

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		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0006		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/15/2009 TIME 13:40

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:
 LAPORTE HOSPITAL 15-0006

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.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	366,594	67,165	0
2	SUBPROVIDER	0	0	-100	0
2 .01	SUBPROVIDER II	0	-17,176	-136	9,328
5	HOSPITAL-BASED SNF	0	0	-483	0
100	TOTAL	0	349,418	66,446	9,328

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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: STATE & MADISON STREETS P.O. BOX: 250
 1.01 CITY: LAPORTE STATE: IN ZIP CODE: 46350 COUNTY: LAPORTE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	LAPORTE HOSPITAL	15-0006	2.01	7/1/1966	N	P	T
03.00 SUBPROVIDER	LAPORTE PSYCHIATRIC UNIT	15-S006		1/1/1984	N	P	O
03.01 SUBPROVIDER 2	LAPORTE REHABILITATION UNIT	15-T006		1/1/1987	N	P	O
06.00 HOSPITAL-BASED SNF	LAPORTE SKILLED NURSING UNIT	15-5297		6/1/1987	N	P	N

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4
 20.01 SUBPROVIDER II 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. 1

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 N 33140

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. 15-1, 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 11.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, 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 IIME 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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 15-0006 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 6/15/2009 WORKSHEET S-2

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME 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. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----
 100 0.9763 0.9763
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 2 15

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
 28.03 STAFFING 0.00%
 28.04 RECRUITMENT 0.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%
 28.07 0.00%
 28.08 0.00%
 28.09 0.00%
 28.10 0.00%
 28.11 0.00%
 28.12 0.00%
 28.13 0.00%
 28.14 0.00%
 28.15 0.00%
 28.16 0.00%
 28.17 0.00%
 28.18 0.00%
 28.19 0.00%
 28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) 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 ELIGIBLE 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 ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 15-0006
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/15/2009
WORKSHEET S-2

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0006
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/15/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE XIX 5
				TITLE V 3	TITLE XVII 4	
1 ADULTS & PEDIATRICS	111	40,626			10,180	2,531
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	111	40,626			10,180	2,531
6 INTENSIVE CARE UNIT	12	4,392			1,727	
11 NURSERY						8
12 TOTAL	123	45,018			11,907	2,539
13 RPCH VISITS						
14 SUBPROVIDER	23	6,118			620	217
14 01 SUBPROVIDER II	8	2,928			966	6
15 SKILLED NURSING FACILITY	36	13,176			5,654	
16 NURSING FACILITY						
17 OTHER LONG TERM CARE	19	6,935				
18 HOME HEALTH AGENCY						
24 RHC						
24 10 FOHC						
25 TOTAL	209					
26 OBSERVATION BED DAYS						674
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE XIX 6	O/P VISITS /		TRIPS TOTAL TITLE XIX 7	INTERNS & RES. FTES --	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TITLE XIX ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02		TITLE XIX ADMITTED 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS					16,501			
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS					16,501			
6 INTENSIVE CARE UNIT					3,709			
11 NURSERY					1,614			
12 TOTAL					21,824			
13 RPCH VISITS								
14 SUBPROVIDER					1,250			
14 01 SUBPROVIDER II					1,407			
15 SKILLED NURSING FACILITY					8,440			
16 NURSING FACILITY								
17 OTHER LONG TERM CARE					5,165			
18 HOME HEALTH AGENCY								
24 RHC								
24 10 FOHC								
25 TOTAL								
26 OBSERVATION BED DAYS	216	458			3,514	1,400	2,114	
26 01 OBSERVATION BED DAYS-SUB I								
26 02 OBSERVATION BED DAYS-SUB II								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	I & R FTES		FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS 15
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XIII 13	TITLE XIX 14	
1 ADULTS & PEDIATRICS					2,455	733	5,089
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		1,005.26			2,455	733	5,089
13 RPCH VISITS							
14 SUBPROVIDER		13.38			77	84	247
14 01 SUBPROVIDER II		7.63			95	2	136
15 SKILLED NURSING FACILITY		36.84					
16 NURSING FACILITY							
17 OTHER LONG TERM CARE		14.48					6
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FOHC							
25 TOTAL		1,077.59					

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
26 OBSERVATION BED DAYS	9	10	11	12	13	14	15
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET S-3
 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	52,792,140		52,792,140	2,237,899.00	23.59	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,529,788	24,289	1,554,077	76,665.00	20.27	
8.01 EXCLUDED AREA SALARIES	4,298,624	446,188	4,744,812	215,331.00	22.03	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,010,169		3,010,169	80,913.00	37.20	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	14,877,935		14,877,935			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,435,190		1,435,190			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-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	630,780	27,965	658,745	30,932.00	21.30	
22 ADMINISTRATIVE & GENERAL	10,453,268	-1,454,402	8,998,866	393,877.00	22.85	
22.01 A & G UNDER CONTRACT	249,299		249,299	2,437.80	102.26	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,166,921	440,773	1,607,694	80,734.00	19.91	
25 LAUNDRY & LINEN SERVICE	222,338	6,450	228,788	20,045.00	11.41	
26 HOUSEKEEPING	1,134,637	31,105	1,165,742	87,879.00	13.27	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,526,258	-639,548	886,710	57,695.00	15.37	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		677,048	677,048	53,740.00	12.60	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	949,040	49,597	998,637	26,615.00	37.52	
31 CENTRAL SERVICE AND SUPPLY	253,988	4,900	258,888	18,564.00	13.95	
32 PHARMACY	1,593,209	15,900	1,609,109	46,791.00	34.39	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	937,038	20,749	957,787	61,808.00	15.50	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	53,041,439		53,041,439	2,240,336.80	23.68	
2 EXCLUDED AREA SALARIES	5,828,412	470,477	6,298,889	291,996.00	21.57	
3 SUBTOTAL SALARIES	47,213,027	-470,477	46,742,550	1,948,340.80	23.99	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,010,169		3,010,169	80,913.00	37.20	
5 SUBTOTAL WAGE-RELATED COSTS	14,877,935		14,877,935		31.83	
6 TOTAL	65,101,131	-470,477	64,630,654	2,029,253.80	31.85	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	19,116,776	-819,463	18,297,313	881,117.80	20.77	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0006
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/15/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX		14				
3.02	RUL		8				
4	RVC		13				
5	RVB		33				
6	RVA						
6.01	RVX		48				
6.02	RVL		4				
7	RHC		1,105				
8	RHB		190				
9	RHA		49				
9.01	RHX						
9.02	RHL						
10	RMC		366				
11	RMB		493				
12	RMA		244				
12.01	RMX		1,293				
12.02	RML		836				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		145				
16	SE2		281				
17	SE1		27				
18	SSC		79				
19	SSB		37				
20	SSA		277				
21	CC2		5				
22	CC1		11				
23	CB2		14				
24	CB1		32				
25	CA2						
26	CA1		48				
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		2				
45	Default						
46	TOTAL		5,654				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9763
 Wage Index Factor (after 10/01) : 0.9763
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0006 PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/15/2009 WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9763
 Wage Index Factor (after 10/01) : 0.9763
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	5,806,064
17.01	GROSS MEDICAID REVENUES	26,668,070
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	32,474,134
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)	.357961
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)		
PROVIDER NO:	PERIOD:	PREPARED 6/15/2009
15-0006	FROM 1/ 1/2008	WORKSHEET S-10
	TO 12/31/2008	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	26,668,070
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,546,129
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,806,064
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,078,344
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	9,546,129

