

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	15-0001	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/22/2009 TIME 15:36

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:
JOHNSON MEMORIAL HOSPITAL 15-0001

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

Elizabeth A. ...
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CPD

TITLE
DATE
May 27, 2009

ECR ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 15:36

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mZI4400Hexusc3ykiTLNesLhkJee3y
e46715L8k80glxbk

PI ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 15:36

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15ybc03pSr:VZ.O:qNNjcXfrwGEauf
hrPh710rHn0CyZhr

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	-126,245	-8,849	608,119
2	SUBPROVIDER	0	-2,632	-303	24,463
5	HOSPITAL-BASED SNF	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	-128,877	-9,152	632,582

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: 1125 WEST JEFFERSON STREET P.O. BOX:
 1.01 CITY: FRANKLIN STATE: IN ZIP CODE: 46131- COUNTY: JOHNSON

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P, T, O OR N)		
					V XVIII	XIX	
02.00	HOSPITAL	JOHNSON MEMORIAL HOSPITAL	15-0001	7/ 1/1966	N	P	O
03.00	SUBPROVIDER	TODD AIKENS REHAB CENTER	15-T001	1/ 1/2005	N	P	O
06.00	HOSPITAL-BASED SNF	TODD AIKENS HEALTH CARE FACILITY	15-5284	7/18/1986	N	P	N
09.00	HOSPITAL-BASED HHA	JOHNSON MEMORIAL HOME HEALTH	15-7510	7/ 1/1997	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008 1 2
 18 TYPE OF CONTROL 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 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 1.0039 1.0039
 303.79 1 3480

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 100.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%
 29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
 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).
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
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
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.
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. DATE Y OR N LIMIT Y OR N FEES
0 1 2 3 4

N 0.00 0
56.01 0.00 0
56.02 0.00 0
56.03 0.00 0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N N

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

MULTICAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 15-0001 I FROM 1/ 1/2008 I WORKSHEET S-3
 I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	81	29,646			7,900		927
2 HMO							1,619
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	81	29,646			7,900		927
6 INTENSIVE CARE UNIT	6	2,196			728		
11 NURSERY							
12 TOTAL	87	31,842			8,628		927
13 RPCH VISITS							
14 SUBPROVIDER	15	5,490			1,898		47
15 SKILLED NURSING FACILITY	25	9,150			3,820		
16 NURSING FACILITY							
18 HOME HEALTH AGENCY					5,282		530
25 TOTAL	127						
26 OBSERVATION BED DAYS							202
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES / NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			13,724				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			13,724				
6 INTENSIVE CARE UNIT			1,368				
11 NURSERY			1,140				
12 TOTAL			16,232				
13 RPCH VISITS							
14 SUBPROVIDER			2,442				
15 SKILLED NURSING FACILITY			4,340				
16 NURSING FACILITY							
18 HOME HEALTH AGENCY			8,983				
25 TOTAL							
26 OBSERVATION BED DAYS	33	169	2,189	361	1,828		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,750	285	3,981
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		562.73			1,750	285	3,981
13 RPCH VISITS							
14 SUBPROVIDER		17.99			151	2	202
15 SKILLED NURSING FACILITY		22.80					
16 NURSING FACILITY							
18 HOME HEALTH AGENCY			9.46				
25 TOTAL		612.98					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	34,131,582		34,131,582	1,209,172.00	28.23	
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	973,600		973,600	44,326.00	21.96	
8.01 EXCLUDED AREA SALARIES	7,194,638	-239,266	6,955,372	149,293.00	46.59	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	5,007,152		5,007,152	84,521.00	59.24	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	206,204		206,204	3,006.00	68.60	
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)	6,662,429		6,662,429			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,015,999		2,015,999			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	3,385,379	239,266	3,624,645	145,747.00	24.87	
22 ADMINISTRATIVE & GENERAL	1,695,717		1,695,717	48,066.00	35.28	
22.01 A & G UNDER CONTRACT	109,903		109,903	495.00	222.03	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	856,224		856,224	41,168.00	20.80	
25 LAUNDRY & LINEN SERVICE	136,274		136,274	10,890.00	12.51	
26 HOUSEKEEPING	641,855		641,855	54,436.00	11.79	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,072,506	-486,195	586,311	39,448.00	14.86	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		486,195	486,195	33,196.00	14.65	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,311,065		1,311,065	25,484.00	51.45	
31 CENTRAL SERVICE AND SUPPLY	94,478		94,478	6,265.00	15.08	
32 PHARMACY	423,810		423,810	9,092.00	46.61	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	664,743		664,743	35,599.00	18.67	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	34,241,485		34,241,485	1,209,667.00	28.31	
2 EXCLUDED AREA SALARIES	8,168,238	-239,266	7,928,972	193,619.00	40.95	
3 SUBTOTAL SALARIES	26,073,247	239,266	26,312,513	1,016,048.00	25.90	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,213,356		5,213,356	87,527.00	59.56	
5 SUBTOTAL WAGE-RELATED COSTS	6,662,429		6,662,429		25.32	
6 TOTAL	37,949,032	239,266	38,188,298	1,103,575.00	34.60	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	10,391,954	239,266	10,631,220	449,886.00	23.63	

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		291.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)
 ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)
 STAFF 1 CONTRACT 2 TOTAL 3

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	2.74		2.74
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.94		.94
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	4.60		4.60
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		1.10	1.10
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE		.60	.60
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.02	.02
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.06		.06
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.01		1.01
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? 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).	0	2	
20		18020	
20.01		26900	

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	2,035	0	52	42
22 SKILLED NURSING VISIT CHARGES	346,341	0	8,844	6,789
23 PHYSICAL THERAPY VISITS	1,421	0	6	22
24 PHYSICAL THERAPY VISIT CHARGES	271,836	0	1,152	4,224
25 OCCUPATIONAL THERAPY VISITS	868	0	0	24
26 OCCUPATIONAL THERAPY VISIT CHARGES	166,900	0	0	4,632
27 SPEECH PATHOLOGY VISITS	38	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	7,165	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	14	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	3,290	0	235	0
31 HOME HEALTH AIDE VISITS	639	0	1	13
32 HOME HEALTH AIDE VISIT CHARGES	49,587	0	78	1,014
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	5,015	0	60	101
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	845,119	0	10,309	16,659
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

Health Financial Systems MCRIF32

FOR JOHNSON MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
I	15-0001	I	FROM 1/ 1/2008	I	WORKSHEET	S-4
I	HHA NO:	I	TO 12/31/2008	I		
I	15-7510	I		I		
	COUNTY:		JOHNSON			

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	12	2,141
22	SKILLED NURSING VISIT CHARGES	0	1,944	363,918
23	PHYSICAL THERAPY VISITS	0	6	1,455
24	PHYSICAL THERAPY VISIT CHARGES	0	1,092	278,304
25	OCCUPATIONAL THERAPY VISITS	0	5	897
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	905	172,437
27	SPEECH PATHOLOGY VISITS	0	0	38
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	7,165
29	MEDICAL SOCIAL SERVICE VISITS	0	0	15
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	3,525
31	HOME HEALTH AIDE VISITS	0	1	654
32	HOME HEALTH AIDE VISIT CHARGES	0	73	50,752
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	24	5,200
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	4,014	876,101
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0001 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 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
1	RUC		45				
2	RUB		269				
3	RUA		73				
3 .01	RUX		32				
3 .02	RUL		219				
4	RVC		15				
5	RVB		307				
6	RVA		39				
6 .01	RVX		105				
6 .02	RVL		385				
7	RHC		367				
8	RHB		307				
9	RHA		18				
9 .01	RHX						
9 .02	RHL						
10	RMC		3				
11	RMB		16				
12	RMA						
12 .01	RMX		645				
12 .02	RML		858				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		6				
16	SE2		96				
17	SE1						
18	SSC						
19	SSB						
20	SSA		4				
21	CC2						
22	CC1						
23	CB2						
24	CB1		11				
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		3,820				

(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): 1.0039
 Wage Index Factor (after 10/01) : 1.0039
 SNF Facility Specific Rate : 303.79
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0001 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 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): 1.0039
 Wage Index Factor (after 10/01) : 1.0039
 SNF Facility Specific Rate : 303.79
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET S-10
 I I TO 12/31/2008 I
 I I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

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

UNCOMPENSATED CARE REVENUES

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

UNCOMPENSATED CARE COST

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

.406921

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/22/2009
I	15-0001	I	FROM 1/ 1/2008	I	WORKSHEET S-10
I		I	TO 12/31/2008	I	
I		I		I	

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-0001
I

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

COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5	
1	0100 GENERAL SERVICE COST CNTR						
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT		4,317,179		4,317,179	-4,190,322	126,857
2	0200 OLD CAP REL COSTS-MVBLE EQUIP			93,211	93,211		93,211
3	0300 NEW CAP REL COSTS-BLDG & FIXT					1,387,752	1,387,752
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					2,897,230	2,897,230
5	0500 EMPLOYEE BENEFITS	990,236	8,937,778		9,928,014	270,373	10,198,387
5.01	0501 COMMUNICATIONS	158,132	153,608		311,740		311,740
5.02	0502 DATA PROCESSING	600,114	408,349		1,008,463		1,008,463
5.03	0503 MATERIALS MANAGEMENT	284,907	40,973		325,880		325,880
5.04	0504 ADMITTING	574,569	39,349		613,918		613,918
5.05	0505 PATIENT ACCOUNTING	777,421	609,713		1,387,134		1,387,134
6	0600 ADMINISTRATIVE & GENERAL	1,695,717	2,970,473		4,666,190	-94,660	4,571,530
8	0800 OPERATION OF PLANT	856,224	2,568,763		3,424,987		3,424,987
9	0900 LAUNDRY & LINEN SERVICE	136,274	100,553		236,827		236,827
10	1000 HOUSEKEEPING	641,855	115,203		757,058		757,058
11	1100 DIETARY	1,072,506	501,970		1,574,476	-713,751	860,725
12	1200 CAFETERIA					713,751	713,751
14	1400 NURSING ADMINISTRATION	1,311,065	312,698		1,623,763		1,623,763
15	1500 CENTRAL SERVICES & SUPPLY	94,478	62,181		156,659		156,659
16	1600 PHARMACY	423,810	4,816,881		5,240,691		5,240,691
17	1700 MEDICAL RECORDS & LIBRARY	664,743	305,716		970,459		970,459
18	1800 SOCIAL SERVICE						
	INPAT ROUTINE SRVC CNTRS						
25	2500 ADULTS & PEDIATRICS	5,423,082	1,687,684		7,110,766	-262,307	6,848,459
26	2600 INTENSIVE CARE UNIT	1,012,320	406,587		1,418,907		1,418,907
31	3100 SUBPROVIDER	902,752	137,381		1,040,133		1,040,133
33	3300 NURSERY					262,307	262,307
34	3400 SKILLED NURSING FACILITY	973,600	53,903		1,027,503		1,027,503
35	3500 NURSING FACILITY		231		231		231
	ANCILLARY SRVC COST CNTRS						
37	3700 OPERATING ROOM	1,681,249	888,550		2,569,799		2,569,799
39	3900 DELIVERY ROOM & LABOR ROOM						
40	4000 ANESTHESIOLOGY		3,796		3,796		3,796
41	4100 RADIOLOGY-DIAGNOSTIC	2,182,504	1,203,478		3,385,982		3,385,982
44	4400 LABORATORY	1,255,731	2,020,509		3,276,240		3,276,240
49	4900 RESPIRATORY THERAPY	851,732	236,783		1,088,515		1,088,515
50	5000 PHYSICAL THERAPY		1,769,031		1,769,031		1,769,031
51	5100 OCCUPATIONAL THERAPY		732,390		732,390		732,390
52	5200 SPEECH PATHOLOGY		202,407		202,407		202,407
53	5300 ELECTROCARDIOLOGY	485,214	302,376		787,590		787,590
54	5400 ELECTROENCEPHALOGRAPHY	41,940	8,678		50,618		50,618
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,155,382		3,155,382		3,155,382
56	5600 DRUGS CHARGED TO PATIENTS						
59	3480 ONCOLOGY	474,420	629,580		1,104,000		1,104,000
	OUTPAT SERVICE COST CNTRS						
60	6000 CLINIC	424,775	1,251,170		1,675,945		1,675,945
61	6100 EMERGENCY	1,848,326	269,675		2,118,001		2,118,001
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)						
	OTHER REIMBURS COST CNTRS						
71	7100 HOME HEALTH AGENCY	472,292	522,768		995,060		995,060
	SPEC PURPOSE COST CENTERS						
95	SUBTOTALS	28,311,988	41,836,957		70,148,945	270,373	70,419,318
	NONREIMBURS COST CENTERS						
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,808	82,752		133,560		133,560
98	9800 PHYSICIANS' PRIVATE OFFICES	4,935,068	3,163,015		8,098,083		8,098,083
98.01	9801 SOUTH CLINIC		449,847		449,847		449,847
98.02	9802 WEST CLINIC						
98.03	9803 DIABETES CENTER	53,767	10,807		64,574		64,574
99	9900 NONPAID WORKERS		2,596		2,596		2,596
99.01	9901 ADULT/CHILD CARE	574,293	74,663		648,956	-270,373	378,583
99.02	9902 PHYSICIAN OFFICE BUILDING		911,059		911,059		911,059
99.03	9903 OPTIFAST/FOUNDATION		4,070		4,070		4,070
100	7950 PARTNERSHIP HFC	126,202	-67,812		58,390		58,390
100.01	7951 TRAFALGAR CLINIC						
100.02	7952 EDINBURGH						
100.03	7953 JAIL	79,456			79,456		79,456
101	TOTAL	34,131,582	46,467,954		80,599,536	-0-	80,599,536

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0001 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		126,857
1.01	0101 OLD CAP REL COSTS-TOWER		93,211
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-106,580	1,281,172
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-30,086	2,867,144
5	0500 EMPLOYEE BENEFITS	-265,761	9,932,626
5.01	0501 COMMUNICATIONS	-33,052	278,688
5.02	0502 DATA PROCESSING		1,008,463
5.03	0503 MATERIALS MANAGEMENT		325,880
5.04	0504 ADMITTING		613,918
5.05	0505 PATIENT ACCOUNTING		1,387,134
6	0600 ADMINISTRATIVE & GENERAL	-357,957	4,213,573
8	0800 OPERATION OF PLANT	-41,875	3,383,112
9	0900 LAUNDRY & LINEN SERVICE		236,827
10	1000 HOUSEKEEPING		757,058
11	1100 DIETARY	-2,656	858,069
12	1200 CAFETERIA	-382,039	331,712
14	1400 NURSING ADMINISTRATION	-2,745	1,621,018
15	1500 CENTRAL SERVICES & SUPPLY		156,659
16	1600 PHARMACY	-547	5,240,144
17	1700 MEDICAL RECORDS & LIBRARY	-1,707	968,752
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		6,848,459
26	2600 INTENSIVE CARE UNIT		1,418,907
31	3100 SUBPROVIDER		1,040,133
33	3300 NURSERY		262,307
34	3400 SKILLED NURSING FACILITY		1,027,503
35	3500 NURSING FACILITY		231
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-22,892	2,546,907
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		3,796
41	4100 RADIOLOGY-DIAGNOSTIC	-2,051	3,383,931
44	4400 LABORATORY		3,276,240
49	4900 RESPIRATORY THERAPY	-7,000	1,081,515
50	5000 PHYSICAL THERAPY		1,769,031
51	5100 OCCUPATIONAL THERAPY		732,390
52	5200 SPEECH PATHOLOGY		202,407
53	5300 ELECTROCARDIOLOGY	-82,671	704,919
54	5400 ELECTROENCEPHALOGRAPHY		50,618
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,155,382
56	5600 DRUGS CHARGED TO PATIENTS		
59	3480 ONCOLOGY	-302,567	801,433
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		1,675,945
61	6100 EMERGENCY	-4,442	2,113,559
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		995,060
	SPEC PURPOSE COST CENTERS		
95	9500 SUBTOTALS	-1,646,628	68,772,690
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		133,560
98	9800 PHYSICIANS' PRIVATE OFFICES		8,098,083
98.01	9801 SOUTH CLINIC		449,847
98.02	9802 WEST CLINIC		
98.03	9803 DIABETES CENTER		64,574
99	9900 NONPAID WORKERS		2,596
99.01	9901 ADULT/CHILD CARE		378,583
99.02	9902 PHYSICIAN OFFICE BUILDING		911,059
99.03	9903 OPTIFAST/FOUNDATION		4,070
100	7950 PARTNERSHIP HFC		58,390
100.01	7951 TRAFALGAR CLINIC		
100.02	7952 EDINBURGH		
100.03	7953 JAIL		79,456
101	TOTAL	-1,646,628	78,952,908

