

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0165	I	FROM 1/1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 18:37

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: FRANCISCAN PHYSICIANS HOSPITAL, LLC 15-0165 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

Balan S. Ghosh
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 President
 TITLE
 5-28-09
 DATE

ECR ENCRYPTION INFORMATION
DATE: 5/27/2009 TIME 18:37

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DATE: 5/27/2009 TIME 18:37

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1						
100	HOSPITAL TOTAL	0	29,597	26,104	0	
		0	29,597	26,104	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 701 SUPERIOR
 1.01 CITY: MUNSTER P.O. BOX:
 STATE: IN ZIP CODE: 46321- COUNTY: LAKE

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 4 5 6
02.00 HOSPITAL	FRANCISCAN PHYSICIANS HOSPITAL, LLC	15-0165		6/ 1/2007	N P P

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

18 TYPE OF CONTROL 1 2
6

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 23844
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
N
N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.
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)
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

N N
0
/ /
/ /
N / /
1 2 3 4

0 0.0000 0.0000
0.00 0

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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 N Y N

V XVIII XIX
1 2 3
N Y N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N

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? Y
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 158014
 40.01 NAME: SISTERS OF ST. FRANCIS HEALTH SERVIC FI/CONTRACTOR NAME WPS FI/CONTRACTOR #
 40.02 STREET: 1515 DRAGON TRAIL P.O. BOX:
 40.03 CITY: MISHAWAKA STATE: IN ZIP CODE: 46544-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? 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	OUTPATIENT	OUTPATIENT
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC
47.00 HOSPITAL	N	N	N	N	N	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 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

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

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

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

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTICAMPUS

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

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					
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
I 15-0165 I FROM 1/ 1/2008 I WORKSHEET S-3
I I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE V 3	O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
ADULTS & PEDIATRICS	23	8,418			1,816		32
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS	23	8,418			1,816		32
INTENSIVE CARE UNIT	9	3,294			230		46
TOTAL	32	11,712			2,046		78
RPCH VISITS							
HOME HEALTH AGENCY							
TOTAL	32						
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	RES. FTES LESS I&R REPL NON-PHYS ANES 8
ADULTS & PEDIATRICS			2,043				
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS			2,043				
INTENSIVE CARE UNIT			1,338				
TOTAL			3,381				
RPCH VISITS							
HOME HEALTH AGENCY							
TOTAL							
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
ADULTS & PEDIATRICS					455	17	882
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS							
INTENSIVE CARE UNIT							
TOTAL		150.03			455	17	882
RPCH VISITS							
HOME HEALTH AGENCY							
TOTAL		150.03					
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE
		1	2	3	4	5	6
SALARIES							
1	TOTAL SALARY	7,649,167		7,649,167	312,064.00	24.51	
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						
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	1,125,192		1,125,192	17,357.00	64.83	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	2,516,247		2,516,247	50,387.00	49.94	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	1,527,192		1,527,192			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS						CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS		87,746	87,746	3,710.00	23.65	
22	ADMINISTRATIVE & GENERAL	7,649,167	-6,698,520	950,647	57,240.00	16.61	
22.01	A & G UNDER CONTRACT	78,049		78,049	271.00	288.00	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT		236,107	236,107	9,300.00	25.39	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING		244,357	244,357	21,630.00	11.30	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY		64,926	64,926	6,442.00	10.08	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL		119,277	119,277	3,367.00	35.43	
30	NURSING ADMINISTRATION						
31	CENTRAL SERVICE AND SUPPLY						
32	PHARMACY		85,189	85,189	3,419.00	24.92	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		19,862	19,862	3,297.00	6.02	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	7,727,216		7,727,216	312,335.00	24.74	
2	EXCLUDED AREA SALARIES						
3	SUBTOTAL SALARIES	7,727,216		7,727,216	312,335.00	24.74	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	3,641,439		3,641,439	67,744.00	53.75	
5	SUBTOTAL WAGE-RELATED COSTS	1,527,192		1,527,192		19.76	
6	TOTAL	12,895,847		12,895,847	380,079.00	33.93	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	7,727,216	-5,841,056	1,886,160	108,676.00	17.36	

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 196,442

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 196,442

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) .573969

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 1,211,859

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	695,569
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,947
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	13,171
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	695,569

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
I 15-0165 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
0100	OLD CAP REL COSTS-BLDG & FIXT					
0200	OLD CAP REL COSTS-MVBLE EQUIP					
0300	NEW CAP REL COSTS-BLDG & FIXT		1,473,526	1,473,526	4,330,026	5,803,552
0400	NEW CAP REL COSTS-MVBLE EQUIP		2,403,417	2,403,417	2,052	2,405,469
0500	EMPLOYEE BENEFITS		1,454,810	1,454,810	161,540	1,616,350
0600	ADMINISTRATIVE & GENERAL	7,649,167	10,376,627	18,025,794	-12,520,538	5,505,256
0800	OPERATION OF PLANT		1,035,395	1,035,395	359,498	1,394,893
0900	LAUNDRY & LINEN SERVICE		70,493	70,493		70,493
1000	HOUSEKEEPING		36,680	36,680	244,357	281,037
1100	DIETARY		178,072	178,072	92,206	270,278
1200	CAFETERIA					
1400	NURSING ADMINISTRATION				119,277	119,277
1500	CENTRAL SERVICES & SUPPLY		3,054,205	3,054,205	-1,278,729	1,775,476
1600	PHARMACY		556,693	556,693	92,898	649,591
1700	MEDICAL RECORDS & LIBRARY				119,683	119,683
1800	SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
2500	ADULTS & PEDIATRICS		15,423	15,423	2,249,228	2,264,651
2600	INTENSIVE CARE UNIT				38,635	38,635
	ANCILLARY SRVC COST CNTRS					
3700	OPERATING ROOM				821,575	821,575
3800	RECOVERY ROOM				721,198	721,198
4000	ANESTHESIOLOGY				609,108	609,108
4100	RADIOLOGY-DIAGNOSTIC		5,359	5,359	1,167,052	1,172,411
4400	LABORATORY		272,446	272,446	398,784	671,230
4900	RESPIRATORY THERAPY				567,780	567,780
5000	PHYSICAL THERAPY				52,252	52,252
5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,278,729	1,278,729
5600	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
6100	EMERGENCY				373,389	373,389
6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
7100	HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	7,649,167	20,933,146	28,582,313	-0-	28,582,313
	NONREIMBURS COST CENTERS					
9800	PHYSICIANS' PRIVATE OFFICES					
101	TOTAL	7,649,167	20,933,146	28,582,313	-0-	28,582,313

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 15-0165 I FROM 1/ 1/2008 I WORKSHEET A
 I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	904	904
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	281,971	6,085,523
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		2,405,469
5 0500	EMPLOYEE BENEFITS		1,616,350
6 0600	ADMINISTRATIVE & GENERAL	-1,582,509	3,922,747
8 0800	OPERATION OF PLANT		1,394,893
9 0900	LAUNDRY & LINEN SERVICE		70,493
10 1000	HOUSEKEEPING		281,037
11 1100	DIETARY		270,278
12 1200	CAFETERIA		
14 1400	NURSING ADMINISTRATION		119,277
15 1500	CENTRAL SERVICES & SUPPLY		1,775,476
16 1600	PHARMACY		649,591
17 1700	MEDICAL RECORDS & LIBRARY		119,683
18 1800	SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-70,224	2,194,427
26 2600	INTENSIVE CARE UNIT		38,635
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-469,606	351,969
38 3800	RECOVERY ROOM		721,198
40 4000	ANESTHESIOLOGY		609,108
41 4100	RADIOLOGY-DIAGNOSTIC		1,172,411
44 4400	LABORATORY		671,230
49 4900	RESPIRATORY THERAPY		567,780
50 5000	PHYSICAL THERAPY		52,252
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,278,729
56 5600	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-316,552	56,837
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-2,156,016	26,426,297
	NONREIMBURS COST CENTERS		
98 9800	PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	-2,156,016	26,426,297