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				3,675,535	3,675,535
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,205,726	9,205,726
5	0500 EMPLOYEE BENEFITS	630,780	13,575,014	14,205,794	-30,316	14,175,478
6.10	0610 NON-PATIENT PHONES	230,417	30,575	260,992	-644	260,348
6.30	0630 PURCHASING	553,545	226,536	780,081	-36,159	743,922
6.40	0650 CASHIERING	1,643,447	2,653,618	4,297,065	18,306	4,315,371
6.60	0660 OTHER ADMIN & GEN	8,025,859	28,527,797	36,553,656	-8,645,342	27,908,314
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,166,921	7,412,523	8,579,444	332,694	8,912,138
9	0900 LAUNDRY & LINEN SERVICE	222,338	182,259	404,597	-4,822	399,775
10	1000 HOUSEKEEPING	1,134,637	272,795	1,407,432	16,156	1,423,588
11	1100 DIETARY	1,526,258	1,396,405	2,922,663	-1,351,022	1,571,641
12	1200 CAFETERIA				1,296,493	1,296,493
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	949,040	387,004	1,336,044	-6,441	1,329,603
15	1500 CENTRAL SERVICES & SUPPLY	253,988	1,601,572	1,855,560	-1,322,338	533,222
16	1600 PHARMACY	1,593,209	5,145,513	6,738,722	-5,010,298	1,728,424
17	1700 MEDICAL RECORDS & LIBRARY	937,038	282,820	1,219,858	-54,148	1,165,710
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,444,866	804,784	6,249,650	821,729	7,071,379
26	2600 INTENSIVE CARE UNIT	2,885,958	518,530	3,404,488	-112,701	3,291,787
31	3100 SUBPROVIDER	635,428	230,030	865,458	-14,254	851,204
31.01	3101 SUBPROVIDER II	368,273	69,193	437,466	908	438,374
33	3300 NURSERY				750,710	750,710
34	3400 SKILLED NURSING FACILITY	1,529,788	195,738	1,725,526	3,617	1,729,143
35	3500 NURSING FACILITY	479,648	86,498	566,146	-3,500	562,646
36	3600 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,746,889	9,187,078	12,933,967	-2,633,194	10,300,773
39	3900 DELIVERY ROOM & LABOR ROOM	1,645,616	349,183	1,994,799	-1,617,060	377,739
41	4100 RADIOLOGY-DIAGNOSTIC	2,519,876	3,941,023	6,460,899	-2,075,946	4,384,953
41.01	4101 NUCLEAR MEDICINE	279,974	1,301,028	1,581,002	-74,531	1,506,471
41.02	4102 ULTRASOUND	366,985	95,026	462,011	1,191	463,202
41.03	4103 RADIOLOGY THERAPY	599,437	463,215	1,062,652	-23,459	1,039,193
44	4400 LABORATORY	2,032,823	3,278,134	5,310,957	-160,927	5,150,030
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	54,257	896,424	950,681	-6,587	944,094
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	1,035,420	295,089	1,330,509	-29,407	1,301,102
50	5000 PHYSICAL THERAPY	2,125,529	467,607	2,593,136	-146,078	2,447,058
51	5100 OCCUPATIONAL THERAPY	420,364	38,895	459,259	3,060	462,319
52	5200 SPEECH PATHOLOGY	210,464	21,530	231,994	1,439	233,433
53	5300 ELECTROCARDIOLOGY	1,661,779	3,135,267	4,797,046	-587,001	4,210,045
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,686,302	2,686,302
56	5600 DRUGS CHARGED TO PATIENTS				4,858,499	4,858,499
57	5700 RENAL DIALYSIS					
59	3190 CANCER TREATMENT CENTER					
59.10	3120 CATH LAB	557,437	1,616,943	2,174,380	-317,560	1,856,820
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	290,394	271,158	561,552	-21,713	539,839
60.01	4951 PSYCHIATRIC ANCILLARY SERVICES				3,150	3,150
60.02	6001 DENTAL CLINIC	225,997	344,125	570,122	-33,967	536,155
61	6100 EMERGENCY	1,992,186	1,308,890	3,301,076	-399,568	2,901,508
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
89	8900 UTILIZATION REVIEW-SNF					
95	SUBTOTALS	49,976,865	90,609,819	140,586,684	-1,043,468	139,543,216
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.10	9610 INPATIENT CENTER					
96.20	9601 WEIGHT CONTROL					
96.30	9602 WOMEN'S HEALTH					
96.40	9605 HEALTHY COMMUNITIES				931,637	931,637
96.45	9607 SPORTS MEDICINE				107,893	107,893
96.60	9606 OTHER NRCC	188,354	215,393	403,747	-4,526	399,221
99.01	9901 VNA	1,917,507	977,514	2,895,021	52,832	2,947,853
100	7950 SPECIALIST CLINIC					
100.01	7954 HEARING CENTER	451,091	262,926	714,017	-11,877	702,140
100.10	7952 HOME INFUSION	160,227	60,574	220,801	-20,814	199,987
100.20	7953 RENTAL PROPERTIES	98,096	995,419	1,093,515	-11,677	1,081,838
101	TOTAL	52,792,140	93,121,645	145,913,785	-0-	145,913,785