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-TOWER	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	COMMUNICATIONS	0501	EMPLOYEE BENEFITS
5.02	DATA PROCESSING	0502	EMPLOYEE BENEFITS
5.03	MATERIALS MANAGEMENT	0503	EMPLOYEE BENEFITS
5.04	ADMITTING	0504	EMPLOYEE BENEFITS
5.05	PATIENT ACCOUNTING	0505	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	ONCOLOGY	3480	ONCOLOGY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	SOUTH CLINIC	9801	PHYSICIANS' PRIVATE OFFICES
98.02	WEST CLINIC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	DIABETES CENTER	9803	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.01	ADULT/CHILD CARE	9901	NONPAID WORKERS
99.02	PHYSICIAN OFFICE BUILDING	9902	NONPAID WORKERS
99.03	OPTIFAST/FOUNDATION	9903	NONPAID WORKERS
100	PARTNERSHIP HFC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	TRAFALGAR CLINIC	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	EDINBURGH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	JAIL	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 150001	PERIOD: FROM 1/1/2008 TO 12/31/2008	PREPARED 5/22/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA RECLASS	A	CAFETERIA	12	486,195	227,556
2 CHILD CARE RECLASS	B	EMPLOYEE BENEFITS	5	239,266	31,107
3 INTEREST RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		40,643
4		NEW CAP REL COSTS-MVBLE EQUIP	4		54,017
5 DEPRECIATION RECLASS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		2,843,213
6		NEW CAP REL COSTS-BLDG & FIXT	3		1,347,109
7 NURSERY RECLASS	E	NURSERY	33	238,854	23,453
36 TOTAL RECLASSIFICATIONS				964,315	4,567,098

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150001	FROM 1/ 1/2008	5/22/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10	
		LINE NO	SALARY	OTHER		
	1	6	7	8	9	
1 CAFETERIA RECLASS	A	DIETARY	11	486,195	227,556	
2 CHILD CARE RECLASS	B	ADULT/CHILD CARE	99.01	239,266	31,107	
3 INTEREST RECLASS	C					11
4		ADMINISTRATIVE & GENERAL	6		94,660	11
5 DEPRECIATION RECLASS	D	OLD CAP REL COSTS-BLDG & FIXT	1		4,190,322	9
6						9
7 NURSERY RECLASS	E	ADULTS & PEDIATRICS	25	238,854	23,453	
36 TOTAL RECLASSIFICATIONS				964,315	4,567,098	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150001	FROM 1/ 1/2008	5/22/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	713,751	DIETARY	11	713,751	
TOTAL RECLASSIFICATIONS FOR CODE A			713,751				

RECLASS CODE: B
EXPLANATION : CHILD CARE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	270,373	ADULT/CHILD CARE	99.01	270,373	
TOTAL RECLASSIFICATIONS FOR CODE B			270,373				

RECLASS CODE: C
EXPLANATION : INTEREST RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	40,643			0	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	54,017	ADMINISTRATIVE & GENERAL	6	94,660	
TOTAL RECLASSIFICATIONS FOR CODE C			94,660				

RECLASS CODE: D
EXPLANATION : DEPRECIATION RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,843,213	OLD CAP REL COSTS-BLDG & FIXT	1	4,190,322	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,347,109			0	
TOTAL RECLASSIFICATIONS FOR CODE D			4,190,322				

RECLASS CODE: E
EXPLANATION : NURSERY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	262,307	ADULTS & PEDIATRICS	25	262,307	
TOTAL RECLASSIFICATIONS FOR CODE E			262,307				

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	3,141,963						3,141,963	
2 LAND IMPROVEMENTS	1,195,952	15,482			15,482		1,211,434	
3 BUILDINGS & FIXTURE	49,917,555	924,748			924,748		50,842,303	
4 BUILDING IMPROVEMEN	6,106,691	3,249,449			3,249,449	3,018,345	6,337,795	
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	37,277,886	3,327,058			3,327,058	3,139,712	37,465,232	
7 SUBTOTAL	97,640,047	7,516,737			7,516,737	6,158,057	98,998,727	
8 RECONCILING ITEMS								
9 TOTAL	97,640,047	7,516,737			7,516,737	6,158,057	98,998,727	

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL
 RECONCILIATION OF CAPITAL COSTS CENTERS

IN LIEU OF FORM CMS-2552-96(12/1999)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET A-7
 I I TO 12/31/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL OTHER CAPITAL RELATED COSTS			TOTAL 8
			LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-TO								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	126,857						126,857
1 01	OLD CAP REL COSTS-TO	93,211						93,211
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,262,540		18,632				1,281,172
4	NEW CAP REL COSTS-MV	2,842,382		24,762				2,867,144
5	TOTAL	4,324,990		43,394				4,368,384

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	4,317,179						4,317,179
1 01	OLD CAP REL COSTS-TO	93,211						93,211
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,410,390						4,410,390

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-548,395				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37 DAYCARE	B	-262,450	EMPLOYEE BENEFITS	5		
38 PROF - BUILDING	A	-12,062	OPERATION OF PLANT	8		
39 PROF - BUILDING	A	-3,311	EMPLOYEE BENEFITS	5		
40 MISCELLANEOUS	B	-815	ADMINISTRATIVE & GENERAL	6		
41 COMMUNICATIONS	A	-33,052	COMMUNICATIONS	5.01		
42 CAFÉ REVENUE - GUESTS & EMPLOYEES	B	-382,039	CAFETERIA	12		
43 TELEPHONE SERVICE	A	-831	NEW CAP REL COSTS-MVBLE E	4	9	
44 TELEPHONE SERVICE	A	-15,649	ADMINISTRATIVE & GENERAL	6		
45 PURCHASE DISCOUNTS	B	-8,566	ADMINISTRATIVE & GENERAL	6		
46 SALE OF SCRAP/FILM	B	-2,051	RADIOLOGY-DIAGNOSTIC	41		
47 CATERING REVENUE	B	-2,656	DIETARY	11		
48 RENT OF SPACE	B	-3,567	OPERATION OF PLANT	8		
49 SALE OF MEDICAL RECORD	B	-1,707	MEDICAL RECORDS & LIBRARY	17		
49.01 EDUCATION REVENUE	B	-2,745	NURSING ADMINISTRATION	14		
49.02 RETURNED CHECK FEE	B	-425	ADMINISTRATIVE & GENERAL	6		
49.03 MED STAFF OTHER EXP 8395.0800	A	-8,515	ADMINISTRATIVE & GENERAL	6		
49.04 1993 AHA LIFE	A	-84,569	NEW CAP REL COSTS-BLDG &	3	9	
49.05 ADVERTISING EXP-A&G	A	-125,328	ADMINISTRATIVE & GENERAL	6		
49.06 ADVERTISING EXP-CARDIOLOGY	A	-8,291	ELECTROCARDIOLOGY	53		
49.07 ADVERTISING EXP-BARIATRIC	A	-7,900	OPERATING ROOM	37		
49.08 LOBBYING EXPENSE-AHA	A	-4,869	ADMINISTRATIVE & GENERAL	6		
49.09 LOBBYING EXPENSE-IHHA	A	-1,995	ADMINISTRATIVE & GENERAL	6		
49.10 CABLE SERVICES 8061.0680	A	-24,408	OPERATION OF PLANT	8		
49.11 INTEREST BONDS	B	-22,011	NEW CAP REL COSTS-BLDG &	3	11	
49.12 INTEREST BONDS	B	-29,255	NEW CAP REL COSTS-MVBLE E	4	11	
49.13 INTEREST OR	B	-14,992	OPERATING ROOM	37		
49.14 INTEREST PLANT	B	-1,838	OPERATION OF PLANT	8		
49.15 GENERAL ACCOUNTING REVENUES	B	-7,135	ADMINISTRATIVE & GENERAL	6		
49.16 SALE OF PHARMACY	B	-547	PHARMACY	16		
49.17 INHOUSE PHYSICIAN REVENUE	B	-24,654	ADMINISTRATIVE & GENERAL	6		
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,646,628				

(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 PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	IN HOUSE PHYS	160,006	160,006		177,200			
2 26	CCU	3,150		3,150	177,200	55	4,686	234
3 31	ACUTE REHAB	70,559		70,559	177,200	1,082	92,178	4,609
4 34	SNF MED DIRECTOR	8,400		8,400	177,200	127	10,819	541
5 41	MEDICAL IMAGING	3,000		3,000	225,300	45	4,874	244
6 44	LAB	102,120		102,120	215,700	1,576	163,434	8,172
7 49	R. T. MED DIR	7,000	7,000		177,200			
8 53	EKG	74,380	74,380		177,200			
9 53	CARDIAC REHAB	66,000		66,000	177,200	1,000	85,192	4,260
10 59	ONCOLOGY	199,427	199,427		177,200			
11 59	RADIATION ONCOLOGY	103,140	103,140		177,200			
12 61	ER	30,000		30,000	177,200	300	25,558	1,278
13 61	EMS MED DIRECTOR	1,934		1,934	177,200	30	2,556	128
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	829,116	543,953	285,163		4,215	389,297	19,466

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0001
I

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

I PREPARED 5/22/2009
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	IN HOUSE PHYS							160,006
2 26	CCU					4,686		
3 31	ACUTE REHAB					92,178		
4 34	SNF MED DIRECTOR					10,819		
5 41	MEDICAL IMAGING					4,874		
6 44	LAB					163,434		
7 49	R. T. MED DIR							7,000
8 53	EKG							74,380
9 53	CARDIAC REHAB					85,192		
10 59	ONCOLOGY							199,427
11 59	RADIATION ONCOLOGY							103,140
12 61	ER					25,558	4,442	4,442
13 61	EMS MED DIRECTOR					2,556		
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					389,297	4,442	548,395

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	OLD CAP REL COSTS-TOWER	2	TOWER	SQ FT	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	3	TOTAL	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	TOTAL	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	NOT ENTERED
5.01	COMMUNICATIONS	6	# NON PT	PHONES	ENTERED
5.02	DATA PROCESSING	7	WORK	ORDERS	ENTERED
5.03	MATERIALS MANAGEMENT	53	SUPPLY	USAGE	ENTERED
5.04	ADMITTING	54	GROSS	REVENUE	ENTERED
5.05	PATIENT ACCOUNTING	54	GROSS	REVENUE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	80	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	80	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	12	HOURS	PAID	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	54	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	18	DISCHARG		ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-TOWER	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	1	1.01	2	3	4	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	126,857	126,857					
002 OLD CAP REL COSTS-TOWER	93,211		93,211				
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,281,172				1,281,172		
004 NEW CAP REL COSTS-MVBLE E	2,867,144					2,867,144	
005 EMPLOYEE BENEFITS	9,932,626	2,761			19,251	1,229	9,955,867
005 01 COMMUNICATIONS	278,688	273			1,907	6,317	47,849
005 02 DATA PROCESSING	1,008,463	1,116	180		8,543	867,714	181,589
005 03 MATERIALS MANAGEMENT	325,880	2,663			18,562	11,022	86,210
005 04 ADMITTING	613,918	2,846		2,130	28,910	2,142	173,859
005 05 PATIENT ACCOUNTING	1,387,134	1,876		1,528	19,585	9,625	235,241
006 ADMINISTRATIVE & GENERAL	4,213,573	5,316			37,060	11,090	513,109
008 OPERATION OF PLANT	3,383,112	10,051	12,825		124,663	16,061	259,086
009 LAUNDRY & LINEN SERVICE	236,827	1,673			11,663	11,142	41,235
010 HOUSEKEEPING	757,058	732	735		8,233	5,168	194,220
011 DIETARY	858,069	2,981			20,784	59,416	177,412
012 CAFETERIA	331,712	2,473			17,237		147,118
014 NURSING ADMINISTRATION	1,621,018	5,305			36,983	89,430	396,716
015 CENTRAL SERVICES & SUPPLY	156,659	1,182			8,243	25,323	28,588
016 PHARMACY	5,240,144	1,424			9,926	3,263	128,241
017 MEDICAL RECORDS & LIBRARY	968,752	2,839			19,789	8,580	201,145
018 SOCIAL SERVICE		171			1,189		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,848,459	8,043	25,474		164,519	138,587	1,568,696
026 INTENSIVE CARE UNIT	1,418,907	230	2,694		13,070	34,478	306,319
031 SUBPROVIDER	1,040,133		9,212		39,219	17,575	273,165
033 NURSERY	262,307	435			3,032		72,275
034 SKILLED NURSING FACILITY	1,027,503	5,976			41,660		294,603
035 NURSING FACILITY	231						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,546,907	14,004	244		98,664	234,752	508,731
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	3,796	274			1,911		
041 RADIOLOGY-DIAGNOSTIC	3,383,931	4,034	12,233		80,205	752,324	660,406
044 LABORATORY	3,276,240	411	7,022		32,762	98,401	379,973
049 RESPIRATORY THERAPY	1,081,515	1,603	612		13,783	38,613	257,726
050 PHYSICAL THERAPY	1,769,031	5,025	2,975		47,700	15,073	
051 OCCUPATIONAL THERAPY	732,390		929		3,954	1,920	
052 SPEECH PATHOLOGY	202,407		1,499		6,380	442	
053 ELECTROCARDIOLOGY	704,919	2,322			16,189	52,401	146,821
054 ELECTROENCEPHALOGRAPHY	50,618		417		1,776	3,664	12,691
055 MEDICAL SUPPLIES CHARGED	3,155,382					129	
056 DRUGS CHARGED TO PATIENTS							
059 ONCOLOGY	801,433	7,521			52,430	210,308	143,555
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,675,945	6,734	194		47,772	24,059	128,533
061 EMERGENCY	2,113,559		11,930		50,790	49,104	559,287
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	995,060	1,551			10,809	642	142,911
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	68,772,690	103,845	92,833		1,119,153	2,799,994	8,267,310
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	133,560	496	378		5,070	198	15,374
098 PHYSICIANS' PRIVATE OFFIC	8,098,083	18,181			126,730	65,854	1,493,307
098 01 SOUTH CLINIC	449,847						
098 02 WEST CLINIC							
098 03 DIABETES CENTER	64,574	371			2,586	41	16,269
099 NONPAID WORKERS	2,596	298			2,076		
099 01 ADULT/CHILD CARE	378,583	2,758			19,226	864	101,376
099 02 PHYSICIAN OFFICE BUILDING	911,059						
099 03 OPTIFAST/FOUNDATION	4,070						
100 PARTNERSHIP HFC	58,390	908			6,331		38,188
100 01 TRAFALGAR CLINIC						193	
100 02 EDINBURGH							
100 03 JAIL	79,456						24,043
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	78,952,908	126,857	93,211		1,281,172	2,867,144	9,955,867

