVERY ROOM & LABOR ROOM			
44	RADIOLOGY-DIAGNOSTIC	.281052	1,876,067	527,272
49	LABORATORY	.222721	2,282,467	508,353
50	RESPIRATORY THERAPY	.236753	2,016,885	477,504
53	PHYSICAL THERAPY	.492559	136,173	67,073
55	01 CARDIAC REHAB	1.623722	141	229
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.623269	979,660	610,592
57	DRUGS CHARGED TO PATIENTS	.275926	2,405,126	663,637
	RENAL DIALYSIS			
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY	.406211	1,267,467	514,859
63	OBSERVATION BEDS (NON-DISTINCT PART)	.716311		
63	CLINIC			
63	01 BIC	.816960		
63	02 UCIC	.729283		
63	03 CIC	.989234		
63	04 RIC			
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES			
102	TOTAL		11,952,203	3,767,953
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,952,203	

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		1,042,736	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.403185	6,572	2,650
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.281052	61,399	17,256
44	LABORATORY	.222721	87,449	19,477
49	RESPIRATORY THERAPY	.236753	58,566	13,866
50	PHYSICAL THERAPY	.492559	614,214	302,537
53	01 CARDIAC REHAB	1.623722		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.623269	30,489	19,003
56	DRUGS CHARGED TO PATIENTS	.275926	171,452	47,308
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.406211	6,301	2,560
62	OBSERVATION BEDS (NON-DISTINCT PART)	.716311		
63	CLINIC			
63	01 BIC	.816960		
63	02 UCIC	.729283		
63	03 CIC	.989234		
63	04 RIC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		1,036,442	424,657
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,036,442	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL RATIO COST TO CHARGES 1	OTHER INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT		413,369	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		208,435	
37	OPERATING ROOM	.403185	518,662	209,117
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.281052	133,037	37,390
44	LABORATORY	.222721	465,463	103,668
49	RESPIRATORY THERAPY	.236753	144,946	34,316
50	PHYSICAL THERAPY	.492559	41,615	20,498
53	01 CARDIAC REHAB	1.623722		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.623269	301,617	187,989
56	DRUGS CHARGED TO PATIENTS	.275926	478,271	131,967
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.406211		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.716311		
63	CLINIC			
63	01 BIC	.816960		
63	02 UCIC	.725253		
63	03 CIC	.989234		
63	04 RIC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		2,083,611	724,945
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,083,611	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2008 I PART A
 I 15-0064 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	5,688,252	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	55.90	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.62
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		20.54
4.02 SUM OF LINES 4 AND 4.01		25.16
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		9.97
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		567,119
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2008 I PART A
 I 15-0064 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	6,255,371	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	6,255,371	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	479,493	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	19,954	
16 TOTAL	6,754,818	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	6,754,818	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	729,216	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	5,312	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	186,365	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	130,456	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	149,052	
22 SUBTOTAL	6,150,746	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	6,150,746	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	6,249,805	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-99,059	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-0064	I FROM 10/ 1/2007	I 2/13/2009
I COMPONENT NO:	I TO 9/30/2008	I WORKSHEET E
I 15-0064	I	I PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	74	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,107,741	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,043,419	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.761	.761
1.04	LINE 1.01 TIMES LINE 1.03.	4,647,991	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	86.99	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	544,115	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	24,695	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	74	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	153	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	153	
	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)	153	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	79	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	74	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,612,229	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	20	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,082,034	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,530,249	
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	3,530,249	
24	PRIMARY PAYER PAYMENTS	349	
25	SUBTOTAL	3,529,900	
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	241,407	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	168,985	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	184,635	
28	SUBTOTAL	3,698,885	
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	3,698,885	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	3,445,580	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	253,305	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.		6,115,807		2,961,058
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)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01	9/30/2008	11,206	9/30/2008	133,862
ADJUSTMENTS TO PROVIDER .02	9/30/2008	131,330	9/ 4/2008	367,563
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	5/ 5/2008	8,538	5/ 5/2008	681
ADJUSTMENTS TO PROGRAM .51			5/ 5/2008	16,222
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		133,998		484,522
4 TOTAL INTERIM PAYMENTS		6,249,805		3,445,580
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .53				
TENTATIVE TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01			
	SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2008 I
 I 15-T064 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		1,396,480		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,396,480		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 2/13/2009
I 15-0064	I FROM 10/ 1/2007	I WORKSHEET E-3
I COMPONENT NO:	I TO 9/30/2008	I PART I
I 15-T064	I	I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,202,227
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0323
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	37,068
1.05	OUTLIER PAYMENTS	180,766
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,420,061
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3.713115
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)	1,420,061
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,420,061
7	DEDUCTIBLES	10,208
8	SUBTOTAL	1,409,853
9	COINSURANCE	
10	SUBTOTAL	1,409,853
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	1,719
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,203
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,411,056
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	99
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 2/13/2009
I 15-0064	I FROM 10/ 1/2007	I WORKSHEET E-3
I COMPONENT NO:	I TO 9/30/2008	I PART I
I 15-T064	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)	1,411,155
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,396,480
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	14,675
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

PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 15-0064 I FROM 10/ 1/2007 I WORKSHEET E-3
 COMPONENT NO: I TO 9/30/2008 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
	COMPUTATION OF NET COST OF COVERED SERVICE	1	2
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	2,083,611	
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	2,083,611	
	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)	2,083,611	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,083,611	
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 OTHER ADJUSTMENTS (SPECIFY)		
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
51	SUBTOTAL		
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
56	INTERIM PAYMENTS	2,139,429	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

Health Financial Systems MCRIF32 FOR FAYETTE MEMORIAL HOSPITAL
CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
I 15-0064 I FROM 10/ 1/2007 I WORKSHEET E-3
I COMPONENT NO: I TO 9/30/2008 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	1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	-2,139,429	

Health Financial Systems MCRIF32 FOR FAYETTE MEMORIAL HOSPITAL
 BALANCE SHEET

IN LIEU OF FORM CMS-2552-96 (06/2003)
 PROVIDER NO: 15-0064 I PERIOD: I FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 2/13/2009 I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	486,500			
2	TEMPORARY INVESTMENTS	14,161,550			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	12,178,827			
5	OTHER RECEIVABLES	490,908			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,139,397			
8	PREPAID EXPENSES	657,076			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	29,114,258			
FIXED ASSETS					
12	LAND	1,410,452			
12.01					
13	LAND IMPROVEMENTS	851,912			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	48,422,412			
14.01	LESS ACCUMULATED DEPRECIATION	-45,911,424			
15	LEASEHOLD IMPROVEMENTS	3,834,333			
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	25,764,178			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	34,371,863			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,998,531			
26	TOTAL OTHER ASSETS	2,998,531			
27	TOTAL ASSETS	66,484,652			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,852,373			
29 SALARIES, WAGES & FEES PAYABLE	2,035,181			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,978,560			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	605,668			
35 OTHER CURRENT LIABILITIES	406,707			
36 TOTAL CURRENT LIABILITIES	7,878,489			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS	22,872,648			
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,343,791			
42 TOTAL LONG-TERM LIABILITIES	24,216,439			
43 TOTAL LIABILITIES	32,094,928			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	34,389,724			
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	34,389,724			
52 TOTAL LIABILITIES AND FUND BALANCES	66,484,652			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET G-1
 I I TO 9/30/2008 I

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		39,477,485		
	OF PERIOD				
2	NET INCOME (LOSS)		-4,822,883		
3	TOTAL		34,654,602		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		34,654,602		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	FOUNDATION NET ASSETS	264,878			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		264,878		
19	FUND BALANCE AT END OF		34,389,724		
	PERIOD PER BALANCE SHEET				