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/15/2009
I 15-0006 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	2,333,413	6,008,948
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	1,362,042	10,567,768
5 0500	EMPLOYEE BENEFITS	-1,434,387	12,741,091
6.10 0610	NON-PATIENT PHONES	-83,865	176,483
6.30 0630	PURCHASING	-338,052	405,870
6.40 0650	CASHIERING	3	4,315,374
6.60 0660	OTHER ADMIN & GEN	-10,477,770	17,430,544
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	99,388	9,011,526
9 0900	LAUNDRY & LINEN SERVICE	-13,017	386,758
10 1000	HOUSEKEEPING	-37,862	1,385,726
11 1100	DIETARY	-46,322	1,525,319
12 1200	CAFETERIA	-861,330	435,163
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-42,487	1,287,116
15 1500	CENTRAL SERVICES & SUPPLY		533,222
16 1600	PHARMACY		1,728,424
17 1700	MEDICAL RECORDS & LIBRARY	-40,872	1,124,838
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-260	7,071,119
26 2600	INTENSIVE CARE UNIT		3,291,787
31 3100	SUBPROVIDER	-7,362	843,842
31.01 3101	SUBPROVIDER II	-23,323	415,051
33 3300	NURSERY		750,710
34 3400	SKILLED NURSING FACILITY	-5,545	1,723,598
35 3500	NURSING FACILITY	-9,579	553,067
36 3600	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		10,300,773
39 3900	DELIVERY ROOM & LABOR ROOM	-1,575	376,164
41 4100	RADIOLOGY-DIAGNOSTIC	-7,429	4,377,524
41.01 4101	NUCLEAR MEDICINE		1,506,471
41.02 4102	ULTRASOUND		463,202
41.03 4103	RADIATION THERAPY	-25,000	1,014,193
44 4400	LABORATORY	-848,031	4,301,999
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		944,094
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY		1,301,102
50 5000	PHYSICAL THERAPY	-2	2,447,056
51 5100	OCCUPATIONAL THERAPY	-1	462,318
52 5200	SPEECH PATHOLOGY	1	233,434
53 5300	ELECTROCARDIOLOGY	-82,099	4,127,946
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-28,199	2,658,103
56 5600	DRUGS CHARGED TO PATIENTS	-393,649	4,464,850
57 5700	RENAL DIALYSIS		
59 3190	CANCER TREATMENT CENTER		
59.10 3120	CATH LAB	-33,901	1,822,919
60 6000	OUTPAT SERVICE COST CNTRS CLINIC	-130,854	408,985
60.01 4951	PSYCHIATRIC ANCILLARY SERVICES		3,150
60.02 6001	DENTAL CLINIC	-152,230	383,925
61 6100	EMERGENCY		2,901,508
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
71 7100	OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
89 8900	UTILIZATION REVIEW-SNF		-0-
95	SUBTOTALS	-11,330,156	128,213,060
96 9600	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.10 9610	INPATIENT CENTER		
96.20 9601	WEIGHT CONTROL		
96.30 9602	WOMEN'S HEALTH		
96.40 9605	HEALTHY COMMUNITIES		931,637
96.45 9607	SPORTS MEDICINE		107,893
96.60 9606	OTHER NRCC	-65,889	333,332
99.01 9901	VNA		2,947,853
100 7950	SPECIALIST CLINIC		
100.01 7954	HEARING CENTER		702,140
100.10 7952	HOME INFUSION		199,987
100.20 7953	RENTAL PROPERTIES		1,081,838
101	TOTAL	-11,396,045	134,517,740

I PROVIDER NO: I PERIOD: I PREPARED 6/15/2009
 I 15-0006 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
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	
6. 10	NON-PATIENT PHONES	0610	NONPATIENT TELEPHONES
6. 30	PURCHASING	0630	PURCHASING, RECEIVING AND STORES
6. 40	CASHIERING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6. 60	OTHER ADMIN & GEN	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31. 01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41. 01	NUCLEAR MEDICINE	4101	RADIOLOGY-DIAGNOSTIC
41. 02	ULTRASOUND	4102	RADIOLOGY-DIAGNOSTIC
41. 03	RADIATION THERAPY	4103	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46. 30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CANCER TREATMENT CENTER	3190	CHEMOTHERAPY
59. 10	CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60. 01	PSYCHIATRIC ANCILLARY SERVICES	4951	OTHER OUTPATIENT SERVICE COST CENTER
60. 02	DENTAL CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63. 50	RHC	6310	RURAL HEALTH CLINIC #####
63. 60	FOHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85. 01	PANCREAS ACQUISITION	8510	
89	UTILIZATION REVIEW-SNF	8900	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96. 10	INPATIENT CENTER	9610	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96. 20	WEIGHT CONTROL	9601	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96. 30	WOMEN'S HEALTH	9602	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96. 40	HEALTHY COMMUNITIES	9605	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96. 45	SPORTS MEDICINE	9607	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96. 60	OTHER NRCC	9606	GI FT, FLOWER, COFFEE SHOP & CANTEEN
99. 01	VNA	9901	NONPAID WORKERS
100	SPECIALIST CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100. 01	HEARING CENTER	7954	OTHER NONREIMBURSABLE COST CENTERS
100. 10	HOME INFUSION	7952	OTHER NONREIMBURSABLE COST CENTERS
100. 20	RENTAL PROPERTIES	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/1/2008 TO 12/31/2008	PREPARED 6/15/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 SHARED FOOD COSTS	A	CAFETERIA	12	677,048	619,445
2 MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,686,302
3					
4					
5					
6 DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	56		4,858,499
7 COST OF SECURITY	E	OPERATION OF PLANT	8	416,889	85,435
8 OB & NURSERY COST	F	NURSERY	33	619,264	131,446
9		ADULTS & PEDIATRICS	25	674,898	143,255
10 DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		3,641,110
11		NEW CAP REL COSTS-MVBLE EQUIP	4		7,626,416
12 RENTAL COSTS & MME	I	NEW CAP REL COSTS-BLDG & FIXT	3		34,425
13		OTHER ADMIN & GEN	6.60		4,443,210
14		NEW CAP REL COSTS-MVBLE EQUIP	4		1,579,310
15					
16					
17					
18					
19					
20					
21					
22					
23					
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30					
31					
32					
33					
34					
35					

1 RENTAL COSTS & MME	I				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 SPORTS MEDICINE	J	SPORTS MEDICINE	96.45	100,285	7,608
17 DEPR ON BLDGS AND	K	OTHER ADMIN & GEN	6.60		514,891
18					
19					
20					
21					
22					
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25					
26					
27					
28					
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35					

RECLASSIFICATIONS

PROVIDER NO:
150006

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

PREPARED 6/15/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 DEPR ON BLDGS AND	K				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17 PUBLIC RELATIONS	Q	HEALTHY COMMUNITIES	96.40	248,795	682,842
18 VNA SHARED COSTS	R	VNA	99.01	16,901	
19					
20 INCENTIVE COMPENSATION	S	EMPLOYEE BENEFITS	5	27,965	
21		NON-PATIENT PHONES	6.10	4,250	
22		PURCHASING	6.30	27,586	
23		CASHIERING	6.40	46,216	
24		OTHER ADMIN & GEN	6.60	734,013	
25		OPERATION OF PLANT	8	23,884	
26		LAUNDRY & LINEN SERVICE	9	6,450	
27		HOUSEKEEPING	10	31,105	
28		DIETARY	11	37,500	
29		NURSING ADMINISTRATION	14	49,597	
30		CENTRAL SERVICES & SUPPLY	15	4,900	
31		PHARMACY	16	15,900	
32		MEDICAL RECORDS & LIBRARY	17	23,676	
33		ADULTS & PEDIATRICS	25	78,858	
34		INTENSIVE CARE UNIT	26	40,000	
35		SUBPROVIDER	31	12,300	
1 INCENTIVE COMPENSATION	S	SUBPROVIDER II	31.01	5,450	
2		SKILLED NURSING FACILITY	34	24,289	
3		NURSING FACILITY	35	8,381	
4		OPERATING ROOM	37	59,950	
5		DELIVERY ROOM & LABOR ROOM	39	26,200	
6		RADIOLOGY-DIAGNOSTIC	41	49,896	
7		NUCLEAR MEDICINE	41.01	2,250	
8		ULTRASOUND	41.02	2,650	
9		RADIATION THERAPY	41.03	12,420	
10		LABORATORY	44	57,049	
11		WHOLE BLOOD & PACKED RED BLOOD CELLS	46	750	
12		RESPIRATORY THERAPY	49	18,380	
13		PHYSICAL THERAPY	50	35,594	
14		OCCUPATIONAL THERAPY	51	5,000	
15		SPEECH PATHOLOGY	52	2,650	
16		ELECTROCARDIOLOGY	53	21,614	
17		CATH LAB	59.10	4,950	
18		CLINIC	60	6,710	
19		PSYCHIATRIC ANCILLARY SERVICES	60.01	3,150	
20		EMERGENCY	61	21,200	
21		OTHER NRCC	96.60	6,000	
22		VNA	99.01	36,656	
23		HEARING CENTER	100.01	8,370	
24		HOME INFUSION	100.10	1,550	
25		RENTAL PROPERTIES	100.20	1,500	
36 TOTAL RECLASSIFICATIONS				4,340,889	27,054,194

