

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	15-1319	I	FROM 10/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/18/2009 TIME 13:51

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 GIBSON GENERAL HOSPITAL 15-1319
 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
 DATE: 2/18/2009 TIME 13:51

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PI ENCRYPTION INFORMATION
 DATE: 2/18/2009 TIME 13:51

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[Signature]
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 VP + CFO
 TITLE
 2/26/2009
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	602,788	653,337	0	
3	SWING BED - SNF	0	93,110	0	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	695,898	653,337	0	

FEB 27 2009

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: 1800 SHERMAN DRIVE P.O. BOX:
 01 CITY: PRINCETON STATE: IN ZIP CODE: 47670- COUNTY: GIBSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	GIBSON GENERAL HOSPITAL	15-1319		12/16/2003	N	O	P
04.00 SWING BED - SNF	GIBSON GENERAL SWING BED	15-2319		12/16/2003	N	O	N
06.00 HOSPITAL-BASED SNF	GIBSON GENERAL SNF	15-5093		6/14/1969	N	P	N
09.00 HOSPITAL-BASED HHA	GIBSON HOME HEALTH	15-7445		10/19/1995	N	O	N

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

18 TYPE OF CONTROL 1 2

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. 2 N Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? 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.
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 100 0.0000 0.8576
 0.00 2 15 99915

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 50.01% Y
 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%

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

MISCELLANEOUS COST REPORT INFORMATION

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

PECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

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

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

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

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

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

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: 15-1319
I PERIOD: FROM 10/1/2007 TO 9/30/2008
I PREPARED 2/18/2009
I WORKSHEET S-3
I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	20	7,320	88,632.00	3	4	5
2 HMO						1,568	1
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						798	130
4 ADULTS & PED-SB NF							131
5 TOTAL ADULTS AND PEDS	20	7,320	88,632.00			2,366	1
6 INTENSIVE CARE UNIT	5	1,830	4,272.00			189	132
12 TOTAL	25	9,150	92,904.00			2,555	
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	45	16,470				1,750	1
18 HOME HEALTH AGENCY						3,338	36
25 TOTAL	70						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED	DISCHARGES / TITLE XVIII	DISCHARGES / TITLE XIX	INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			2,290				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			798				
4 ADULTS & PED-SB NF			130				
5 TOTAL ADULTS AND PEDS			3,218				
6 INTENSIVE CARE UNIT			255				
12 TOTAL			3,473				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			15,036				
18 HOME HEALTH AGENCY			4,034				
25 TOTAL							
26 OBSERVATION BED DAYS			698			698	
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES / TITLE XVIII	DISCHARGES / TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					461	107	727
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
12 TOTAL		249.04			461	107	727
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		30.40					
18 HOME HEALTH AGENCY		3.67					
25 TOTAL		283.11					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET S-3
 I I TO 9/30/2008 I PARTS II & III

II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	12,488,867		12,488,867			
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	1,031,384		1,031,384			
8.01 EXCLUDED AREA SALARIES	3,003,955	-49,634	2,954,321			
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
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						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)						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	142,604	49,634	192,238	4,692.00	40.97	
22 ADMINISTRATIVE & GENERAL	1,407,103		1,407,103	62,120.00	22.65	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	293,365		293,365	14,635.00	20.05	
25 LAUNDRY & LINEN SERVICE	51,724		51,724	5,371.00	9.63	
26 HOUSEKEEPING	276,022		276,022	24,428.00	11.30	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	404,047	-164,640	239,407	16,165.00	14.81	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		164,640	164,640	18,506.00	8.90	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	116,712		116,712	3,084.00	37.84	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	334,708		334,708	25,758.00	12.99	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	12,488,867		12,488,867			
2 EXCLUDED AREA SALARIES	4,035,339	-49,634	3,985,705			
3 SUBTOTAL SALARIES	8,453,528	49,634	8,503,162			
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS						
6 TOTAL	8,453,528	49,634	8,503,162			
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
1 SUBTOTAL WAGE-RELATED COSTS						
2 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET 5-3
 I I TO 9/30/2008 I PARTS II & III

II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13 TOTAL OVERHEAD COSTS	3,026,285	49,634	3,075,919	174,759.00	17.60	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET S-4
I HHA NO: I TO 9/30/2008 I
I 15-7445 I
I COUNTY: GIBSON I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		91.00		
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT	120.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				
	40.00			
HHA NO. OF FTE EMPLOYEES (2080 HRS)				
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				
5 OTHER ADMINISTRATIVE PERSONEL				
6 DIRECTING NURSING SERVICE				
7 NURSING SUPERVISOR				
8 PHYSICAL THERAPY SERVICE				
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE				
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE				
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE				
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE				
17 HOME HEALTH AIDE SUPERVISOR				
18				
HOME HEALTH AGENCY MSA CODES				
	1	1.01		
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1		
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915	99915		

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

	FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	1,230	11	12	8
22 SKILLED NURSING VISIT CHARGES	151,536	1,355	1,478	986
23 PHYSICAL THERAPY VISITS	891	20	2	7
24 PHYSICAL THERAPY VISIT CHARGES	111,776	2,509	251	878
25 OCCUPATIONAL THERAPY VISITS	137	12	1	5
26 OCCUPATIONAL THERAPY VISIT CHARGES	17,187	1,505	125	627
27 SPEECH PATHOLOGY VISITS	3	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	376	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	850	23	0	1
32 HOME HEALTH AIDE VISIT CHARGES	58,599	1,586	0	69
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	3,111	66	15	21
34 OTHER CHARGES	370	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	339,844	6,955	1,854	2,560
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	135	0	6	1
37 TOTAL NUMBER OF OUTLIER EPISODES	0	4	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	825	0	0	0

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET S-4
I HHA NO: I TO 9/30/2008 I
I 15-7445 I
I COUNTY: GIBSON I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	76	1,337
22 SKILLED NURSING VISIT CHARGES	0	9,363	164,718
23 PHYSICAL THERAPY VISITS	0	30	950
24 PHYSICAL THERAPY VISIT CHARGES	0	3,764	119,178
25 OCCUPATIONAL THERAPY VISITS	0	9	164
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	1,129	20,573
27 SPEECH PATHOLOGY VISITS	0	0	3
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	376
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	10	884
32 HOME HEALTH AIDE VISIT CHARGES	0	689	60,943
33 TOTAL VISITS (SUM OF LNS 21,23,25,27,29 & 31)	0	125	3,338
34 OTHER CHARGES	0	0	370
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	14,945	366,158
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	5	147
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	4
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	29	854

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET S-7
I I TO 9/30/2008 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	10/1 DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	4.03 DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RVB				99		
6	RVA						
6	.01 RVX						
6	.02 RVL				14		
7	RHC				346		
8	RHB				239		
9	RHA				81		
9	.01 RHX						
9	.02 RHL						
10	RMC				60		
11	RMB				41		
12	RMA				22		
12	.01 RMX				296		
12	.02 RML				234		
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3				23		
16	SE2				110		
17	SE1						
18	SSC				48		
19	SSB				2		
20	SSA				47		
21	CC2						
22	CC1				7		
23	CB2						
24	CB1				64		
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
	BB1						
	BA2						
34	BA1						
35	PE2						
36	PE1				17		
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL				1,750		

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8576
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : 99915

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET S-7
I TO 9/30/2008 I

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8576
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : 99915

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: 15-1319
I PERIOD: FROM 10/1/2007 TO 9/30/2008
I PREPARED 2/18/2009
I WORKSHEET S-7
I NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES ON OR AFTER RATE	OCTOBER 1ST DAYS
1		3a	3	3.01	4a	4.01
1	RUC	161.27			487.83	
2	RUB	149.18			451.27	
3	RUA	142.93			432.36	
3 .01	RUX	187.10			565.99	
3 .02	RUL	166.27			502.96	
4	RVC	127.36			385.25	
5	RVB	121.52			367.60	367.60
6	RVA	110.27			333.56	99
6 .01	RVX	140.27			424.32	
6 .02	RVL	131.52			397.86	397.86
7	RHC	109.13			330.12	330.12
8	RHB	104.55			316.26	316.26
9	RHA	97.46			294.83	294.83
9 .01	RHX	117.47			355.33	
9 .02	RHL	115.38			349.03	
10	RMC	99.77			301.81	301.81
11	RMB	97.27			294.25	294.25
12	RMA	95.19			287.94	287.94
12 .01	RMX	132.28			400.14	400.14
12 .02	RML	121.86			368.63	368.63
13	RLB	86.47			261.58	
14	RLA	74.39			225.03	
14 .01	RLX	93.56			283.01	
15	SE3	104.81			317.06	317.06
16	SE2	89.39			270.41	270.41
17	SE1	79.81			241.42	
18	SSC	78.56			237.64	237.64
19	SSB	74.39			225.03	225.03
20	SSA	73.14			221.25	221.25
21	CC2	78.14			236.38	
22	CC1	71.47			216.20	216.20
23	CB2	68.14			206.12	
24	CB1	65.22			197.29	197.29
25	CA2	64.80			196.03	
26	CA1	60.64			183.42	
27	IB2	58.14			175.86	
28	IB1	57.30			173.34	
29	IA2	52.72			159.47	
30	IA1	50.63			153.16	
31	BB2	57.72			174.60	
	BB1	56.05			169.56	
	BA2	52.30			158.21	
	BA1	48.97			148.13	
35	PE2	62.72			189.73	
36	PE1	61.47			185.95	185.95
37	PD2	59.80			180.90	
38	PD1	58.97			178.38	
39	PC2	56.89			172.08	
40	PC1	56.05			169.56	
41	PB2	50.22			151.91	
42	PB1	49.80			150.65	
43	PA2	49.38			149.38	
44	PA1	48.13			145.60	
45	Default	48.13			145.60	
46	TOTAL					1,750

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.8576
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : 99915

Non-CMS S-7 options selected:
 calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET S-7
I TO 9/30/2008 I NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	A I D S		DIAGNOSIS	CODE	042	SWING	TOTAL
		SERV PRIOR TO OCT. 1ST	DAYS					
1	2	RATE	4.03	RATE	4.04	4.05	4.06	5
1	RUC	367.70		1,112.25				
2	RUB	340.13		1,028.90				
3	RUA	325.88		985.78				
3 .01	RUX	426.59		1,290.46				
3 .02	RUL	379.10		1,146.75				
4	RVC	290.38		878.37				
5	RVB	277.07		838.13				36,392
6	RVA	251.42		760.52				
6 .01	R VX	319.82		967.45				
6 .02	RVL	299.87		907.12				5,570
7	RHC	248.82		752.67				114,222
8	RHB	238.37		721.07				75,586
9	RHA	222.21		672.21				23,881
9 .01	RHX	267.83		810.15				
9 .02	RHL	263.07		795.79				
10	RMC	227.48		688.13				18,109
11	RMB	221.78		670.89				12,064
12	RMA	217.03		656.50				6,335
12 .01	RMX	301.60		912.32				118,441
12 .02	RML	277.84		840.48				86,259
13	RLB	197.15		596.40				
14	RLA	169.61		513.07				
14 .01	RLX	213.32		645.26				
15	SE3	238.97		722.90				7,292
16	SE2	203.81		616.53				29,745
17	SE1	181.97		550.44				
18	SSC	179.12		541.82				11,407
19	SSB	169.61		513.07				450
20	SSA	166.76		504.45				10,399
21	CC2	178.16		538.95				
22	CC1	162.95		492.94				1,513
23	CB2	155.36		469.95				
24	CB1	148.70		449.82				12,627
25	CA2	147.74		446.95				
26	CA1	138.26		418.20				
27	IB2	132.56		400.96				
28	IB1	130.64		395.22				
29	IA2	120.20		363.59				
30	IA1	115.44		349.20				
31	BB2	131.60		398.09				
	BB1	127.79		386.60				
	BA2	119.24		360.72				
34	BA1	111.65		337.74				
35	PE2	143.00		432.58				
36	PE1	140.15		423.97				3,161
37	PD2	136.34		412.45				
38	PD1	134.45		406.71				
39	PC2	129.71		392.34				
40	PC1	127.79		386.60				
41	PB2	114.50		346.35				
42	PB1	113.54		343.48				
43	PA2	112.59		340.59				
44	PA1	109.74		331.97				
45	Default	109.74		331.97				
46	TOTAL							573,453