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING				
	OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	FOUNDATION NET ASSETS				
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	9,521,796		9,521,796
2 00 SUBPROVIDER	1,474,110		1,474,110
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	10,995,906		10,995,906
10 00 INTENSIVE CARE UNIT	3,752,120		3,752,120
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,752,120		3,752,120
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	14,748,026		14,748,026
17 00 ANCILLARY SERVICES	19,445,171	61,305,412	80,750,583
18 00 OUTPATIENT SERVICES		17,040,347	17,040,347
19 00 HOME HEALTH AGENCY		811,381	811,381
20 00 AMBULANCE SERVICES		1,309,064	1,309,064
23 00 HOSPICE		354,526	354,526
24 00			
25 00 TOTAL PATIENT REVENUES	34,193,197	80,820,730	115,013,927

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	56,291,759
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	56,291,759

DESCRIPTION

1	TOTAL PATIENT REVENUES	115,013,927
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	55,619,145
3	NET PATIENT REVENUES	59,394,782
4	LESS: TOTAL OPERATING EXPENSES	56,291,759
5	NET INCOME FROM SERVICE TO PATIENTS	3,103,023
	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 NET	1,890,515
25	TOTAL OTHER INCOME	1,890,515
26	TOTAL	4,993,538
	OTHER EXPENSES	
27	BAD DEBT	5,508,856
28	NON OPERATING INCOME/EXP	4,307,565
29		
30	TOTAL OTHER EXPENSES	9,816,421
31	NET INCOME (OR LOSS) FOR THE PERIOD	-4,822,883

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						
	86,910				113,628	200,538
HHA REIMBURSABLE SERVICES						
6	274,323					274,323
7	76,094					76,094
8	161					161
9	612					612
10	39,301					39,301
11	162,344					162,344
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	639,745				113,628	753,373

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-34,538	166,000		166,000
HHA REIMBURSABLE SERVICES				
6		274,323		274,323
7		76,094		76,094
8		161		161
9		612		612
10		39,301		39,301
11		162,344		162,344
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-34,538	718,835		718,835

Health Financial Systems MCRIF32
 COST ALLOCATION -
 HHA GENERAL SERVICE COST

FOR FAYETTE MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET H-4
 I HHA NO: I TO 9/30/2008 I PART I
 I 15-7097 I I

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							
		166,000				166,000	166,000
HHA REIMBURSABLE SERVICES							
6		274,323				274,323	82,371
7		76,094				76,094	22,849
8		161				161	48
9		612				612	184
10		39,301				39,301	11,801
11		162,344				162,344	48,747
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		718,835				718,835	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		356,694					
7		98,943					
8		209					
9		796					
10		51,102					
11		211,091					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		718,835					

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 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		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				-166,000	552,835
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					274,323
7	PHYSICAL THERAPY					76,094
8	OCCUPATIONAL THERAPY					161
9	SPEECH PATHOLOGY					612
10	MEDICAL SOCIAL SERVICES					39,301
11	HOME HEALTH AIDE					162,344
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)				-166,000	552,835
25	COST TO BE ALLOCATED					166,000
26	UNIT COST MULTIPLIER					.300270

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	OPERATION OF PLANT 8
1 ADMIN & GENERAL		13,175	186,679	199,854	25,262	29,238
2 SKILLED NURSING CARE	356,694			356,694	45,087	
3 PHYSICAL THERAPY	98,943			98,943	12,507	
4 OCCUPATIONAL THERAPY	209			209	26	
5 SPEECH PATHOLOGY	796			796	101	
6 MEDICAL SOCIAL SERVICES	51,102			51,102	6,459	
7 HOME HEALTH AIDE	211,091			211,091	26,683	
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)	718,835	13,175	186,679	918,689	116,125	29,238
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OPERATION OF PLANT 8.01	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14
1 ADMIN & GENERAL			10,097		16,631	36,979
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			10,097		16,631	36,979
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.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR FAYETTE MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET H-5
 I HHA NO: I TO 9/30/2008 I PART I
 I 15-7097 I I