(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:
150006

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

PREPARED 6/15/2009
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 SHARED FOOD COSTS	A	DIETARY	11	677,048	619,445	
2 MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		717,704	
3		OPERATING ROOM	37		1,856,464	
4		INTENSIVE CARE UNIT	26		16,825	
5		EMERGENCY	61		95,309	
6 DRUGS SOLD	D	PHARMACY	16		4,858,499	
7 COST OF SECURITY	E	OTHER ADMIN & GEN	6.60	416,889	85,435	
8 OB & NURSERY COST	F	DELIVERY ROOM & LABOR ROOM	39	1,294,162	274,701	
9						
10 DEPRECIATION	G	OTHER ADMIN & GEN	6.60		11,267,526	9
11						9
12 RENTAL COSTS & MME	I	EMPLOYEE BENEFITS	5		57,684	9
13		PURCHASING	6.30		60,877	
14		CASHIERING	6.40		26,723	9
15		NON-PATIENT PHONES	6.10		4,894	
16		OPERATION OF PLANT	8		193,514	
17		LAUNDRY & LINEN SERVICE	9		4,847	
18		HOUSEKEEPING	10		14,379	
19		DIETARY	11		84,786	
20		NURSING ADMINISTRATION	14		55,730	
21		CENTRAL SERVICES & SUPPLY	15		609,464	
22		PHARMACY	16		164,694	
23		MEDICAL RECORDS & LIBRARY	17		74,177	
24		ADULTS & PEDIATRICS	25		52,525	
25		INTENSIVE CARE UNIT	26		132,847	
26		SUBPROVIDER	31		14,012	
27		SUBPROVIDER II	31.01		2,509	
28		SKILLED NURSING FACILITY	34		16,380	
29		NURSING FACILITY	35		9,100	
30		OPERATING ROOM	37		812,762	
31		DELIVERY ROOM & LABOR ROOM	39		62,372	
32		RADIOLOGY-DIAGNOSTIC	41		2,105,866	
33		NUCLEAR MEDICINE	41.01		75,920	
34		ULTRASOUND	41.02		1,459	
35		RADIATION THERAPY	41.03		35,827	
1 RENTAL COSTS & MME	I	LABORATORY	44		212,972	
2		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		7,316	
3		RESPIRATORY THERAPY	49		47,749	
4		PHYSICAL THERAPY	50		65,969	
5		OCCUPATIONAL THERAPY	51		1,940	
6		SPEECH PATHOLOGY	52		1,211	
7		ELECTROCARDIOLOGY	53		585,132	
8		CATH LAB	59.10		320,260	
9		CLINIC	60		17,503	
10		DENTAL CLINIC	60.02		3,882	
11		EMERGENCY	61		55,180	
12		OTHER NRCC	96.60		9,248	
13		HEARING CENTER	100.01		19,699	
14		HOME INFUSION	100.10		22,359	
15		RENTAL PROPERTIES	100.20		13,177	
16 SPORTS MEDICINE	J	PHYSICAL THERAPY	50	100,285	7,608	
17 DEPR ON BLDGS AND	K	HOUSEKEEPING	10		570	
18		LABORATORY	44		5,004	
19		CASHIERING	6.40		1,187	
20		OTHER ADMIN & GEN	6.60		35,186	
21		INTENSIVE CARE UNIT	26		3,029	
22		DIETARY	11		7,243	
23		NURSING ADMINISTRATION	14		308	
24		CENTRAL SERVICES & SUPPLY	15		70	
25		PHARMACY	16		3,005	
26		MEDICAL RECORDS & LIBRARY	17		720	
27		ADULTS & PEDIATRICS	25		22,757	
28		SUBPROVIDER	31		12,542	
29		SKILLED NURSING FACILITY	34		4,292	
30		NURSING FACILITY	35		2,781	
31		OPERATING ROOM	37		23,918	
32		DELIVERY ROOM & LABOR ROOM	39		12,025	
33		RADIOLOGY-DIAGNOSTIC	41		19,976	
34		PHYSICAL THERAPY	50		7,810	
35		ELECTROCARDIOLOGY	53		23,483	

RECLASSIFICATIONS

PROVIDER NO:
150006

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

PREPARED 6/15/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				A-7 REF 10
			LINE NO	SALARY	OTHER		
	1	6	7	8	9		
1 DEPR ON BLDGS AND	K	CATH LAB	59.10		2,250		
2		CLINIC	60		10,920		
3		SUBPROVIDER II	31.01		2,033		
4		DENTAL CLINIC	60.02		30,085		
5		EMERGENCY	61		270,279		
6		PURCHASING	6.30		2,868		
7		HEARING CENTER	100.01		548		
8		OTHER NRCC	96.60		1,278		
9		NUCLEAR MEDICINE	41.01		861		
10		EMPLOYEE BENEFITS	5		597		
11		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		21		
12		LAUNDRY & LINEN SERVICE	9		6,425		
13		RADIATION THERAPY	41.03		52		
14		RESPIRATORY THERAPY	49		38		
15		VNA	99.01		725		
16		HOME INFUSION	100.10		5		
17 PUBLIC RELATIONS	Q	OTHER ADMIN & GEN	6.60	248,795	682,842		
18 VNA SHARED COSTS	R	OTHER ADMIN & GEN	6.60	13,974			
19		MEDICAL RECORDS & LIBRARY	17	2,927			
20 INCENTIVE COMPENSATION	S						
21		OTHER ADMIN & GEN	6.60	1,586,809			
22							
23							
24							
25							
26							
27							
28							
29							
30							
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32							
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1 INCENTIVE COMPENSATION	S						
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24							
25							
36 TOTAL RECLASSIFICATIONS				4,340,889	27,054,194		