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 15-0165 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO	3		
1 RECLASS PROPERTY INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3			74,341
2		NEW CAP REL COSTS-MVBLE EQUIP	4			2,052
3		EMPLOYEE BENEFITS	5			72,382
4 RECLASS INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3			4,255,685
5 RECLASS PURCHASED SERVICES	C	ADULTS & PEDIATRICS	25			5,139
6		DIETARY	11			26,408
7		OPERATION OF PLANT	8			114,018
8		ANESTHESIOLOGY	40			591,744
9		OPERATING ROOM	37			53,090
10		RADIOLOGY-DIAGNOSTIC	41			7,085
11		ADMINISTRATIVE & GENERAL	6			11,570
12 RECLASS SALARIES TO DEPARTMENTS	D	EMPLOYEE BENEFITS	5		87,746	
13		OPERATION OF PLANT	8		236,107	
14		HOUSEKEEPING	10		244,357	
15		DIETARY	11		64,926	
16		NURSING ADMINISTRATION	14		119,277	
17		PHARMACY	16		85,189	
18		MEDICAL RECORDS & LIBRARY	17		19,862	
19		ADULTS & PEDIATRICS	25		1,893,133	
20		INTENSIVE CARE UNIT	26		38,635	
21		OPERATING ROOM	37		765,042	
22		RECOVERY ROOM	38		721,198	
23		ANESTHESIOLOGY	40		17,364	
24		RADIOLOGY-DIAGNOSTIC	41		1,119,878	
25		LABORATORY	44		326,315	
26		RESPIRATORY THERAPY	49		567,780	
27		PHYSICAL THERAPY	50		51,944	
28		EMERGENCY	61		339,767	
29 RECLASS PURCHASED SVCS 712099	E	PHARMACY	16			20
30		DIETARY	11			872
31		OPERATION OF PLANT	8			9,373
32		LABORATORY	44			82,369
33 RECLASS SMM CONTRACT LABOR	F	EMPLOYEE BENEFITS	5			1,412
34		PHARMACY	16			9,359
35		MEDICAL RECORDS & LIBRARY	17			99,821
1 RECLASS SMM CONTRACT LABOR	F	ADULTS & PEDIATRICS	25			350,956
4		OPERATING ROOM	37			3,443
5		RADIOLOGY-DIAGNOSTIC	41			40,089
6		PHYSICAL THERAPY	50			308
6 RECLASS SUPPLY EXPENSE	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			33,622
36 TOTAL RECLASSIFICATIONS					6,698,520	7,123,887

(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

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE				A-7 REF 10
		6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS PROPERTY INSURANCE	A ADMINISTRATIVE & GENERAL		6		148,775	12
2						12
3						
4 RECLASS INTEREST EXPENSE	B ADMINISTRATIVE & GENERAL		6		4,255,685	11
5 RECLASS PURCHASED SERVICES	C ADMINISTRATIVE & GENERAL		6		797,484	
6	PHARMACY		16		1,670	
7	LABORATORY		44		9,900	
8						
9						
10						
11						
12 RECLASS SALARIES TO DEPARTMENTS	D ADMINISTRATIVE & GENERAL		6	6,698,520		
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29 RECLASS PURCHASED SVCS 712099	E ADMINISTRATIVE & GENERAL		6		92,634	
30						
31						
32						
33 RECLASS SMM CONTRACT LABOR	F ADMINISTRATIVE & GENERAL		6		539,010	
34						
35						
1 RECLASS SMM CONTRACT LABOR	F					
4						
5						
6 RECLASS SUPPLY EXPENSE	G CENTRAL SERVICES & SUPPLY		15		1,278,729	
36 TOTAL RECLASSIFICATIONS				6,698,520	7,123,887	

(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: 150165
 PERIOD: FROM 1/ 1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : RECLASS PROPERTY INSURANCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	74,341	ADMINISTRATIVE & GENERAL	6	148,775
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,052			0
3.00	EMPLOYEE BENEFITS	5	72,382			0
TOTAL RECLASSIFICATIONS FOR CODE A			148,775			148,775

RECLASS CODE: B
 EXPLANATION : RECLASS INTEREST EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,255,685	ADMINISTRATIVE & GENERAL	6	4,255,685
TOTAL RECLASSIFICATIONS FOR CODE B			4,255,685			4,255,685

RECLASS CODE: C
 EXPLANATION : RECLASS PURCHASED SERVICES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	5,139	ADMINISTRATIVE & GENERAL	6	797,484
2.00	DIETARY	11	26,408	PHARMACY	16	1,670
3.00	OPERATION OF PLANT	8	114,018	LABORATORY	44	9,900
4.00	ANESTHESIOLOGY	40	591,744			0
5.00	OPERATING ROOM	37	53,090			0
6.00	RADIOLOGY-DIAGNOSTIC	41	7,085			0
7.00	ADMINISTRATIVE & GENERAL	6	11,570			0
TOTAL RECLASSIFICATIONS FOR CODE C			809,054			809,054

RECLASS CODE: D
 EXPLANATION : RECLASS SALARIES TO DEPARTMENTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	87,746	ADMINISTRATIVE & GENERAL	6	6,698,520
2.00	OPERATION OF PLANT	8	236,107			0
3.00	HOUSEKEEPING	10	244,357			0
4.00	DIETARY	11	64,926			0
5.00	NURSING ADMINISTRATION	14	119,277			0
7.00	PHARMACY	16	85,189			0
8.00	MEDICAL RECORDS & LIBRARY	17	19,862			0
9.00	ADULTS & PEDIATRICS	25	1,893,133			0
10.00	INTENSIVE CARE UNIT	26	38,635			0
11.00	OPERATING ROOM	37	765,042			0
12.00	RECOVERY ROOM	38	721,198			0
13.00	ANESTHESIOLOGY	40	17,364			0
14.00	RADIOLOGY-DIAGNOSTIC	41	1,119,878			0
15.00	LABORATORY	44	326,315			0
16.00	RESPIRATORY THERAPY	49	567,780			0
17.00	PHYSICAL THERAPY	50	51,944			0
18.00	EMERGENCY	61	339,767			0
TOTAL RECLASSIFICATIONS FOR CODE D			6,698,520			6,698,520

RECLASS CODE: E
 EXPLANATION : RECLASS PURCHASED SVCS 712099

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHARMACY	16	20	ADMINISTRATIVE & GENERAL	6	92,634
2.00	DIETARY	11	872			0
3.00	OPERATION OF PLANT	8	9,373			0
4.00	LABORATORY	44	82,369			0
TOTAL RECLASSIFICATIONS FOR CODE E			92,634			92,634

RECLASS CODE: F
 EXPLANATION : RECLASS SMM CONTRACT LABOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,412	ADMINISTRATIVE & GENERAL	6	539,010
2.00	PHARMACY	16	9,359			0
3.00	MEDICAL RECORDS & LIBRARY	17	99,821			0

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150165	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: F
 EXPLANATION : RECLASS SMM CONTRACT LABOR

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
4.00	ADULTS & PEDIATRICS	350,956			0
5.00	OPERATING ROOM	3,443			0
6.00	RADIOLOGY-DIAGNOSTIC	40,089			0
7.00	PHYSICAL THERAPY	308			0
8.00	EMERGENCY	33,622			0
TOTAL RECLASSIFICATIONS FOR CODE F		539,010			539,010

RECLASS CODE: G
 EXPLANATION : RECLASS SUPPLY EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	1,278,729	CENTRAL SERVICES & SUPPLY	15	1,278,729
TOTAL RECLASSIFICATIONS FOR CODE G		1,278,729			1,278,729

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND	67,288					67,288	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	32,161,364					32,161,364	
4	BUILDING IMPROVEMEN	294,904	417,735		417,735		712,639	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	488,026	812,043		812,043		1,300,069	
7	SUBTOTAL	33,011,582	1,229,778		1,229,778		34,241,360	
8	RECONCILING ITEMS							
9	TOTAL	33,011,582	1,229,778		1,229,778		34,241,360	