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.8576
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : 99915

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET S-10
 I I TO 9/30/2008 I
 I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)
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 59,659
17.01	GROSS MEDICAID REVENUES 3,861,654
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 3,921,313
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) .464441
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET S-10
I TO 9/30/2008 I
I I I

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	3,861,654
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,793,510
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,793,510

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-1319
I

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

I PREPARED 2/18/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,004,507	2,004,507	-886,982	1,117,525
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,574,601	1,574,601
5	0500 EMPLOYEE BENEFITS	142,604	-166,816	-24,212	92,258	68,046
6	0600 ADMINISTRATIVE & GENERAL	1,407,103	2,406,951	3,814,054	-40,736	3,773,318
8	0800 OPERATION OF PLANT	293,365	927,858	1,221,223	-712	1,220,511
9	0900 LAUNDRY & LINEN SERVICE	51,724	70,111	121,835		121,835
10	1000 HOUSEKEEPING	276,022	169,524	445,546		445,546
11	1100 DIETARY	404,047	392,676	796,723	-327,711	469,012
12	1200 CAFETERIA				324,646	324,646
14	1400 NURSING ADMINISTRATION	116,712	35,262	151,974	-45	151,929
17	1700 MEDICAL RECORDS & LIBRARY	334,708	127,890	462,598		462,598
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	978,315	360,988	1,339,303	-17,649	1,321,654
26	2600 INTENSIVE CARE UNIT	271,916	84,928	356,844	-5,337	351,507
34	3400 SKILLED NURSING FACILITY	1,031,384	439,880	1,471,264	-5,271	1,465,993
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	360,471	2,815,735	3,176,206	-234,337	2,941,869
41	4100 RADIOLOGY-DIAGNOSTIC	672,336	577,650	1,249,986	-39,293	1,210,693
41.03	3450 NUCLEAR MEDICINE-DIAGNOSTIC		241,045	241,045		241,045
44	4400 LABORATORY	622,853	795,044	1,417,897	-44,811	1,373,086
49	4900 RESPIRATORY THERAPY	300,707	230,946	531,653	-28,721	502,932
50	5000 PHYSICAL THERAPY	639,307	218,711	858,018	-37,967	820,051
51	5100 OCCUPATIONAL THERAPY	243,741	81,334	325,075	-154	324,921
52	5200 SPEECH PATHOLOGY	103,579	63,053	166,632		166,632
53	5300 ELECTROCARDIOLOGY	47,391	53,204	100,595	-3,272	97,323
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				387,632	387,632
56	5600 DRUGS CHARGED TO PATIENTS	234,031	554,616	788,647	-42,567	746,080
59	3550 Gери PSYCH	152,467	185,034	337,501	-5,605	331,896
59.01	3020 DIABETES	80,050	76,926	156,976		156,976
59.02	3021 OP PSYCH	43,252	44,048	87,300		87,300
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	659,728	526,538	1,186,266	-19,236	1,167,030
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 CARDIAC REHAB	17,099	37,437	54,536	-33,390	21,146
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	167,031	95,658	262,689	-5,041	257,648
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		411,380	411,380	-411,380	
95	SUBTOTALS	9,651,943	13,862,118	23,514,061	188,920	23,702,981
	NONREIMBURS COST CENTERS					
7950	OTHER NONREIMBURSABLE COST CENTERS	2,836,924	1,533,667	4,370,591	-188,920	4,181,671
	TOTAL	12,488,867	15,395,785	27,884,652	-0-	27,884,652

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 15-1319 I
I I

I PERIOD: I
I FROM 10/ 1/2007 I
I TO 9/30/2008 I
I PREPARED 2/18/2009
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,834	1,114,691
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-78,946	1,495,655
5	0500 EMPLOYEE BENEFITS		68,046
6	0600 ADMINISTRATIVE & GENERAL	-706,448	3,066,870
8	0800 OPERATION OF PLANT	-8,395	1,212,116
9	0900 LAUNDRY & LINEN SERVICE		121,835
10	1000 HOUSEKEEPING		445,546
11	1100 DIETARY		469,012
12	1200 CAFETERIA	-172,163	152,483
14	1400 NURSING ADMINISTRATION		151,929
17	1700 MEDICAL RECORDS & LIBRARY	-8,910	453,688
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,321,654
26	2600 INTENSIVE CARE UNIT		351,507
34	3400 SKILLED NURSING FACILITY		1,465,993
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-717,246	2,224,623
41	4100 RADIOLOGY-DIAGNOSTIC		1,210,693
41.03	3450 NUCLEAR MEDICINE-DIAGNOSTIC		241,045
44	4400 LABORATORY		1,373,086
49	4900 RESPIRATORY THERAPY	-17,572	485,360
50	5000 PHYSICAL THERAPY		820,051
51	5100 OCCUPATIONAL THERAPY		324,921
52	5200 SPEECH PATHOLOGY		166,632
53	5300 ELECTROCARDIOLOGY		97,323
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		387,632
56	5600 DRUGS CHARGED TO PATIENTS		746,080
59	3550 GERI PSYCH		331,896
59.01	3020 DIABETES		156,976
59.02	3021 OP PSYCH	-41,247	46,053
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		1,167,030
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 CARDIAC REHAB		21,146
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		257,648
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-1,753,761	21,949,220
	NONREIMBURS COST CENTERS		
7950	OTHER NONREIMBURSABLE COST CENTERS		4,181,671
	TOTAL	-1,753,761	26,130,891

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	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	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.03	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	GERI PSYCH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	DIABETES	3020	ACUPUNCTURE
59.02	OP PSYCH	3021	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	CARDIAC REHAB	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		
	NONREIMBURS COST CEN		OLD CAP REL COSTS-BLDG & FIXT
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 151319	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 2/18/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION		INCREASE		
CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1	INSURANCE	A		
2	DEPRECIATION	B		70,082
3	EKG SALARY	C		829,494
4	CAFETERIA	D	1,309	
5	MED SUPPLY	E	164,640	160,006
6				387,632
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	RENTAL	F		276,239
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1	RENTAL	F		
2				
3	BUSINESS HEALTH	H	49,634	42,624
4	INTEREST	I		14,254
5				397,126
6				1,660
7	PROPERTY TAX	J		
36	TOTAL RECLASSIFICATIONS		215,583	2,179,244

(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: 151319	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 2/18/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		70,082	11
2 DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		829,494	9
3 EKG SALARY	C	RESPIRATORY THERAPY	49	1,309		
4 CAFETERIA	D	DIETARY	11	164,640	160,006	
5 MED SUPPLY	E	ADULTS & PEDIATRICS	25		5,287	
6		INTENSIVE CARE UNIT	26		1,097	
7		SKILLED NURSING FACILITY	34		3,754	
8		OPERATING ROOM	37		232,246	
9		RADIOLOGY-DIAGNOSTIC	41		23,041	
10		LABORATORY	44		2,162	
11		RESPIRATORY THERAPY	49		21,560	
12		PHYSICAL THERAPY	50		17,719	
13		OCCUPATIONAL THERAPY	51		154	
14		ELECTROCARDIOLOGY	53		15	
15		GERI PSYCH	59		3	
16		EMERGENCY	61		13,814	
17		HOME HEALTH AGENCY	71		1,455	
18		OTHER NONREIMBURSABLE COST CENTERS	100		65,452	
19 RENTAL	F					11
20		ADMINISTRATIVE & GENERAL	6		40,736	
21		OPERATION OF PLANT	8		712	
22		DIETARY	11		3,065	
23		NURSING ADMINISTRATION	14		45	
24		ADULTS & PEDIATRICS	25		12,362	
25		INTENSIVE CARE UNIT	26		4,240	
26		SKILLED NURSING FACILITY	34		1,517	
27		OPERATING ROOM	37		2,091	
28		RADIOLOGY-DIAGNOSTIC	41		16,252	
29		LABORATORY	44		42,649	
30		RESPIRATORY THERAPY	49		5,852	
31		PHYSICAL THERAPY	50		20,248	
32		ELECTROCARDIOLOGY	53		4,566	
33		DRUGS CHARGED TO PATIENTS	56		42,694	
34		GERI PSYCH	59		5,602	
35		EMERGENCY	61		5,422	
1 RENTAL	F	CARDIAC REHAB	63		33,390	
2		HOME HEALTH AGENCY	71		3,586	
		OTHER NONREIMBURSABLE COST CENTERS	100		31,210	
BUSINESS HEALTH	H	OTHER NONREIMBURSABLE COST CENTERS	100	49,634	42,624	
INTEREST	I	INTEREST EXPENSE	88		411,380	10
6						10
7 PROPERTY TAX	J	NEW CAP REL COSTS-BLDG & FIXT	3		1,660	11
36 TOTAL RECLASSIFICATIONS				215,583	2,179,244	

(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: 151319
 PERIOD: FROM 10/ 1/2007 TO 9/30/2008
 PREPARED 2/18/2009
 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	70,082
TOTAL RECLASSIFICATIONS FOR CODE A			70,082

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	70,082	
		70,082	

RECLASS CODE: B
 EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	829,494
TOTAL RECLASSIFICATIONS FOR CODE B			829,494

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	829,494	
		829,494	

RECLASS CODE: C
 EXPLANATION : EKG SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	53	1,309
TOTAL RECLASSIFICATIONS FOR CODE C			1,309

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	1,309	
		1,309	

RECLASS CODE: D
 EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	324,646
TOTAL RECLASSIFICATIONS FOR CODE D			324,646

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	324,646	
		324,646	

RECLASS CODE: E
 EXPLANATION : MED SUPPLY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	387,632
2.00			0
3.00			0
4.00			0
5.00			0
9.00			0
10.00			0
11.00			0
12.00			0
14.00			0
15.00	DRUGS CHARGED TO PATIENTS	56	127
16.00			0
18.00			0
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			387,759

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	5,287	
INTENSIVE CARE UNIT	26	1,097	
SKILLED NURSING FACILITY	34	3,754	
OPERATING ROOM	37	232,246	
RADIOLOGY-DIAGNOSTIC	41	23,041	
LABORATORY	44	2,162	
RESPIRATORY THERAPY	49	21,560	
PHYSICAL THERAPY	50	17,719	
OCCUPATIONAL THERAPY	51	154	
ELECTROCARDIOLOGY	53	15	
GERI PSYCH	59	3	
EMERGENCY	61	13,814	
HOME HEALTH AGENCY	71	1,455	
OTHER NONREIMBURSABLE COST CEN	100	65,452	
		387,759	

RECLASS CODE: F
 EXPLANATION : RENTAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	276,239
2.00			0
3.00			0
5.00			0
6.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
18.00			0
19.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	40,736	
OPERATION OF PLANT	8	712	
DIETARY	11	3,065	
NURSING ADMINISTRATION	14	45	
ADULTS & PEDIATRICS	25	12,362	
INTENSIVE CARE UNIT	26	4,240	
SKILLED NURSING FACILITY	34	1,517	
OPERATING ROOM	37	2,091	
RADIOLOGY-DIAGNOSTIC	41	16,252	
LABORATORY	44	42,649	
RESPIRATORY THERAPY	49	5,852	
PHYSICAL THERAPY	50	20,248	
ELECTROCARDIOLOGY	53	4,566	
DRUGS CHARGED TO PATIENTS	56	42,694	

RECLASSIFICATIONS

PROVIDER NO: 151319	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 2/18/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: F
EXPLANATION : RENTAL