HHA 1

HHA COST CENTER	CENTRAL SERV ICES & SUPPL	PHARMACY	MEDICAL RECO RDS & LIBRAR	PARAMED ED P RGM	SUBTOTAL	POST STEP DOWN ADJUST
	15	16	17	24	25	26
1 ADMIN & GENERAL					318,061	
2 SKILLED NURSING CARE					401,781	
3 PHYSICAL THERAPY					111,450	
4 OCCUPATIONAL THERAPY					235	
5 SPEECH PATHOLOGY					897	
6 MEDICAL SOCIAL SERVICES					57,561	
7 HOME HEALTH AIDE					237,774	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)					1,127,759	
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	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	27	28	29
1 ADMIN & GENERAL	318,061		
2 SKILLED NURSING CARE	401,781	157,826	559,607
3 PHYSICAL THERAPY	111,450	43,779	155,229
4 OCCUPATIONAL THERAPY	235	92	327
5 SPEECH PATHOLOGY	897	352	1,249
6 MEDICAL SOCIAL SERVICES	57,561	22,611	80,172
7 HOME HEALTH AIDE	237,774	93,401	331,175
8 SUPPLIES			
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING			
14 CLINIC			
15 HEALTH PROM ACTIVITIES			
16 DAY CARE PROGRAM			
17 HOME DEL MEALS PROGRAM			
18 HOMEMAKER SERVICE			
19 ALL OTHER			
19.50 TELEMEDICINE			
20 TOTAL (SUM OF 1-19) (2)	1,127,759	318,061	1,127,759
21 UNIT COST MULTIPLIER		0.392814	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	3	EMPLOYEE BEN EFITS SA (GROSS LARIES)	5	RECONCILIATI ON 6A	ADMINISTRATI VE & GENERAL (ACCUM. COST)	6	OPERATION OF PLANT (SQUARE FEET)	8	OPERATION OF PLANT (SQUARE FEET)	8.01
1 ADMIN & GENERAL	1,908		654,042			199,854		1,908			
2 SKILLED NURSING CARE						356,694					
3 PHYSICAL THERAPY						98,943					
4 OCCUPATIONAL THERAPY						209					
5 SPEECH PATHOLOGY						796					
6 MEDICAL SOCIAL SERVICES						51,102					
7 HOME HEALTH AIDE						211,091					
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)	1,908		654,042			918,689		1,908			
21 COST TO BE ALLOCATED	13,175		186,679			116,125		29,238			
22 UNIT COST MULTIPLIER	6.905136		0.285424			0.126403		15.323899			

HHA COST CENTER	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	9	HOUSEKEEPING (SQUARE FEET)	10	DIETARY (MEALS ERVED)	11	CAFETERIA S (MAN) OURS	12	NURSING ADMI NISTRATION H (FTE'S)	14	CENTRAL SERV ICES & SUPPL (100%)	15
1 ADMIN & GENERAL			1,908				29,698		14			
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)			1,908				29,698		14			
21 COST TO BE ALLOCATED			10,097				16,631		36,979			
22 UNIT COST MULTIPLIER			5.291929				0.560004		2641.357143			

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR FAYETTE MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET H-5
 I HHA NO: I TO 9/30/2008 I PART II
 I 15-7097 I

HHA 1

PHARMACY	MEDICAL RECO	PARAMED ED P
	RDS & LIBRAR	RGM
(100%	(GROSS	CH (ASSIGNED
)	ARGES) TIME
16	17	24

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	559,607	3	559,607	4	111.61	6
2 PHYSICAL THERAPY	3	155,229	4	155,229	5	223.03	1,136
3 OCCUPATIONAL THERAPY	4	327	6	327	4	81.75	239
4 SPEECH PATHOLOGY	5	1,249	26	1,249	26	48.04	8
5 MEDICAL SOCIAL SERVICES	6	80,172	37	80,172	37	2,166.81	17
6 HOME HEALTH AIDE SERVICE	7	331,175	17,711	331,175	17,711	18.70	371
7 TOTAL		1,127,759	23,488	1,127,759	23,488		1,771