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	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	32,941,291		32,941,291				
4	NEW CAP REL COSTS-MV	1,300,069		1,300,069				
5	TOTAL	34,241,360		34,241,360				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL	904						904
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,741,984		4,269,198	74,341			6,085,523
4	NEW CAP REL COSTS-MV	2,403,417			2,052			2,405,469
5	TOTAL	4,146,305		4,269,198	76,393			8,491,896

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,473,526						1,473,526
4	NEW CAP REL COSTS-MV	2,403,417						2,403,417
5	TOTAL	3,876,943						3,876,943

* All lines numbers except line 5 are to be consistent with workseet 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 5/27/2009
 I 15-0165 I FROM 1/ 1/2008 I WORKSHEET A-8
 I I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,636,584			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	829,596			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 ELIMINATE BAD DEBT EXPENSE	A	-685,016	ADMINISTRATIVE & GENERAL	6	
38 OFFSET DONATIONS	A	-45,303	ADMINISTRATIVE & GENERAL	6	
39 OFFSET MISC INCOME	B	-54,058	ADMINISTRATIVE & GENERAL	6	
40 PROPERTY TAX	A	-451,877	ADMINISTRATIVE & GENERAL	6	
41 FLOWERS/FLORIST	A	-4,718	ADMINISTRATIVE & GENERAL	6	
42 SPECIAL EVENTS	A	-9,234	ADMINISTRATIVE & GENERAL	6	
43 PATIENT REFUNDS	A	-25,244	ADMINISTRATIVE & GENERAL	6	
44 ADVERTISING	A	-73,578	ADMINISTRATIVE & GENERAL	6	
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,156,016			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL		196,631	-196,631	
2	6	ADMINISTRATIVE & GENERAL		500,004	-500,004	
3	6	ADMINISTRATIVE & GENERAL		220,464	-220,464	
4	1	OLD CAP REL COSTS-BLDG &	904		904	9
4.01	3	NEW CAP REL COSTS-BLDG &	268,458		268,458	9
4.02	6	ADMINISTRATIVE & GENERAL	1,463,820		1,463,820	9
4.03	3	NEW CAP REL COSTS-BLDG &	13,513		13,513	11
5		TOTALS	1,746,695	917,099	829,596	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SISTERS OF ST FRANCIS HEA	70.00		0.00
2			0.00		0.00
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 15-0165 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 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 6	ADMIN / AGGREGATE	802,428	605,075	197,353	154,100	300	22,226	1,111
2 25	IN HOUSE PHYSICIANS / AGR	72,076	53,179	18,897	154,100	25	1,852	93
3 37	SURGERY	551,050	51,050	500,000	204,100	830	81,444	4,072
4 61	ANESTHESIOLOGY	316,552	316,552		200,300			
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	1,742,106	1,025,856	716,250		1,155	105,522	5,276

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 15-0165 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 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	6 ADMIN / AGGREGATE					22,226	175,127	780,202
2	25 IN HOUSE PHYSICIANS / AGR					1,852	17,045	70,224
3	37 SURGERY					81,444	418,556	469,606
4	61 ANESTHESIOLOGY							316,552
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					105,522	610,728	1,636,584

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	10	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED	REQUIS.	ENTERED
16	PHARMACY	12	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	14	TIME	SPENT	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	904	904					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	6,085,523			6,085,523			
005 NEW CAP REL COSTS-MVBLE E	2,405,469				2,405,469		
006 EMPLOYEE BENEFITS	1,616,350		2	16,211	6,408	1,638,971	
008 ADMINISTRATIVE & GENERAL	3,922,747	152		1,022,800	404,289	296,367	5,646,355
009 OPERATION OF PLANT	1,394,893	26		176,090	69,605	51,177	1,691,791
010 LAUNDRY & LINEN SERVICE	70,493						70,493
011 HOUSEKEEPING	281,037	2		12,523	4,950	52,965	351,477
012 DIETARY	270,278	16		108,286	42,803	14,073	435,456
014 CAFETERIA							
015 NURSING ADMINISTRATION	119,277	16		109,288	43,199		271,780
016 CENTRAL SERVICES & SUPPLY	1,775,476					29,579	1,805,055
017 PHARMACY	649,591	2		16,074	6,354	18,465	690,486
018 MEDICAL RECORDS & LIBRARY	119,683	5		36,338	14,364	4,305	174,695
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	2,194,427	168		1,131,905	447,417	394,723	4,168,640
037 INTENSIVE CARE UNIT	38,635	43		288,475	114,028	8,374	449,555
038 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	351,969	176		1,174,437	464,226	166,080	2,156,888
040 RECOVERY ROOM	721,198					156,069	877,267
041 ANESTHESIOLOGY	609,108					3,764	612,872
044 RADIOLOGY-DIAGNOSTIC	1,172,411	130		877,037	346,673	237,972	2,634,223
049 LABORATORY	671,230	13		85,427	33,767	70,730	861,167
050 RESPIRATORY THERAPY	567,780					123,069	690,849
055 PHYSICAL THERAPY	52,252	8		54,963	21,726	11,259	140,208
056 MEDICAL SUPPLIES CHARGED	1,278,729						1,278,729
061 DRUGS CHARGED TO PATIENTS							
062 OUTPAT SERVICE COST CNTRS							
EMERGENCY	56,837	18		122,038	48,239		227,132
071 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
SUBTOTALS	26,426,297	777		5,231,892	2,068,048	1,638,971	25,235,118
098 NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFIC		127		853,631	337,421		1,191,179
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	26,426,297	904		6,085,523	2,405,469	1,638,971	26,426,297

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	5,646,355						
008 OPERATION OF PLANT	459,695	2,151,486					
009 LAUNDRY & LINEN SERVICE	19,154		89,647				
010 HOUSEKEEPING	95,504	5,532	239	452,752			
011 DIETARY	118,323	47,835		10,352	611,966		
012 CAFETERIA							
014 NURSING ADMINISTRATION	73,848	48,277		10,448			404,353
015 CENTRAL SERVICES & SUPPLY	490,471						
016 PHARMACY	187,620	7,101		1,537			
017 MEDICAL RECORDS & LIBRARY	47,468	16,052		3,474			
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,132,715	500,014	38,151	108,211	397,000		137,120
026 INTENSIVE CARE UNIT	122,154	127,432		27,578	214,966		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	586,072	518,802	51,257	112,278			215,640
038 RECOVERY ROOM	238,372						51,593
040 ANESTHESIOLOGY	166,530						
041 RADIOLOGY-DIAGNOSTIC	715,774	387,427		83,845			
044 LABORATORY	233,997	37,737		8,167			
049 RESPIRATORY THERAPY	187,718						
050 PHYSICAL THERAPY	38,097	24,280		5,254			
055 MEDICAL SUPPLIES CHARGED	347,458						
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	61,717	53,910					
062 OBSERVATION BEDS (NON-DIS)							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,322,687	1,774,399	89,647	371,144	611,966		404,353
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	323,668	377,087		81,608			
1 CROSS FOOT ADJUSTMENT							
2 NEGATIVE COST CENTER							
103 TOTAL	5,646,355	2,151,486	89,647	452,752	611,966		404,353

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	15	16	17	18	25		27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	2,295,526						
016 PHARMACY		886,744					
017 MEDICAL RECORDS & LIBRARY			241,689				
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			17,490		6,499,341		6,499,341
037 INTENSIVE CARE UNIT			10,035		951,720		951,720
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM			64,835		3,705,772		3,705,772
041 RECOVERY ROOM			9,715		1,176,947		1,176,947
044 ANESTHESIOLOGY					779,402		779,402
049 RADIOLOGY-DIAGNOSTIC			63,477		3,884,746		3,884,746
050 LABORATORY			16,499		1,157,567		1,157,567
055 RESPIRATORY THERAPY			8,204		886,771		886,771
056 PHYSICAL THERAPY			1,116		208,955		208,955
061 MEDICAL SUPPLIES CHARGED	2,295,526		31,511		3,953,224		3,953,224
062 DRUGS CHARGED TO PATIENTS		886,744	17,941		904,685		904,685
062 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			866		343,625		343,625
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	2,295,526	886,744	241,689		24,452,755		24,452,755
101 NONREIMBURS COST CENTERS							
102 PHYSICIANS' PRIVATE OFFIC					1,973,542		1,973,542
103 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	2,295,526	886,744	241,689		26,426,297		26,426,297