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	MAN ADMITTING	PATIENT ACCOUNTING	ACCU NTING	SUBTOTAL	ADMINISTRATIVE & GENERAL
	5.01	5.02	5.03	5.04	5.05	5a.05	6	
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
002 OLD CAP REL COSTS-TOWER								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
005 01 COMMUNICATIONS	335,034							
005 02 DATA PROCESSING	43,298	2,110,903						
005 03 MATERIALS MANAGEMENT	6,605	18,260	469,202					
005 04 ADMITTING	7,706	95,563	2,758	929,832				
005 05 PATIENT ACCOUNTING	28,623	254,427	3,614		1,941,653			
006 ADMINISTRATIVE & GENERAL	28,256	248,342	9,805			5,066,551	5,066,551	
008 OPERATION OF PLANT	13,211	15,217	55			3,834,281	262,924	
009 LAUNDRY & LINEN SERVICE	1,835	3,043	1,621			309,039	21,191	
010 HOUSEKEEPING	3,303		7,390			976,839	66,984	
011 DIETARY	8,440	92,519	899			1,220,520	83,693	
012 CAFETERIA						498,540	34,186	
014 NURSING ADMINISTRATION	10,275	24,956	3,917			2,188,600	150,077	
015 CENTRAL SERVICES & SUPPLY			2,435			222,430	15,252	
016 PHARMACY	5,137	13,391	4,798			5,406,324	370,722	
017 MEDICAL RECORDS & LIBRARY	13,578	71,216	680			1,286,579	88,223	
018 SOCIAL SERVICE						1,360	93	
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS		214,255	15,896	108,877	227,347	9,320,153	639,102	
031 INTENSIVE CARE UNIT		29,825	2,377	15,522	32,413	1,855,835	127,258	
033 SUBPROVIDER		67,564	986	12,250	25,580	1,485,684	101,876	
035 NURSERY				4,106	8,574	350,729	24,050	
037 SKILLED NURSING FACILITY		43,825	1,331	7,557	15,780	1,438,235	98,623	
039 NURSING FACILITY						231	16	
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	20,183	97,998	19,389	64,050	133,743	3,738,665	256,368	
044 DELIVERY ROOM & LABOR ROO								
049 ANESTHESIOLOGY			90	10,816	22,584	39,471	2,707	
050 RADIOLOGY-DIAGNOSTIC	20,917	166,778	31,217	185,439	387,277	5,684,761	389,815	
051 LABORATORY	16,880	82,172	90,392	155,871	325,476	4,465,600	306,215	
052 RESPIRATORY THERAPY	2,936	32,869	9,127	27,197	56,791	1,522,772	104,420	
053 PHYSICAL THERAPY	4,037	35,912	1,656	32,230	67,299	1,980,938	135,837	
054 OCCUPATIONAL THERAPY	1,468	4,869	1,407	20,190	42,159	809,286	55,494	
055 SPEECH PATHOLOGY	3,670	7,913	24	6,120	12,779	241,234	16,542	
056 ELECTROCARDIOLOGY	9,174	54,173	1,239	19,601	40,929	1,047,768	71,848	
059 ELECTROENCEPHALOGRAPHY	734	8,522	180	510	1,065	80,177	5,498	
060 MEDICAL SUPPLIES CHARGED			230,225	46,660	97,431	3,529,827	242,047	
061 DRUGS CHARGED TO PATIENTS				105,197	219,664	324,861	22,276	
062 ONCOLOGY	13,578	83,998	2,606	13,262	27,693	1,356,384	93,010	
071 OUTPAT SERVICE COST CNTRS								
071 CLINIC	5,871	26,782	10,123	20,128	42,030	1,988,171	136,333	
081 EMERGENCY	19,449	149,735	5,935	65,594	136,967	3,162,350	216,849	
082 OBSERVATION BEDS (NON-DIS								
082 OTHER REIMBURS COST CNTRS								
095 HOME HEALTH AGENCY	6,605	13,391	1,764	8,224	17,172	1,198,129	82,158	
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	295,769	1,957,515	463,936	929,401	1,940,753	66,632,324	4,221,687	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	4,037	13,391	28			172,532	11,831	
098 PHYSICIANS' PRIVATE OFFIC	23,485	103,476	3,828	431	900	9,934,275	681,230	
098 01 SOUTH CLINIC			930			450,777	30,911	
098 02 WEST CLINIC								
098 03 DIABETES CENTER	1,101	10,956	58			95,956	6,580	
099 NONPAID WORKERS						4,970	341	
099 01 ADULT/CHILD CARE	5,504	25,565	234			534,110	36,625	
099 02 PHYSICIAN OFFICE BUILDING						911,059	62,473	
099 03 OPTIFAST/FOUNDATION	4,037		23			8,130	557	
100 PARTNERSHIP HFC	1,101					104,918	7,194	
100 01 TRAFALGAR CLINIC			165			358	25	
100 02 EDINBURGH								
100 03 JAIL						103,499	7,097	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	335,034	2,110,903	469,202	929,832	1,941,653	78,952,908	5,066,551	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-TOWER							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 01 EMPLOYEE BENEFITS							
005 02 COMMUNICATIONS							
005 03 DATA PROCESSING							
005 04 MATERIALS MANAGEMENT							
005 05 ADMITTING							
005 05 PATIENT ACCOUNTING							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	4,097,205						
009 LAUNDRY & LINEN SERVICE	53,430	383,660					
010 HOUSEKEEPING	37,716	36,514	1,118,053				
011 DIETARY	95,214	5,019	26,573	1,431,019			
012 CAFETERIA	78,967		22,039		633,732		
014 NURSING ADMINISTRATION	169,424		47,285		18,708	2,574,094	
015 CENTRAL SERVICES & SUPPLY	37,761		10,539		4,513		290,495
016 PHARMACY	45,473		12,691		9,973		
017 MEDICAL RECORDS & LIBRARY	90,657		25,302		25,762		
018 SOCIAL SERVICE	5,445		1,520				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	753,686	136,673	210,346	859,817	148,691	1,125,444	
031 INTENSIVE CARE UNIT	52,541	30,865	14,664	84,112	22,273	168,590	
033 SUBPROVIDER	179,670	15,524	50,144	150,148	26,948	203,977	
034 NURSERY	13,891		3,877	70,094	5,964	45,146	
035 SKILLED NURSING FACILITY	190,849	33,537	53,264	266,848	34,162	258,583	
037 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	451,998	41,081	126,148		45,029	340,834	
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	8,757		2,444				
044 RADIOLOGY-DIAGNOSTIC	367,430	29,964	102,546		57,467		
049 LABORATORY	150,088		41,888		44,038		
050 RESPIRATORY THERAPY	63,142		17,622		21,831		
051 PHYSICAL THERAPY	218,520	4,283	60,987				
052 OCCUPATIONAL THERAPY	18,114		5,055				
053 SPEECH PATHOLOGY	29,226		8,157				
054 ELECTROCARDIOLOGY	74,166	4,005	20,699		9,895		
055 ELECTROENCEPHALOGRAPHY	8,134		2,270		1,248		
056 MEDICAL SUPPLIES CHARGED							290,495
059 DRUGS CHARGED TO PATIENTS							
060 ONCOLOGY	240,190		67,035		13,334		
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	218,853	3,763	61,080		13,401	101,438	
062 EMERGENCY	232,678	38,553	64,938		43,608	330,082	
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	49,518		13,820		14,177		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,935,538	379,781	1,072,933	1,431,019	561,022	2,574,094	290,495
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	23,226		6,482		2,142		
098 PHYSICIANS' PRIVATE OFFIC		3,879			43,850		
098 01 SOUTH CLINIC							
098 02 WEST CLINIC							
098 03 DIABETES CENTER	11,846		3,306		1,318		
099 NONPAID WORKERS	9,512		2,655				
099 01 ADULT/CHILD CARE	88,079		24,582		19,713		
099 02 PHYSICIAN OFFICE BUILDING							
100 03 OPTIFAST/FOUNDATION							
100 PARTNERSHIP HFC	29,004		8,095		4,175		
100 01 TRAFALGAR CLINIC							
100 02 EDINBURGH							
100 03 JAIL						1,512	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,097,205	383,660	1,118,053	1,431,019	633,732	2,574,094	290,495

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	16	17	18	25	26	27
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
001 01 OLD CAP REL COSTS-TOWER						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
005 01 COMMUNICATIONS						
005 02 DATA PROCESSING						
005 03 MATERIALS MANAGEMENT						
005 04 ADMITTING						
005 05 PATIENT ACCOUNTING						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	5,845,183					
017 MEDICAL RECORDS & LIBRARY		1,516,523				
018 SOCIAL SERVICE			8,418			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		177,574	6,303	13,377,789		13,377,789
026 INTENSIVE CARE UNIT		25,317	309	2,381,764		2,381,764
031 SUBPROVIDER		19,980	335	2,234,286		2,234,286
033 NURSERY		6,697	1,053	521,501		521,501
034 SKILLED NURSING FACILITY		12,325	418	2,386,844		2,386,844
035 NURSING FACILITY				247		247
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		104,463		5,104,586		5,104,586
039 DELIVERY ROOM & LABOR ROO						
040 ANESTHESIOLOGY		17,640		71,019		71,019
041 RADIOLOGY-DIAGNOSTIC		302,442		6,934,425		6,934,425
044 LABORATORY		254,220		5,262,049		5,262,049
049 RESPIRATORY THERAPY		44,358		1,774,145		1,774,145
050 PHYSICAL THERAPY		52,566		2,453,131		2,453,131
051 OCCUPATIONAL THERAPY		32,930		920,879		920,879
052 SPEECH PATHOLOGY		9,981		305,140		305,140
053 ELECTROCARDIOLOGY		31,968		1,260,349		1,260,349
054 ELECTROENCEPHALOGRAPHY		832		98,159		98,159
055 MEDICAL SUPPLIES CHARGED		76,100		4,138,469		4,138,469
056 DRUGS CHARGED TO PATIENTS	5,845,183	171,573		6,363,893		6,363,893
059 ONCOLOGY		21,631		1,791,584		1,791,584
OUTPAT SERVICE COST CNTRS						
060 CLINIC		32,829		2,555,868		2,555,868
061 EMERGENCY		106,981		4,196,039		4,196,039
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY		13,413		1,371,215		1,371,215
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	5,845,183	1,515,820	8,418	65,503,381		65,503,381
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				216,213		216,213
098 PHYSICIANS' PRIVATE OFFIC		703		10,663,937		10,663,937
098 01 SOUTH CLINIC				481,688		481,688
098 02 WEST CLINIC						
098 03 DIABETES CENTER				119,006		119,006
099 NONPAID WORKERS				17,478		17,478
099 01 ADULT/CHILD CARE				703,109		703,109
099 02 PHYSICIAN OFFICE BUILDING				973,532		973,532
099 03 OPTIFAST/FOUNDATION				8,687		8,687
100 PARTNERSHIP HFC				153,386		153,386
100 01 TRAFALGAR CLINIC				383		383
100 02 EDINBURGH						
100 03 JAIL				112,108		112,108
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	5,845,183	1,516,523	8,418	78,952,908		78,952,908

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & OSTS-TOWER	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C	SUBTOTAL	
	0	1	1.01	2	3	4	4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-TOWER							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,761					2,761
005 01 COMMUNICATIONS		273					273
005 02 DATA PROCESSING		1,116	180				1,296
005 03 MATERIALS MANAGEMENT		2,663					2,663
005 04 ADMITTING		2,846	2,130				4,976
005 05 PATIENT ACCOUNTING		1,876	1,528				3,404
006 ADMINISTRATIVE & GENERAL		5,316					5,316
008 OPERATION OF PLANT		10,051	12,825				22,876
009 LAUNDRY & LINEN SERVICE		1,673					1,673
010 HOUSEKEEPING		732	735				1,467
011 DIETARY		2,981					2,981
012 CAFETERIA		2,473					2,473
014 NURSING ADMINISTRATION		5,305					5,305
015 CENTRAL SERVICES & SUPPLY		1,182					1,182
016 PHARMACY		1,424					1,424
017 MEDICAL RECORDS & LIBRARY		2,839					2,839
018 SOCIAL SERVICE		171					171
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,043	25,474				33,517
026 INTENSIVE CARE UNIT		230	2,694				2,924
031 SUBPROVIDER			9,212				9,212
033 NURSERY		435					435
034 SKILLED NURSING FACILITY		5,976					5,976
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		14,004	244				14,248
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		274					274
041 RADIOLOGY-DIAGNOSTIC		4,034	12,233				16,267
044 LABORATORY		411	7,022				7,433
049 RESPIRATORY THERAPY		1,603	612				2,215
050 PHYSICAL THERAPY		5,025	2,975				8,000
051 OCCUPATIONAL THERAPY			929				929
052 SPEECH PATHOLOGY			1,499				1,499
053 ELECTROCARDIOLOGY		2,322					2,322
054 ELECTROENCEPHALOGRAPHY			417				417
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ONCOLOGY		7,521					7,521
060 OUTPAT SERVICE COST CNTRS CLINIC		6,734	194				6,928
061 EMERGENCY			11,930				11,930
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY		1,551					1,551
095 SPEC PURPOSE COST CENTERS SUBTOTALS		103,845	92,833				196,678
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		496	378				874
098 PHYSICIANS' PRIVATE OFFIC		18,181					18,181
098 01 SOUTH CLINIC							
098 02 WEST CLINIC							
098 03 DIABETES CENTER		371					371
099 NONPAID WORKERS		298					298
099 01 ADULT/CHILD CARE		2,758					2,758
099 02 PHYSICIAN OFFICE BUILDING							
099 03 OPTIFAST/FOUNDATION							
100 PARTNERSHIP HFC		908					908
100 01 TRAFALGAR CLINIC							
100 02 EDINBURGH							
100 03 JAIL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		126,857	93,211				220,068

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	MAN ADMITTING	PATIENT ACCOUNTING	ADMINISTRATIVE & GENERAL
	5	5.01	5.02	5.03	5.04	5.05	6
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-TOWER							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	2,761						
005 01 COMMUNICATIONS	13	286					
005 02 DATA PROCESSING	50	36	1,382				
005 03 MATERIALS MANAGEMENT	24	6	12	2,705			
005 04 ADMITTING	48	7	63	16	5,110		
005 05 PATIENT ACCOUNTING	65	24	163	21		3,677	
006 ADMINISTRATIVE & GENERAL	142	24	163	57			5,702
008 OPERATION OF PLANT	72	11	10				295
009 LAUNDRY & LINEN SERVICE	11	2	2	9			24
010 HOUSEKEEPING	54	3		43			75
011 DIETARY	49	7	61	5			94
012 CAFETERIA	41						38
014 NURSING ADMINISTRATION	110	9	16	23			169
015 CENTRAL SERVICES & SUPPLY	8			14			17
016 PHARMACY	36	4	9	28			416
017 MEDICAL RECORDS & LIBRARY	56	12	47	4			99
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	432		140	92	596	428	718
026 INTENSIVE CARE UNIT	85		20	14	85	61	143
031 SUBPROVIDER	76		44	6	67	48	114
033 NURSERY	20				22	16	27
034 SKILLED NURSING FACILITY	82		29	8	41	30	111
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	141	17	64	112	351	252	288
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				1	59	43	3
041 RADIOLOGY-DIAGNOSTIC	183	18	109	180	1,036	749	438
044 LABORATORY	105	14	54	522	853	613	344
049 RESPIRATORY THERAPY	72	3	22	53	149	107	117
050 PHYSICAL THERAPY		3	24	10	176	127	153
051 OCCUPATIONAL THERAPY		1	3	8	111	79	62
052 SPEECH PATHOLOGY		3	5		34	24	19
053 ELECTROCARDIOLOGY	41	8	35	7	107	77	81
054 ELECTROENCEPHALOGRAPHY	4	1	6	1	3	2	6
055 MEDICAL SUPPLIES CHARGED					1,325	184	272
056 DRUGS CHARGED TO PATIENTS						576	414
059 ONCOLOGY	40	12	55	15	73	52	104
OUTPAT SERVICE COST CNTRS							
060 CLINIC	36	5	18	58	110	79	153
061 EMERGENCY	155	17	98	34	359	258	244
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	40	6	9	10	45	32	92
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,291	253	1,281	2,676	5,108	3,675	4,741
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4	3	9				13
098 PHYSICIANS' PRIVATE OFFIC	415	20	68	22	2	2	778
098 01 SOUTH CLINIC				5			35
098 02 WEST CLINIC							
098 03 DIABETES CENTER	5	1	7				7
099 NONPAID WORKERS							
099 01 ADULT/CHILD CARE	28	5	17	1			41
099 02 PHYSICIAN OFFICE BUILDING							70
099 03 OPTIFAST/FOUNDATION		3					1
100 PARTNERSHIP HFC	11	1					8
100 01 TRAFALGAR CLINIC				1			
100 02 EDINBURGH							
100 03 JAIL	7						8
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,761	286	1,382	2,705	5,110	3,677	5,702

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-TOWER							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 DATA PROCESSING							
005 03 MATERIALS MANAGEMENT							
005 04 ADMITTING							
005 05 PATIENT ACCOUNTING							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	23,264						
009 LAUNDRY & LINEN SERVICE	303	2,024					
010 HOUSEKEEPING	214	193	2,049				
011 DIETARY	541	26	49	3,813			
012 CAFETERIA	448		40		3,040		
014 NURSING ADMINISTRATION	962		87		90	6,771	
015 CENTRAL SERVICES & SUPPLY	214		19		22		1,476
016 PHARMACY	258		23		48		
017 MEDICAL RECORDS & LIBRARY	515		46		124		
018 SOCIAL SERVICE	31		3				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,280	721	386	2,291	713	2,960	
031 INTENSIVE CARE UNIT	298	163	27	224	107	443	
033 SUBPROVIDER	1,020	82	92	400	129	537	
034 NURSERY	79		7	187	29	119	
035 SKILLED NURSING FACILITY	1,084	177	98	711	164	680	
037 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,566	217	231		216	897	
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	50		4				
044 RADIOLOGY-DIAGNOSTIC	2,086	158	188		276		
049 LABORATORY	852		77		211		
050 RESPIRATORY THERAPY	359		32		105		
051 PHYSICAL THERAPY	1,241	23	112				
052 OCCUPATIONAL THERAPY	103		9				
054 SPEECH PATHOLOGY	166		15				
055 ELECTROCARDIOLOGY	421	21	38		47		
056 ELECTROENCEPHALOGRAPHY	46		4		6		
059 MEDICAL SUPPLIES CHARGED							1,476
060 DRUGS CHARGED TO PATIENTS							
061 ONCOLOGY	1,364		123		64		
062 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,243	20	112		64	267	
061 EMERGENCY	1,321	203	119		209	868	
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	281		25		68		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	22,346	2,004	1,966	3,813	2,692	6,771	1,476
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	132		12		10		
098 PHYSICIANS' PRIVATE OFFIC		20			210		
098 01 SOUTH CLINIC							
098 02 WEST CLINIC							
098 03 DIABETES CENTER	67		6		6		
099 NONPAID WORKERS	54		5				
099 01 ADULT/CHILD CARE	500		45		95		
099 02 PHYSICIAN OFFICE BUILDING							
099 03 OPTIFAST/FOUNDATION							
100 PARTNERSHIP HFC	165		15		20		
100 01 TRAFALGAR CLINIC							
100 02 EDINBURGH							
100 03 JAIL					7		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	23,264	2,024	2,049	3,813	3,040	6,771	1,476