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	12
2 PHYSICAL THERAPY	1,111		126,789	123,999	250,788
3 OCCUPATIONAL THERAPY	143		53,304	31,893	85,197
4 SPEECH PATHOLOGY	6		384	288	672
5 MEDICAL SOCIAL SERVICES	10		36,836	21,668	58,504
6 HOME HEALTH AIDE SERVICES	1,029		6,938	19,242	26,180
7 TOTAL	2,299		224,251	197,090	421,341

LIMITATION COST
COMPUTATION

PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
					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						

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	8	9	10	12
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 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 9/30/2008 I PARTS I II & III
 I 15-7097 I HHA 1

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

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

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

	PROGRAM COVERED CHARGES		COST OF SERVICES		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES					
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 5-4		
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	.492559			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	.623269			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.275926			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	1	2	3	4	5
1 PHYSICAL THERAPY		223.03	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		81.75					
3 SPEECH PATHOLOGY		48.04					
4 TOTAL (SUM OF LINES 1-3)							

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 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	236,187	263,988
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	3,136	3,734
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	4,888	7,001
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		
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	244,211	274,723
13	EXCESS REASONABLE COST		
14	SUBTOTAL	244,211	274,723
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	244,211	274,723
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	244,211	274,723
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	244,211	274,723
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	244,211	274,723
25	INTERIM PAYMENTS	244,212	274,953
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM	-1	-230
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	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
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.		244,212		274,953
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)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		244,212		274,953
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				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/13/2009
I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET	K
I	HOSPICE NO:	I	TO 9/30/2008	I		
I	15-1548	I		I		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10		31,862		
10.20				
11				
12				
13				
14		4,014		
15				
16				
17				
18		11,759		
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34		47,635		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/13/2009
I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET	K
I	HOSPICE NO:	I	TO 9/30/2008	I		
I	15-1548	I		I		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
6	68,548	68,548	47,635	116,183
7				
8				
9				
10				
10.20		31,862		31,862
11				
12				
13				
14		4,014		4,014
15				
16				
17				
18				
18.20		11,759		11,759
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34	68,548	116,183	47,635	163,818

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
I 15-0064 I FROM 10/ 1/2007 I WORKSHEET K
I HOSPICE NO: I TO 9/30/2008 I
I 15-1548 I

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
1 GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		116,183
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPITE CARE VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		31,862
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		4,014
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		11,759
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		163,818

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0064	I	FROM 10/ 1/2007	I	2/13/2009
I	HOSPICE NO:	I	TO 9/30/2008	I	WORKSHEET K-1
I	15-1548	I		I	

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	4,014
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	4,014

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: 15-0064
I PERIOD: FROM 10/ 1/2007 TO 9/30/2008
I HOSPICE NO: 15-1548
I PREPARED 2/13/2009
I WORKSHEET K-1
I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	31,862			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			11,759	
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	31,862		11,759	

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/13/2009
I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 9/30/2008	I	
I	15-1548	I		I	

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	31,862
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	4,014
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	11,759
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	47,635

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0064
HOSPICE NO: 15-1548
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/13/2009
WORKSHEET K-4
PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	116,183			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	31,862			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	4,014			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	11,759			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	163,818			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: I 15-0064
HOSPICE NO: I 15-1548
PERIOD: I FROM 10/ 1/2007 TO 9/30/2008
PREPARED 2/13/2009
WORKSHEET K-4
PART I

HOSPICE 1

	TRANSPORTATION 4	VOLUNTEER SERVICES COORDINATOR 5	SUBTOTAL (COL. 0-5) 5A	ADMINISTRATIVE & GENERAL 6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			116,183	116,183
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			31,862	77,712
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			4,014	9,790
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			11,759	28,681
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			47,635	116,183

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/13/2009
I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO	I	9/30/2008	PART I
I	15-1548	I		I		

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	109,574
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	13,804
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	40,440
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	163,818

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 15-0064
HOSPICE NO: 15-1548
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/13/2009
WORKSHEET K-4
PART II