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		2				2	2
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT		152				152	
009 LAUNDRY & LINEN SERVICE		26				26	
010 HOUSEKEEPING		2				2	
011 DIETARY		16				16	
012 CAFETERIA							
014 NURSING ADMINISTRATION		16				16	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY		2				2	
017 MEDICAL RECORDS & LIBRARY		5				5	
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		168				168	2
026 INTENSIVE CARE UNIT		43				43	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		176				176	
038 RECOVERY ROOM							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		130				130	
044 LABORATORY		13				13	
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		8				8	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS EMERGENCY		18				18	
062 OBSERVATION BEDS (NON-DIS)							
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS SUBTOTALS		777				777	2
098 NONREIMBURS COST CENTERS PHYSICIANS' PRIVATE OFFIC		127				127	
1 CROSS FOOT ADJUSTMENTS							
2 NEGATIVE COST CENTER							
103 TOTAL		904				904	2

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	152						
009 OPERATION OF PLANT	12	38					
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	2			4			
012 DIETARY	3	1				20	
014 CAFETERIA							
015 NURSING ADMINISTRATION	2	1					19
016 CENTRAL SERVICES & SUPPLY	13						
017 PHARMACY	5						
018 MEDICAL RECORDS & LIBRARY	1						
SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS	37	9			1	13	6
026 ADULTS & PEDIATRICS	3	2				7	
037 INTENSIVE CARE UNIT							
038 ANCILLARY SRVC COST CNTRS	15	9			1		11
040 OPERATING ROOM	6						2
041 RECOVERY ROOM	4						
044 ANESTHESIOLOGY	18	7			1		
049 RADIOLOGY-DIAGNOSTIC	6	1					
050 LABORATORY	5						
055 RESPIRATORY THERAPY	1						
056 PHYSICAL THERAPY	9						
061 MEDICAL SUPPLIES CHARGED	2	1					
062 DRUGS CHARGED TO PATIENTS							
071 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY	144	31			3	20	19
098 OBSERVATION BEDS (NON-DIS							
099 OTHER REIMBURS COST CNTRS							
101 HOME HEALTH AGENCY	8	7			1		
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	152	38			4	20	19
NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFIC							
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	152	38			4	20	19

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	13						
016 PHARMACY		7					
017 MEDICAL RECORDS & LIBRARY			6				
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS					236		236
026 ADULTS & PEDIATRICS					55		55
037 INTENSIVE CARE UNIT							
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM			6		218		218
041 RECOVERY ROOM					8		8
044 ANESTHESIOLOGY					4		4
049 RADIOLOGY-DIAGNOSTIC					156		156
050 LABORATORY					20		20
055 RESPIRATORY THERAPY					5		5
056 PHYSICAL THERAPY					9		9
061 MEDICAL SUPPLIES CHARGED	13				22		22
062 DRUGS CHARGED TO PATIENTS		7			7		7
066 OUTPAT SERVICE COST CNTRS							
071 EMERGENCY					21		21
095 OBSERVATION BEDS (NON-DIS							
098 OTHER REIMBURS COST CNTRS							
101 HOME HEALTH AGENCY							
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	13	7	6		761		761
NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFIC					143		143
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	13	7	6		904		904

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 15-0165 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				16,211	6,408	22,619	22,619
006 ADMINISTRATIVE & GENERAL				1,022,800	404,289	1,427,089	4,090
008 OPERATION OF PLANT				176,090	69,605	245,695	706
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				12,523	4,950	17,473	731
011 DIETARY				108,286	42,803	151,089	194
012 CAFETERIA							
014 NURSING ADMINISTRATION				109,288	43,199	152,487	
015 CENTRAL SERVICES & SUPPLY							408
016 PHARMACY				16,074	6,354	22,428	255
017 MEDICAL RECORDS & LIBRARY				36,338	14,364	50,702	59
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,131,905	447,417	1,579,322	5,449
026 INTENSIVE CARE UNIT				288,475	114,028	402,503	116
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				1,174,437	464,226	1,638,663	2,292
038 RECOVERY ROOM							2,154
040 ANESTHESIOLOGY							52
041 RADIOLOGY-DIAGNOSTIC				877,037	346,673	1,223,710	3,284
044 LABORATORY				85,427	33,767	119,194	976
049 RESPIRATORY THERAPY							1,698
050 PHYSICAL THERAPY				54,963	21,726	76,689	155
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				122,038	48,239	170,277	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				5,231,892	2,068,048	7,299,940	22,619
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC				853,631	337,421	1,191,052	
1 CROSS FOOT ADJUSTMENTS							
2 NEGATIVE COST CENTER							
103 TOTAL				6,085,523	2,405,469	8,490,992	22,619

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	1,431,179						
008 OPERATION OF PLANT	116,519	362,920					
009 LAUNDRY & LINEN SERVICE	4,855		4,855				
010 HOUSEKEEPING	24,207	933	13	43,357			
011 DIETARY	29,991	8,069		991	190,334		
012 CAFETERIA							
014 NURSING ADMINISTRATION	18,718	8,144		1,001			180,350
015 CENTRAL SERVICES & SUPPLY	124,320						
016 PHARMACY	47,556	1,198		147			
017 MEDICAL RECORDS & LIBRARY	12,032	2,708		333			
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	287,109	84,344	2,066	10,363	123,475		61,159
026 INTENSIVE CARE UNIT	30,962	21,496		2,641	66,859		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	148,551	87,512	2,776	10,752			96,179
038 RECOVERY ROOM	60,420						23,012
040 ANESTHESIOLOGY	42,210						
041 RADIOLOGY-DIAGNOSTIC	181,427	65,352		8,029			
044 LABORATORY	59,311	6,366		782			
049 RESPIRATORY THERAPY	47,581						
050 PHYSICAL THERAPY	9,657	4,096		503			
055 MEDICAL SUPPLIES CHARGED	88,070						
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	15,643	9,094					
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,349,139	299,312	4,855	35,542	190,334		180,350
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	82,040	63,608		7,815			
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
103 TOTAL	1,431,179	362,920	4,855	43,357	190,334		180,350

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	124,728						
016 PHARMACY		71,584					
017 MEDICAL RECORDS & LIBRARY			65,834				
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			4,763		2,158,050		2,158,050
026 INTENSIVE CARE UNIT			2,733		527,310		527,310
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			17,670		2,004,395		2,004,395
038 RECOVERY ROOM			2,646		88,232		88,232
040 ANESTHESIOLOGY					42,262		42,262
041 RADIOLOGY-DIAGNOSTIC			17,287		1,499,089		1,499,089
044 LABORATORY			4,493		191,122		191,122
049 RESPIRATORY THERAPY			2,234		51,513		51,513
050 PHYSICAL THERAPY			304		91,404		91,404
055 MEDICAL SUPPLIES CHARGED	124,728		8,582		221,380		221,380
056 DRUGS CHARGED TO PATIENTS		71,584	4,886		76,470		76,470
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			236		195,250		195,250
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	124,728	71,584	65,834		7,146,477		7,146,477
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC					1,344,515		1,344,515
1 CROSS FOOT ADJUSTMENTS							
2 NEGATIVE COST CENTER							
103 TOTAL	124,728	71,584	65,834		8,490,992		8,490,992

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 15-0165 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

	COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
		OSTS-BLDG & FEET	OSTS-MVBLE)VALUE	OSTS-BLDG &)FEET	OSTS-MVBLE)FEET	(GROSS)SALARIES	
		1	2	3	4	5	6a.00
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	133,640					
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD			133,640			
005	NEW CAP REL COSTS-MVB				133,640		
006	EMPLOYEE BENEFITS	356		356	356	7,561,421	
008	ADMINISTRATIVE & GENE	22,461		22,461	22,461	1,367,295	-5,646,355
009	OPERATION OF PLANT	3,867		3,867	3,867	236,107	
010	LAUNDRY & LINEN SERVI						
011	HOUSEKEEPING	275		275	275	244,357	
012	DIETARY	2,378		2,378	2,378	64,926	
014	CAFETERIA						
015	NURSING ADMINISTRATIO	2,400		2,400	2,400		
016	CENTRAL SERVICES & SU					136,462	
017	PHARMACY	353		353	353	85,189	
018	MEDICAL RECORDS & LIB	798		798	798	19,862	
025	SOCIAL SERVICE						
026	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	24,857		24,857	24,857	1,821,057	
037	INTENSIVE CARE UNIT	6,335		6,335	6,335	38,635	
038	ANCILLARY SRVC COST C						
040	OPERATING ROOM	25,791		25,791	25,791	766,213	
041	RECOVERY ROOM					720,027	
044	ANESTHESIOLOGY					17,364	
049	RADIOLOGY-DIAGNOSTIC	19,260		19,260	19,260	1,097,888	
050	LABORATORY	1,876		1,876	1,876	326,315	
055	RESPIRATORY THERAPY					567,780	
056	PHYSICAL THERAPY	1,207		1,207	1,207	51,944	
061	MEDICAL SUPPLIES CHAR						
062	DRUGS CHARGED TO PATI						
071	OUTPAT SERVICE COST C						
075	EMERGENCY	2,680		2,680	2,680		
085	OBSERVATION BEDS (NON						
098	OTHER REIMBURS COST C						
101	HOME HEALTH AGENCY						
102	SPEC PURPOSE COST CEN						
103	SUBTOTALS	114,894		114,894	114,894	7,561,421	-5,646,355
104	NONREIMBURS COST CENT						
105	PHYSICIANS' PRIVATE O	18,746		18,746	18,746		
106	CROSS FOOT ADJUSTMENT						
107	NEGATIVE COST CENTER						
108	COST TO BE ALLOCATED	904		6,085,523	2,405,469	1,638,971	
109	(WRKSHT B, PART I)						
110	UNIT COST MULTIPLIER	.006764		45.536688	17.999618	.216754	
111	(WRKSHT B, PT I)					2	
112	COST TO BE ALLOCATED						
113	(WRKSHT B, PART II)						
114	UNIT COST MULTIPLIER						
115	(WRKSHT B, PT II)						
116	COST TO BE ALLOCATED					22,619	
117	(WRKSHT B, PART III)						
118	UNIT COST MULTIPLIER					.002991	
119	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS)SERVED	(MEALS)SERVED	(DIRECT)NRSNG HRS)
	6	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	20,779,942						
008 OPERATION OF PLANT	1,691,791	106,956					
009 LAUNDRY & LINEN SERVI	70,493		115,499				
010 HOUSEKEEPING	351,477	275	308	104,001			
011 DIETARY	435,456	2,378		2,378	9,366		
012 CAFETERIA						9,366	
014 NURSING ADMINISTRATIO	271,780	2,400		2,400			50,488
015 CENTRAL SERVICES & SU	1,805,055						
016 PHARMACY	690,486	353		353			
017 MEDICAL RECORDS & LIB	174,695	798		798			
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	4,168,640	24,857	49,153	24,857	6,076	6,076	17,121
026 INTENSIVE CARE UNIT	449,555	6,335		6,335	3,290	3,290	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	2,156,888	25,791	66,038	25,791			26,925
038 RECOVERY ROOM	877,267						6,442
040 ANESTHESIOLOGY	612,872						
041 RADIOLOGY-DIAGNOSTIC	2,634,223	19,260		19,260			
044 LABORATORY	861,167	1,876		1,876			
049 RESPIRATORY THERAPY	690,849						
050 PHYSICAL THERAPY	140,208	1,207		1,207			
055 MEDICAL SUPPLIES CHAR	1,278,729						
056 DRUGS CHARGED TO PATI							
OUTPAT SERVICE COST C							
061 EMERGENCY	227,132	2,680					
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
5 SUBTOTALS	19,588,763	88,210	115,499	85,255	9,366	9,366	50,488
NONREIMBURS COST CENT							
098 PHYSICIANS' PRIVATE O	1,191,179	18,746		18,746			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	5,646,355	2,151,486	89,647	452,752	611,966		404,353
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		20.115618		4.353343			
(WRKSHT B, PT I)	.271721		.776171		65.339099		8.008893
105 COST TO BE ALLOCATED	152	38		4	20		19
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.000355		.000038			
(WRKSHT B, PT II)	.000007			.002135			.000376
107 COST TO BE ALLOCATED	1,431,179	362,920	4,855	43,357	190,334		180,350
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		3.393171		.416890			
(WRKSHT B, PT III)	.068873		.042035		20.321802		3.572136

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
		(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS REVENUE)	(TIME SPENT)
		15	16	17	18
	GENERAL SERVICE COST				
001	OLD CAP REL COSTS-BLD				
002	OLD CAP REL COSTS-MVB				
003	NEW CAP REL COSTS-BLD				
004	NEW CAP REL COSTS-MVB				
005	EMPLOYEE BENEFITS				
006	ADMINISTRATIVE & GENE				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVI				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATIO				
015	CENTRAL SERVICES & SU	100			
016	PHARMACY		100		
017	MEDICAL RECORDS & LIB			42,602,955	
018	SOCIAL SERVICE				
	INPAT ROUTINE SRVC CN				
025	ADULTS & PEDIATRICS			3,083,054	
026	INTENSIVE CARE UNIT			1,768,942	
	ANCILLARY SRVC COST C				
037	OPERATING ROOM			11,428,014	
038	RECOVERY ROOM			1,712,535	
040	ANESTHESIOLOGY				
041	RADIOLOGY-DIAGNOSTIC			11,189,286	
044	LABORATORY			2,908,374	
049	RESPIRATORY THERAPY			1,446,156	
050	PHYSICAL THERAPY			196,682	
055	MEDICAL SUPPLIES CHAR	100		5,554,631	
056	DRUGS CHARGED TO PATI		100	3,162,612	
	OUTPAT SERVICE COST C				
061	EMERGENCY			152,669	
062	OBSERVATION BEDS (NON				
	OTHER REIMBURS COST C				
071	HOME HEALTH AGENCY				
	SPEC PURPOSE COST CEN				
075	SUBTOTALS	100	100	42,602,955	
	NONREIMBURS COST CENT				
098	PHYSICIANS' PRIVATE O				
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED	2,295,526	886,744	241,689	
	(PER WRKSHT B, PART				
104	UNIT COST MULTIPLIER		8,867.440000		
	(WRKSHT B, PT I)	22,955.260000		.005673	
105	COST TO BE ALLOCATED	13	7	6	
	(PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER		.070000		
	(WRKSHT B, PT II)	.130000			
107	COST TO BE ALLOCATED	124,728	71,584	65,834	
	(PER WRKSHT B, PART				
108	UNIT COST MULTIPLIER		715.840000		
	(WRKSHT B, PT III)	1,247.280000		.001545	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	6,499,341		6,499,341	17,045	6,516,386
26	INTENSIVE CARE UNIT	951,720		951,720		951,720
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,705,772		3,705,772	418,556	4,124,328
38	RECOVERY ROOM	1,176,947		1,176,947		1,176,947
40	ANESTHESIOLOGY	779,402		779,402		779,402
41	RADIOLOGY-DIAGNOSTIC	3,884,746		3,884,746		3,884,746
44	LABORATORY	1,157,567		1,157,567		1,157,567
49	RESPIRATORY THERAPY	886,771		886,771		886,771
50	PHYSICAL THERAPY	208,955		208,955		208,955
55	MEDICAL SUPPLIES CHARGED	3,953,224		3,953,224		3,953,224
56	DRUGS CHARGED TO PATIENTS	904,685		904,685		904,685
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	343,625		343,625		343,625
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	24,452,755		24,452,755	435,601	24,888,356
102	LESS OBSERVATION BEDS					
103	TOTAL	24,452,755		24,452,755	435,601	24,888,356