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	16	17	18	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-TOWER						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
005 01 COMMUNICATIONS						
005 02 DATA PROCESSING						
005 03 MATERIALS MANAGEMENT						
005 04 ADMITTING						
005 05 PATIENT ACCOUNTING						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	2,246					
017 MEDICAL RECORDS & LIBRARY		3,742				
018 SOCIAL SERVICE			205			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS		447	153	47,874		47,874
031 INTENSIVE CARE UNIT		64	8	4,666		4,666
033 SUBPROVIDER		50	8	11,885		11,885
034 NURSERY		17	26	984		984
035 SKILLED NURSING FACILITY		31	10	9,232		9,232
037 NURSING FACILITY						
039 ANCILLARY SRVC COST CNTRS						
040 OPERATING ROOM		263		19,863		19,863
041 DELIVERY ROOM & LABOR ROD						
044 ANESTHESIOLOGY		44		478		478
049 RADIOLOGY-DIAGNOSTIC		686		22,374		22,374
050 LABORATORY		640		11,718		11,718
051 RESPIRATORY THERAPY		112		3,346		3,346
052 PHYSICAL THERAPY		132		10,001		10,001
053 OCCUPATIONAL THERAPY		83		1,388		1,388
054 SPEECH PATHOLOGY		25		1,790		1,790
055 ELECTROCARDIOLOGY		80		3,285		3,285
056 ELECTROENCEPHALOGRAPHY		2		498		498
059 MEDICAL SUPPLIES CHARGED		192		3,704		3,704
060 DRUGS CHARGED TO PATIENTS	2,246	432		3,693		3,693
061 ONCOLOGY		54		9,477		9,477
062 OUTPAT SERVICE COST CNTRS						
066 CLINIC		83		9,176		9,176
061 EMERGENCY		269		16,084		16,084
062 OBSERVATION BEDS (NON-DIS						
071 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY		34		2,193		2,193
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	2,246	3,740	205	193,709		193,709
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				1,057		1,057
098 PHYSICIANS' PRIVATE OFFIC		2		19,720		19,720
098 01 SOUTH CLINIC				40		40
098 02 WEST CLINIC						
098 03 DIABETES CENTER				470		470
099 NONPAID WORKERS				357		357
099 01 ADULT/CHILD CARE				3,490		3,490
099 02 PHYSICIAN OFFICE BUILDING				70		70
099 03 OPTIFAST/FOUNDATION				4		4
100 PARTNERSHIP HFC				1,128		1,128
100 01 TRAFALGAR CLINIC				1		1
100 02 EDINBURGH						
100 03 JAIL				22		22
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	2,246	3,742	205	220,068		220,068

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0001 I PERIOD: 1/ 1/2008 I PREPARED 5/22/2009
 I FROM 1/ 1/2008 I WORKSHEET B
 I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-TOWER	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	1.01	2	3	4	4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-TOWER							
003 03 OLD CAP REL COSTS-MVBLE E							
004 04 NEW CAP REL COSTS-BLDG &							
005 05 NEW CAP REL COSTS-MVBLE E							
005 01 EMPLOYEE BENEFITS					19,251	1,229	20,480
005 02 COMMUNICATIONS					1,907	6,317	8,224
005 03 DATA PROCESSING					8,543	867,714	876,257
005 04 MATERIALS MANAGEMENT					18,562	11,022	29,584
005 05 ADMITTING					28,910	2,142	31,052
006 05 PATIENT ACCOUNTING					19,585	9,625	29,210
008 ADMINISTRATIVE & GENERAL					37,060	11,090	48,150
009 OPERATION OF PLANT					124,663	16,061	140,724
010 LAUNDRY & LINEN SERVICE					11,663	11,142	22,805
011 HOUSEKEEPING					8,233	5,168	13,401
012 DIETARY					20,784	59,416	80,200
014 CAFETERIA					17,237		17,237
015 NURSING ADMINISTRATION					36,983	89,430	126,413
016 CENTRAL SERVICES & SUPPLY					8,243	25,323	33,566
017 PHARMACY					9,926	3,263	13,189
018 MEDICAL RECORDS & LIBRARY					19,789	8,580	28,369
018 SOCIAL SERVICE					1,189		1,189
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					164,519	138,587	303,106
031 INTENSIVE CARE UNIT					13,070	34,478	47,548
033 SUBPROVIDER					39,219	17,575	56,794
034 NURSERY					3,032		3,032
035 SKILLED NURSING FACILITY					41,660		41,660
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM					98,664	234,752	333,416
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					1,911		1,911
044 RADIOLOGY-DIAGNOSTIC					80,205	752,324	832,529
049 LABORATORY					32,762	98,401	131,163
050 RESPIRATORY THERAPY					13,783	38,613	52,396
051 PHYSICAL THERAPY					47,700	15,073	62,773
052 OCCUPATIONAL THERAPY					3,954	1,920	5,874
053 SPEECH PATHOLOGY					6,380	442	6,822
054 ELECTROCARDIOLOGY					16,189	52,401	68,590
055 ELECTROENCEPHALOGRAPHY					1,776	3,664	5,440
056 MEDICAL SUPPLIES CHARGED						129	129
059 DRUGS CHARGED TO PATIENTS							
059 ONCOLOGY					52,430	210,308	262,738
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					47,772	24,059	71,831
062 EMERGENCY					50,790	49,104	99,894
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					10,809	642	11,451
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS					1,119,153	2,799,994	3,919,147
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					5,070	198	5,268
098 PHYSICIANS' PRIVATE OFFIC					126,730	65,854	192,584
098 01 SOUTH CLINIC							
098 02 WEST CLINIC							
098 03 DIABETES CENTER					2,586	41	2,627
099 NONPAID WORKERS					2,076		2,076
099 01 ADULT/CHILD CARE					19,226	864	20,090
099 02 PHYSICIAN OFFICE BUILDING							
099 03 OPTIFAST/FOUNDATION							
100 PARTNERSHIP HFC					6,331		6,331
100 01 TRAFALGAR CLINIC						193	193
100 02 EDINBURGH							
100 03 JAIL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					1,281,172	2,867,144	4,148,316

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	MAN ADMITTING	PATIENT ACCOUNTING	ADMINISTRATIVE & GENERAL
	5	5.01	5.02	5.03	5.04	5.05	6
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-TOWER							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	20,480						
005 01 COMMUNICATIONS	98	8,322					
005 02 DATA PROCESSING	373	1,078	877,708				
005 03 MATERIALS MANAGEMENT	177	164	7,593	37,518			
005 04 ADMITTING	357	191	39,735	221	71,556		
005 05 PATIENT ACCOUNTING	484	711	105,789	289		136,483	
006 ADMINISTRATIVE & GENERAL	1,055	702	103,260	784			153,951
008 OPERATION OF PLANT	533	328	6,327	4			7,991
009 LAUNDRY & LINEN SERVICE	85	46	1,265	130			644
010 HOUSEKEEPING	399	82		591			2,036
011 DIETARY	365	210	38,469	72			2,544
012 CAFETERIA	302						1,039
014 NURSING ADMINISTRATION	815	255	10,377	313			4,561
015 CENTRAL SERVICES & SUPPLY	59			195			464
016 PHARMACY	264	128	5,568	384			11,267
017 MEDICAL RECORDS & LIBRARY	413	337	29,611	54			2,681
018 SOCIAL SERVICE							3
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,238		89,087	1,271	8,382	15,982	19,423
026 INTENSIVE CARE UNIT	630		12,401	190	1,195	2,279	3,868
031 SUBPROVIDER	562		28,093	79	943	1,798	3,096
033 NURSERY	149				316	603	731
034 SKILLED NURSING FACILITY	606		18,222	106	582	1,109	2,997
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,046	501	40,747	1,550	4,931	9,402	7,791
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				7	833	1,588	82
041 RADIOLOGY-DIAGNOSTIC	1,358	520	69,346	2,496	14,248	27,212	11,847
044 LABORATORY	781	419	34,167	7,228	12,000	22,881	9,306
049 RESPIRATORY THERAPY	530	73	13,667	730	2,094	3,992	3,173
050 PHYSICAL THERAPY		100	14,932	132	2,481	4,731	4,128
051 OCCUPATIONAL THERAPY		36	2,025	112	1,554	2,964	1,687
052 SPEECH PATHOLOGY		91	3,290	2	471	898	503
053 ELECTROCARDIOLOGY	302	228	22,525	99	1,509	2,877	2,184
054 ELECTROENCEPHALOGRAPHY	26	18	3,543	14	39	75	167
055 MEDICAL SUPPLIES CHARGED				18,411	3,592	6,849	7,356
056 DRUGS CHARGED TO PATIENTS					8,099	15,442	677
059 ONCOLOGY	295	337	34,926	208	1,021	1,947	2,827
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	264	146	11,136	809	1,550	2,955	4,143
061 EMERGENCY	1,150	483	62,260	475	5,050	9,629	6,590
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	294	164	5,568	141	633	1,207	2,497
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	17,010	7,348	813,929	37,097	71,523	136,420	128,303
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	32	100	5,568	2			360
098 PHYSICIANS' PRIVATE OFFIC	3,070	583	43,025	306	33	63	20,674
098 01 SOUTH CLINIC				74			939
098 02 WEST CLINIC							
098 03 DIABETES CENTER	33	27	4,556	5			200
099 NONPAID WORKERS							10
099 01 ADULT/CHILD CARE	208	137	10,630	19			1,113
099 02 PHYSICIAN OFFICE BUILDING							1,899
099 03 OPTIFAST/FOUNDATION		100		2			17
100 PARTNERSHIP HFC	78	27					219
100 01 TRAFALGAR CLINIC				13			1
100 02 EDINBURGH							
100 03 JAIL	49						216
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	20,480	8,322	877,708	37,518	71,556	136,483	153,951

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-TOWER							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 NEW CAP REL COSTS-BLDG &							
004 04 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 DATA PROCESSING							
005 03 MATERIALS MANAGEMENT							
005 04 ADMITTING							
005 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATIVE & GENERAL							
008 08 OPERATION OF PLANT	155,907						
009 09 LAUNDRY & LINEN SERVICE	2,033	27,008					
010 10 HOUSEKEEPING	1,435	2,570	20,514				
011 11 DIETARY	3,623	353	488	126,324			
012 12 CAFETERIA	3,005		404		21,987		
014 14 NURSING ADMINISTRATION	6,447		868		649	150,698	
015 15 CENTRAL SERVICES & SUPPLY	1,437		193		157		36,071
016 16 PHARMACY	1,730		233		346		
017 17 MEDICAL RECORDS & LIBRARY	3,450		464		894		
018 18 SOCIAL SERVICE	207		28				
025 25 INPAT ROUTINE SRVC CNTRS							
026 26 ADULTS & PEDIATRICS	28,679	9,621	3,856	75,901	5,159	65,887	
031 31 INTENSIVE CARE UNIT	1,999	2,173	269	7,425	773	9,870	
033 33 SUBPROVIDER	6,837	1,093	920	13,254	935	11,942	
034 34 NURSERY	529		71	6,188	207	2,643	
035 35 SKILLED NURSING FACILITY	7,262	2,361	977	23,556	1,185	15,139	
037 37 NURSING FACILITY							
039 39 ANCILLARY SRVC COST CNTRS							
040 40 OPERATING ROOM	17,199	2,892	2,315		1,562	19,954	
041 41 DELIVERY ROOM & LABOR ROO							
044 44 ANESTHESIOLOGY	333		45				
049 49 RADIOLOGY-DIAGNOSTIC	13,981	2,109	1,882		1,994		
050 50 LABORATORY	5,711		769		1,528		
051 51 RESPIRATORY THERAPY	2,403		323		757		
052 52 PHYSICAL THERAPY	8,315	302	1,119				
053 53 OCCUPATIONAL THERAPY	689		93				
054 54 SPEECH PATHOLOGY	1,112		150				
055 55 ELECTROCARDIOLOGY	2,822	282	380		343		
056 56 ELECTROENCEPHALOGRAPHY	310		42		43		
059 59 MEDICAL SUPPLIES CHARGED							36,071
060 60 DRUGS CHARGED TO PATIENTS							
061 61 ONCOLOGY	9,140		1,230		463		
062 62 OUTPAT SERVICE COST CNTRS							
066 66 CLINIC	8,328	265	1,121		465	5,939	
067 67 EMERGENCY	8,854	2,714	1,191		1,513	19,324	
071 71 OBSERVATION BEDS (NON-DIS							
077 77 OTHER REIMBURS COST CNTRS							
095 95 HOME HEALTH AGENCY	1,884		254		492		
096 96 SPEC PURPOSE COST CENTERS							
097 97 SUBTOTALS	149,754	26,735	19,685	126,324	19,465	150,698	36,071
098 98 NONREIMBURS COST CENTERS							
099 99 GIFT, FLOWER, COFFEE SHOP	884		119		74		
100 100 PHYSICIANS' PRIVATE OFFIC		273			1,521		
101 101 SOUTH CLINIC							
102 102 WEST CLINIC							
103 103 DIABETES CENTER	451		61		46		
104 104 NONPAID WORKERS	362		49				
105 105 ADULT/CHILD CARE	3,352		451		684		
106 106 PHYSICIAN OFFICE BUILDING							
107 107 OPTIFAST/FOUNDATION							
108 108 PARTNERSHIP HFC	1,104		149		145		
109 109 TRAFALGAR CLINIC							
110 110 EDINBURGH							
111 111 JAIL					52		
112 112 CROSS FOOT ADJUSTMENTS							
113 113 NEGATIVE COST CENTER							
103 103 TOTAL	155,907	27,008	20,514	126,324	21,987	150,698	36,071

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	16	17	18	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-TOWER						
002 01 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
005 01 COMMUNICATIONS						
005 02 DATA PROCESSING						
005 03 MATERIALS MANAGEMENT						
005 04 ADMITTING						
005 05 PATIENT ACCOUNTING						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	33,109					
017 MEDICAL RECORDS & LIBRARY		66,273				
018 SOCIAL SERVICE			1,427			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS		7,768	1,069	638,429		638,429
031 INTENSIVE CARE UNIT		1,107	52	91,779		91,779
033 SUBPROVIDER		874	57	127,277		127,277
034 NURSERY		293	178	14,940		14,940
035 SKILLED NURSING FACILITY		539	71	116,372		116,372
037 NURSING FACILITY						
039 ANCILLARY SRVC COST CNTRS						
040 OPERATING ROOM		4,570		447,876		447,876
041 DELIVERY ROOM & LABOR ROO						
044 ANESTHESIOLOGY		772		5,571		5,571
049 RADIOLOGY-DIAGNOSTIC		13,166		992,688		992,688
050 LABORATORY		11,120		237,073		237,073
051 RESPIRATORY THERAPY		1,940		82,078		82,078
052 PHYSICAL THERAPY		2,299		101,312		101,312
053 OCCUPATIONAL THERAPY		1,440		16,474		16,474
054 SPEECH PATHOLOGY		437		13,776		13,776
055 ELECTROCARDIOLOGY		1,398		103,539		103,539
056 ELECTROENCEPHALOGRAPHY		36		9,753		9,753
059 MEDICAL SUPPLIES CHARGED		3,329		75,737		75,737
060 DRUGS CHARGED TO PATIENTS	33,109	7,505		64,832		64,832
061 ONCOLOGY		946		316,078		316,078
062 OUTPAT SERVICE COST CNTRS						
071 CLINIC		1,436		110,388		110,388
095 EMERGENCY		4,680		223,807		223,807
096 OBSERVATION BEDS (NON-DIS						
098 OTHER REIMBURS COST CNTRS						
099 HOME HEALTH AGENCY		587		25,172		25,172
100 SPEC PURPOSE COST CENTERS						
101 SUBTOTALS	33,109	66,242	1,427	3,814,951		3,814,951
102 NONREIMBURS COST CENTERS						
103 GIFT, FLOWER, COFFEE SHOP				12,407		12,407
098 PHYSICIANS' PRIVATE OFFIC		31		262,163		262,163
098 01 SOUTH CLINIC				1,013		1,013
098 02 WEST CLINIC						
098 03 DIABETES CENTER				8,006		8,006
099 NONPAID WORKERS				2,497		2,497
099 01 ADULT/CHILD CARE				36,684		36,684
099 02 PHYSICIAN OFFICE BUILDING				1,899		1,899
099 03 OPTIFAST/FOUNDATION				119		119
100 PARTNERSHIP HFC				8,053		8,053
100 01 TRAFALGAR CLINIC				207		207
100 02 EDINBURGH						
100 03 JAIL				317		317
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	33,109	66,273	1,427	4,148,316		4,148,316