(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: 150006	PERIOD: FROM 1/1/2008 TO 12/31/2008	PREPARED 6/15/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : SHARED FOOD COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,296,493	DIETARY	11	1,296,493	
TOTAL RECLASSIFICATIONS FOR CODE A			1,296,493				1,296,493

RECLASS CODE: C
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,686,302	CENTRAL SERVICES & SUPPLY	15	717,704	
2.00			0	OPERATING ROOM	37	1,856,464	
3.00			0	INTENSIVE CARE UNIT	26	16,825	
4.00			0	EMERGENCY	61	95,309	
TOTAL RECLASSIFICATIONS FOR CODE C			2,686,302				2,686,302

RECLASS CODE: D
EXPLANATION : DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	4,858,499	PHARMACY	16	4,858,499	
TOTAL RECLASSIFICATIONS FOR CODE D			4,858,499				4,858,499

RECLASS CODE: E
EXPLANATION : COST OF SECURITY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	502,324	OTHER ADMIN & GEN	6.60	502,324	
TOTAL RECLASSIFICATIONS FOR CODE E			502,324				502,324

RECLASS CODE: F
EXPLANATION : OB & NURSERY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	750,710	DELIVERY ROOM & LABOR ROOM	39	1,568,863	
2.00	ADULTS & PEDIATRICS	25	818,153			0	
TOTAL RECLASSIFICATIONS FOR CODE F			1,568,863				1,568,863

RECLASS CODE: G
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,641,110	OTHER ADMIN & GEN	6.60	11,267,526	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,626,416			0	
TOTAL RECLASSIFICATIONS FOR CODE G			11,267,526				11,267,526

RECLASS CODE: I
EXPLANATION : RENTAL COSTS & MME

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	34,425	EMPLOYEE BENEFITS	5	57,684	
2.00	OTHER ADMIN & GEN	6.60	4,443,210	PURCHASING	6.30	60,877	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,579,310	CASHIERING	6.40	26,723	
4.00			0	NON-PATIENT PHONES	6.10	4,894	
5.00			0	OPERATION OF PLANT	8	193,514	
6.00			0	LAUNDRY & LINEN SERVICE	9	4,847	
7.00			0	HOUSEKEEPING	10	14,379	
8.00			0	DIETARY	11	84,786	
9.00			0	NURSING ADMINISTRATION	14	55,730	
10.00			0	CENTRAL SERVICES & SUPPLY	15	609,464	
11.00			0	PHARMACY	16	164,694	
12.00			0	MEDICAL RECORDS & LIBRARY	17	74,177	
13.00			0	ADULTS & PEDIATRICS	25	52,525	
14.00			0	INTENSIVE CARE UNIT	26	132,847	
15.00			0	SUBPROVIDER	31	14,012	

RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/15/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: I
EXPLANATION : RENTAL COSTS & MME

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
16.00			0	SUBPROVIDER II	31.01	2,509	
17.00			0	SKILLED NURSING FACILITY	34	16,380	
18.00			0	NURSING FACILITY	35	9,100	
19.00			0	OPERATING ROOM	37	812,762	
20.00			0	DELIVERY ROOM & LABOR ROOM	39	62,372	
21.00			0	RADIOLOGY-DIAGNOSTIC	41	2,105,866	
22.00			0	NUCLEAR MEDICINE	41.01	75,920	
23.00			0	ULTRASOUND	41.02	1,459	
24.00			0	RADIATION THERAPY	41.03	35,827	
25.00			0	LABORATORY	44	212,972	
26.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	7,316	
27.00			0	RESPIRATORY THERAPY	49	47,749	
28.00			0	PHYSICAL THERAPY	50	65,969	
29.00			0	OCCUPATIONAL THERAPY	51	1,940	
30.00			0	SPEECH PATHOLOGY	52	1,211	
31.00			0	ELECTROCARDIOLOGY	53	585,132	
32.00			0	CATH LAB	59.10	320,260	
33.00			0	CLINIC	60	17,503	
34.00			0	DENTAL CLINIC	60.02	3,882	
35.00			0	EMERGENCY	61	55,180	
36.00			0	OTHER NRCC	96.60	9,248	
37.00			0	HEARING CENTER	100.01	19,699	
38.00			0	HOME INFUSION	100.10	22,359	
39.00			0	RENTAL PROPERTIES	100.20	13,177	
TOTAL RECLASSIFICATIONS FOR CODE I			6,056,945				6,056,945

RECLASS CODE: J
EXPLANATION : SPORTS MEDICINE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SPORTS MEDICINE	96.45	107,893	PHYSICAL THERAPY	50	107,893	
TOTAL RECLASSIFICATIONS FOR CODE J			107,893				107,893

RECLASS CODE: K
EXPLANATION : DEPR ON BLDGS AND

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMIN & GEN	6.60	514,891	HOUSEKEEPING	10	570	
2.00			0	LABORATORY	44	5,004	
3.00			0	CASHIERING	6.40	1,187	
4.00			0	OTHER ADMIN & GEN	6.60	35,186	
5.00			0	INTENSIVE CARE UNIT	26	3,029	
6.00			0	DIETARY	11	7,243	
7.00			0	NURSING ADMINISTRATION	14	308	
8.00			0	CENTRAL SERVICES & SUPPLY	15	70	
9.00			0	PHARMACY	16	3,005	
10.00			0	MEDICAL RECORDS & LIBRARY	17	720	
11.00			0	ADULTS & PEDIATRICS	25	22,757	
12.00			0	SUBPROVIDER	31	12,542	
13.00			0	SKILLED NURSING FACILITY	34	4,292	
14.00			0	NURSING FACILITY	35	2,781	
15.00			0	OPERATING ROOM	37	23,918	
16.00			0	DELIVERY ROOM & LABOR ROOM	39	12,025	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	19,976	
18.00			0	PHYSICAL THERAPY	50	7,810	
19.00			0	ELECTROCARDIOLOGY	53	23,483	
20.00			0	CATH LAB	59.10	2,250	
21.00			0	CLINIC	60	10,920	
22.00			0	SUBPROVIDER II	31.01	2,033	
23.00			0	DENTAL CLINIC	60.02	30,085	
24.00			0	EMERGENCY	61	270,279	
25.00			0	PURCHASING	6.30	2,868	
26.00			0	HEARING CENTER	100.01	548	
27.00			0	OTHER NRCC	96.60	1,278	
28.00			0	NUCLEAR MEDICINE	41.01	861	
29.00			0	EMPLOYEE BENEFITS	5	597	
30.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	21	
31.00			0	LAUNDRY & LINEN SERVICE	9	6,425	
32.00			0	RADIATION THERAPY	41.03	52	
33.00			0	RESPIRATORY THERAPY	49	38	

RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/1/2008 TO 12/31/2008	PREPARED 6/15/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	---	--

RECLASS CODE: K
EXPLANATION : DEPR ON BLDGS AND

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
34.00			0	VNA	99.01	725	
35.00			0	HOME INFUSION	100.10	5	
TOTAL RECLASSIFICATIONS FOR CODE K			514,891				514,891