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						
26	ADULTS & PEDIATRICS	1,750,825		1,750,825			
	INTENSIVE CARE UNIT	1,699,036		1,699,036			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,194,912	6,040,204	8,235,116	.449996	.449996	.500822
38	RECOVERY ROOM	535,250	4,370,183	4,905,433	.239927	.239927	.239927
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,698,359	5,716,053	12,414,412	.312922	.312922	.312922
44	LABORATORY	1,848,563	1,059,811	2,908,374	.398012	.398012	.398012
49	RESPIRATORY THERAPY	1,397,432	48,724	1,446,156	.613192	.613192	.613192
50	PHYSICAL THERAPY	180,419	16,263	196,682	1.062400	1.062400	1.062400
55	MEDICAL SUPPLIES CHARGED	3,004,467	2,550,164	5,554,631	.711699	.711699	.711699
56	DRUGS CHARGED TO PATIENTS	1,917,992	1,244,620	3,162,612	.286056	.286056	.286056
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	27,658	125,011	152,669	2.250784	2.250784	2.250784
62	OBSERVATION BEDS (NON-DIS		177,010	177,010			
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	21,254,913	21,348,043	42,602,956			
102	LESS OBSERVATION BEDS						
103	TOTAL	21,254,913	21,348,043	42,602,956			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
I 15-0165 I FROM 1/ 1/2008 I WORKSHEET C
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
26	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	6,499,341 951,720		6,499,341 951,720	17,045	6,516,386 951,720
37	OPERATING ROOM	3,705,772		3,705,772	418,556	4,124,328
38	RECOVERY ROOM	1,176,947		1,176,947		1,176,947
40	ANESTHESIOLOGY	779,402		779,402		779,402
41	RADIOLOGY-DIAGNOSTIC	3,884,746		3,884,746		3,884,746
44	LABORATORY	1,157,567		1,157,567		1,157,567
49	RESPIRATORY THERAPY	886,771		886,771		886,771
50	PHYSICAL THERAPY	208,955		208,955		208,955
55	MEDICAL SUPPLIES CHARGED	3,953,224		3,953,224		3,953,224
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	904,685		904,685		904,685
61	EMERGENCY	343,625		343,625		343,625
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	24,452,755		24,452,755	435,601	24,888,356
102	LESS OBSERVATION BEDS					
103	TOTAL	24,452,755		24,452,755	435,601	24,888,356

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:
I 15-0165
I

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

I PREPARED 5/27/2009
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	1,750,825		1,750,825			
	INTENSIVE CARE UNIT	1,699,036		1,699,036			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,194,912	6,040,204	8,235,116	.449996	.449996	.500822
38	RECOVERY ROOM	535,250	4,370,183	4,905,433	.239927	.239927	.239927
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,698,359	5,716,053	12,414,412	.312922	.312922	.312922
44	LABORATORY	1,848,563	1,059,811	2,908,374	.398012	.398012	.398012
49	RESPIRATORY THERAPY	1,397,432	48,724	1,446,156	.613192	.613192	.613192
50	PHYSICAL THERAPY	180,419	16,263	196,682	1.062400	1.062400	1.062400
55	MEDICAL SUPPLIES CHARGED	3,004,467	2,550,164	5,554,631	.711699	.711699	.711699
56	DRUGS CHARGED TO PATIENTS	1,917,992	1,244,620	3,162,612	.286056	.286056	.286056
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	27,658	125,011	152,669	2.250784	2.250784	2.250784
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		177,010	177,010			
101	SUBTOTAL	21,254,913	21,348,043	42,602,956			
102	LESS OBSERVATION BEDS						
103	TOTAL	21,254,913	21,348,043	42,602,956			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,705,772	2,004,613	1,701,159			3,705,772
38	RECOVERY ROOM	1,176,947	88,240	1,088,707			1,176,947
40	ANESTHESIOLOGY	779,402	42,266	737,136			779,402
41	RADIOLOGY-DIAGNOSTIC	3,884,746	1,499,245	2,385,501			3,884,746
44	LABORATORY	1,157,567	191,142	966,425			1,157,567
49	RESPIRATORY THERAPY	886,771	51,518	835,253			886,771
50	PHYSICAL THERAPY	208,955	91,413	117,542			208,955
55	MEDICAL SUPPLIES CHARGED	3,953,224	221,402	3,731,822			3,953,224
56	DRUGS CHARGED TO PATIENTS	904,685	76,477	828,208			904,685
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	343,625	195,271	148,354			343,625
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,001,694	4,461,587	12,540,107			17,001,694
102	LESS OBSERVATION BEDS						
103	TOTAL	17,001,694	4,461,587	12,540,107			17,001,694

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	8,235,116	.449996	.449996
38	RECOVERY ROOM	4,905,433	.239927	.239927
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	12,414,412	.312922	.312922
44	LABORATORY	2,908,374	.398012	.398012
49	RESPIRATORY THERAPY	1,446,156	.613192	.613192
50	PHYSICAL THERAPY	196,682	1.062400	1.062400
55	MEDICAL SUPPLIES CHARGED	5,554,631	.711699	.711699
56	DRUGS CHARGED TO PATIENTS	3,162,612	.286056	.286056
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	152,669	2.250784	2.250784
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	177,010		
101	SUBTOTAL	39,153,095		
102	LESS OBSERVATION BEDS	177,010		
103	TOTAL	38,976,085		

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	3,705,772	2,004,613	1,701,159	200,461	98,667	3,406,644
38	OPERATING ROOM	1,176,947	88,240	1,088,707	8,824	63,145	1,104,978
40	ANESTHESIOLOGY	779,402	42,266	737,136	4,227	42,754	732,421
41	RADIOLOGY-DIAGNOSTIC	3,884,746	1,499,245	2,385,501	149,925	138,359	3,596,462
44	LABORATORY	1,157,567	191,142	966,425	19,114	56,053	1,082,400
49	RESPIRATORY THERAPY	886,771	51,518	835,253	5,152	48,445	833,174
50	PHYSICAL THERAPY	208,955	91,413	117,542	9,141	6,817	192,997
55	MEDICAL SUPPLIES CHARGED	3,953,224	221,402	3,731,822	22,140	216,446	3,714,638
56	DRUGS CHARGED TO PATIENTS	904,685	76,477	828,208	7,648	48,036	849,001
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	343,625	195,271	148,354	19,527	8,605	315,493
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,001,694	4,461,587	12,540,107	446,159	727,327	15,828,208
102	LESS OBSERVATION BEDS						
103	TOTAL	17,001,694	4,461,587	12,540,107	446,159	727,327	15,828,208

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG	I/P PT B COST RATIO TO CHRG	RATIO
		7	8	9	
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	8,235,116	.413673	.425654	
38	RECOVERY ROOM	4,905,433	.225256	.238128	
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC	12,414,412	.289701	.300846	
44	LABORATORY	2,908,374	.372167	.391440	
49	RESPIRATORY THERAPY	1,446,156	.576130	.609629	
50	PHYSICAL THERAPY	196,682	.981264	1.015924	
55	MEDICAL SUPPLIES CHARGED	5,554,631	.668746	.707713	
56	DRUGS CHARGED TO PATIENTS	3,162,612	.268449	.283638	
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY	152,669	2.066516	2.122880	
62	OBSERVATION BEDS (NON-DIS	177,010			
	OTHER REIMBURS COST CNTRS				
101	SUBTOTAL	39,153,095			
102	LESS OBSERVATION BEDS	177,010			
103	TOTAL	38,976,085			