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG & (SQUARE FEET)	OSTS-TOWER (TOWER)Q FT	OSTS-MVBLE E S(TOTAL) FEET	OSTS-BLDG & (TOTAL) FEET	OSTS-MVBLE E (DOLLAR)VALUE	FITS (GROSS) SALARIES)
	1	1.01	2	3	4	5
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	182,285					
002 OLD CAP REL COSTS-TOW		81,795				
003 OLD CAP REL COSTS-MVB			264,079			
004 NEW CAP REL COSTS-BLD				264,079		
005 NEW CAP REL COSTS-MVB					2,843,308	
005 EMPLOYEE BENEFITS	3,968		3,968	3,968	1,219	32,902,080
005 01 COMMUNICATIONS	393		393	393	6,264	158,132
005 02 DATA PROCESSING	1,604	158	1,761	1,761	860,500	600,114
005 03 MATERIALS MANAGEMENT	3,826		3,826	3,826	10,930	284,907
005 04 ADMITTING	4,090	1,869	5,959	5,959	2,124	574,569
005 05 PATIENT ACCOUNTING	2,696	1,341	4,037	4,037	9,545	777,421
006 ADMINISTRATIVE & GENE	7,639		7,639	7,639	10,998	1,695,717
008 OPERATION OF PLANT	14,442	11,254	25,696	25,696	15,927	856,224
009 LAUNDRY & LINEN SERVI	2,404		2,404	2,404	11,049	136,274
010 HOUSEKEEPING	1,052	645	1,697	1,697	5,125	641,855
011 DIETARY	4,284		4,284	4,284	58,922	586,311
012 CAFETERIA	3,553		3,553	3,553		486,195
014 NURSING ADMINISTRATIO	7,623		7,623	7,623	88,687	1,311,065
015 CENTRAL SERVICES & SU	1,699		1,699	1,699	25,112	94,478
016 PHARMACY	2,046		2,046	2,046	3,236	423,810
017 MEDICAL RECORDS & LIB	4,079		4,079	4,079	8,509	664,743
018 SOCIAL SERVICE	245		245	245		
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	11,557	22,354	33,911	33,911	137,435	5,184,228
026 INTENSIVE CARE UNIT	330	2,364	2,694	2,694	34,191	1,012,320
031 SUBPROVIDER		8,084	8,084	8,084	17,429	902,752
033 NURSERY	625		625	625		238,854
034 SKILLED NURSING FACIL	8,587		8,587	8,587		973,600
035 NURSING FACILITY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	20,123	214	20,337	20,337	232,800	1,681,249
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	394		394	394		
041 RADIOLOGY-DIAGNOSTIC	5,797	10,735	16,532	16,532	746,070	2,182,504
044 LABORATORY	591	6,162	6,753	6,753	97,583	1,255,731
049 RESPIRATORY THERAPY	2,304	537	2,841	2,841	38,292	851,732
050 PHYSICAL THERAPY	7,221	2,611	9,832	9,832	14,948	
051 OCCUPATIONAL THERAPY		815	815	815	1,904	
052 SPEECH PATHOLOGY		1,315	1,315	1,315	438	
053 ELECTROCARDIOLOGY	3,337		3,337	3,337	51,965	485,214
054 ELECTROENCEPHALOGRAPH		366	366	366	3,634	41,940
055 MEDICAL SUPPLIES CHAR					128	
056 DRUGS CHARGED TO PATI						
059 ONCOLOGY	10,807		10,807	10,807	208,560	474,420
060 OUTPAT SERVICE COST C						
060 CLINIC	9,677	170	9,847	9,847	23,859	424,775
061 EMERGENCY		10,469	10,469	10,469	48,696	1,848,326
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	2,228		2,228	2,228	637	472,292
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	149,221	81,463	230,683	230,683	2,776,716	27,321,752
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	713	332	1,045	1,045	196	50,808
098 PHYSICIANS' PRIVATE O	26,122		26,122	26,122	65,307	4,935,068
098 01 SOUTH CLINIC						
098 02 WEST CLINIC						
098 03 DIABETES CENTER	533		533	533	41	53,767
099 NONPAID WORKERS	428		428	428		
099 01 ADULT/CHILD CARE	3,963		3,963	3,963	857	335,027
099 02 PHYSICIAN OFFICE BUIL						
099 03 OPTIFAST/FOUNDATION						
100 PARTNERSHIP HFC	1,305		1,305	1,305		126,202
100 01 TRAFALGAR CLINIC					191	
100 02 EDINBURGH						
100 03 JAIL						79,456
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	126,857	93,211		1,281,172	2,867,144	9,955,867
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.695927	1.139568		4.851472	1.008383	.302591
104 (WRKSHT B, PT I)						2,761
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						.000084
106 (WRKSHT B, PT II)						20,480
107 COST TO BE ALLOCATED						
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG &	OSTS-TOWER	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS
	(SQUARE FEET	(TOWER)Q FT	S(TOTAL) FEET	(TOTAL) FEET	(DOLLAR)VALUE	(GROSS) SALARIES)
	1	1.01	2	3	4	5
NONREIMBURS COST CENT (WRKSHT B, PT III)						.000622

	COST CENTER DESCRIPTION	COMMUNICATIONS		DATA PROCESSING	MATERIALS MANAGEMENT	MAN ADMITTING	PATIENT ACCOUNTING	ADMINISTRATIVE & GENERAL	
		(# NON PT HONES	PT	P(WORK)RDERS	O(SUPPLY)USAGE	(GROSS)EVENUE	R(GROSS)EVENUE	R RECONCIL-) IATION	(ACCUM. COST)
		5.01		5.02	5.03	5.04	5.05	6a.00	6
001	GENERAL SERVICE COST								
001	01 OLD CAP REL COSTS-BLD								
002	01 OLD CAP REL COSTS-TOW								
003	02 OLD CAP REL COSTS-MVB								
004	03 NEW CAP REL COSTS-BLD								
005	03 NEW CAP REL COSTS-MVB								
005	05 EMPLOYEE BENEFITS								
005	01 COMMUNICATIONS		913						
005	02 DATA PROCESSING		118	3,468					
005	03 MATERIALS MANAGEMENT		18	30	6,354,650				
005	04 ADMITTING		21	157	37,354	159,084,273			
005	05 PATIENT ACCOUNTING		78	418	48,950		159,084,273		
006	ADMINISTRATIVE & GENE		77	408	132,793			-5,066,551	73,886,357
008	OPERATION OF PLANT		36	25	750				3,834,281
009	LAUNDRY & LINEN SERVI		5	5	21,956				309,039
010	HOUSEKEEPING		9		100,093				976,839
011	DIETARY		23	152	12,174				1,220,520
012	CAFETERIA								498,540
014	NURSING ADMINISTRATIO		28	41	53,054				2,188,600
015	CENTRAL SERVICES & SU				32,982				222,430
016	PHARMACY		14	22	64,976				5,406,324
017	MEDICAL RECORDS & LIB		37	117	9,207				1,286,579
018	SOCIAL SERVICE								1,360
025	INPAT ROUTINE SRVC CN								
025	ADULTS & PEDIATRICS			352	215,282	18,627,333	18,627,333		9,320,153
026	INTENSIVE CARE UNIT			49	32,195	2,655,684	2,655,684		1,855,835
031	SUBPROVIDER			111	13,353	2,095,859	2,095,859		1,485,684
033	NURSERY					702,459	702,459		350,729
034	SKILLED NURSING FACIL			72	18,026	1,292,907	1,292,907		1,438,235
035	NURSING FACILITY								231
037	ANCILLARY SRVC COST C								
037	OPERATING ROOM		55	161	262,596	10,958,057	10,958,057		3,738,665
039	DELIVERY ROOM & LABOR								
040	ANESTHESIOLOGY				1,216	1,850,429	1,850,429		39,471
041	RADIOLOGY-DIAGNOSTIC		57	274	422,791	31,728,660	31,728,660		5,684,761
044	LABORATORY		46	135	1,224,231	26,667,398	26,667,398		4,465,600
049	RESPIRATORY THERAPY		8	54	123,615	4,653,092	4,653,092		1,522,772
050	PHYSICAL THERAPY		11	59	22,432	5,514,077	5,514,077		1,980,938
051	OCCUPATIONAL THERAPY		4	8	19,050	3,454,278	3,454,278		809,286
052	SPEECH PATHOLOGY		10	13	329	1,047,021	1,047,021		241,234
053	ELECTROCARDIOLOGY		25	89	16,778	3,353,432	3,353,432		1,047,768
054	ELECTROENCEPHALOGRAPH		2	14	2,440	87,240	87,240		80,177
055	MEDICAL SUPPLIES CHAR				3,118,061	7,982,836	7,982,836		3,529,827
056	DRUGS CHARGED TO PATI					17,997,847	17,997,847		324,861
059	ONCOLOGY		37	138	35,294	2,269,024	2,269,024		1,356,384
060	OUTPAT SERVICE COST C								
060	CLINIC		16	44	137,101	3,443,710	3,443,710		1,988,171
061	EMERGENCY		53	246	80,381	11,222,199	11,222,199		3,162,350
062	OBSERVATION BEDS (NON								
062	OTHER REIMBURS COST C								
071	HOME HEALTH AGENCY		18	22	23,886	1,406,972	1,406,972		1,198,129
071	SPEC PURPOSE COST CEN								
095	SUBTOTALS		806	3,216	6,283,346	159,010,514	159,010,514	-5,066,551	61,565,773
095	NONREIMBURS COST CENT								
096	GIFT, FLOWER, COFFEE		11	22	373				172,532
098	PHYSICIANS' PRIVATE O		64	170	51,838	73,759	73,759		9,934,275
098	01 SOUTH CLINIC				12,591				450,777
098	02 WEST CLINIC								
098	03 DIABETES CENTER		3	18	786				95,956
099	NONPAID WORKERS								4,970
099	01 ADULT/CHILD CARE		15	42	3,168				534,110
099	02 PHYSICIAN OFFICE BUIL								911,059
099	03 OPTIFAST/FOUNDATION		11		309				8,130
100	PARTNERSHIP HFC		3						104,918
100	01 TRAFALGAR CLINIC				2,239				358
100	02 EDINBURGH								
100	03 JAIL								103,499
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED		335,034	2,110,903	469,202	929,832	1,941,653		5,066,551
103	(WRKSHT B, PART I)								
104	UNIT COST MULTIPLIER			608.680219		.005845			
104	(WRKSHT B, PT I)		366.959474		.073836		.012205		.068572
105	COST TO BE ALLOCATED		286	1,382	2,705	5,110	3,677		5,702
105	(WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER			.398501		.000032			
106	(WRKSHT B, PT II)		.313253		.000426		.000023		.000077
107	COST TO BE ALLOCATED		8,322	877,708	37,518	71,556	136,483		153,951
107	(WRKSHT B, PART III)								
108	UNIT COST MULTIPLIER			253.087659		.000450			

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	COMMUNICATION DATA		PROCESSI	MATERIALS	MAN ADMITTING	PATIENT ACCOU	ADMINISTRATIV	
	S	NG	AGEMENT			NTING	E & GENERAL	
	(# NON PT HONES	P(WORK)RDERS	O(SUPPLY)USAGE	(GROSS)VENUE	5.04	R(GROSS)VENUE	R RECONCIL-) IATION	(ACCUM. COST)
	5.01		5.02	5.03		5.05	6a.00	6
NONREIMBURS COST CENT (WRKSHT B, PT III)	9.115005			.005904		.000858		.002084

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	(SQUARE FEET	(POUNDS OF) LAUNDRY	(SQUARE) FEET	(MEALS)ERVED	S(HOURS)AID	P(DIRECT)SING HRS	NR(COSTED)EQUIS.
NONREIMBURS COST CENT (WRKSH T B, PT III)	8	9	10	11	12	14	15
	.845721		.113810		.024992		360.710000

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECOR DS & LIBRARY R(GROSS)REVENUE	SOCIAL SERVIC E R(DISCHARG)
	16	17	18
GENERAL SERVICE COST			
001 OLD CAP REL COSTS-BLD			
001 01 OLD CAP REL COSTS-TOW			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
005 01 COMMUNICATIONS			
005 02 DATA PROCESSING			
005 03 MATERIALS MANAGEMENT			
005 04 ADMITTING			
005 05 PATIENT ACCOUNTING			
006 ADMINISTRATIVE & GENE			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIO			
015 CENTRAL SERVICES & SU			
016 PHARMACY	100		
017 MEDICAL RECORDS & LIB		159,084,273	
018 SOCIAL SERVICE			5,069
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS		18,627,333	3,795
026 INTENSIVE CARE UNIT		2,655,684	186
031 SUBPROVIDER		2,095,859	202
033 NURSERY		702,459	634
034 SKILLED NURSING FACIL		1,292,907	252
035 NURSING FACILITY			
ANCILLARY SRVC COST C			
037 OPERATING ROOM		10,958,057	
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY		1,850,429	
041 RADIOLOGY-DIAGNOSTIC		31,728,660	
044 LABORATORY		26,667,398	
049 RESPIRATORY THERAPY		4,653,092	
050 PHYSICAL THERAPY		5,514,077	
051 OCCUPATIONAL THERAPY		3,454,278	
052 SPEECH PATHOLOGY		1,047,021	
053 ELECTROCARDIOLOGY		3,353,432	
054 ELECTROENCEPHALOGRAPH		87,240	
055 MEDICAL SUPPLIES CHAR		7,982,836	
056 DRUGS CHARGED TO PATI	100	17,997,847	
059 ONCOLOGY		2,269,024	
OUTPAT SERVICE COST C			
060 CLINIC		3,443,710	
061 EMERGENCY		11,222,199	
062 OBSERVATION BEDS (NON			
OTHER REIMBURS COST C			
071 HOME HEALTH AGENCY		1,406,972	
SPEC PURPOSE COST CEN			
095 SUBTOTALS	100	159,010,514	5,069
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O		73,759	
098 01 SOUTH CLINIC			
098 02 WEST CLINIC			
098 03 DIABETES CENTER			
099 NONPAID WORKERS			
099 01 ADULT/CHILD CARE			
099 02 PHYSICIAN OFFICE BUIL			
099 03 OPTIFAST/FOUNDATION			
100 PARTNERSHIP HFC			
100 01 TRAFALGAR CLINIC			
100 02 EDINBURGH			
100 03 JAIL			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	5,845,183	1,516,523	8,418
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		.009533	
(WRKSHT B, PT I)	58,451.830000		1.660683
105 COST TO BE ALLOCATED	2,246	3,742	205
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER		.000024	
(WRKSHT B, PT II)	22.460000		.040442
107 COST TO BE ALLOCATED	33,109	66,273	1,427
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.000417	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET 8-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	(COSTED EQUIS.	R(GROSS)EVENUE	R(DISCHARG)
	16	17	18
NONREIMBURS COST CENT (WRKSHT B, PT III)	331.090000		.281515