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
20.00			0	GERI PSYCH	59	5,602	
21.00			0	EMERGENCY	61	5,422	
22.00			0	CARDIAC REHAB	63	33,390	
23.00			0	HOME HEALTH AGENCY	71	3,586	
24.00			0	OTHER NONREIMBURSABLE COST CEN	100	31,210	
TOTAL RECLASSIFICATIONS FOR CODE F			276,239				276,239

RECLASS CODE: H
EXPLANATION : BUSINESS HEALTH

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	EMPLOYEE BENEFITS	5	92,258	OTHER NONREIMBURSABLE COST CEN	100	92,258	
TOTAL RECLASSIFICATIONS FOR CODE H			92,258				92,258

RECLASS CODE: I
EXPLANATION : INTEREST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	14,254	INTEREST EXPENSE	88	411,380	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	397,126			0	
TOTAL RECLASSIFICATIONS FOR CODE I			411,380				411,380

RECLASS CODE: J
EXPLANATION : PROPERTY TAX

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,660	NEW CAP REL COSTS-BLDG & FIXT	3	1,660	
TOTAL RECLASSIFICATIONS FOR CODE J			1,660				1,660

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		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	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	272,383	76,000		76,000		348,383	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	13,151,349	27,711		27,711		13,179,060	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	9,730,997	2,136,433		2,136,433		11,867,430	
7	SUBTOTAL	23,154,729	2,240,144		2,240,144		25,394,873	
8	RECONCILING ITEMS							
9	TOTAL	23,154,729	2,240,144		2,240,144		25,394,873	

III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	13,423,732		13,423,732	.579740				
4	NEW CAP REL COSTS-MV	9,730,997		9,730,997	.420260				
5	TOTAL	23,154,729		23,154,729	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,175,013	14,254	-74,576				1,114,691
4	NEW CAP REL COSTS-MV	829,494	397,126	269,035				1,495,655
5	TOTAL	2,004,507	411,380	194,459				2,610,346

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,004,507						2,004,507
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,004,507						2,004,507

* All lines numbers except line 5 are to be consistent with workshcet 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
I 15-1319
I

I PERIOD: I PREPARED 2/18/2009
I FROM 10/ 1/2007 I WORKSHEET A-8
I TO 9/30/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,834	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-78,946	NEW CAP REL COSTS-MVBLE E	4	11
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	A	-8,395	OPERATION OF PLANT	8	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-776,065			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-172,163	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-600	ADMINISTRATIVE & GENERAL	6	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-8,910	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			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		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS INCOME	B	-11,690	ADMINISTRATIVE & GENERAL	6	
38					
39 PHYSICIAN RECRUITING	A	-525,317	ADMINISTRATIVE & GENERAL	6	
ADVERTISING	A	-168,841	ADMINISTRATIVE & GENERAL	6	
40					
41					
42					
43					
44					
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)		-1,753,761			

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 15-1319
I

IN LIEU OF FORM CMS-2552-96(9/1996)
I PERIOD: I PREPARED 2/18/2009
I FROM 10/ 1/2007 I WORKSHEET A-8-2
I TO 9/30/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 37	SURGERY	717,246	717,246					
2 49	RT	11,000	4,400	6,600				
3 49	BLACK LUNG	19,772	13,172	6,600				
4 53	CARDIO REHAB	30,500		30,500				
5 59	GERI PSYCH	32,588		32,588				
6 59 2	OP PSYCH	41,247	41,247					
7 61	ER	191,701		191,701				
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	1,044,054	776,065	267,989				

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	NRSE FTE'S		ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET B
 I TO 9/30/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR	1,114,691	1,114,691					
004 NEW CAP REL COSTS-BLDG &	1,495,655		1,495,655				
005 NEW CAP REL COSTS-MVBLE E	68,046	7,916	10,621	86,583			
006 EMPLOYEE BENEFITS	3,066,870	86,954	116,672	9,907	3,280,403	3,280,403	
008 ADMINISTRATIVE & GENERAL	1,212,116	164,037	220,098	2,066	1,598,317	229,453	1,827,770
009 OPERATION OF PLANT	121,835	22,318	29,946	364	174,463	25,046	47,667
010 LAUNDRY & LINEN SERVICE	445,546	11,908	15,977	1,943	475,374	68,244	25,432
011 HOUSEKEEPING	469,012	59,538	79,886	1,686	610,122	87,589	127,160
012 DIETARY	152,483			1,159	153,642	22,057	
014 CAFETERIA	151,929	3,830	5,139	822	161,720	23,216	8,180
017 NURSING ADMINISTRATION	453,688	21,199	28,444	2,357	505,688	72,596	45,277
025 MEDICAL RECORDS & LIBRARY							
026 INPAT ROUTINE SRVC CNTRS	1,321,654	137,335	184,272	6,888	1,650,149	236,894	293,318
034 ADULTS & PEDIATRICS	351,507	27,605	37,039	1,915	418,066	60,017	58,958
037 INTENSIVE CARE UNIT	1,465,993	121,814	163,446	7,262	1,758,515	252,451	260,168
041 SKILLED NURSING FACILITY							
041 ANCLLARY SRVC COST CNTRS	2,224,623	56,828	76,249	2,538	2,360,238	338,833	121,371
041 OPERATING ROOM	1,210,693	45,351	60,851	4,734	1,321,629	189,732	96,861
041 RADIOLOGY-DIAGNOSTIC	241,045	5,664	7,600		254,309	36,508	12,097
041 03 NUCLEAR MEDICINE-DIAGNOST	1,373,086	19,554	26,237	4,386	1,423,263	204,322	41,763
044 LABORATORY	485,360	9,534	12,793	2,108	509,795	73,186	20,363
049 RESPIRATORY THERAPY	820,051	43,099	57,829	4,501	925,480	132,861	92,051
050 PHYSICAL THERAPY	324,921	11,018	14,783	1,716	352,438	50,596	23,531
051 OCCUPATIONAL THERAPY	166,632	836	1,122	729	169,319	24,307	1,786
052 SPEECH PATHOLOGY	97,323	6,486	8,703	343	112,855	16,201	13,854
053 ELECTROCARDIOLOGY	387,632	48,399	64,940		500,971	71,919	103,370
055 MEDICAL SUPPLIES CHARGED	746,080	15,252	20,465	1,648	783,445	112,471	32,575
056 DRUGS CHARGED TO PATIENTS	331,896	28,994	38,903	1,074	400,867	57,548	61,924
059 GERI PSYCH	156,976	18,853	25,296	564	201,689	28,954	40,265
059 01 DIABETES	46,053	2,711	3,637	305	52,706	7,566	5,789
059 02 OP PSYCH							
061 OUTPAT SERVICE COST CNTRS	1,167,030	29,843	40,043	4,645	1,241,561	178,237	63,739
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS	21,146	1,618	2,171	120	25,055	3,597	3,456
063 CARDIAC REHAB							
071 OTHER REIMBURS COST CNTRS	257,648	5,839	7,835	1,176	272,498	39,120	12,471
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS	21,949,220	1,014,333	1,360,997	66,956	21,694,577	2,643,521	1,613,426
095 SUBTOTALS	4,181,671	100,358	134,658	19,627	4,436,314	636,882	214,344
095 NONREIMBURS COST CENTERS							
095 OTHER NONREIMBURSABLE COS							
095 CROSS FOOT ADJUSTMENT							
095 NEGATIVE COST CENTER							
103 TOTAL	26,130,891	1,114,691	1,495,655	86,583	26,130,891	3,280,403	1,827,770

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET B
 I I TO 9/30/2008 I PART I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL
	9	10	11	12	14	17	
003 GENERAL SERVICE COST CNTR							25
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	247,176						
011 HOUSEKEEPING	19,482	588,532					
012 DIETARY	5,121	42,651	872,643				
014 CAFETERIA				175,699			
017 NURSING ADMINISTRATION		2,744		1,160	197,020		
025 MEDICAL RECORDS & LIBRARY		15,186		13,495		652,242	
026 INPAT ROUTINE SRVC CNTRS							
034 ADULTS & PEDIATRICS	83,820	98,379	246,775	28,791	64,845	235,402	2,938,373
037 INTENSIVE CARE UNIT	2,542	19,775		6,266	14,114	15,818	595,556
041 SKILLED NURSING FACILITY	79,766	87,263	625,868	35,370	79,661	13,026	3,192,088
044 ANCILLARY SRVC COST CNTRS							
049 OPERATING ROOM	17,545	40,709		6,565		45,592	2,930,853
051 RADIOLOGY-DIAGNOSTIC	9,490	32,488		15,957		118,167	1,784,324
052 03 NUCLEAR MEDICINE-DIAGNOST		4,057					306,971
053 LABORATORY		14,008		17,690		58,618	1,759,664
055 RESPIRATORY THERAPY		6,830		7,939		14,887	633,000
059 050 PHYSICAL THERAPY	13,433	30,875		13,032		13,957	1,221,689
061 OCCUPATIONAL THERAPY		7,893		4,362			438,820
063 SPEECH PATHOLOGY		599		1,786			197,797
067 ELECTROCARDIOLOGY	1,361	4,647		1,585		17,678	168,181
071 055 MEDICAL SUPPLIES CHARGED		34,671		1,185			712,116
075 056 DRUGS CHARGED TO PATIENTS		10,926		3,227			942,644
079 059 GERI PSYCH		20,770		843	1,898	3,722	547,572
083 059 01 DIABETES		13,505					284,413
087 059 02 OP PSYCH		1,942		239			68,242
091 061 OUTPAT SERVICE COST CNTRS							
095 062 EMERGENCY	14,616	21,379		16,207	36,502	114,445	1,686,686
101 063 OBSERVATION BEDS (NON-DIS							
105 063 CARDIAC REHAB		1,159					33,267
109 071 OTHER REIMBURS COST CNTRS							
113 071 HOME HEALTH AGENCY		4,183					328,272
117 095 SPEC PURPOSE COST CENTERS							
121 095 SUBTOTALS	247,176	516,639	872,643	175,699	197,020	651,312	20,770,528
125 095 NONREIMBURS COST CENTERS							
129 095 OTHER NONREIMBURSABLE COS		71,893				930	5,360,363
133 095 CROSS FOOT ADJUSTMENT							
137 095 NEGATIVE COST CENTER							
141 103 TOTAL	247,176	588,532	872,643	175,699	197,020	652,242	26,130,891

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET B
 I I TO 9/30/2008 I PART I

COST CENTER	I&R COST POST STEP- DOWN ADJ	TOTAL
	26	27
003	GENERAL SERVICE COST CNTR	
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	
017	NURSING ADMINISTRATION	
025	MEDICAL RECORDS & LIBRARY	
026	INPAT ROUTINE SRVC CNTRS	
034	ADULTS & PEDIATRICS	2,938,373
	INTENSIVE CARE UNIT	595,556
	SKILLED NURSING FACILITY	3,192,088
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,930,853
041	RADIOLOGY-DIAGNOSTIC	1,784,324
041 03	NUCLEAR MEDICINE-DIAGNOST	306,971
044	LABORATORY	1,759,664
049	RESPIRATORY THERAPY	633,000
050	PHYSICAL THERAPY	1,221,689
051	OCCUPATIONAL THERAPY	438,820
052	SPEECH PATHOLOGY	197,797
053	ELECTROCARDIOLOGY	168,181
055	MEDICAL SUPPLIES CHARGED	712,116
056	DRUGS CHARGED TO PATIENTS	942,644
059	GERI PSYCH	547,572
059 01	DIABETES	284,413
059 02	OP PSYCH	68,242
	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	1,686,686
062	OBSERVATION BEDS (NON-DIS	
063	CARDIAC REHAB	33,267
	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	328,272
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	20,770,528
	NONREIMBURS COST CENTERS	
	OTHER NONREIMBURSABLE COS	5,360,363
	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	26,130,891