RECLASS CODE: Q
EXPLANATION : PUBLIC RELATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HEALTHY COMMUNITIES	96.40	931,637	OTHER ADMIN & GEN	6.60	931,637	
TOTAL RECLASSIFICATIONS FOR CODE Q			931,637				931,637

RECLASS CODE: R
EXPLANATION : VNA SHARED COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	VNA	99.01	16,901	OTHER ADMIN & GEN	6.60	13,974	
2.00			0	MEDICAL RECORDS & LIBRARY	17	2,927	
TOTAL RECLASSIFICATIONS FOR CODE R			16,901				16,901

RECLASS CODE: S
EXPLANATION : INCENTIVE COMPENSATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	27,965			0	
2.00	NON-PATIENT PHONES	6.10	4,250	OTHER ADMIN & GEN	6.60	1,586,809	
3.00	PURCHASING	6.30	27,586			0	
4.00	CASHIERING	6.40	46,216			0	
5.00	OTHER ADMIN & GEN	6.60	734,013			0	
6.00	OPERATION OF PLANT	8	23,884			0	
7.00	LAUNDRY & LINEN SERVICE	9	6,450			0	
8.00	HOUSEKEEPING	10	31,105			0	
9.00	DIETARY	11	37,500			0	
10.00	NURSING ADMINISTRATION	14	49,597			0	
11.00	CENTRAL SERVICES & SUPPLY	15	4,900			0	
12.00	PHARMACY	16	15,900			0	
13.00	MEDICAL RECORDS & LIBRARY	17	23,676			0	
14.00	ADULTS & PEDIATRICS	25	78,858			0	
15.00	INTENSIVE CARE UNIT	26	40,000			0	
16.00	SUBPROVIDER	31	12,300			0	
17.00	SUBPROVIDER II	31.01	5,450			0	
18.00	SKILLED NURSING FACILITY	34	24,289			0	
19.00	NURSING FACILITY	35	8,381			0	
20.00	OPERATING ROOM	37	59,950			0	
21.00	DELIVERY ROOM & LABOR ROOM	39	26,200			0	
22.00	RADIOLOGY-DIAGNOSTIC	41	49,896			0	
23.00	NUCLEAR MEDICINE	41.01	2,250			0	
24.00	ULTRASOUND	41.02	2,650			0	
25.00	RADIATION THERAPY	41.03	12,420			0	
26.00	LABORATORY	44	57,049			0	
27.00	WHOLE BLOOD & PACKED RED BLOOD	46	750			0	
28.00	RESPIRATORY THERAPY	49	18,380			0	
29.00	PHYSICAL THERAPY	50	35,594			0	
30.00	OCCUPATIONAL THERAPY	51	5,000			0	
31.00	SPEECH PATHOLOGY	52	2,650			0	
32.00	ELECTROCARDIOLOGY	53	21,614			0	
33.00	CATH LAB	59.10	4,950			0	
34.00	CLINIC	60	6,710			0	
35.00	PSYCHIATRIC ANCILLARY SERVICES	60.01	3,150			0	
36.00	EMERGENCY	61	21,200			0	
38.00	OTHER NRCC	96.60	6,000			0	
39.00	VNA	99.01	36,656			0	
40.00	HEARING CENTER	100.01	8,370			0	
41.00	HOME INFUSION	100.10	1,550			0	
42.00	RENTAL PROPERTIES	100.20	1,500			0	
TOTAL RECLASSIFICATIONS FOR CODE S			1,586,809				1,586,809

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	6,008,948						6,008,948
4	NEW CAP REL COSTS-MV	10,567,768						10,567,768
5	TOTAL	16,576,716						16,576,716

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

1	DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
				WORKSHEET A TO/FROM WHICH THE	AMOUNT IS TO BE ADJUSTED	
				COST CENTER	LINE NO	
		1	2	3	4	5
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		-100,176	NEW CAP REL COSTS-BLDG &	3	9
4	INVESTMENT INCOME-NEW MOVABLE EQUIP		-131,498	NEW CAP REL COSTS-MVBLE E	4	9
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS	B	-338,052	PURCHASING	6.30	
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-83,865	NON-PATIENT PHONES	6.10	
10	TELEVISION AND RADIO SERVICE	A	-5,761	OPERATION OF PLANT	8	
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,031,906			
13	SALE OF SCRAP, WASTE, ETC.	B	-7,429	RADIOLOGY-DIAGNOSTIC	41	
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	10,441,572			
15	LAUNDRY AND LINEN SERVICE	B	-13,017	LAUNDRY & LINEN SERVICE	9	
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-861,330	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18	SALE OF MED AND SURG SUPPLIES	B	-28,199	MEDICAL SUPPLIES CHARGED	55	
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-393,649	DRUGS CHARGED TO PATIENTS	56	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-40,872	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	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			NONPHYSICIAN ANESTHETISTS	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	CLINICAL DIETARY	B	-400	DIETARY	11	
37.01	PATIENT TELEPHONE DEPRECIATION	A	-2,920	NEW CAP REL COSTS-BLDG &	3	9
37.02	PATIENT TELEPHONE DEPRECIATION	A	-1,141	NEW CAP REL COSTS-BLDG &	3	9
38	1984 AHA AJE	A	1	NEW CAP REL COSTS-BLDG &	3	9
38.01	FI DEPRECIATION AJES 1985	A	-1	NEW CAP REL COSTS-BLDG &	3	9
38.02	FI DEPRECIATION AJES 1986	A	1	NEW CAP REL COSTS-BLDG &	3	9
38.03	FI DEPRECIATION AJES 1985	A	-1	NEW CAP REL COSTS-MVBLE E	4	9
38.06	FI DEPRECIATION AJES 1988	A	1	NEW CAP REL COSTS-BLDG &	3	9
38.10	FI DEPRECIATION AJES 1990	A	-3,311	NEW CAP REL COSTS-BLDG &	3	9
38.12	FI DEPRECIATION AJES 1991	A	-3,208	NEW CAP REL COSTS-MVBLE E	4	9
38.15	FI DEPRECIATION AJES 1993	A	-5,020	NEW CAP REL COSTS-BLDG &	3	9
38.16	FI DEPRECIATION AJES 1994	A	-1,615	NEW CAP REL COSTS-BLDG &	3	9
38.17	FI DEPRECIATION AJES 1994	A	3,638	NEW CAP REL COSTS-MVBLE E	4	9
38.20	CUSTOM CLEANING SERVICES	B	-37,862	HOUSEKEEPING	10	
38.22	SICK CHILD CARE REVENUE	B	-260	ADULTS & PEDIATRICS	25	
38.23	FI DEPRECIATION AJES 1993	A	1	NEW CAP REL COSTS-MVBLE E	4	9
39	MISC ADMIN	B	-1	OTHER ADMIN & GEN	6.60	
40	OTHER OPERATING REVENUE	B	27,737	OTHER ADMIN & GEN	6.60	
41	PHYSICIAN BILLING	B	1	CASHIERING	6.40	
42	ADVERTISING & PATIENT SOLICITAT	A	-1	OTHER ADMIN & GEN	6.60	
43	LOSS CARRYFORWARD	A	1	NEW CAP REL COSTS-MVBLE E	4	9
44	LOSS CARRYFORWARD	A	-1	NEW CAP REL COSTS-MVBLE E	4	9
44.02	PHYSICAL THERAPY SCHOOL	B	-1	PHYSICAL THERAPY	50	
44.03	STAFF EDUCATION	B	-24,858	NURSING ADMINISTRATION	14	
45	COST OF PBP BILLING	A	-1	OTHER ADMIN & GEN	6.60	
45.01	INTEREST ON PATIENT AR	B	1	CASHIERING	6.40	
45.02	OTHER OT REV	B	-1	OCCUPATIONAL THERAPY	51	
45.03	OTHER SPEECH REV	B	1	SPEECH PATHOLOGY	52	
46	NON ALLOWABLE INTEREST	A	1	OTHER ADMIN & GEN	6.60	
47	OLDER ADULT PROGRAM REVENUE	B	-20,289	OTHER ADMIN & GEN	6.60	
48	MISC PSYCHIATRIC REVENUE	B	-7,362	SUBPROVIDER	31	
49	OTHER PT REVENUE	B	-1	PHYSICAL THERAPY	50	
49.01	CATERING REVENUE	B	-45,922	DIETARY	11	
49.02	AHA IHA LOBBYING DUES	A	-7,107	OTHER ADMIN & GEN	6.60	
49.05	INCOME TAXES	A	1	CASHIERING	6.40	
49.06	NON ALLOWABLE COSTS	A	-25,000	OTHER ADMIN & GEN	6.60	
49.07	RENTAL EXPENSE	A	-1	OTHER ADMIN & GEN	6.60	
49.08	ALCOHOL	A	-1	OTHER ADMIN & GEN	6.60	
49.09	1102 LINCOLN VIRTUAL PURCH	A	-50,000	NEW CAP REL COSTS-BLDG &	3	9
49.10	1102 LINCOLNWAY VIRT PURCH	A	-13,054	NEW CAP REL COSTS-BLDG &	3	9
49.11	1102 LINCOLNWAY VIRT PURCH	A	12,651	NEW CAP REL COSTS-BLDG &	3	9
49.12	FOUNDATION EXP	A	1	OTHER ADMIN & GEN	6.60	
49.13	PHYSICIAN RECRUITMENT	A	-1,171	OTHER ADMIN & GEN	6.60	
49.14	OTHER ADMIN REVENUE	B	-15,575	OTHER ADMIN & GEN	6.60	
49.15	LRPN FRINGE BENEFITS	A	-1,434,387	EMPLOYEE BENEFITS	5	
49.16	POB HBP	A	-65,889	OTHER NRCC	96.60	
49.17	DEPRECIATION PERIOD 13 ENTRY	A	-1	OTHER ADMIN & GEN	6.60	
49.18	PROGRAM FEES	A	-15,809	OTHER ADMIN & GEN	6.60	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER	LINE NO		
49.19 BAD DEBTS	1		3	4		
50 TOTAL (SUM OF LINES 1 THRU 49)	A	-11,396,045	OTHER ADMIN & GEN	6.60		