TITLE XVIII, PART A

PPS

WKST A E 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	236		236	2,158,050		2,158,050
	INTENSIVE CARE UNIT	55		55	527,310		527,310
101	TOTAL	291		291	2,685,360		2,685,360

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,043	1,816	.12	218	1,056.31	1,918,259
26	INTENSIVE CARE UNIT	1,338	230	.04	9	394.10	90,643
101	TOTAL	3,381	2,046		227		2,008,902

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 15-0165 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0165 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	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	218	2,004,395	8,235,116	1,011,151	.000026	26
38	RECOVERY ROOM	8	88,232	4,905,433	291,945	.000002	1
40	ANESTHESIOLOGY	4	42,262				
41	RADIOLOGY-DIAGNOSTIC	156	1,499,089	12,414,412	4,190,148	.000013	54
44	LABORATORY	20	191,122	2,908,374	1,060,553	.000007	7
49	RESPIRATORY THERAPY	5	51,513	1,446,156	891,180	.000003	3
50	PHYSICAL THERAPY	9	91,404	196,682	120,560	.000046	6
55	MEDICAL SUPPLIES CHARGED	22	221,380	5,554,631	1,265,003	.000004	5
56	DRUGS CHARGED TO PATIENTS	7	76,470	3,162,612	1,047,969	.000002	2
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	21	195,250	152,669	13,438	.000138	2
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			177,010			
101	TOTAL	470	4,461,117	39,153,095	9,891,947		106

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PPS

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.243396	246,110
40	RECOVERY ROOM	.017987	5,251
41	ANESTHESIOLOGY		
44	RADIOLOGY-DIAGNOSTIC	.120754	505,977
49	LABORATORY	.065714	69,693
50	RESPIRATORY THERAPY	.035621	31,745
55	PHYSICAL THERAPY	.464730	56,028
56	MEDICAL SUPPLIES CHARGED	.039855	50,417
	DRUGS CHARGED TO PATIENTS	.024179	25,339
61	OUTPAT SERVICE COST CNTRS		
62	EMERGENCY	1.278911	17,186
	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,007,746

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					2,043	
26	INTENSIVE CARE UNIT					1,338	
101	TOTAL					3,381	

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
	ADULTS & PEDIATRICS	1,816	
26	INTENSIVE CARE UNIT	230	
101	TOTAL	2,046	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			8,235,116			1,011,151	
38	RECOVERY ROOM			4,905,433			291,945	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			12,414,412			4,190,148	
44	LABORATORY			2,908,374			1,060,553	
49	RESPIRATORY THERAPY			1,446,156			891,180	
50	PHYSICAL THERAPY			196,682			120,560	
55	MEDICAL SUPPLIES CHARGED			5,554,631			1,265,003	
56	DRUGS CHARGED TO PATIENTS			3,162,612			1,047,969	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			152,669			13,438	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			177,010				
101	TOTAL			39,153,095			9,891,947	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LTNE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,845,094					
38	RECOVERY ROOM	1,348,539					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,511,000					
44	LABORATORY	362,793					
49	RESPIRATORY THERAPY	19,566					
50	PHYSICAL THERAPY	2,916					
55	MEDICAL SUPPLIES CHARGED	743,074					
56	DRUGS CHARGED TO PATIENTS	407,649					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	17,894					
62	OBSERVATION BEDS (NON-DIS	40,969					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	7,299,494					

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	.449996	.449996			
38 RECOVERY ROOM	.239927	.239927			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.312922	.312922			
44 LABORATORY	.398012	.398012			
49 RESPIRATORY THERAPY	.613192	.613192			
50 PHYSICAL THERAPY	1.062400	1.062400			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.711699	.711699			
56 DRUGS CHARGED TO PATIENTS	.286056	.286056			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	2.250784	2.250784			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART 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		1,845,094			
38 RECOVERY ROOM		1,348,539			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		2,511,000			
44 LABORATORY		362,793			
49 RESPIRATORY THERAPY		19,566			
50 PHYSICAL THERAPY		2,916			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		743,074			
56 DRUGS CHARGED TO PATIENTS		407,649	72		
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		17,894			
62 OBSERVATION BEDS (NON-DISTINCT PART)		40,969			
101 SUBTOTAL		7,299,494	72		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		7,299,494	72		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				830,285	
38 RECOVERY ROOM				323,551	
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				785,747	
44 LABORATORY				144,396	
49 RESPIRATORY THERAPY				11,998	
50 PHYSICAL THERAPY				3,098	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				528,845	
56 DRUGS CHARGED TO PATIENTS				116,610	21
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				40,276	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				2,784,806	21
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				2,784,806	21

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
38 RECOVERY ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

TITLE XIX

PPS

WKST A 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						
	ADULTS & PEDIATRICS	236		236	2,158,050		2,158,050
26	INTENSIVE CARE UNIT	55		55	527,310		527,310
101	TOTAL	291		291	2,685,360		2,685,360

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PPS

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,043	32	.12	4	1,056.31	33,802
26	INTENSIVE CARE UNIT	1,338	46	.04	2	394.10	18,129
101	TOTAL	3,381	78		6		51,931

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	218	2,004,395	8,235,116	37,595	.000026	1
38	RECOVERY ROOM	8	88,232	4,905,433	17,585	.000002	
40	ANESTHESIOLOGY	4	42,262				
41	RADIOLOGY-DIAGNOSTIC	156	1,499,089	12,414,412	77,940	.000013	1
44	LABORATORY	20	191,122	2,908,374	38,539	.000007	
49	RESPIRATORY THERAPY	5	51,513	1,446,156	32,091	.000003	
50	PHYSICAL THERAPY	9	91,404	196,682	4,483	.000046	
55	MEDICAL SUPPLIES CHARGED	22	221,380	5,554,631	15,711	.000004	
56	DRUGS CHARGED TO PATIENTS	7	76,470	3,162,612	92,853	.000002	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	21	195,250	152,669	40	.000138	
62	OBSERVATION BEDS (NON-DIS)			177,010			
	OTHER REIMBURS COST CNTRS						
101	TOTAL	470	4,461,117	39,153,095	316,837		2

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.243396	9,150
40	RECOVERY ROOM	.017987	316
41	ANESTHESIOLOGY		
44	RADIOLOGY-DIAGNOSTIC	.120754	9,412
49	LABORATORY	.065714	2,533
50	RESPIRATORY THERAPY	.035621	1,143
55	PHYSICAL THERAPY	.464730	2,083
56	MEDICAL SUPPLIES CHARGED	.039855	626
	DRUGS CHARGED TO PATIENTS	.024179	2,245
61	OUTPAT SERVICE COST CNTRS		
62	EMERGENCY	1.278911	51
	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		27,559

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
I 15-0165 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 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					2,043	
26	INTENSIVE CARE UNIT					1,338	
101	TOTAL					3,381	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
I 15-0165 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
	ADULTS & PEDIATRICS	7	32
26	INTENSIVE CARE UNIT		46
101	TOTAL		78

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			8,235,116			37,595	
38	RECOVERY ROOM			4,905,433			17,585	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			12,414,412			77,940	
44	LABORATORY			2,908,374			38,539	
49	RESPIRATORY THERAPY			1,446,156			32,091	
50	PHYSICAL THERAPY			196,682			4,483	
55	MEDICAL SUPPLIES CHARGED			5,554,631			15,711	
56	DRUGS CHARGED TO PATIENTS			3,162,612			92,853	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			152,669				40
62	OBSERVATION BEDS (NON-DIS			177,010				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			39,153,095			316,837	

TITLE XIX

HOSPITAL

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						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
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)	2,043
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,043
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,043
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)	1,816
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	6,516,386
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	6,516,386

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,750,825
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,750,825
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.721895
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	856.99
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	6,516,386

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 3,189.62
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,792,350
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,792,350