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
I 15-0064 I FROM 10/ 1/2007 I WORKSHEET K-4
I HOSPICE NO: I TO 9/30/2008 I PART II
I 15-1548 I

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-116,183	47,635
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			31,862
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			4,014
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			11,759
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39 FUNDRAISING			
40 OTHER PROGRAM COSTS			
41 COST TO BE ALLOCATED (PER WKST K-4, PART I)			116,183
42 UNIT COST MULTIPLIER	.000000		2.439026

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO: 15-0064
HOSPICE NO: 15-1548
PERIOD: FROM 10/ 1/2007 TO 9/30/2008
PREPARED 2/13/2009
WORKSHEET K-5
PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	EMPLOYEE BENEFITS	SUBTOTAL
		0	3	5	5A
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7			13,596	13,596
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	109,574			109,574
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	13,804			13,804
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	40,440			40,440
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		163,818		13,596	177,414
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6	8	8.01	9
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	1,719			88
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	13,850			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	1,745			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	5,112			
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	22,426			88
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/13/2009
COST CENTERS	I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 9/30/2008	I	PART	I
	I	15-1548	I		I		

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			1,445	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			1,445	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED ED PRGM
	15	16	17	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/13/2009
COST CENTERS	I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 9/30/2008	I	PART	I
	I	15-1548	I		I		

HOSPICE 1

HOSPICE COST CENTER	25	26	27	28
	16,848		16,848	
	123,424		123,424	11,269
	15,549		15,549	1,420
	45,552		45,552	4,159
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	201,373		201,373	.091305

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	29
	134,693
	16,969
	49,711
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	201,373

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/13/2009
COST CENTERS	I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 9/30/2008	I	PART	I
	I	15-1548	I		I		

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST)
	3	5		6
1.00 ADMINISTRATIVE AND GENERAL		47,635		13,596
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				109,574
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				13,804
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				40,440
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		47,635		177,414
30.00 TOTAL COST TO BE ALLOCATED		13,596		22,426
31.00 UNIT COST MULTIPLIER	.000000	.285420		.126405

HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	8	8.01	9	10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				33
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/13/2009
COST CENTERS - STATISTICAL BASIS	I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 9/30/2008	I	PART	II
	I	15-1548	I		I		

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	8	8.01	9	10
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			33	
30.00 TOTAL COST TO BE ALLOCATED			88	
31.00 UNIT COST MULTIPLIER	.000000	.000000	2.666667	.000000

HOSPICE COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (100%)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		2,581		
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		2,581		
30.00 TOTAL COST TO BE ALLOCATED		1,445		
31.00 UNIT COST MULTIPLIER	.000000	.559861	.000000	.000000

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

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 9/30/2008 I PART II
 I 15-1548 I I

HOSPICE 1

PHARMACY MEDICAL RECORDS & LIBRARY PARAMED ED PRGM

HOSPICE COST CENTER

(100%) (GROSS CHARGES) (ASSIGNED TIME)

16 17 24

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

.000000 .000000 .000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/13/2009
COST CENTERS - STATISTICAL BASIS	I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 9/30/2008	I	PART III	
	I	15-1548	I		I		

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50		
2	OCCUPATIONAL THERAPY	51	.492559	
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.275926	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.222721	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.623269	
8	EMERGENCY	61	.406211	
9	RADIOLOGY-DIAGNOSTIC	41	.281052	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/13/2009
I	15-0064	I	FROM 10/ 1/2007	I	WORKSHEET K-6
I	HOSPICE NO:	I	TO 9/30/2008	I	
I	15-1548	I		I	

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1				201,373
2				964
3				208.89
4	962			
5	200,952			
6		1		
7		209		
8				
9				
10				
11				
12			1	
13			209	

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

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/13/2009
 I 15-0064 I FROM 10/ 1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 9/30/2008 I PARTS I-IV
 I 15-0064 I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	479,493
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	18.31
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	479,493

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	