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6	9	
1	3	NEW CAP REL COSTS-BLDG &	BUILDING RENT	122,846	120,906	1,940	9
2	8	OPERATION OF PLANT	BUILDING RENT	105,149		105,149	
3	6 60	OTHER ADMIN & GEN	RECRUITMENT		15,345	-15,345	
4	3	NEW CAP REL COSTS-BLDG &	ALLOCATION FROM HOME OFFI	580,918		580,918	9
4.01	4	NEW CAP REL COSTS-MVBLE E	ALLOCATION FROM HOME OFFI	1,493,110		1,493,110	9
4.02	3	NEW CAP REL COSTS-BLDG &	INTEREST FROM HOME OFFICE	1,915,139		1,915,139	9
4.03	6 60	OTHER ADMIN & GEN	ALLOCATION FROM HOME OFFI	6,678,596	317,935	6,360,661	
5		TOTALS		10,895,758	454,186	10,441,572	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	HERITAGE PLACE		100.00	HEALTH CARE
2				0.00	
3				0.00	
4				0.00	
5				0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 6/15/2009
 WORKSHEET A-8-2
 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 35	ICF	9,579	9,579					
2 41	RADIOLOGY							
3 44	LAB	848,031	848,031					
4 59 10	CATH	33,901	33,901					
5 61	ER							
6 53	EKG	82,099	82,099					
7 31 1	REHAB	23,400		23,400	159,800	1	77	4
8 60	CLINIC	130,854	130,854					
9 31	PSYCH							
10 52	SPEECH							
11 49	RT							
12 50	PT							
13 51	OT							
14 60 2	DC	152,230	152,230					
15 37	OPERATING ROOM							
16 14	NURSE ADMIN	17,629	17,629					
17 6 60	ADMIN	1,702,140	1,702,140					
18 34	SNF	5,545	5,545					
19 39	DELIVERY ROOM	1,575	1,575					
20 41 3	RADIATION THERAPY	25,000	25,000					
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,031,983	3,008,583	23,400		1	77	4

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 6/15/2009
 WORKSHEET A-8-2
 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 35	ICF							9,579
2 41	RADIOLOGY							
3 44	LAB							848,031
4 59 10	CATH							33,901
5 61	ER							
6 53	EKG							82,099
7 31 1	REHAB					77	23,323	23,323
8 60	CLINIC							130,854
9 31	PSYCH							
10 52	SPEECH							
11 49	RT							
12 50	PT							
13 51	OT							
14 60 2	DC							152,230
15 37	OPERATING ROOM							
16 14	NURSE ADMIN							17,629
17 6 60	ADMIN							1,702,140
18 34	SNF							5,545
19 39	DELIVERY ROOM							1,575
20 41 3	RADIATION THERAPY							25,000
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					77	23,323	3,031,906