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET B
 I TO 9/30/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		7,916	10,621	18,537	18,537		
008 ADMINISTRATIVE & GENERAL		86,954	116,672	203,626	2,121	205,747	
009 OPERATION OF PLANT		164,037	220,098	384,135	442	14,391	398,968
010 LAUNDRY & LINEN SERVICE		22,318	29,946	52,264	78	1,571	10,405
011 HOUSEKEEPING		11,908	15,977	27,885	416	4,280	5,551
012 DIETARY		59,538	79,886	139,424	361	5,494	27,757
014 CAFETERIA					248	1,383	
017 NURSING ADMINISTRATION	3,830		5,139	8,969	176	1,456	1,785
025 MEDICAL RECORDS & LIBRARY		21,199	28,444	49,643	504	4,553	9,883
026 INPAT ROUTINE SRVC CNTRS							
034 ADULTS & PEDIATRICS		137,335	184,272	321,607	1,474	14,858	64,026
037 INTENSIVE CARE UNIT		27,605	37,039	64,644	410	3,764	12,869
041 SKILLED NURSING FACILITY		121,814	163,446	285,260	1,554	15,834	56,790
044 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		56,828	76,249	133,077	543	21,252	26,493
041 RADIOLOGY-DIAGNOSTIC		45,351	60,851	106,202	1,013	11,900	21,143
041 03 NUCLEAR MEDICINE-DIAGNOST		5,664	7,600	13,264		2,290	2,641
044 LABORATORY		19,554	26,237	45,791	939	12,815	9,116
049 RESPIRATORY THERAPY		9,534	12,793	22,327	451	4,590	4,445
050 PHYSICAL THERAPY		43,099	57,829	100,928	963	8,333	20,093
051 OCCUPATIONAL THERAPY		11,018	14,783	25,801	367	3,173	5,136
052 SPEECH PATHOLOGY		836	1,122	1,958	156	1,525	390
053 ELECTROCARDIOLOGY		6,486	8,703	15,189	73	1,016	3,024
055 MEDICAL SUPPLIES CHARGED		48,399	64,940	113,339		4,511	22,564
056 DRUGS CHARGED TO PATIENTS		15,252	20,465	35,717	353	7,054	7,111
059 GERI PSYCH		28,994	38,903	67,897	230	3,609	13,517
059 01 DIABETES		18,853	25,296	44,149	121	1,816	8,789
059 02 OP PSYCH		2,711	3,637	6,348	65	475	1,264
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		29,843	40,043	69,886	994	11,179	13,913
063 OBSERVATION BEDS (NON-DIS							
063 CARDIAC REHAB		1,618	2,171	3,789	26	226	754
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		5,839	7,835	13,674	252	2,454	2,722
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,014,333	1,360,997	2,375,330	14,330	165,802	352,181
NONREIMBURS COST CENTERS							
OTHER NONREIMBURSABLE COS		100,358	134,658	235,016	4,207	39,945	46,787
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
103 TOTAL		1,114,691	1,495,655	2,610,346	18,537	205,747	398,968

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET B
 I I TO 9/30/2008 I PART III

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL
	9	10	11	12	14	17	
003 GENERAL SERVICE COST CNTR							25
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	64,318						
011 HOUSEKEEPING	5,069	43,201					
012 DIETARY	1,333	3,131	177,500				
014 CAFETERIA				1,631			
017 NURSING ADMINISTRATION			201	11	12,598		
025 MEDICAL RECORDS & LIBRARY		1,115		125		65,823	
026 INPAT ROUTINE SRVC CNTRS							
034 ADULTS & PEDIATRICS	21,812	7,223	50,195	267	4,146	23,756	509,364
041 INTENSIVE CARE UNIT	661	1,452		58	902	1,596	86,356
049 SKILLED NURSING FACILITY	20,756	6,405	127,305	329	5,095	1,315	520,643
050 ANCILLARY SRVC COST CNTRS							
051 OPERATING ROOM	4,565	2,988		61		4,601	193,580
052 RADIOLOGY-DIAGNOSTIC	2,470	2,385		148		11,925	157,186
053 NUCLEAR MEDICINE-DIAGNOST		298					18,493
054 LABORATORY		1,028		164		5,916	75,769
055 RESPIRATORY THERAPY		501		74		1,502	33,890
056 PHYSICAL THERAPY	3,495	2,266		121		1,408	137,607
057 OCCUPATIONAL THERAPY		579		40			35,096
058 SPEECH PATHOLOGY		44		17			4,090
059 ELECTROCARDIOLOGY	354	341		15		1,784	21,796
061 MEDICAL SUPPLIES CHARGED		2,545		11			142,970
062 DRUGS CHARGED TO PATIENTS		802		30			51,067
063 GERI PSYCH		1,525		8	121	376	87,283
071 01 DIABETES		991					55,866
072 02 OP PSYCH		143		2			8,297
073 OUTPAT SERVICE COST CNTRS							
074 EMERGENCY	3,803	1,569		150	2,334	11,550	115,378
075 OBSERVATION BEDS (NON-DIS							
076 CARDIAC REHAB		85					4,880
077 OTHER REIMBURS COST CNTRS							
078 HOME HEALTH AGENCY		307					19,409
079 SPEC PURPOSE COST CENTERS							
080 SUBTOTALS	64,318	37,924	177,500	1,631	12,598	65,729	2,279,020
081 NONREIMBURS COST CENTERS							
082 OTHER NONREIMBURSABLE COS		5,277				94	331,326
083 CROSS FOOT ADJUSTMENTS							
084 NEGATIVE COST CENTER							
085 TOTAL	64,318	43,201	177,500	1,631	12,598	65,823	2,610,346

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET B
 I I TO 9/30/2008 I PART III

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003	GENERAL SERVICE COST CNTR	
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	
017	NURSING ADMINISTRATION	
025	MEDICAL RECORDS & LIBRARY	
026	INPAT ROUTINE SRVC CNTRS	
034	ADULTS & PEDIATRICS	509,364
037	INTENSIVE CARE UNIT	86,356
041	SKILLED NURSING FACILITY	520,643
044	ANCILLARY SRVC COST CNTRS	
049	OPERATING ROOM	193,580
050	RADIOLOGY-DIAGNOSTIC	157,186
051	03 NUCLEAR MEDICINE-DIAGNOST	18,493
052	LABORATORY	75,769
053	RESPIRATORY THERAPY	33,890
055	PHYSICAL THERAPY	137,607
056	OCCUPATIONAL THERAPY	35,096
059	SPEECH PATHOLOGY	4,090
059	ELECTROCARDIOLOGY	21,796
059	MEDICAL SUPPLIES CHARGED	142,970
059	DRUGS CHARGED TO PATIENTS	51,067
059	GERI PSYCH	87,283
059	01 DIABETES	55,866
059	02 OP PSYCH	8,297
061	OUTPAT SERVICE COST CNTRS	
062	EMERGENCY	115,378
063	OBSERVATION BEDS (NON-DIS	
071	CARDIAC REHAB	4,880
095	OTHER REIMBURS COST CNTRS	
102	HOME HEALTH AGENCY	19,409
103	SPEC PURPOSE COST CENTERS	
	SUBTOTALS	2,279,020
	NONREIMBURS COST CENTERS	
	OTHER NONREIMBURSABLE COS	331,326
	CROSS FOOT ADJUSTMENTS	
	NEGATIVE COST CENTER	
	TOTAL	2,610,346

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET B-1
 I TO 9/30/2008 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	OSTS-BLDG & FEET	OSTS-MVBLE FEET	FITS		E & GENERAL	PLANT
	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES)		(ACCUM. COST	(SQUARE FEET
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	82,659					
005 NEW CAP REL COSTS-MVB		82,659				
006 EMPLOYEE BENEFITS	587	587	12,296,629			
008 ADMINISTRATIVE & GENE	6,448	6,448	1,407,103	-3,280,403	22,850,488	
009 OPERATION OF PLANT	12,164	12,164	293,365		1,598,317	63,460
010 LAUNDRY & LINEN SERVI	1,655	1,655	51,724		174,463	1,655
011 HOUSEKEEPING	883	883	276,022		475,374	883
012 DIETARY	4,415	4,415	239,407		610,122	4,415
014 CAFETERIA			164,640		153,642	
017 NURSING ADMINISTRATIO	284	284	116,712		161,720	284
025 MEDICAL RECORDS & LIB	1,572	1,572	334,708		505,688	1,572
026 INPAT ROUTINE SRVC CN						
034 ADULTS & PEDIATRICS	10,184	10,184	978,315		1,650,149	10,184
037 INTENSIVE CARE UNIT	2,047	2,047	271,916		418,066	2,047
041 SKILLED NURSING FACIL	9,033	9,033	1,031,384		1,758,515	9,033
044 ANCILLARY SRVC COST C						
041 OPERATING ROOM	4,214	4,214	360,471		2,360,238	4,214
041 RADIOLOGY-DIAGNOSTIC	3,363	3,363	672,336		1,321,629	3,363
041 03 NUCLEAR MEDICINE-DIAG	420	420			254,309	420
044 LABORATORY	1,450	1,450	622,853		1,423,263	1,450
049 RESPIRATORY THERAPY	707	707	299,398		509,795	707
050 PHYSICAL THERAPY	3,196	3,196	639,307		925,480	3,196
051 OCCUPATIONAL THERAPY	817	817	243,741		352,438	817
052 SPEECH PATHOLOGY	62	62	103,579		169,319	62
053 ELECTROCARDIOLOGY	481	481	48,700		112,855	481
055 MEDICAL SUPPLIES CHAR	3,589	3,589			500,971	3,589
056 DRUGS CHARGED TO PATI	1,131	1,131	234,031		783,445	1,131
059 GERI PSYCH	2,150	2,150	152,467		400,867	2,150
059 01 DIABETES	1,398	1,398	80,050		201,689	1,398
059 02 OP PSYCH	201	201	43,252		52,706	201
061 OUTPAT SERVICE COST C						
062 EMERGENCY	2,213	2,213	659,728		1,241,561	2,213
063 OBSERVATION BEDS (NON						
063 CARDIAC REHAB	120	120	17,099		25,055	120
063 OTHER REIMBURS COST C						
063 HOME HEALTH AGENCY	433	433	167,031		272,498	433
063 SPEC PURPOSE COST CEN						
063 SUBTOTALS	75,217	75,217	9,509,339	-3,280,403	18,414,174	56,018
100 NONREIMBURS COST CENT						
101 OTHER NONREIMBURSABLE	7,442	7,442	2,787,290		4,436,314	7,442
102 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,114,691	1,495,655	86,583		3,280,403	1,827,770
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	13.485416		.007041		.143559	
105 (WRKSHT B, PT I)		18.094279				28.801922
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			18,537		205,747	398,968
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001507		.009004	
108 (WRKSHT B, PT III)						6.286921