	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	951,720	1,338	711.30	230	163,599
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 4,214,626
 49 TOTAL PROGRAM INPATIENT COSTS 10,170,575

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,009,129
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,007,852
 52 TOTAL PROGRAM EXCLUDABLE COST 3,016,981
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 7,152,594

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
 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 3,189.62
 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	236	6,516,386	.000036		
87 NEW CAPITAL-RELATED COST	2,158,050	6,516,386	.331173		
88 NON PHYSICIAN ANESTHETIST		6,516,386			
89 MEDICAL EDUCATION		6,516,386			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL PPS

ATT I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,043
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,043
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,043
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)	32
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	6,516,386
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	6,516,386

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,750,825
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,750,825
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.721895
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	856.99
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	6,516,386

TITLE XIX - I/P HOSPITAL PPS

T II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 3,189.62
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 102,068
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 102,068

	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	951,720	1,338	711.30	46	32,720
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					125,049
49 TOTAL PROGRAM INPATIENT COSTS					259,837

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 51,937
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 27,561
 52 TOTAL PROGRAM EXCLUDABLE COST 79,498
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 180,339

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 3,189.62
 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	236	6,516,386	.000036		
87 NEW CAPITAL-RELATED COST	2,158,050	6,516,386	.331173		
88 NON PHYSICIAN ANESTHETIST		6,516,386			
89 MEDICAL EDUCATION		6,516,386			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,040,969	
26	INTENSIVE CARE UNIT		1,061,141	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.500822	1,011,151	506,407
38	RECOVERY ROOM	.239927	291,945	70,045
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.312922	4,190,148	1,311,189
44	LABORATORY	.398012	1,060,553	422,113
49	RESPIRATORY THERAPY	.613192	891,180	546,464
50	PHYSICAL THERAPY	1.062400	120,560	128,083
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.711699	1,265,003	900,301
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.286056	1,047,969	299,778
61	EMERGENCY	2.250784	13,438	30,246
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		9,891,947	4,214,626
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,891,947	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	PPS	
				INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			26,885	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			48,333	
37	OPERATING ROOM		.500822	37,595	18,828
38	RECOVERY ROOM		.239927	17,585	4,219
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.312922	77,940	24,389
44	LABORATORY		.398012	38,539	15,339
49	RESPIRATORY THERAPY		.613192	32,091	19,678
50	PHYSICAL THERAPY		1.062400	4,483	4,763
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.711699	15,711	11,182
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		.286056	92,853	26,561
61	EMERGENCY		2.250784	40	90
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS				
101	TOTAL			316,837	125,049
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			316,837	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	2,497,066	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	832,355	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
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)	374,583	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		32.00
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
SUM OF LINES PLUS E-3, PT 3.21 - 3.23 VI, LINE 23		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	3,704,004	
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)	3,704,004	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	332,727	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	4,036,731	
17 PRIMARY PAYER PAYMENTS		2,203
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	4,034,528	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		368,576
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		1,280
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		42,281
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		29,597
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		19,415
22 SUBTOTAL	3,694,269	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	3,694,269	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	3,664,672	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		29,597
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	21
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,784,806
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,855,132
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	21

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	72
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	72

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)	72
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	51
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	21
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,855,132

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18.01	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	452,747
19	SUBTOTAL (SEE INSTRUCTIONS)	1,402,406
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,402,406
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,402,406

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	37,313
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	26,119
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	17,498
28	SUBTOTAL	1,428,525
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,428,525
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,402,421
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	26,104
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
I 15-0165 I FROM 1/ 1/2008 I WORKSHEET E-1
I COMPONENT NO: I TO 12/31/2008 I
I 15-0165 I

TITLE XVIII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
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.			
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	ADJUSTMENTS TO PROVIDER	.01		
	ADJUSTMENTS TO PROVIDER	.02		
	ADJUSTMENTS TO PROVIDER	.03		
	ADJUSTMENTS TO PROVIDER	.04		
	ADJUSTMENTS TO PROVIDER	.05		
	ADJUSTMENTS TO PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	SUBTOTAL	.99		
4	TOTAL INTERIM PAYMENTS		NONE	NONE
			3,664,672	1,402,421
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER	.01		
	TENTATIVE TO PROVIDER	.02		
	TENTATIVE TO PROVIDER	.03		
	TENTATIVE TO PROGRAM	.50		
	TENTATIVE TO PROGRAM	.51		
	TENTATIVE TO PROGRAM	.52		
	SUBTOTAL	.99		
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE	NONE
	SETTLEMENT TO PROVIDER	.01	29,597	31,649
	SETTLEMENT TO PROGRAM	.02		
7	TOTAL MEDICARE PROGRAM LIABILITY		3,694,269	1,434,070

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.

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	49,193			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,178,750			
5	OTHER RECEIVABLES	652,100			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,764,050			
7	INVENTORY	771,481			
8	PREPAID EXPENSES	523,085			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	3,410,559			
FIXED ASSETS					
12	LAND	67,288			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	32,161,364			
14.01	LESS ACCUMULATED DEPRECIATION	-851,880			
15	LEASEHOLD IMPROVEMENTS	712,639			
15.01	LESS ACCUMULATED DEPRECIATION	-43,196			
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	1,300,069			
18.01	LESS ACCUMULATED DEPRECIATION	-251,047			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	33,095,237			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,081,575			
26	TOTAL OTHER ASSETS	1,081,575			
27	TOTAL ASSETS	37,587,371			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE			
	1,731,399			
29	SALARIES, WAGES & FEES PAYABLE			
	434,727			
30	PAYROLL TAXES PAYABLE			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
32	DEFERRED INCOME			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
35	OTHER CURRENT LIABILITIES	8,888,104		
36	TOTAL CURRENT LIABILITIES	11,054,230		
LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE			
38	NOTES PAYABLE			
39	UNSECURED LOANS			
40.01	LOANS PRIOR TO 7/1/66			
40.02	ON OR AFTER 7/1/66			
41	OTHER LONG TERM LIABILITIES	33,562,519		
42	TOTAL LONG-TERM LIABILITIES	33,562,519		
43	TOTAL LIABILITIES	44,616,749		
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	-7,029,378		
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	-7,029,378		
52	TOTAL LIABILITIES AND FUND BALANCES	37,587,371		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		-4,784,815		
2 OF PERIOD				
3 NET INCOME (LOSS)		-10,410,163		
4 TOTAL		-15,194,978		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 NET ASSETS EQUITY TRANSFE	6,471,238			
7 NET ASSETS CHANGES IN PHY	1,694,362			
8				
9				
10 TOTAL ADDITIONS		8,165,600		
11 SUBTOTAL		-7,029,378		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		-7,029,378		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,750,825		1,750,825
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,750,825		1,750,825
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,699,036		1,699,036
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,699,036		1,699,036
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,449,861		3,449,861
17 00 ANCILLARY SERVICES	17,777,394	21,046,022	38,823,416
18 00 OUTPATIENT SERVICES	27,658	302,021	329,679
19 00 HOME HEALTH AGENCY			
24 00			
25 00 TOTAL PATIENT REVENUES	21,254,913	21,348,043	42,602,956

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		28,582,313	
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		28,582,313	

DESCRIPTION

1	TOTAL PATIENT REVENUES	42,602,956
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	25,190,744
3	NET PATIENT REVENUES	17,412,212
4	LESS: TOTAL OPERATING EXPENSES	28,582,313
5	NET INCOME FROM SERVICE TO PATIENTS	-11,170,101
	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	696,295
23	GOVERNMENTAL APPROPRIATIONS	
24	RENTAL INCOME PASS-THRU	9,585
24.01	MISCELLANEOUS INCOME	54,058
25	TOTAL OTHER INCOME	759,938
26	TOTAL	-10,410,163
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-10,410,163

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	280,586
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	52,141
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	9.24
	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	332,727

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	
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)	

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 15-0165 I FROM 1/ 1/2008 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV
 I 15-0165 I I

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
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	.00
	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	
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)	