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	13,377,789		13,377,789		13,377,789
26	INTENSIVE CARE UNIT	2,381,764		2,381,764		2,381,764
31	SUBPROVIDER	2,234,286		2,234,286		2,234,286
33	NURSERY	521,501		521,501		521,501
34	SKILLED NURSING FACILITY	2,386,844		2,386,844		2,386,844
35	NURSING FACILITY	247		247		247
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,104,586		5,104,586		5,104,586
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	71,019		71,019		71,019
41	RADIOLOGY-DIAGNOSTIC	6,934,425		6,934,425		6,934,425
44	LABORATORY	5,262,049		5,262,049		5,262,049
49	RESPIRATORY THERAPY	1,774,145		1,774,145		1,774,145
50	PHYSICAL THERAPY	2,453,131		2,453,131		2,453,131
51	OCCUPATIONAL THERAPY	920,879		920,879		920,879
52	SPEECH PATHOLOGY	305,140		305,140		305,140
53	ELECTROCARDIOLOGY	1,260,349		1,260,349		1,260,349
54	ELECTROENCEPHALOGRAPHY	98,159		98,159		98,159
55	MEDICAL SUPPLIES CHARGED	4,138,469		4,138,469		4,138,469
56	DRUGS CHARGED TO PATIENTS	6,363,893		6,363,893		6,363,893
59	ONCOLOGY	1,791,584		1,791,584		1,791,584
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,555,868		2,555,868		2,555,868
61	EMERGENCY	4,196,039		4,196,039	4,442	4,200,481
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,840,249		1,840,249		1,840,249
101	SUBTOTAL	65,972,415		65,972,415	4,442	65,976,857
102	LESS OBSERVATION BEDS	1,840,249		1,840,249		1,840,249
103	TOTAL	64,132,166		64,132,166	4,442	64,136,608

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,554,182		16,554,182			
26	INTENSIVE CARE UNIT	2,655,684		2,655,684			
31	SUBPROVIDER	2,095,859		2,095,859			
33	NURSERY	702,459		702,459			
34	SKILLED NURSING FACILITY	1,292,907		1,292,907			
35	NURSING FACILITY						
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	3,671,653	7,286,404	10,958,057	.465829	.465829	.465829
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	618,382	1,232,047	1,850,429	.038380	.038380	.038380
41	RADIOLOGY-DIAGNOSTIC	5,599,937	26,128,723	31,728,660	.218554	.218554	.218554
44	LABORATORY	8,778,894	17,888,504	26,667,398	.197321	.197321	.197321
49	RESPIRATORY THERAPY	2,555,655	2,097,437	4,653,092	.381283	.381283	.381283
50	PHYSICAL THERAPY	2,411,572	3,102,505	5,514,077	.444885	.444885	.444885
51	OCCUPATIONAL THERAPY	2,353,312	1,100,966	3,454,278	.266591	.266591	.266591
52	SPEECH PATHOLOGY	635,906	411,115	1,047,021	.291436	.291436	.291436
53	ELECTROCARDIOLOGY	1,265,226	2,088,206	3,353,432	.375839	.375839	.375839
54	ELECTROENCEPHALOGRAPHY	41,070	46,170	87,240	1.125160	1.125160	1.125160
55	MEDICAL SUPPLIES CHARGED	4,018,679	3,964,157	7,982,836	.518421	.518421	.518421
56	DRUGS CHARGED TO PATIENTS	8,881,109	9,116,738	17,997,847	.353592	.353592	.353592
59	ONCOLOGY	51,559	2,217,465	2,269,024	.789584	.789584	.789584
60	OUTPAT SERVICE COST CNTRS CLINIC	45,951	3,397,759	3,443,710	.742184	.742184	.742184
61	EMERGENCY	2,646,700	8,575,499	11,222,199	.373905	.373905	.374301
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,073,151	2,073,151	.887658	.887658	.887658
101	SUBTOTAL	66,876,696	90,726,846	157,603,542			
102	LESS OBSERVATION BEDS						
103	TOTAL	66,876,696	90,726,846	157,603,542			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	13,377,789		13,377,789		13,377,789
26	INTENSIVE CARE UNIT	2,381,764		2,381,764		2,381,764
31	SUBPROVIDER	2,234,286		2,234,286		2,234,286
33	NURSERY	521,501		521,501		521,501
34	SKILLED NURSING FACILITY	2,386,844		2,386,844		2,386,844
35	NURSING FACILITY	247		247		247
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,104,586		5,104,586		5,104,586
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	71,019		71,019		71,019
41	RADIOLOGY-DIAGNOSTIC	6,934,425		6,934,425		6,934,425
44	LABORATORY	5,262,049		5,262,049		5,262,049
49	RESPIRATORY THERAPY	1,774,145		1,774,145		1,774,145
50	PHYSICAL THERAPY	2,453,131		2,453,131		2,453,131
51	OCCUPATIONAL THERAPY	920,879		920,879		920,879
52	SPEECH PATHOLOGY	305,140		305,140		305,140
53	ELECTROCARDIOLOGY	1,260,349		1,260,349		1,260,349
54	ELECTROENCEPHALOGRAPHY	98,159		98,159		98,159
55	MEDICAL SUPPLIES CHARGED	4,138,469		4,138,469		4,138,469
56	DRUGS CHARGED TO PATIENTS	6,363,893		6,363,893		6,363,893
59	ONCOLOGY	1,791,584		1,791,584		1,791,584
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,555,868		2,555,868		2,555,868
61	EMERGENCY	4,196,039		4,196,039	4,442	4,200,481
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,840,249		1,840,249		1,840,249
101	SUBTOTAL	65,972,415		65,972,415	4,442	65,976,857
102	LESS OBSERVATION BEDS	1,840,249		1,840,249		1,840,249
103	TOTAL	64,132,166		64,132,166	4,442	64,136,608

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:
I 15-0001
I

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

I PREPARED 5/22/2009
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,554,182		16,554,182			
26	INTENSIVE CARE UNIT	2,655,684		2,655,684			
31	SUBPROVIDER	2,095,859		2,095,859			
33	NURSERY	702,459		702,459			
34	SKILLED NURSING FACILITY	1,292,907		1,292,907			
35	NURSING FACILITY						
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	3,671,653	7,286,404	10,958,057	.465829	.465829	.465829
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	618,382	1,232,047	1,850,429	.038380	.038380	.038380
41	RADIOLOGY-DIAGNOSTIC	5,599,937	26,128,723	31,728,660	.218554	.218554	.218554
44	LABORATORY	8,778,894	17,888,504	26,667,398	.197321	.197321	.197321
49	RESPIRATORY THERAPY	2,555,655	2,097,437	4,653,092	.381283	.381283	.381283
50	PHYSICAL THERAPY	2,411,572	3,102,505	5,514,077	.444885	.444885	.444885
51	OCCUPATIONAL THERAPY	2,353,312	1,100,966	3,454,278	.266591	.266591	.266591
52	SPEECH PATHOLOGY	635,906	411,115	1,047,021	.291436	.291436	.291436
53	ELECTROCARDIOLOGY	1,265,226	2,088,206	3,353,432	.375839	.375839	.375839
54	ELECTROENCEPHALOGRAPHY	41,070	46,170	87,240	1.125160	1.125160	1.125160
55	MEDICAL SUPPLIES CHARGED	4,018,679	3,964,157	7,982,836	.518421	.518421	.518421
56	DRUGS CHARGED TO PATIENTS	8,881,109	9,116,738	17,997,847	.353592	.353592	.353592
59	ONCOLOGY	51,559	2,217,465	2,269,024	.789584	.789584	.789584
60	OUTPAT SERVICE COST CNTRS CLINIC	45,951	3,397,759	3,443,710	.742184	.742184	.742184
61	EMERGENCY	2,646,700	8,575,499	11,222,199	.373905	.373905	.374301
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,073,151	2,073,151	.887658	.887658	.887658
101	SUBTOTAL	66,876,696	90,726,846	157,603,542			
102	LESS OBSERVATION BEDS						
103	TOTAL	66,876,696	90,726,846	157,603,542			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,104,586	467,739	4,636,847			5,104,586
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	71,019	6,049	64,970			71,019
41	RADIOLOGY-DIAGNOSTIC	6,934,425	1,015,062	5,919,363			6,934,425
44	LABORATORY	5,262,049	248,791	5,013,258			5,262,049
49	RESPIRATORY THERAPY	1,774,145	85,424	1,688,721			1,774,145
50	PHYSICAL THERAPY	2,453,131	111,313	2,341,818			2,453,131
51	OCCUPATIONAL THERAPY	920,879	17,862	903,017			920,879
52	SPEECH PATHOLOGY	305,140	15,566	289,574			305,140
53	ELECTROCARDIOLOGY	1,260,349	106,824	1,153,525			1,260,349
54	ELECTROENCEPHALOGRAPHY	98,159	10,251	87,908			98,159
55	MEDICAL SUPPLIES CHARGED	4,138,469	79,441	4,059,028			4,138,469
56	DRUGS CHARGED TO PATIENTS	6,363,893	68,525	6,295,368			6,363,893
59	ONCOLOGY	1,791,584	325,555	1,466,029			1,791,584
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,555,868	119,564	2,436,304			2,555,868
61	EMERGENCY	4,196,039	239,891	3,956,148			4,196,039
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,840,249	94,408	1,745,841			1,840,249
101	SUBTOTAL	45,069,984	3,012,265	42,057,719			45,069,984
102	LESS OBSERVATION BEDS	1,840,249	94,408	1,745,841			1,840,249
103	TOTAL	43,229,735	2,917,857	40,311,878			43,229,735

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	10,958,057	.465829	.465829
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	1,850,429	.038380	.038380
41	RADIOLOGY-DIAGNOSTIC	31,728,660	.218554	.218554
44	LABORATORY	26,667,398	.197321	.197321
49	RESPIRATORY THERAPY	4,653,092	.381283	.381283
50	PHYSICAL THERAPY	5,514,077	.444885	.444885
51	OCCUPATIONAL THERAPY	3,454,278	.266591	.266591
52	SPEECH PATHOLOGY	1,047,021	.291436	.291436
53	ELECTROCARDIOLOGY	3,353,432	.375839	.375839
54	ELECTROENCEPHALOGRAPHY	87,240	1.125160	1.125160
55	MEDICAL SUPPLIES CHARGED	7,982,836	.518421	.518421
56	DRUGS CHARGED TO PATIENTS	17,997,847	.353592	.353592
59	ONCOLOGY	2,269,024	.789584	.789584
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,443,710	.742184	.742184
61	EMERGENCY	11,222,199	.373905	.373905
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,073,151	.887658	.887658
101	SUBTOTAL	134,302,451		
102	LESS OBSERVATION BEDS	2,073,151		
103	TOTAL	132,229,300		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,104,586	467,739	4,636,847	46,774	268,937	4,788,875
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	71,019	6,049	64,970	605	3,768	66,646
41	RADIOLOGY-DIAGNOSTIC	6,934,425	1,015,062	5,919,363	101,506	343,323	6,489,596
44	LABORATORY	5,262,049	248,791	5,013,258	24,879	290,769	4,946,401
49	RESPIRATORY THERAPY	1,774,145	85,424	1,688,721	8,542	97,946	1,667,657
50	PHYSICAL THERAPY	2,453,131	111,313	2,341,818	11,131	135,825	2,306,175
51	OCCUPATIONAL THERAPY	920,879	17,862	903,017	1,786	52,375	866,718
52	SPEECH PATHOLOGY	305,140	15,566	289,574	1,557	16,795	286,788
53	ELECTROCARDIOLOGY	1,260,349	106,824	1,153,525	10,682	66,904	1,182,763
54	ELECTROENCEPHALOGRAPHY	98,159	10,251	87,908	1,025	5,099	92,035
55	MEDICAL SUPPLIES CHARGED	4,138,469	79,441	4,059,028	7,944	235,424	3,895,101
56	DRUGS CHARGED TO PATIENTS	6,363,893	68,525	6,295,368	6,853	365,131	5,991,909
59	ONCOLOGY	1,791,584	325,555	1,466,029	32,556	85,030	1,673,998
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,555,868	119,564	2,436,304	11,956	141,306	2,402,606
61	EMERGENCY	4,196,039	239,891	3,956,148	23,989	229,457	3,942,593
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,840,249	94,408	1,745,841	9,441	101,259	1,729,549
101	SUBTOTAL	45,069,984	3,012,265	42,057,719	301,226	2,439,348	42,329,410
102	LESS OBSERVATION BEDS	1,840,249	94,408	1,745,841	9,441	101,259	1,729,549
103	TOTAL	43,229,735	2,917,857	40,311,878	291,785	2,338,089	40,599,861

Health Financial Systems MCRIF32
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

FOR JOHNSON MEMORIAL HOSPITAL

I PROVIDER NO:
 I 15-0001
 I

**NOT A CMS WORKSHEET **

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

(09/2000)

I PREPARED 5/22/2009 I
 I WORKSHEET C I
 I PART II I

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	10,958,057	.437019	.461561
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	1,850,429	.036017	.038053
41	RADIOLOGY-DIAGNOSTIC	31,728,660	.204534	.215355
44	LABORATORY	26,667,398	.185485	.196388
49	RESPIRATORY THERAPY	4,653,092	.358398	.379447
50	PHYSICAL THERAPY	5,514,077	.418234	.442867
51	OCCUPATIONAL THERAPY	3,454,278	.250911	.266074
52	SPEECH PATHOLOGY	1,047,021	.273909	.289949
53	ELECTROCARDIOLOGY	3,353,432	.352702	.372653
54	ELECTROENCEPHALOGRAPHY	87,240	1.054963	1.113411
55	MEDICAL SUPPLIES CHARGED	7,982,836	.487934	.517426
56	DRUGS CHARGED TO PATIENTS	17,997,847	.332924	.353211
59	ONCOLOGY	2,269,024	.737761	.775236
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,443,710	.697680	.738713
61	EMERGENCY	11,222,199	.351321	.371768
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,073,151	.834261	.883104
101	SUBTOTAL	134,302,451		
102	LESS OBSERVATION BEDS	2,073,151		
103	TOTAL	132,229,300		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	47,874		47,874	638,429		638,429
26	INTENSIVE CARE UNIT	4,666		4,666	91,779		91,779
31	SUBPROVIDER	11,885		11,885	127,277		127,277
33	NURSERY	984		984	14,940		14,940
101	TOTAL	65,409		65,409	872,425		872,425

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,913	7,900	3.01	23,779	40.12	316,948
26	INTENSIVE CARE UNIT	1,368	728	3.41	2,482	67.09	48,842
31	SUBPROVIDER	2,442	1,898	4.87	9,243	52.12	98,924
33	NURSERY	1,140		.86		13.11	
101	TOTAL	20,863	10,526		35,504		464,714

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	19,863	447,876	10,958,057	1,496,497	.001813	2,713
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	478	5,571	1,850,429		.000258	
41	RADIOLOGY-DIAGNOSTIC	22,374	992,688	31,728,660	3,405,276	.000705	2,401
44	LABORATORY	11,718	237,073	26,667,398	5,402,538	.000439	2,372
49	RESPIRATORY THERAPY	3,346	82,078	4,653,092	1,015,490	.000719	730
50	PHYSICAL THERAPY	10,001	101,312	5,514,077	748,947	.001814	1,359
51	OCCUPATIONAL THERAPY	1,388	16,474	3,454,278	654,371	.000402	263
52	SPEECH PATHOLOGY	1,790	13,776	1,047,021	155,200	.001710	265
53	ELECTROCARDIOLOGY	3,285	103,539	3,353,432	1,042,214	.000980	1,021
54	ELECTROENCEPHALOGRAPHY	498	9,753	87,240		.005708	
55	MEDICAL SUPPLIES CHARGED	3,704	75,737	7,982,836	2,368,985	.000464	1,099
56	DRUGS CHARGED TO PATIENTS	3,693	64,832	17,997,847	6,758,611	.000205	1,386
59	ONCOLOGY	9,477	316,078	2,269,024	23,460	.004177	98
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,176	110,388	3,443,710	5,355	.002665	14
61	EMERGENCY	16,084	223,807	11,222,199	1,327,079	.001433	1,902
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,586	87,822	2,073,151		.003177	
101	TOTAL	123,461	2,888,804	134,302,451	24,404,023		15,623

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0001 I
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.040872	61,165
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.003011	
41	RADIOLOGY-DIAGNOSTIC	.031287	106,541
44	LABORATORY	.008890	48,029
49	RESPIRATORY THERAPY	.017639	17,912
50	PHYSICAL THERAPY	.018373	13,760
51	OCCUPATIONAL THERAPY	.004769	3,121
52	SPEECH PATHOLOGY	.013157	2,042
53	ELECTROCARDIOLOGY	.030876	32,179
54	ELECTROENCEPHALOGRAPHY	.111795	
55	MEDICAL SUPPLIES CHARGED	.009487	22,475
56	DRUGS CHARGED TO PATIENTS	.003602	24,345
59	ONCOLOGY	.139301	3,268
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.032055	172
61	EMERGENCY	.019943	26,466
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.042362	
101	TOTAL		361,475