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET B-1
 I I TO 9/30/2008 I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(NRSE FTE'S)	(TIME SPENT)
	9	10	11	12	14	17
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENE OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI	475,055					
010 HOUSEKEEPING	37,443	60,922				
011 DIETARY	9,842	4,415	62,587			
012 CAFETERIA				314,164		
014 NURSING ADMINISTRATIO		284		2,074	156,413	
017 MEDICAL RECORDS & LIB		1,572		24,131		701
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	161,099	10,184	17,699	51,480	51,480	253
034 INTENSIVE CARE UNIT	4,885	2,047		11,205	11,205	17
SKILLED NURSING FACIL	153,304	9,033	44,888	63,242	63,242	14
ANCILLARY SRVC COST C						
037 OPERATING ROOM	33,720	4,214		11,738		49
041 RADIOLOGY-DIAGNOSTIC	18,240	3,363		28,533		127
041 03 NUCLEAR MEDICINE-DIAG		420				
044 LABORATORY		1,450		31,632		63
049 RESPIRATORY THERAPY		707		14,196		16
050 PHYSICAL THERAPY	25,817	3,196		23,302		15
051 OCCUPATIONAL THERAPY		817		7,799		
052 SPEECH PATHOLOGY		62		3,194		
053 ELECTROCARDIOLOGY	2,615	481		2,835		19
055 MEDICAL SUPPLIES CHAR		3,589		2,119		
056 DRUGS CHARGED TO PATI		1,131		5,770		
059 GERI PSYCH		2,150		1,507	1,507	4
059 01 DIABETES		1,398				
059 02 OP PSYCH		201		428		
061 OUTPAT SERVICE COST C						
062 EMERGENCY	28,090	2,213		28,979	28,979	123
063 OBSERVATION BEDS (NON						
CARDIAC REHAB		120				
OTHER REIMBURS COST C						
HOME HEALTH AGENCY		433				
SPEC PURPOSE COST CEN						
SUBTOTALS	475,055	53,480	62,587	314,164	156,413	700
NONREIMBURS COST CENT						
OTHER NONREIMBURSABLE		7,442				1
100 CROSS FOOT ADJUSTMENT						
101 NEGATIVE COST CENTER						
102 COST TO BE ALLOCATED	247,176	588,532	872,643	175,699	197,020	652,242
103 (PER WRKSHT B, PART						
UNIT COST MULTIPLIER		9.660418		.559259		930.445078
104 (WRKSHT B, PT I)	.520310		13.942880		1.259614	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	64,318	43,201	177,500	1,631	12,598	65,823
108 (PER WRKSHT B, PART						
UNIT COST MULTIPLIER		.709120		.005192		93.898716
(WRKSHT B, PT III)	.135391		2.836052		.080543	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET C
 I I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,938,373		2,938,373		2,938,373
26	INTENSIVE CARE UNIT	595,556		595,556		595,556
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,192,088		3,192,088		3,192,088
37	OPERATING ROOM	2,930,853		2,930,853		2,930,853
41	RADIOLOGY-DIAGNOSTIC	1,784,324		1,784,324		1,784,324
41 03	NUCLEAR MEDICINE-DIAGNOSTIC	306,971		306,971		306,971
44	LABORATORY	1,759,664		1,759,664		1,759,664
49	RESPIRATORY THERAPY	633,000		633,000		633,000
50	PHYSICAL THERAPY	1,221,689		1,221,689		1,221,689
51	OCCUPATIONAL THERAPY	438,820		438,820		438,820
52	SPEECH PATHOLOGY	197,797		197,797		197,797
53	ELECTROCARDIOLOGY	168,181		168,181		168,181
55	MEDICAL SUPPLIES CHARGED	712,116		712,116		712,116
56	DRUGS CHARGED TO PATIENTS	942,644		942,644		942,644
59	GERI PSYCH	547,572		547,572		547,572
59 01	DIABETES	284,413		284,413		284,413
59 02	OP PSYCH	68,242		68,242		68,242
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,686,686		1,686,686		1,686,686
62	OBSERVATION BEDS (NON-DIS	538,381		538,381		538,381
63	CARDIAC REHAB	33,267		33,267		33,267
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,980,637		20,980,637		20,980,637
102	LESS OBSERVATION BEDS	538,381		538,381		538,381
103	TOTAL	20,442,256		20,442,256		20,442,256

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET C
 I I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,778,412		1,778,412			
26	INTENSIVE CARE UNIT	358,545		358,545			
34	SKILLED NURSING FACILITY	2,079,489		2,079,489			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	532,845	5,813,108	6,345,953	.461846	.461846	.461846
41	RADIOLOGY-DIAGNOSTIC	652,093	9,846,756	10,498,849	.169954	.169954	.169954
41	03 NUCLEAR MEDICINE-DIAGNOST	32,970	396,760	429,730	.714335	.714335	.714335
44	LABORATORY	899,859	6,052,160	6,952,019	.253116	.253116	.253116
49	RESPIRATORY THERAPY	538,168	328,808	866,976	.730124	.730124	.730124
50	PHYSICAL THERAPY	703,254	2,700,683	3,403,937	.358905	.358905	.358905
51	OCCUPATIONAL THERAPY	304,727	958,747	1,263,474	.347312	.347312	.347312
52	SPEECH PATHOLOGY	32,116	485,681	517,797	.381997	.381997	.381997
53	ELECTROCARDIOLOGY	163,307	629,480	792,787	.212139	.212139	.212139
55	MEDICAL SUPPLIES CHARGED	1,243,444	422,557	1,666,001	.427440	.427440	.427440
56	DRUGS CHARGED TO PATIENTS	971,081	1,577,889	2,548,970	.369814	.369814	.369814
59	GERI PSYCH		163,908	163,908	3.340728	3.340728	3.340728
59	01 DIABETES		38,696	38,696	7.349933	7.349933	7.349933
59	02 OP PSYCH	691	109,741	110,432	.617955	.617955	.617955
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	14,480	3,499,042	3,513,522	.480056	.480056	.480056
62	OBSERVATION BEDS (NON-DIS		380,900	380,900	1.413444	1.413444	1.413444
63	CARDIAC REHAB	4,785	299,582	304,367	.109299	.109299	.109299
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,310,266	33,704,498	44,014,764			
102	LESS OBSERVATION BEDS						
103	TOTAL	10,310,266	33,704,498	44,014,764			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET C
I I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,938,373		2,938,373		2,938,373
26	INTENSIVE CARE UNIT	595,556		595,556		595,556
34	SKILLED NURSING FACILITY	3,192,088		3,192,088		3,192,088
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,930,853		2,930,853		2,930,853
41	RADIOLOGY-DIAGNOSTIC	1,784,324		1,784,324		1,784,324
41	03 NUCLEAR MEDICINE-DIAGNOSTIC	306,971		306,971		306,971
44	LABORATORY	1,759,664		1,759,664		1,759,664
49	RESPIRATORY THERAPY	633,000		633,000		633,000
50	PHYSICAL THERAPY	1,221,689		1,221,689		1,221,689
51	OCCUPATIONAL THERAPY	438,820		438,820		438,820
52	SPEECH PATHOLOGY	197,797		197,797		197,797
53	ELECTROCARDIOLOGY	168,181		168,181		168,181
55	MEDICAL SUPPLIES CHARGED	712,116		712,116		712,116
56	DRUGS CHARGED TO PATIENTS	942,644		942,644		942,644
59	GERI PSYCH	547,572		547,572		547,572
59	01 DIABETES	284,413		284,413		284,413
59	02 OP PSYCH	68,242		68,242		68,242
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,686,686		1,686,686		1,686,686
62	OBSERVATION BEDS (NON-DIS	538,381		538,381		538,381
63	CARDIAC REHAB	33,267		33,267		33,267
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,980,637		20,980,637		20,980,637
102	LESS OBSERVATION BEDS	538,381		538,381		538,381
103	TOTAL	20,442,256		20,442,256		20,442,256

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET C
I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
5	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,778,412		1,778,412			
26	INTENSIVE CARE UNIT	358,545		358,545			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,079,489		2,079,489			
37	OPERATING ROOM	532,845	5,813,108	6,345,953	.461846	.461846	.461846
41	RADIOLOGY-DIAGNOSTIC	652,093	9,846,756	10,498,849	.169954	.169954	.169954
41 03	NUCLEAR MEDICINE-DIAGNOST	32,970	396,760	429,730	.714335	.714335	.714335
44	LABORATORY	899,859	6,052,160	6,952,019	.253116	.253116	.253116
49	RESPIRATORY THERAPY	538,168	328,808	866,976	.730124	.730124	.730124
50	PHYSICAL THERAPY	703,254	2,700,683	3,403,937	.358905	.358905	.358905
51	OCCUPATIONAL THERAPY	304,727	958,747	1,263,474	.347312	.347312	.347312
52	SPEECH PATHOLOGY	32,116	485,681	517,797	.381997	.381997	.381997
53	ELECTROCARDIOLOGY	163,307	629,480	792,787	.212139	.212139	.212139
55	MEDICAL SUPPLIES CHARGED	1,243,444	422,557	1,666,001	.427440	.427440	.427440
56	DRUGS CHARGED TO PATIENTS	971,081	1,577,889	2,548,970	.369814	.369814	.369814
59	GERI PSYCH		163,908	163,908	3.340728	3.340728	3.340728
59 01	DIABETES		38,696	38,696	7.349933	7.349933	7.349933
59 02	OP PSYCH	691	109,741	110,432	.617955	.617955	.617955
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	14,480	3,499,042	3,513,522	.480056	.480056	.480056
62	OBSERVATION BEDS (NON-DIS		380,900	380,900	1.413444	1.413444	1.413444
63	CARDIAC REHAB	4,785	299,582	304,367	.109299	.109299	.109299
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,310,266	33,704,498	44,014,764			
102	LESS OBSERVATION BEDS						
103	TOTAL	10,310,266	33,704,498	44,014,764			

COST CENTER NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3			
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,930,853	193,580	2,737,273			2,930,853
41	RADIOLOGY-DIAGNOSTIC	1,784,324	157,186	1,627,138			1,784,324
41 03	NUCLEAR MEDICINE-DIAGNOST	306,971	18,493	288,478			306,971
44	LABORATORY	1,759,664	75,769	1,683,895			1,759,664
49	RESPIRATORY THERAPY	633,000	33,890	599,110			633,000
50	PHYSICAL THERAPY	1,221,689	137,607	1,084,082			1,221,689
51	OCCUPATIONAL THERAPY	438,820	35,096	403,724			438,820
52	SPEECH PATHOLOGY	197,797	4,090	193,707			197,797
53	ELECTROCARDIOLOGY	168,181	21,796	146,385			168,181
55	MEDICAL SUPPLIES CHARGED	712,116	142,970	569,146			712,116
56	DRUGS CHARGED TO PATIENTS	942,644	51,067	891,577			942,644
59	GERI PSYCH	547,572	87,283	460,289			547,572
59 01	DIABETES	284,413	55,866	228,547			284,413
59 02	OP PSYCH	68,242	8,297	59,945			68,242
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,686,686	115,378	1,571,308			1,686,686
62	OBSERVATION BEDS (NON-DIS	538,381		538,381			538,381
63	CARDIAC REHAB	33,267	4,880	28,387			33,267
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	14,254,620	1,143,248	13,111,372			14,254,620
102	LESS OBSERVATION BEDS	538,381		538,381			538,381
103	TOTAL	13,716,239	1,143,248	12,572,991			13,716,239

Wkst A 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	6,345,953	.461846	.461846
41	RADIOLOGY-DIAGNOSTIC	10,498,849	.169954	.169954
41 03	NUCLEAR MEDICINE-DIAGNOST	429,730	.714335	.714335
44	LABORATORY	6,952,019	.253116	.253116
49	RESPIRATORY THERAPY	866,976	.730124	.730124
50	PHYSICAL THERAPY	3,403,937	.358905	.358905
51	OCCUPATIONAL THERAPY	1,263,474	.347312	.347312
52	SPEECH PATHOLOGY	517,797	.381997	.381997
53	ELECTROCARDIOLOGY	792,787	.212139	.212139
55	MEDICAL SUPPLIES CHARGED	1,666,001	.427440	.427440
56	DRUGS CHARGED TO PATIENTS	2,548,970	.369814	.369814
59	GERI PSYCH	163,908	3.340728	3.340728
59 01	DIABETES	38,696	7.349933	7.349933
59 02	OP PSYCH	110,432	.617955	.617955
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,513,522	.480056	.480056
62	OBSERVATION BEDS (NON-DIS	380,900	1.413444	1.413444
63	CARDIAC REHAB	304,367	.109299	.109299
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	39,798,318		
102	LESS OBSERVATION BEDS	380,900		
103	TOTAL	39,417,418		

WKSST A NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL REDUCTION	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3		REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,930,853	193,580	2,737,273			2,930,853
41	RADIOLOGY-DIAGNOSTIC	1,784,324	157,186	1,627,138			1,784,324
41 03	NUCLEAR MEDICINE-DIAGNOST	306,971	18,493	288,478			306,971
44	LABORATORY	1,759,664	75,769	1,683,895			1,759,664
49	RESPIRATORY THERAPY	633,000	33,890	599,110			633,000
50	PHYSICAL THERAPY	1,221,689	137,607	1,084,082			1,221,689
51	OCCUPATIONAL THERAPY	438,820	35,096	403,724			438,820
52	SPEECH PATHOLOGY	197,797	4,090	193,707			197,797
53	ELECTROCARDIOLOGY	168,181	21,796	146,385			168,181
55	MEDICAL SUPPLIES CHARGED	712,116	142,970	569,146			712,116
56	DRUGS CHARGED TO PATIENTS	942,644	51,067	891,577			942,644
59	GERI PSYCH	547,572	87,283	460,289			547,572
59 01	DIABETES	284,413	55,866	228,547			284,413
59 02	OP PSYCH	68,242	8,297	59,945			68,242
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,686,686	115,378	1,571,308			1,686,686
62	OBSERVATION BEDS (NON-DIS	538,381		538,381			538,381
63	CARDIAC REHAB	33,267	4,880	28,387			33,267
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	14,254,620	1,143,248	13,111,372			14,254,620
102	LESS OBSERVATION BEDS	538,381		538,381			538,381
103	TOTAL	13,716,239	1,143,248	12,572,991			13,716,239

LIST A 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	6,345,953	.461846	.461846
41	RADIOLOGY-DIAGNOSTIC	10,498,849	.169954	.169954
41	03 NUCLEAR MEDICINE-DIAGNOST	429,730	.714335	.714335
44	LABORATORY	6,952,019	.253116	.253116
49	RESPIRATORY THERAPY	866,976	.730124	.730124
50	PHYSICAL THERAPY	3,403,937	.358905	.358905
51	OCCUPATIONAL THERAPY	1,263,474	.347312	.347312
52	SPEECH PATHOLOGY	517,797	.381997	.381997
53	ELECTROCARDIOLOGY	792,787	.212139	.212139
55	MEDICAL SUPPLIES CHARGED	1,666,001	.427440	.427440
56	DRUGS CHARGED TO PATIENTS	2,548,970	.369814	.369814
59	GERI PSYCH	163,908	3.340728	3.340728
59	01 DIABETES	38,696	7.349933	7.349933
59	02 OP PSYCH	110,432	.617955	.617955
	OUTPUT SERVICE COST CNTRS			
61	EMERGENCY	3,513,522	.480056	.480056
62	OBSERVATION BEDS (NON-DIS	380,900	1.413444	1.413444
63	CARDIAC REHAB	304,367	.109299	.109299
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	39,798,318		
102	LESS OBSERVATION BEDS	380,900		
103	TOTAL	39,417,418		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET C
 I I TO 9/30/2008 I PART III

WKST A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,930,853	6,345,953			
41	RADIOLOGY-DIAGNOSTIC	1,784,324	10,498,849			
41 03	NUCLEAR MEDICINE-DIAGNOST	306,971	429,730			
44	LABORATORY	1,759,664	6,952,019			
49	RESPIRATORY THERAPY	633,000	866,976			
50	PHYSICAL THERAPY	1,221,689	3,403,937			
51	OCCUPATIONAL THERAPY	438,820	1,263,474			
52	SPEECH PATHOLOGY	197,797	517,797			
53	ELECTROCARDIOLOGY	168,181	792,787			
55	MEDICAL SUPPLIES CHARGED	712,116	1,666,001			
56	DRUGS CHARGED TO PATIENTS	942,644	2,548,970			
59	GERI PSYCH	547,572	163,908			
59 01	DIABETES	284,413	38,696			
59 02	OP PSYCH	68,242	110,432			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,686,686	3,513,522			
62	OBSERVATION BEDS (NON-DIS	538,381	380,900			
63	CARDIAC REHAB	33,267	304,367			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	14,254,620	39,798,318			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET C
I I TO 9/30/2008 I PART V

WKST A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUTPATIENT CHRG TO TTL CHARGES 6	TOTAL OUTPATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,930,853	717,246	3,648,099	6,345,953			
41	RADIOLOGY-DIAGNOSTIC	1,784,324		1,784,324	10,498,849			
41 03	NUCLEAR MEDICINE-DIAGNOST	306,971		306,971	429,730			
44	LABORATORY	1,759,664		1,759,664	6,952,019			
49	RESPIRATORY THERAPY	633,000	17,572	650,572	866,976			
50	PHYSICAL THERAPY	1,221,689		1,221,689	3,403,937			
51	OCCUPATIONAL THERAPY	438,820		438,820	1,263,474			
52	SPEECH PATHOLOGY	197,797		197,797	517,797			
53	ELECTROCARDIOLOGY	168,181		168,181	792,787			
55	MEDICAL SUPPLIES CHARGED	712,116		712,116	1,666,001			
56	DRUGS CHARGED TO PATIENTS	942,644		942,644	2,548,970			
59	GERI PSYCH	547,572		547,572	163,908			
59 01	DIABETES	284,413		284,413	38,696			
59 02	OP PSYCH	68,242	41,247	109,489	110,432			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	1,686,686		1,686,686	3,513,522			
62	OBSERVATION BEDS (NON-DIS	538,381		538,381	380,900			
63	CARDIAC REHAB	33,267		33,267	304,367			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	14,254,620	776,065	15,030,685	39,798,318			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1319
 PERIOD: FROM 10/ 1/2007 TO 9/30/2008
 COMPONENT NO: 15-1319
 PREPARED 2/18/2009
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.461846		.461846		
41 RADIOLOGY-DIAGNOSTIC	.169954		.169954		
41 03 NUCLEAR MEDICINE-DIAGNOSTIC	.714335		.714335		
44 LABORATORY	.253116		.253116		
49 RESPIRATORY THERAPY	.730124		.730124		
50 PHYSICAL THERAPY	.358905		.358905		
51 OCCUPATIONAL THERAPY	.347312		.347312		
52 SPEECH PATHOLOGY	.381997		.381997		
53 ELECTROCARDIOLOGY	.212139		.212139		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.427440		.427440		
56 DRUGS CHARGED TO PATIENTS	.369814		.369814		
59 GERI PSYCH	3.340728		3.340728		
59 01 DIABETES	7.349933		7.349933		
59 02 OP PSYCH	.617955		.617955		
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.480056		.480056		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.413444		1.413444		
63 CARDIAC REHAB	.109299		.109299		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-1319
 I PERIOD: FROM 10/ 1/2007 TO 9/30/2008
 I COMPONENT NO: 15-1319
 I PREPARED 2/18/2009
 I WORKSHEET D
 I PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,571,018			
41 RADIOLOGY-DIAGNOSTIC		2,464,789			
41 03 NUCLEAR MEDICINE-DIAGNOSTIC		145,305			
44 LABORATORY		1,983,335			
49 RESPIRATORY THERAPY		41,958			
50 PHYSICAL THERAPY		763,489			
51 OCCUPATIONAL THERAPY		181,451			
52 SPEECH PATHOLOGY		27,364			
53 ELECTROCARDIOLOGY		363,588			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		225,742			
56 DRUGS CHARGED TO PATIENTS		742,688			
59 GERI PSYCH		155,833			
59 01 DIABETES		13,417			
59 02 OP PSYCH					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		747,413			
62 OBSERVATION BEDS (NON-DISTINCT PART)		151,679			
63 CARDIAC REHAB		60,185			
101 SUBTOTAL		10,639,254			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		10,639,254			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART V
 I 15-1319 I I

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9 10 11

(A)	Cost Center Description	9	10	11
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,187,414		
41	RADIOLOGY-DIAGNOSTIC	418,901		
41 03	NUCLEAR MEDICINE-DIAGNOSTIC	103,796		
44	LABORATORY	502,014		
49	RESPIRATORY THERAPY	30,635		
50	PHYSICAL THERAPY	274,020		
51	OCCUPATIONAL THERAPY	63,020		
52	SPEECH PATHOLOGY	10,453		
53	ELECTROCARDIOLOGY	77,131		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	96,491		
56	DRUGS CHARGED TO PATIENTS	274,656		
59	GERI PSYCH	520,596		
59 01	DIABETES	98,614		
59 02	OP PSYCH			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	358,800		
62	OBSERVATION BEDS (NON-DISTINCT PART)	214,390		
63	CARDIAC REHAB	6,578		
101	SUBTOTAL	4,237,509		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES	4,237,509		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I PROVIDER NO:	I PERIOD:	I PREPARED 2/18/2009
I 15-1319	I FROM 10/ 1/2007	I WORKSHEET D
I COMPONENT NO:	I TO 9/30/2008	I PART VI
I 15-1319	I	I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.369814
3	PROGRAM COSTS	157
		58

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1319
 PERIOD: FROM 10/ 1/2007 TO 9/30/2008
 COMPONENT NO: 15-5093
 PREPARED 2/18/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

POST A NO.	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
		RELATED COST 1	RELATED COST 2	CHARGES 3	CHARGES 4	CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 03	NUCLEAR MEDICINE-DIAGNOST						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	GERI PSYCH						
59 01	DIABETES						
59 02	OP PSYCH						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CARDIAC REHAB						
63	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART II
 I 15-5093 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
41	RADIOLOGY-DIAGNOSTIC		
41 03	NUCLEAR MEDICINE-DIAGNOST		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	GERI PSYCH		
59 01	DIABETES		
59 02	OP PSYCH		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	CARDIAC REHAB		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

POST A 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
	ANCILLARY SRVC COST CNTRS		1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 03	NUCLEAR MEDICINE-DIAGNOST						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	GERI PSYCH						
59 01	DIABETES						
59 02	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CARDIAC REHAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A 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			6,345,953				
41	RADIOLOGY-DIAGNOSTIC			10,498,849			12,404	
41 03	NUCLEAR MEDICINE-DIAGNOST			429,730			1,265	
44	LABORATORY			6,952,019			74,302	
49	RESPIRATORY THERAPY			866,976			33,135	
50	PHYSICAL THERAPY			3,403,937			303,136	
51	OCCUPATIONAL THERAPY			1,263,474			165,111	
52	SPEECH PATHOLOGY			517,797			12,581	
53	ELECTROCARDIOLOGY			792,787			1,495	
55	MEDICAL SUPPLIES CHARGED			1,666,001			12,638	
56	DRUGS CHARGED TO PATIENTS			2,548,970			105,076	
59	GERI PSYCH			163,908				
59 01	DIABETES			38,696				
59 02	OP PSYCH			110,432				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			3,513,522				
62	OBSERVATION BEDS (NON-DIS			380,900				
63	CARDIAC REHAB			304,367				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			39,798,318			721,143	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

POST A NO.	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
		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						
41	RADIOLOGY-DIAGNOSTIC						
41 03	NUCLEAR MEDICINE-DIAGNOST						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	GERI PSYCH						
59 01	DIABETES						
59 02	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CARDIAC REHAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I I TO 9/30/2008 I PART I

TITLE XIX

PPS

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						
26	ADULTS & PEDIATRICS				509,364		509,364
101	INTENSIVE CARE UNIT				86,356		86,356
	TOTAL				595,720		595,720

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I I TO 9/30/2008 I PART I

TITLE XIX

PPS

POST A NO.	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
		PATIENT DAYS 7	PROGRAM DAYS 8	PER DIEM 9	OLD CAP CST 10	PER DIEM 11	NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,988	1			170.47	170
26	INTENSIVE CARE UNIT	255	1			338.65	339
101	TOTAL	3,243	2				509