Health Financial Systems MCRIF32

FOR JOHNSON MEMORIAL HOSPITAL

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
I TO 12/31/2008 I PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					15,913	
26	INTENSIVE CARE UNIT					1,368	
31	SUBPROVIDER					2,442	
33	NURSERY					1,140	
34	SKILLED NURSING FACILITY					4,340	
35	NURSING FACILITY						
101	TOTAL					25,203	

Health Financial Systems MCRIF32

FOR JOHNSON MEMORIAL HOSPITAL

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,900	
26	INTENSIVE CARE UNIT	728	
31	SUBPROVIDER	1,898	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,820	
35	NURSING FACILITY		
101	TOTAL	14,346	

TITLE XVIII, PART A

HOSPITAL

PPS

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

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			10,958,057			1,496,497	
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			1,850,429				
41	RADIOLOGY-DIAGNOSTIC			31,728,660			3,405,276	
44	LABORATORY			26,667,398			5,402,538	
49	RESPIRATORY THERAPY			4,653,092			1,015,490	
50	PHYSICAL THERAPY			5,514,077			748,947	
51	OCCUPATIONAL THERAPY			3,454,278			654,371	
52	SPEECH PATHOLOGY			1,047,021			155,200	
53	ELECTROCARDIOLOGY			3,353,432			1,042,214	
54	ELECTROENCEPHALOGRAPHY			87,240				
55	MEDICAL SUPPLIES CHARGED			7,982,836			2,368,985	
56	DRUGS CHARGED TO PATIENTS			17,997,847			6,758,611	
59	ONCOLOGY			2,269,024			23,460	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,443,710			5,355	
61	EMERGENCY			11,222,199			1,327,079	
62	OBSERVATION BEDS (NON-DIS			2,073,151				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			134,302,451			24,404,023	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,925,784					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	196,191					
41	RADIOLOGY-DIAGNOSTIC	5,798,314					
44	LABORATORY	280,447					
49	RESPIRATORY THERAPY	48,988					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	1,366					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	975,967					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	422,338					
56	DRUGS CHARGED TO PATIENTS	3,942,100					
59	ONCOLOGY	670,017					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	522,016					
61	EMERGENCY	1,262,690					
62	OBSERVATION BEDS (NON-DIS	359,530					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	16,405,748					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.465829	.465829			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.038380	.038380			
41 RADIOLOGY-DIAGNOSTIC	.218554	.218554			
44 LABORATORY	.197321	.197321			
49 RESPIRATORY THERAPY	.381283	.381283			
50 PHYSICAL THERAPY	.444885	.444885			
51 OCCUPATIONAL THERAPY	.266591	.266591			
52 SPEECH PATHOLOGY	.291436	.291436			
53 ELECTROCARDIOLOGY	.375839	.375839			
54 ELECTROENCEPHALOGRAPHY	1.125160	1.125160			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.518421	.518421			
56 DRUGS CHARGED TO PATIENTS	.353592	.353592			
59 ONCOLOGY	.789584	.789584			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.742184	.742184			
61 EMERGENCY	.373905	.373905			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.887658	.887658			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,925,784			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		196,191			
41 RADIOLOGY-DIAGNOSTIC		5,798,314			
44 LABORATORY		280,447			
49 RESPIRATORY THERAPY		48,988			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY		1,366			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		975,967			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		422,338			
56 DRUGS CHARGED TO PATIENTS		3,942,100	1,628		
59 ONCOLOGY		670,017			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		522,016			
61 EMERGENCY		1,262,690			
62 OBSERVATION BEDS (NON-DISTINCT PART)		359,530	1,500		
101 SUBTOTAL		16,405,748	3,128		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		16,405,748	3,128		

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

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				897,086	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				7,530	
41	RADIOLOGY-DIAGNOSTIC				1,267,245	
44	LABORATORY				55,338	
49	RESPIRATORY THERAPY				18,678	
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY				364	
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				366,806	
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				218,949	
56	DRUGS CHARGED TO PATIENTS				1,393,895	576
59	ONCOLOGY				529,035	
	OUTPAT SERVICE COST CNTRS					
60	CLINIC				387,432	
61	EMERGENCY				472,126	
62	OBSERVATION BEDS (NON-DISTINCT PART)				319,140	1,331
101	SUBTOTAL				5,933,624	1,907
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				5,933,624	1,907

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

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 ONCOLOGY
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

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

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
	I	15-0001	I	FROM 1/ 1/2008	I	WORKSHEET D	
	I	COMPONENT NO:	I	TO 12/31/2008	I	PART VI	
	I	15-0001	I		I		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.353592
2	PROGRAM VACCINE CHARGES		21,248
3	PROGRAM COSTS		7,513

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-T001 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	19,863	447,876	10,958,057	6,799	.001813	12
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	478	5,571	1,850,429		.000258	
41	RADIOLOGY-DIAGNOSTIC	22,374	992,688	31,728,660	84,311	.000705	59
44	LABORATORY	11,718	237,073	26,667,398	336,983	.000439	148
49	RESPIRATORY THERAPY	3,346	82,078	4,653,092	25,914	.000719	19
50	PHYSICAL THERAPY	10,001	101,312	5,514,077	555,149	.001814	1,007
51	OCCUPATIONAL THERAPY	1,388	16,474	3,454,278	562,596	.000402	226
52	SPEECH PATHOLOGY	1,790	13,776	1,047,021	190,027	.001710	325
53	ELECTROCARDIOLOGY	3,285	103,539	3,353,432	18,950	.000980	19
54	ELECTROENCEPHALOGRAPHY	498	9,753	87,240		.005708	
55	MEDICAL SUPPLIES CHARGED	3,704	75,737	7,982,836	58,902	.000464	27
56	DRUGS CHARGED TO PATIENTS	3,693	64,832	17,997,847	308,285	.000205	63
59	ONCOLOGY	9,477	316,078	2,269,024		.004177	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,176	110,388	3,443,710	460	.002665	1
61	EMERGENCY	16,084	223,807	11,222,199	3,314	.001433	5
62	OBSERVATION BEDS (NON-DIS	6,586	87,822	2,073,151		.003177	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	123,461	2,888,804	134,302,451	2,151,690		1,911

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-T001 I
 PPS

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.040872	278
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.003011	
41	RADIOLOGY-DIAGNOSTIC	.031287	2,638
44	LABORATORY	.008890	2,996
49	RESPIRATORY THERAPY	.017639	457
50	PHYSICAL THERAPY	.018373	10,200
51	OCCUPATIONAL THERAPY	.004769	2,683
52	SPEECH PATHOLOGY	.013157	2,500
53	ELECTROCARDIOLOGY	.030876	585
54	ELECTROENCEPHALOGRAPHY	.111795	
55	MEDICAL SUPPLIES CHARGED	.009487	559
56	DRUGS CHARGED TO PATIENTS	.003602	1,110
59	ONCOLOGY	.139301	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.032055	15
61	EMERGENCY	.019943	66
62	OBSERVATION BEDS (NON-DIS	.042362	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		24,087

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

IN LIEU OF FORM CMS-2552-96(04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-T001 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-T001 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			10,958,057			6,799	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			1,850,429				
41	RADIOLOGY-DIAGNOSTIC			31,728,660			84,311	
44	LABORATORY			26,667,398			336,983	
49	RESPIRATORY THERAPY			4,653,092			25,914	
50	PHYSICAL THERAPY			5,514,077			555,149	
51	OCCUPATIONAL THERAPY			3,454,278			562,596	
52	SPEECH PATHOLOGY			1,047,021			190,027	
53	ELECTROCARDIOLOGY			3,353,432			18,950	
54	ELECTROENCEPHALOGRAPHY			87,240				
55	MEDICAL SUPPLIES CHARGED			7,982,836			58,902	
56	DRUGS CHARGED TO PATIENTS			17,997,847			308,285	
59	ONCOLOGY			2,269,024				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,443,710			460	
61	EMERGENCY			11,222,199			3,314	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			2,073,151				
101	TOTAL			134,302,451			2,151,690	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	280					
59	ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	280					

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory surgical ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.465829	.465829			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.038380	.038380			
41 RADIOLOGY-DIAGNOSTIC	.218554	.218554			
44 LABORATORY	.197321	.197321			
49 RESPIRATORY THERAPY	.381283	.381283			
50 PHYSICAL THERAPY	.444885	.444885			
51 OCCUPATIONAL THERAPY	.266591	.266591			
52 SPEECH PATHOLOGY	.291436	.291436			
53 ELECTROCARDIOLOGY	.375839	.375839			
54 ELECTROENCEPHALOGRAPHY	1.125160	1.125160			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.518421	.518421			
56 DRUGS CHARGED TO PATIENTS	.353592	.353592			
59 ONCOLOGY	.789584	.789584			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.742184	.742184			
61 EMERGENCY	.373905	.373905			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.887658	.887658			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

SUBPROVIDER 1

	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		280			
59 ONCOLOGY					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		280			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		280			

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

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				99	
59 ONCOLOGY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				99	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				99	

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

TITLE XVIII, PART B

SUBPROVIDER 1

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
59 ONCOLOGY			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
	I	15-0001	I	FROM 1/ 1/2008	I	WORKSHEET D	
	I	COMPONENT NO:	I	TO 12/31/2008	I	PART VI	
	I	15-T001	I		I		

TITLE XVIII, PART B SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS--RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.353592
3	PROGRAM COSTS	2,071
		732

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0001
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-5284
 PREPARED 5/22/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE 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
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
59	ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-5284 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROD		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	ONCOLOGY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 OTHER PASS THROUGH COSTS I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-5284 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

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

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 COMPONENT NO: I TO 12/31/2008 I PART IV
 15-5284 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			10,958,057				
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			1,850,429				
41	RADIOLOGY-DIAGNOSTIC			31,728,660			28,913	
44	LABORATORY			26,667,398			385,134	
49	RESPIRATORY THERAPY			4,653,092			1,550	
50	PHYSICAL THERAPY			5,514,077			629,551	
51	OCCUPATIONAL THERAPY			3,454,278			685,644	
52	SPEECH PATHOLOGY			1,047,021			165,733	
53	ELECTROCARDIOLOGY			3,353,432			7,197	
54	ELECTROENCEPHALOGRAPHY			87,240				
55	MEDICAL SUPPLIES CHARGED			7,982,836			83,477	
56	DRUGS CHARGED TO PATIENTS			17,997,847			371,897	
59	ONCOLOGY			2,269,024				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,443,710				
61	EMERGENCY			11,222,199				
62	OBSERVATION BEDS (NON-DIS			2,073,151				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			134,302,451			2,359,096	

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 OTHER PASS THROUGH COSTS I 15-0001 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-5284 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	15,913
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,913
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,913
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,900
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	13,377,789
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	13,377,789

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,447,382
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,447,382
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.813369
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,033.58
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	13,377,789

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 840.68
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,641,372
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,641,372

	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	2,381,764	1,368	1,741.06	728	1,267,492
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1
 49 TOTAL PROGRAM INPATIENT COSTS 7,976,300
 15,885,164

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 392,051
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 377,098
 52 TOTAL PROGRAM EXCLUDABLE COST 769,149
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 15,116,015

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,189
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	840.68
85	OBSERVATION BED COST	1,840,249

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	47,874	13,377,789	.003579	1,840,249	6,586
87	NEW CAPITAL-RELATED COST	638,429	13,377,789	.047723	1,840,249	87,822
88	NON PHYSICIAN ANESTHETIST		13,377,789		1,840,249	
89	MEDICAL EDUCATION		13,377,789		1,840,249	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,442
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,442
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	2,442
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)	1,898
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,234,286
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	2,234,286

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,095,859
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,095,859
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.066048
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	858.26
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	2,234,286

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 914.94
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,736,556
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,736,556

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 698,556
49 TOTAL PROGRAM INPATIENT COSTS					2,435,112

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 108,167
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 25,998
 52 TOTAL PROGRAM EXCLUDABLE COST 134,165
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,300,947

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 914.94
- 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	11,885	2,234,286	.005319		
87 NEW CAPITAL-RELATED COST	127,277	2,234,286	.056965		
88 NON PHYSICIAN ANESTHETIST		2,234,286			
89 MEDICAL EDUCATION		2,234,286			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,340
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,340
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,340
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,820
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,386,844
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	2,386,844

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,292,907
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,292,907
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.846106
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	297.90
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	2,386,844

TITLE XVIII PART A SNF PPS

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

	1
66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,386,844
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	549.96
68 PROGRAM ROUTINE SERVICE COST	2,100,847
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,100,847
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	125,604
72 PER DIEM CAPITAL-RELATED COSTS	28.94
73 PROGRAM CAPITAL-RELATED COSTS	110,551
74 INPATIENT ROUTINE SERVICE COST	1,990,296
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,990,296
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78 INPATIENT ROUTINE SERVICE COST LIMITATION	
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,100,847
80 PROGRAM INPATIENT ANCILLARY SERVICES	771,552
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2,872,399

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	15,913
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,913
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,913
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	927
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)	1,140
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	13,377,789
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	13,377,789

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,447,382
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,447,382
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.813369
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,033.58
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	13,377,789

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 840.68
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 779,310
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 779,310

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1 521,501	2 1,140	3 457.46	4	5
43 INTENSIVE CARE UNIT	2,381,764	1,368	1,741.06		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1
 49 TOTAL PROGRAM INPATIENT COSTS 726,800
 1,506,110

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 2,189
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 840.68
 85 OBSERVATION BED COST 1,840,249

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,442
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,442
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,442
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	47
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,234,286
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	2,234,286

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,095,859
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,095,859
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.066048
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	858.26
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	2,234,286

TITLE XIX - I/P SUBPROVIDER I 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 914.94
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 43,002
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 43,002