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART II
 I 15-1319 I I

TITLE XIX

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		193,580	6,345,953	3,406		
41	RADIOLOGY-DIAGNOSTIC		157,186	10,498,849	37,064		
41 03	NUCLEAR MEDICINE-DIAGNOST		18,493	429,730	1,401		
44	LABORATORY		75,769	6,952,019	45,823		
49	RESPIRATORY THERAPY		33,890	866,976	62,152		
50	PHYSICAL THERAPY		137,607	3,403,937	5,256		
51	OCCUPATIONAL THERAPY		35,096	1,263,474	4,205		
52	SPEECH PATHOLOGY		4,090	517,797	994		
53	ELECTROCARDIOLOGY		21,796	792,787	6,304		
55	MEDICAL SUPPLIES CHARGED		142,970	1,666,001			
56	DRUGS CHARGED TO PATIENTS		51,067	2,548,970	48,968		
59	GERI PSYCH		87,283	163,908			
59 01	DIABETES		55,866	38,696			
59 02	OP PSYCH		8,297	110,432			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		115,378	3,513,522	1,724		
62	OBSERVATION BEDS (NON-DIS			380,900			
63	CARDIAC REHAB		4,880	304,367			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,143,248	39,798,318	217,297		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART II
 I 15-1319 I PPS I

TITLE XIX HOSPITAL

MARKET A NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.030504	104
41	RADIOLOGY-DIAGNOSTIC	.014972	555
41 03	NUCLEAR MEDICINE-DIAGNOST	.043034	60
44	LABORATORY	.010899	499
49	RESPIRATORY THERAPY	.039090	2,430
50	PHYSICAL THERAPY	.040426	212
51	OCCUPATIONAL THERAPY	.027777	117
52	SPEECH PATHOLOGY	.007899	8
53	ELECTROCARDIOLOGY	.027493	173
55	MEDICAL SUPPLIES CHARGED	.085816	
56	DRUGS CHARGED TO PATIENTS	.020034	981
59	GERI PSYCH	.532512	
59 01	DIABETES	1.443715	
59 02	OP PSYCH	.075132	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.032838	57
62	OBSERVATION BEDS (NON-DIS		
63	CARDIAC REHAB	.016033	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		5,196

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I I TO 9/30/2008 I PART III

PPS

LIST A 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					2,988	
26	INTENSIVE CARE UNIT					255	
34	SKILLED NURSING FACILITY					15,036	
101	TOTAL					18,279	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
I I TO 9/30/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
NO.		PROG DAYS	PASS THRU COST
25	ADULTS & PEDIATRICS	7	1
26	INTENSIVE CARE UNIT		1
34	SKILLED NURSING FACILITY		1
101	TOTAL		3

TITLE XIX

HOSPITAL

PPS

WKST A 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	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
41	RADIOLOGY-DIAGNOSTIC					
41 03	NUCLEAR MEDICINE-DIAGNOST					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
59	GERI PSYCH					
59 01	DIABETES					
59 02	OP PSYCH					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
63	CARDIAC REHAB					
	OTHER REIMBURS COST CNTRS					
101	TOTAL	1.01				

TITLE XIX

HOSPITAL

PPS

WKST A 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 COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			6,345,953			3,406	
41	RADIOLOGY-DIAGNOSTIC			10,498,849			37,064	
41 03	NUCLEAR MEDICINE-DIAGNOST			429,730			1,401	
44	LABORATORY			6,952,019			45,823	
49	RESPIRATORY THERAPY			866,976			62,152	
50	PHYSICAL THERAPY			3,403,937			5,256	
51	OCCUPATIONAL THERAPY			1,263,474			4,205	
52	SPEECH PATHOLOGY			517,797			994	
53	ELECTROCARDIOLOGY			792,787			6,304	
55	MEDICAL SUPPLIES CHARGED			1,666,001				
56	DRUGS CHARGED TO PATIENTS			2,548,970			48,968	
59	GERI PSYCH			163,908				
59 01	DIABETES			38,696				
59 02	OP PSYCH			110,432				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			3,513,522			1,724	
62	OBSERVATION BEDS (NON-DIS			380,900				
63	CARDIAC REHAB			304,367				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			39,798,318			217,297	

TITLE XIX

HOSPITAL

PPS

WKST A 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	248,976					
41	RADIOLOGY-DIAGNOSTIC	1,107,494					
41 03	NUCLEAR MEDICINE-DIAGNOST	23,123					
44	LABORATORY	649,831					
49	RESPIRATORY THERAPY	63,392					
50	PHYSICAL THERAPY	149,412					
51	OCCUPATIONAL THERAPY	145,752					
52	SPEECH PATHOLOGY	320,326					
53	ELECTROCARDIOLOGY	8,520					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	73,160					
59	GERI PSYCH						
59 01	DIABETES	2,959					
59 02	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	672,626					
62	OBSERVATION BEDS (NON-DIS						
63	CARDIAC REHAB	37,926					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	3,503,497					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART V
 I 15-1319 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.461846				248,976
41 RADIOLOGY-DIAGNOSTIC	.169954				1,107,494
41 03 NUCLEAR MEDICINE-DIAGNOSTIC	.714335				23,123
44 LABORATORY	.253116				649,831
49 RESPIRATORY THERAPY	.730124				63,392
50 PHYSICAL THERAPY	.358905				149,412
51 OCCUPATIONAL THERAPY	.347312				145,752
52 SPEECH PATHOLOGY	.381997				320,326
53 ELECTROCARDIOLOGY	.212139				8,520
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.427440				
56 DRUGS CHARGED TO PATIENTS	.369814				73,160
59 GERI PSYCH	3.340728				
59 01 DIABETES	7.349933				2,959
59 02 OP PSYCH	.617955				
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.480056				672,626
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.413444				
63 CARDIAC REHAB	.109299				37,926
101 SUBTOTAL					3,503,497
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					3,503,497

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART V
 I 15-1319 I I

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
41 RADIOLOGY-DIAGNOSTIC					
41 03 NUCLEAR MEDICINE-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
59 GERI PSYCH					
59 01 DIABETES					
59 02 OP PSYCH					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 CARDIAC REHAB					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART V
 I 15-1319 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		114,989			
41 RADIOLOGY-DIAGNOSTIC		188,223			
41 03 NUCLEAR MEDICINE-DIAGNOSTIC		16,518			
44 LABORATORY		164,483			
49 RESPIRATORY THERAPY		46,284			
50 PHYSICAL THERAPY		53,625			
51 OCCUPATIONAL THERAPY		50,621			
52 SPEECH PATHOLOGY		122,364			
53 ELECTROCARDIOLOGY		1,807			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		27,056			
59 GERI PSYCH					
59 01 DIABETES		21,748			
59 02 OP PSYCH					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		322,898			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 CARDIAC REHAB		4,145			
101 SUBTOTAL		1,134,761			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,134,761			

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/18/2009
I	15-1319	I	FROM 10/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 9/30/2008	I	PART I
I	15-1319	I		I	

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,916
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,988
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,988
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	200
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)	598
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)	130
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,568
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	200
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)	598
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	139.61
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,938,373
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	18,149
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	633,662
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,304,711

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,185,065
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,185,065
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.054756
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	731.28
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	2,304,711

TITLE XVIII PART A HOSPITAL OTHER
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 771.32
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,209,430
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,209,430

	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	595,556	255	2,335.51	189	441,411
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 1,117,429
49 TOTAL PROGRAM INPATIENT COSTS					2,768,270

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 154,264
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 461,249
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 615,513
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
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COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	698
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	771.32
85	OBSERVATION BED COST	538,381

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2008 I PART I
 I 15-5093 I I

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	15,036
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,036
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	15,036
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)	1,750
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	139.61
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,192,088
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	3,192,088

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,094,129
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,094,129
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.524303
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	139.27
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	3,192,088

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
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TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1 3,192,088
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	212.30
68	PROGRAM ROUTINE SERVICE COST	371,525
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	371,525
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	520,643
72	PER DIEM CAPITAL-RELATED COSTS	34.63
73	PROGRAM CAPITAL-RELATED COSTS	60,603
74	INPATIENT ROUTINE SERVICE COST	310,922
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	310,922
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	216.70
78	INPATIENT ROUTINE SERVICE COST LIMITATION	379,225
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	371,525
80	PROGRAM INPATIENT ANCILLARY SERVICES	261,538
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	633,063

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/18/2009
I	15-1319	I	FROM 10/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 9/30/2008	I	PART I
I	15-5093	I		I	

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	15,036
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,036
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	15,036
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
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	139.61
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
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	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,094,129
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,094,129
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	139.27
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	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
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TITLE XIX - I/P SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
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	520,643
72	PER DIEM CAPITAL-RELATED COSTS	34.63
73	PROGRAM CAPITAL-RELATED COSTS	35
74	INPATIENT ROUTINE SERVICE COST	-35
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-35
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
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TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A E NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		878,010	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		232,470	
37	OPERATING ROOM	.461846	329,742	152,290
41	RADIOLOGY-DIAGNOSTIC	.169954	380,853	64,727
41 03	NUCLEAR MEDICINE-DIAGNOSTIC	.714335	15,250	10,894
44	LABORATORY	.253116	542,069	137,206
49	RESPIRATORY THERAPY	.730124	286,201	208,962
50	PHYSICAL THERAPY	.358905	104,595	37,540
51	OCCUPATIONAL THERAPY	.347312	22,543	7,829
52	SPEECH PATHOLOGY	.381997	11,573	4,421
53	ELECTROCARDIOLOGY	.212139	65,805	13,960
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.427440	631,768	270,043
56	DRUGS CHARGED TO PATIENTS	.369814	560,664	207,341
59	GERI PSYCH	3.340728		
59 01	DIABETES	7.349933		
59 02	OP PSYCH	.617955		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.480056	4,617	2,216
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.413444		
63	CARDIAC REHAB OTHER REIMBURS COST CNTRS	.109299		
101	TOTAL		2,955,680	1,117,429
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,955,680	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.461846		
41	RADIOLOGY-DIAGNOSTIC	.169954	34,514	5,866
41	03 NUCLEAR MEDICINE-DIAGNOSTIC	.714335		
44	LABORATORY	.253116	118,222	29,924
49	RESPIRATORY THERAPY	.730124	61,242	44,714
50	PHYSICAL THERAPY	.358905	159,467	57,234
51	OCCUPATIONAL THERAPY	.347312	49,715	17,267
52	SPEECH PATHOLOGY	.381997	4,788	1,829
53	ELECTROCARDIOLOGY	.212139	8,383	1,778
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.427440	54,879	23,457
56	DRUGS CHARGED TO PATIENTS	.369814	173,844	64,290
59	GERI PSYCH	3.340728		
59	01 DIABETES	7.349933		
59	02 OP PSYCH	.617955		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.480056		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.413444		
63	CARDIAC REHAB	.109299		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		665,054	246,359
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		665,054	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.461846		
41	RADIOLOGY-DIAGNOSTIC	.169954	12,404	2,108
41 03	NUCLEAR MEDICINE-DIAGNOSTIC	.714335	1,265	904
44	LABORATORY	.253116	74,302	18,807
49	RESPIRATORY THERAPY	.730124	33,135	24,193
50	PHYSICAL THERAPY	.358905	303,136	108,797
51	OCCUPATIONAL THERAPY	.347312	165,111	57,345
52	SPEECH PATHOLOGY	.381997	12,581	4,806
53	ELECTROCARDIOLOGY	.212139	1,495	317
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.427440	12,638	5,402
56	DRUGS CHARGED TO PATIENTS	.369814	105,076	38,859
59	GERI PSYCH	3.340728		
59 01	DIABETES	7.349933		
59 02	OP PSYCH	.617955		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.480056		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.413444		
63	CARDIAC REHAB	.109299		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		721,143	261,538
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		721,143	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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TITLE XIX

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		113,007	
26	INTENSIVE CARE UNIT		13,051	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.461846	3,406	1,573
41	RADIOLOGY-DIAGNOSTIC	.169954	37,064	6,299
41	03 NUCLEAR MEDICINE-DIAGNOSTIC	.714335	1,401	1,001
44	LABORATORY	.253116	45,823	11,599
49	RESPIRATORY THERAPY	.730124	62,152	45,379
50	PHYSICAL THERAPY	.358905	5,256	1,886
51	OCCUPATIONAL THERAPY	.347312	4,205	1,460
52	SPEECH PATHOLOGY	.381997	994	380
53	ELECTROCARDIOLOGY	.212139	6,304	1,337
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.427440		
56	DRUGS CHARGED TO PATIENTS	.369814	48,968	18,109
59	GERI PSYCH	3.340728		
59	01 DIABETES	7.349933		
59	02 OP PSYCH	.617955		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.480056	1,724	828
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.413444		
63	CARDIAC REHAB	.109299		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		217,297	89,851
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		217,297	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2008 I PART B
 I 15-1319 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 4,237,567
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS) 4,237,567

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES
 CUSTOMARY CHARGES
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
 13 RATIO OF LINE 11 TO LINE 12
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU) 4,279,943
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 CAH DEDUCTIBLES 31,215
 18.01 CAH ACTUAL BILLED COINSURANCE 1,738,021
 LINE 17.01 (SEE INSTRUCTIONS)
 9 SUBTOTAL (SEE INSTRUCTIONS) 2,510,707
 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 2,510,707
 24 PRIMARY PAYER PAYMENTS 978
 25 SUBTOTAL 2,509,729

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 246,288
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 246,288
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 212,230
 28 SUBTOTAL 2,756,017
 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 2,756,017
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 2,102,680
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM 653,337
 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 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2008 I
 I 15-1319 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		1,782,494		2,172,521
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01	3/21/2008	86,132		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			3/21/2008	69,841
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		86,132		-69,841
4 TOTAL INTERIM PAYMENTS		1,868,626		2,102,680
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2008 I
 I 15-5093 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		434,085		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		4,196		
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			NONE	NONE
4 TOTAL INTERIM PAYMENTS		438,281		
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			NONE	NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER	.01		
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2008 I
 I 15-Z319 I I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		761,100		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	3/21/2008	5,217		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .59				
SUBTOTAL		5,217		NONE
4 TOTAL INTERIM PAYMENTS		766,317		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER .01			
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I
 I COMPONENT NO: I TO 9/30/2008 I WORKSHEET E-2
 I 15-2319 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	621,668	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	248,823	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	798	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	870,491	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	870,491	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	870,491	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	11,064	
14	80% OF PART B COSTS		
15	SUBTOTAL	859,427	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	859,427	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	766,317	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	93,110	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED	2/18/2009
I 15-1319	I FROM 10/ 1/2007	I WORKSHEET	E-3
I COMPONENT NO:	I TO 9/30/2008	I PART II	
I 15-1319	I	I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,768,270
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,768,270
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,795,953
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,795,953
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	365,802
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,430,151
23	COINSURANCE	496
24	SUBTOTAL	2,429,655
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	41,759
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	41,759
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	36,849
26	SUBTOTAL	2,471,414
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,471,414
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,868,626
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	602,788
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 9/30/2008 I PART III
 I 15-5093 I I

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE				
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
PROSPECTIVE PAYMENT AMOUNT				
24	OTHER THAN OUTLIER PAYMENTS			573,453
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			573,453
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			573,453
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			573,453
36	COINSURANCE			135,172
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			438,281
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			438,281
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			438,281
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			438,281
7.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/18/2009
I	15-1319	I	FROM 10/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 9/30/2008	I	PART III
I	15-5093	I		I	

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,674,540			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	8,141,501			
5 OTHER RECEIVABLES	394,904			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,111,778			
7 INVENTORY	525,753			
8 PREPAID EXPENSES	167,458			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	8,792,378			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	25,394,873			
14.01 LESS ACCUMULATED DEPRECIATION	-13,399,428			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	11,995,445			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	936,952			
26 TOTAL OTHER ASSETS	936,952			
27 TOTAL ASSETS	21,724,775			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I
 I TO 9/30/2008 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	367,955			
29 SALARIES, WAGES & FEES PAYABLE	1,206,656			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	772,036			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-673,991			
35 OTHER CURRENT LIABILITIES	703,126			
36 TOTAL CURRENT LIABILITIES	2,375,782			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	5,930,153			
38 NOTES PAYABLE	3,530,716			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	9,460,869			
43 TOTAL LIABILITIES	11,836,651			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	9,888,124			
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	9,888,124			
52 TOTAL LIABILITIES AND FUND BALANCES	21,724,775			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		8,600,416		
2 NET INCOME (LOSS)		394,750		
3 TOTAL		8,995,166		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM	892,958			
6				
7				
8				
9				
10 TOTAL ADDITIONS		892,958		
11 SUBTOTAL		9,888,124		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		9,888,124		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET G-2
 I TO 9/30/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,185,065		2,185,065
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,094,129		2,094,129
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,279,194		4,279,194
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	360,778		360,778
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	360,778		360,778
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,639,972		4,639,972
17 00 ANCILLARY SERVICES	5,271,477	34,108,131	39,379,608
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		485,295	485,295
24 00		4,386,355	4,386,355
25 00 TOTAL PATIENT REVENUES	9,911,449	38,979,781	48,891,230

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		27,884,652	
ADD (SPECIFY)			
27 00 BAD DEBT	2,287,545		
28 00 PHYSICIAN BAD DEBT	23,743		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		2,311,288	
DEDUCT (SPECIFY)			
34 00 NON OPERATING EXPENSE	1,548,555		
35 00 INDUSTRIAL MEDICINE	2,230,516		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		3,779,071	
40 00 TOTAL OPERATING EXPENSES		26,416,869	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET G-3
 I I TO 9/30/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	48,891,230
2	LESS: ALLOWANCES AND DISCOUNTS ON	18,319,591
3	NET PATIENT REVENUES	30,571,639
4	LESS: TOTAL OPERATING EXPENSES	26,416,869
5	NET INCOME FROM SERVICE TO PATIENT	4,154,770
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	603,132
24.01		232,807
25	TOTAL OTHER INCOME	835,939
26	TOTAL	4,990,709
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	584,474
28	NON-OPERATING REVENUE	4,011,485
29		
30	TOTAL OTHER EXPENSES	4,595,959
31	NET INCOME (OR LOSS) FOR THE PERIO	394,750

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	23,107	52,381	22,224		19,598	117,310
HHA REIMBURSABLE SERVICES						
6	82,655					82,655
7	36,685					36,685
8						
9						
10						
11	24,584					24,584
12					1,455	1,455
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	167,031	52,381	22,224		21,053	262,689

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-5,041	112,269		112,269
6		82,655		82,655
7		36,685		36,685
8				
9				
10				
11		24,584		24,584
12		1,455		1,455
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-5,041	257,648		257,648

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
	HHA REIMBURSABLE SERVICES				-112,269	145,379
6	SKILLED NURSING CARE					82,655
7	PHYSICAL THERAPY					36,685
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					24,584
12	SUPPLIES					1,455
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-112,269	145,379
25	COST TO BE ALLOCATED					112,269
26	UNIT COST MULTIPLIER					.772250

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6
1 ADMIN & GENERAL		5,839	7,835	1,176	14,850	2,132
2 SKILLED NURSING CARE	146,485				146,485	21,029
3 PHYSICAL THERAPY	65,015				65,015	9,334
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	43,569				43,569	6,255
8 SUPPLIES	2,579				2,579	370
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	257,648	5,839	7,835	1,176	272,498	39,120
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14
1 ADMIN & GENERAL	12,471		4,183			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	12,471		4,183			
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		33,636		33,636		
2 SKILLED NURSING CARE		167,514		167,514	19,123	186,637
3 PHYSICAL THERAPY		74,349		74,349	8,488	82,837
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		49,824		49,824	5,688	55,512
8 SUPPLIES		2,949		2,949	337	3,286
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		328,272		328,272	33,636	328,272
21 UNIT COST MULTIPLIER					0.114161	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BEN EFITS (GROSS SALARIES) 5	RECONCILIATI ON 6A	ADMINISTRATI VE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8
1 ADMIN & GENERAL	433	433	167,031		14,850	433
2 SKILLED NURSING CARE					146,485	
3 PHYSICAL THERAPY					65,015	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					43,569	
8 SUPPLIES					2,579	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	433	433	167,031		272,498	433
21 COST TO BE ALLOCATED	5,839	7,835	1,176		39,120	12,471
22 UNIT COST MULTIPLIER	13.484988	18.094688	0.007041		0.143561	28.801386

HHA COST CENTER	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS ERVED) 11	CAFETERIA S (FTE'S) 12	NURSING ADMI NISTRATION (NRSE FTE'S) 14	MEDICAL RECO RDS & LIBRAR (TIME SPENT) 17
1 ADMIN & GENERAL		433				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		433				
21 COST TO BE ALLOCATED		4,183				
22 UNIT COST MULTIPLIER		9.660508				

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 9/30/2008 I PARTS I II & III
 I 15-7445 I I HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	186,637		186,637	1,677	111.29	719
2 PHYSICAL THERAPY	3	82,837	42,774	125,611	1,180	106.45	543
3 OCCUPATIONAL THERAPY	4		7,146	7,146	182	39.26	99
4 SPEECH PATHOLOGY	5		144	144	4	36.00	2
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7	55,512		55,512	991	56.02	433
7 TOTAL		324,986	50,064	375,050	4,034		1,796

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	618	9	10	12
2 PHYSICAL THERAPY		407	8	11	148,795
3 OCCUPATIONAL THERAPY		65	9	10	101,127
4 SPEECH PATHOLOGY		1	10	11	6,439
5 MEDICAL SOCIAL SERVICES			11		108
6 HOME HEALTH AIDE SERVICES		451	12		49,522
7 TOTAL		1,542	139,955		305,991

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	PART A 6
8 SKILLED NURSING		9915					
9 PHYSICAL THERAPY		9915					
10 OCCUPATIONAL THERAPY		9915					
11 SPEECH PATHOLOGY		9915					
12 MEDICAL SOCIAL SERVICES		9915					
13 HOME HEALTH AIDE SERVICE		9915					
14 TOTAL							

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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 9/30/2008 I PARTS I II & III
 I 15-7445 I I HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
15 COST OF MEDICAL SUPPLIES	8.00	3,286	2	3,286	3,985	.824592	476
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
15 COST OF MEDICAL SUPPLIES	7	378	9	312
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	2
17 PER BENE COST LIMITATION (FRM FI)	9915	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
2 PHYSICAL THERAPY	50	.358905	119,178	42,774	COL 2, LN 2
3 OCCUPATIONAL THERAPY	51	.347312	20,574	7,146	COL 2, LN 3
4 SPEECH PATHOLOGY	52	.381997	376	144	COL 2, LN 4
5 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.427440			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.369814			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	2	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	2	106.45					
3 SPEECH PATHOLOGY	3	39.26					
4 TOTAL (SUM OF LINES 1-3)	4	36.00					

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET H-7
 I HHA NO: I TO 9/30/2008 I PARTS I & II
 I 15-7445 I I

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1			
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	199,872	167,141	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	199,872	167,141	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	199,872	167,141	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	215,669	175,004
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	3,864	
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	783	660
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	1,474	
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	4,926	4,403
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	30	
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	226,746	180,067
13 EXCESS REASONABLE COST		
14 SUBTOTAL	226,746	180,067
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	226,746	180,067
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	226,746	180,067
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	226,746	180,067
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	226,746	180,067
25 INTERIM PAYMENTS	226,746	180,067
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

I PROVIDER NO:	I PERIOD:	I PREPARED	2/18/2009
I 15-1319	I FROM 10/ 1/2007	I WORKSHEET H-8	
I HHA NO:	I TO 9/30/2008	I	
I 15-7445	I	I	

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		226,745		180,067
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.		1		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	NONE		NONE
4 TOTAL INTERIM PAYMENTS		226,746		180,067
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2009
 I 15-1319 I FROM 10/ 1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 9/30/2008 I PARTS I-IV
 I 15-1319 I I

CALCULATION OF CAPITAL PAYMENT

TITLE XIX HOSPITAL

I - FULLY PROSPECTIVE METHOD		
	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 RECIPIENT 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	
	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)	