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					15,842
					58,844

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 914.94
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		6,896,034	
26	INTENSIVE CARE UNIT		998,734	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.465829	1,496,497	697,112
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.038380		
41	RADIOLOGY-DIAGNOSTIC	.218554	3,405,276	744,237
44	LABORATORY	.197321	5,402,538	1,066,034
49	RESPIRATORY THERAPY	.381283	1,015,490	387,189
50	PHYSICAL THERAPY	.444885	748,947	333,195
51	OCCUPATIONAL THERAPY	.266591	654,371	174,449
52	SPEECH PATHOLOGY	.291436	155,200	45,231
53	ELECTROCARDIOLOGY	.375839	1,042,214	391,705
54	ELECTROENCEPHALOGRAPHY	1.125160		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.518421	2,368,985	1,228,132
56	DRUGS CHARGED TO PATIENTS	.353592	6,758,611	2,389,791
59	ONCOLOGY	.789584	23,460	18,524
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.742184	5,355	3,974
61	EMERGENCY	.374301	1,327,079	496,727
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.887658		
101	TOTAL		24,404,023	7,976,300
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		24,404,023	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,628,070	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.465829	6,799	3,167
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.038380		
41	RADIOLOGY-DIAGNOSTIC	.218554	84,311	18,427
44	LABORATORY	.197321	336,983	66,494
49	RESPIRATORY THERAPY	.381283	25,914	9,881
50	PHYSICAL THERAPY	.444885	555,149	246,977
51	OCCUPATIONAL THERAPY	.266591	562,596	149,983
52	SPEECH PATHOLOGY	.291436	190,027	55,381
53	ELECTROCARDIOLOGY	.375839	18,950	7,122
54	ELECTROENCEPHALOGRAPHY	1.125160		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.518421	58,902	30,536
56	DRUGS CHARGED TO PATIENTS	.353592	308,285	109,007
59	ONCOLOGY	.789584		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.742184	460	341
61	EMERGENCY	.374301	3,314	1,240
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.887658		
101	TOTAL		2,151,690	698,556
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,151,690	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.465829		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.038380		
41	RADIOLOGY-DIAGNOSTIC	.218554	28,913	6,319
44	LABORATORY	.197321	385,134	75,995
49	RESPIRATORY THERAPY	.381283	1,550	591
50	PHYSICAL THERAPY	.444885	629,551	280,078
51	OCCUPATIONAL THERAPY	.266591	685,644	182,787
52	SPEECH PATHOLOGY	.291436	165,733	48,301
53	ELECTROCARDIOLOGY	.375839	7,197	2,705
54	ELECTROENCEPHALOGRAPHY	1.125160		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.518421	83,477	43,276
56	DRUGS CHARGED TO PATIENTS	.353592	371,897	131,500
59	ONCOLOGY	.789584		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.742184		
61	EMERGENCY	.373905		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.887658		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,359,096	771,552
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,359,096	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			1,113,629	
26	INTENSIVE CARE UNIT			147,489	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.465829	247,497	115,291
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY		.038380	40,193	1,543
41	RADIOLOGY-DIAGNOSTIC		.218554	284,925	62,271
44	LABORATORY		.197321	423,090	83,485
49	RESPIRATORY THERAPY		.381283	133,480	50,894
50	PHYSICAL THERAPY		.444885	33,875	15,070
51	OCCUPATIONAL THERAPY		.266591	22,983	6,127
52	SPEECH PATHOLOGY		.291436	7,383	2,152
53	ELECTROCARDIOLOGY		.375839	47,263	17,763
54	ELECTROENCEPHALOGRAPHY		1.125160	2,247	2,528
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.518421	249,960	129,585
56	DRUGS CHARGED TO PATIENTS		.353592	522,190	184,642
59	ONCOLOGY		.789584		
60	OUTPAT SERVICE COST CNTRS CLINIC		.742184		
61	EMERGENCY		.373905	148,297	55,449
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		.887658		
101	TOTAL			2,163,383	726,800
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			2,163,383	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	SUBPROVIDER 1 RATIO COST TO CHARGES 1	OTHER	
			INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		39,419	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.465829		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.038380		
41	RADIOLOGY-DIAGNOSTIC	.218554	2,706	591
44	LABORATORY	.197321	7,357	1,452
49	RESPIRATORY THERAPY	.381283		
50	PHYSICAL THERAPY	.444885	10,759	4,787
51	OCCUPATIONAL THERAPY	.266591	11,412	3,042
52	SPEECH PATHOLOGY	.291436	8,655	2,522
53	ELECTROCARDIOLOGY	.375839	342	129
54	ELECTROENCEPHALOGRAPHY	1.125160		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.518421	1,079	559
56	DRUGS CHARGED TO PATIENTS	.353592	7,805	2,760
59	ONCOLOGY	.789584		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.742184		
61	EMERGENCY	.373905		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.887658		
101	TOTAL		50,115	15,842
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		50,115	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,973,290	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	409,570	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		82.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES PLUS E-3, PT	
	3.21 - 3.23 VI, LINE 23	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.40
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		15.54
4.02 SUM OF LINES 4 AND 4.01		18.94
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		5.06
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		504,648
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART A
 I 15-0001 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		10,887,508
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		10,887,508
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		859,072
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL		11,746,580
17 PRIMARY PAYER PAYMENTS		8,437
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		11,738,143
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,293,664
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		10,240
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		253,362
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		177,353
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		189,589
22 SUBTOTAL		10,611,592
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		10,611,592
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		10,737,837
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-126,245
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	9,420
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,933,624
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,548,018
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)	9,420
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	24,376
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	24,376
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)	24,376
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	14,956
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	9,420
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,548,018
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	300
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,198,943
19	SUBTOTAL (SEE INSTRUCTIONS)	3,358,195
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,358,195
24	PRIMARY PAYER PAYMENTS	602
25	SUBTOTAL	3,357,593
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	194,833
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	136,383
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	133,571
28	SUBTOTAL	3,493,976
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)	19
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,493,957
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,502,806
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-8,849
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART B
 I 15-T001 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	732
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	99
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	346
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)	732
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	2,071
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	2,071
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)	2,071
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,339
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	732
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	346
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,078
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,078
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,078
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,078
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,078
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,381
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-303
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10,594,786		3,358,148
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	8/11/2008	15,350	8/11/2008	8,355
ADJUSTMENTS TO PROVIDER .02	12/31/2008	127,701	12/31/2008	136,303
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		143,051		144,658
4 TOTAL INTERIM PAYMENTS		10,737,837		3,502,806
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)		126,245		8,849
7 TOTAL MEDICARE PROGRAM LIABILITY		10,611,592		3,493,957

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,121,722		1,381
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		2,121,722		1,381
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		2,632		303
7 TOTAL MEDICARE PROGRAM LIABILITY		2,119,090		1,078

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,439,687		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,439,687		
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) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,439,687		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	2,052,159
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0018
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	26,799
1.05	OUTLIER PAYMENTS	66,756
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,145,714
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	6.672131
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,145,714
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,145,714
7	DEDUCTIBLES	23,552
8	SUBTOTAL	2,122,162
9	COINSURANCE	3,072
10	SUBTOTAL	2,119,090
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	2,119,090
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/22/2009
I	15-0001	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	15-T001	I		I	

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,119,090
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,121,722
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-2,632
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I 15-5284 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		1,567,835
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		1,567,835
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,567,835
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		1,567,835
36	COINSURANCE		128,148
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		1,439,687
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		1,439,687
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,439,687
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		1,439,687
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/22/2009
I	15-0001	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	15-5284	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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			1,506,110
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			1,506,110
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			1,506,110
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			1,261,118
11	ANCILLARY SERVICE CHARGES			2,163,383
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			3,424,501
	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)			3,424,501
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			1,918,391
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			1,506,110
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			1,506,110
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			1,506,110
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			1,506,110
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			1,506,110
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			1,506,110
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,506,110
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			897,991
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009
I	15-0001	I	FROM 1/ 1/2008	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III	
I	-	I		I		

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

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

1
608,119

2

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I 15-T001 I I

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

TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	58,844	
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	58,844	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	58,844	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	39,419	
11	ANCILLARY SERVICE CHARGES	50,115	
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	89,534	
	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)	89,534	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	30,690	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	58,844	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	58,844	
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	58,844	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	58,844	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	58,844	
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	58,844	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	58,844	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	34,381	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/22/2009
I	15-0001	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	15-T001	I		I	

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

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

1
24,463

2

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I
 I TO 12/31/2008 I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,849,804			
2	TEMPORARY INVESTMENTS	11,482,168			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	13,806,722			
5	OTHER RECEIVABLES	2,380,619			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,438,708			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	1,441,952			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	34,399,973			
FIXED ASSETS					
12	LAND	3,141,963			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	38,130,188			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	41,272,151			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	22,230,153			
26	TOTAL OTHER ASSETS	22,230,153			
27	TOTAL ASSETS	97,902,277			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,249,976			
29 SALARIES, WAGES & FEES PAYABLE	7,861,919			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,344,260			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	731,749			
35 OTHER CURRENT LIABILITIES	371,484			
36 TOTAL CURRENT LIABILITIES	12,559,388			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,451,453			
42 TOTAL LONG-TERM LIABILITIES	4,451,453			
43 TOTAL LIABILITIES	17,010,841			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	80,891,436			
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	80,891,436			
52 TOTAL LIABILITIES AND FUND BALANCES	97,902,277			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		80,391,698		
2 NET INCOME (LOSS)		1,126,598		
3 TOTAL		81,518,296		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		81,518,296		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE IN FOUNDATION NET	626,860			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		626,860		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		80,891,436		

	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 CHANGE IN FOUNDATION NET				
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 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET G-2
 I I TO 12/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	17,256,641		17,256,641
2 00 SUBPROVIDER	2,095,859		2,095,859
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,292,907		1,292,907
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	20,645,407		20,645,407
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,655,684		2,655,684
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,655,684		2,655,684
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	23,301,091		23,301,091
17 00 ANCILLARY SERVICES	43,980,246	90,322,205	134,302,451
18 00 OUTPATIENT SERVICES		1,406,972	1,406,972
19 00 HOME HEALTH AGENCY		73,759	73,759
24 00			
25 00 TOTAL PATIENT REVENUES	67,281,337	91,802,936	159,084,273

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		80,599,536	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		80,599,536	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET G-3
 I I TO 12/31/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	159,084,273
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	86,486,060
3	NET PATIENT REVENUES	72,598,213
4	LESS: TOTAL OPERATING EXPENSES	80,599,536
5	NET INCOME FROM SERVICE TO PATIENTS	-8,001,323
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	10,181,416
24.01	OTHER NONOPERATING REVENUE	-1,053,495
25	TOTAL OTHER INCOME	9,127,921
26	TOTAL OTHER EXPENSES	1,126,598
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,126,598

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	149,901		64,283		188,335	402,519
HHA REIMBURSABLE SERVICES						
6	293,743					293,743
7				172,125		172,125
8				94,350		94,350
9				3,675		3,675
10	3,282					3,282
11	25,366					25,366
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	472,292		64,283	270,150	188,335	995,060

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	2,689	405,208		405,208
HHA REIMBURSABLE SERVICES				
6		293,743		293,743
7		172,125		172,125
8		94,350		94,350
9		3,675		3,675
10	-2,689	593		593
11		25,366		25,366
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		995,060		995,060

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	405,208					405,208	405,208
HHA REIMBURSABLE SERVICES							
6	293,743					293,743	201,791
7	172,125					172,125	118,244
8	94,350					94,350	64,815
9	3,675					3,675	2,525
10	593					593	407
11	25,366					25,366	17,426
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	995,060					995,060	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	495,534						
7	290,369						
8	159,165						
9	6,200						
10	1,000						
11	42,792						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	995,060						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N ()	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					293,743
7	PHYSICAL THERAPY					172,125
8	OCCUPATIONAL THERAPY					94,350
9	SPEECH PATHOLOGY					3,675
10	MEDICAL SOCIAL SERVICES					593
11	HOME HEALTH AIDE					25,366
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)					589,852
25	COST TO BE ALLOCATED					405,208
26	UNIT COST MULTIPLIER					.686966

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

FOR JOHNSON MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART I
 I 15-7510 I I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-TOWER 1.01	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4
1 ADMIN & GENERAL		1,551			10,809	642
2 SKILLED NURSING CARE	495,534					
3 PHYSICAL THERAPY	290,369					
4 OCCUPATIONAL THERAPY	159,165					
5 SPEECH PATHOLOGY	6,200					
6 MEDICAL SOCIAL SERVICES	1,000					
7 HOME HEALTH AIDE	42,792					
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)	995,060	1,551			10,809	642
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	EMPLOYEE BEN EFITS 5	COMMUNICATIO NS 5.01	DATA PROCESS ING 5.02	MATERIALS MA NAGEMENT 5.03	ADMITTING 5.04	PATIENT ACCO UNTING 5.05
1 ADMIN & GENERAL	142,911	6,605	13,391	1,764	8,224	17,172
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)	142,911	6,605	13,391	1,764	8,224	17,172
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	SUBTOTAL 5A.05	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	203,069	13,925	49,518		13,820	
2 SKILLED NURSING CARE	495,534	33,980				
3 PHYSICAL THERAPY	290,369	19,911				
4 OCCUPATIONAL THERAPY	159,165	10,914				
5 SPEECH PATHOLOGY	6,200	425				
6 MEDICAL SOCIAL SERVICES	1,000	69				
7 HOME HEALTH AIDE	42,792	2,934				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,198,129	82,158	49,518		13,820	
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	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
1 ADMIN & GENERAL	14,177				13,413	
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)	14,177				13,413	
21 UNIT COST MULTIPLIER						

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

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

FOR JOHNSON MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART I
 I 15-7510 I I

HHA 1

HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	307,922		307,922		
2 SKILLED NURSING CARE	529,514		529,514	153,342	682,856
3 PHYSICAL THERAPY	310,280		310,280	89,855	400,135
4 OCCUPATIONAL THERAPY	170,079		170,079	49,254	219,333
5 SPEECH PATHOLOGY	6,625		6,625	1,919	8,544
6 MEDICAL SOCIAL SERVICES	1,069		1,069	310	1,379
7 HOME HEALTH AIDE	45,726		45,726	13,242	58,968
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)	1,371,215		1,371,215	307,922	1,371,215
21 UNIT COST MULTIPLIER				0.289593	

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

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

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

FOR JOHNSON MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 15-7510 I I

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-TOWER (TOWER) Q FT 1.01	OLD CAP REL COSTS-MVBLE (TOTAL) FEET 2	NEW CAP REL COSTS-BLDG & (TOTAL) FEET 3	NEW CAP REL COSTS-MVBLE (DOLLAR) VALUE 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5
1 ADMIN & GENERAL	2,228		2,228	2,228	637	472,292
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)	2,228		2,228	2,228	637	472,292
21 COST TO BE ALLOCATED	1,551			10,809	642	142,911
22 UNIT COST MULTIPLIER	0.696140			4.851436	1.007849	0.302590

HHA COST CENTER	COMMUNICATIONS (# NON PT HONES) 5.01	DATA PROCESSING (WORK RDRS) 5.02	MATERIALS MANAGEMENT (SUPPLY) USAGE 5.03	ADMITTING (GROSS) EVENUE 5.04	PATIENT ACCOUNTING (GROSS) EVENUE 5.05	RECONCILIATION 6A
1 ADMIN & GENERAL	18	22	23,886	1,406,972	1,406,972	
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)	18	22	23,886	1,406,972	1,406,972	
21 COST TO BE ALLOCATED	6,605	13,391	1,764	8,224	17,172	
22 UNIT COST MULTIPLIER	366.944444	608.681818	0.073851	0.005845	0.012205	

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

FOR JOHNSON MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 15-7510 I I

HHA 1

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS AID)
1 ADMIN & GENERAL	203,069	2,228		2,228		19,681
2 SKILLED NURSING CARE	495,534					
3 PHYSICAL THERAPY	290,369					
4 OCCUPATIONAL THERAPY	159,165					
5 SPEECH PATHOLOGY	6,200					
6 MEDICAL SOCIAL SERVICES	1,000					
7 HOME HEALTH AIDE	42,792					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,198,129	2,228		2,228		19,681
21 COST TO BE ALLOCATED	82,158	49,518		13,820		14,177
22 UNIT COST MULTIPLIER	0.068572	22.225314		6.202873		0.720339

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED)	PHARMACY (COSTED)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (DISCHARGE)
1 ADMIN & GENERAL				1,406,972	
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)				1,406,972	
21 COST TO BE ALLOCATED				13,413	
22 UNIT COST MULTIPLIER				0.009533	

[] 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) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL VISITS 4	AVERAGE COST PER VISIT 5	PROGRAM VISITS 6	PART A 7
1 SKILLED NURSING	2	682,856		682,856	4,417	154.60		1,455
2 PHYSICAL THERAPY	3	400,135		400,135	2,315	172.84		1,038
3 OCCUPATIONAL THERAPY	4	219,333		219,333	1,178	186.19		605
4 SPEECH PATHOLOGY	5	8,544		8,544	48	178.00		28
5 MEDICAL SOCIAL SERVICES	6	1,379		1,379	17	81.12		11
6 HOME HEALTH AIDE SERVICE	7	58,968		58,968	1,008	58.50		258
7 TOTAL		1,371,215		1,371,215	8,983			3,395

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	SUBJECT TO DEDUCT & COINSUR 10	
1 SKILLED NURSING	686		224,943	106,056	330,999
2 PHYSICAL THERAPY	417		179,408	72,074	251,482
3 OCCUPATIONAL THERAPY	292		112,645	54,367	167,012
4 SPEECH PATHOLOGY	10		4,984	1,780	6,764
5 MEDICAL SOCIAL SERVICES	4		892	324	1,216
6 HOME HEALTH AIDE SERVICES	396		15,093	23,166	38,259
7 TOTAL	1,805		537,965	257,767	795,732

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2008 I PARTS I II & III
 I 15-7510 I HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

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

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES					
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.444885			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.266591			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.291436			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.518421			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.353592			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
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
	1	2	3	4	5	5	
1 PHYSICAL THERAPY	2	172.84	2.01	3	3.01		
2 OCCUPATIONAL THERAPY	3	186.19					
3 SPEECH PATHOLOGY	4	178.00					
4 TOTAL (SUM OF LINES 1-3)							

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	PART B SUBJECT TO DED & COINS
1	1	2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES		
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	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)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES		
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	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	670,287
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	324,465
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	2,989
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	5,165
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	5,182
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	3,312
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES	
10.11	TOTAL OTHER PAYMENTS	
10.12	DME PAYMENTS	
10.13	OXYGEN PAYMENTS	
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS	
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)	
12	SUBTOTAL	681,753
13	EXCESS REASONABLE COST	333,273
14	SUBTOTAL	681,753
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	681,753
17	REIMBURSABLE BAD DEBTS	333,273
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	681,753
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	333,273
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION	
21	OTHER ADJUSTMENTS (SPECIFY)	
22	SUBTOTAL	681,753
23	SEQUESTRATION ADJUSTMENT	333,273
24	SUBTOTAL	681,753
25	INTERIM PAYMENTS	681,753
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	333,273
26	BALANCE DUE PROVIDER/PROGRAM	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2	

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		681,753		333,273
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		681,753		333,273
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		681,753		333,273

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 CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0001 I FROM 1/ 1/2008 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV
 I 15-0001 I I

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	843,145
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	15,927
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	41.23
	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	859,072

PART II - HOLD HARMLESS METHOD

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

PART III - PAYMENT UNDER REASONABLE COST

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

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

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