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.10	NON-PATIENT PHONES	4	NON-PT PHONES	ENTERED
6.30	PURCHASING	5	SUPPLY COSTS	ENTERED
6.40	CASHIERING	C	GROSS CHARGES	ENTERED
6.60	OTHER ADMIN & GEN	-7	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	18	TIME SPENT	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	14	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	15	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED REQUIS	ENTERED
16	PHARMACY	17	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	22	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	24	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	25	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NON-PATIENT PHONES
	0	1	2	3	4	5	6. 10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	6,008,948			6,008,948			
005 NEW CAP REL COSTS-MVBLE E	10,567,768				10,567,768		
006 EMPLOYEE BENEFITS	12,741,091			8,611	15,145	12,764,847	
006 10 NON-PATIENT PHONES	176,483			25,345	44,574	57,458	303,860
006 30 PURCHASING	405,870			14,139	24,866	142,290	2,509
006 40 CASHIERING	4,315,374			94,237	165,732	413,714	28,849
006 60 OTHER ADMIN & GEN	17,430,544			1,128,586	1,984,817	1,589,895	72,752
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	9,011,526			853,079	1,500,285	393,644	12,857
009 LAUNDRY & LINEN SERVICE	386,758			65,112	114,511	56,019	314
010 HOUSEKEEPING	1,385,726			40,820	71,789	285,432	3,449
011 DIETARY	1,525,319			111,780	196,584	217,111	8,153
012 CAFETERIA	435,163			172,511	303,390	165,775	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,287,116			13,237	23,279	244,516	2,509
015 CENTRAL SERVICES & SUPPLY	533,222			227,545	400,178	63,389	2,509
016 PHARMACY	1,728,424			25,402	44,674	393,990	5,017
017 MEDICAL RECORDS & LIBRARY	1,124,838			58,325	102,574	234,514	10,348
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,071,119			520,222	914,899	1,517,733	15,365
026 INTENSIVE CARE UNIT	3,291,787			141,732	249,259	716,421	12,543
031 SUBPROVIDER	843,842			256,426	450,969	158,596	5,958
031 01 SUBPROVIDER II	415,051			68,459	120,397	91,506	941
033 NURSERY	750,710			24,819	43,649	151,627	
034 SKILLED NURSING FACILITY	1,723,598			266,880	469,354	380,516	5,644
035 NURSING FACILITY	553,067			129,661	228,030	119,494	2,509
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,300,773			488,916	859,843	932,105	23,205
039 DELIVERY ROOM & LABOR ROO	376,164			7,521	13,227	92,469	5,017
041 RADIOLOGY-DIAGNOSTIC	4,377,524			332,669	585,055	629,209	16,933
041 01 NUCLEAR MEDICINE	1,506,471			24,838	43,682	69,103	941
041 02 ULTRASOUND	463,202			3,704	6,514	90,505	941
041 03 RADIATION THERAPY	1,014,193			136,505	240,067	149,813	4,390
044 LABORATORY	4,301,999			147,560	259,510	511,705	10,348
046 WHOLE BLOOD & PACKED RED	944,094			9,100	16,004	13,468	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,301,102			8,254	14,516	258,023	3,449
050 PHYSICAL THERAPY	2,447,056			64,323	113,122	504,596	8,467
051 OCCUPATIONAL THERAPY	462,318			39,128	68,813	104,150	2,509
052 SPEECH PATHOLOGY	233,434			7,502	13,194	52,181	941
053 ELECTROCARDIOLOGY	4,127,946			112,795	198,369	412,179	4,077
055 MEDICAL SUPPLIES CHARGED	2,658,103						
056 DRUGS CHARGED TO PATIENTS	4,464,850						
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
059 10 CATH LAB	1,822,919			61,991	109,022	137,700	11,602
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	408,985					72,746	
060 01 PSYCHIATRIC ANCILLARY SER	3,150					771	
060 02 DENTAL CLINIC	383,925					55,335	
061 EMERGENCY	2,901,508			175,463	308,582	492,978	13,170
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	128,213,060			5,867,197	10,318,475	11,972,676	298,216
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				17,543	30,852		
096 10 INNPATIENT CENTER				124,208	218,441		
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES	931,637					60,917	
096 45 SPORTS MEDICIANE	107,893					24,555	
096 60 OTHER NRCC	333,332					47,588	1,254
099 01 VNA	2,947,853					482,615	
100 SPECIALIST CLINIC							
100 01 HEARING CENTER	702,140					112,499	3,136
100 10 HOME INFUSION	199,987					39,611	1,254
100 20 RENTAL PROPERTIES	1,081,838					24,386	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	134,517,740			6,008,948	10,567,768	12,764,847	303,860

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PURCHASING	CASHIERING	SUBTOTAL	OTHER ADMIN & MAINTENANCE & OPERATIONS OF LAUNDRY & LINEN SERVICE
	6. 30	6. 40	6a. 40	6. 60 7 8 9
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 10 NON-PATIENT PHONES				
006 30 PURCHASING	589,674			
006 40 CASHIERING	19	5,017,925		
006 60 OTHER ADMIN & GEN	202		22,206,796	22,206,796
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT	109		11,771,500	2,327,532 14,099,032
009 LAUNDRY & LINEN SERVICE	160		622,874	123,158 236,302 982,334
010 HOUSEKEEPING	697		1,787,913	353,517 148,141 8,027
011 DIETARY	937		2,059,884	407,293 405,664 14,838
012 CAFETERIA			1,076,839	212,919 626,067
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION	7		1,570,664	310,561 48,038
015 CENTRAL SERVICES & SUPPLY	93,220		1,320,063	261,011 825,795 58,498
016 PHARMACY	3,772		2,201,279	435,250 92,187
017 MEDICAL RECORDS & LIBRARY	3		1,530,602	302,640 211,669
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHETISTS				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM-(SPECIFY)				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	16,117	326,746	10,382,201	2,052,831 1,887,959 177,774
026 INTENSIVE CARE UNIT	7,100	133,140	4,551,982	900,045 514,364 72,061
031 SUBPROVIDER	329	21,863	1,737,983	343,644 930,605 9,497
031 01 SUBPROVIDER II	497	29,281	726,132	143,575 248,448 21,627
033 NURSERY		18,908	989,713	195,692 90,072
034 SKILLED NURSING FACILITY	3,960	51,106	2,901,058	573,615 968,545 153,251
035 NURSING FACILITY	1,617	20,069	1,054,447	208,492 470,557 60,561
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	227,647	578,953	13,411,442	2,651,793 1,774,346 128,533
039 DELIVERY ROOM & LABOR ROO	12,557	96,359	603,314	119,291 27,294 31,702
041 RADIOLOGY-DIAGNOSTIC	65,744	943,562	6,950,696	1,374,333 1,207,303 65,647
041 01 NUCLEAR MEDICINE	821	116,883	1,762,739	348,539 90,140
041 02 ULTRASOUND	2,026	59,673	626,565	123,888 13,443
041 03 RADIATION THERAPY	5,615	43,483	1,594,066	315,188 495,395 8,252
044 LABORATORY	3,635	543,423	5,778,180	1,142,496 535,518 540
046 WHOLE BLOOD & PACKED RED	2	35,740	1,018,408	201,366 33,026
046 30 BLOOD CLOTTING FACTORS AD				
049 RESPIRATORY THERAPY	17,291	135,824	1,738,459	343,739 29,956
050 PHYSICAL THERAPY	22,431	118,331	3,278,326	648,210 233,436 34,058
051 OCCUPATIONAL THERAPY	462	30,747	708,127	140,015 142,000
052 SPEECH PATHOLOGY	451	10,529	318,232	62,923 27,226
053 ELECTROCARDIOLOGY	39,144	257,033	5,151,543	1,018,594 409,349 18,004
055 MEDICAL SUPPLIES CHARGED		399,476	3,057,579	604,563
056 DRUGS CHARGED TO PATIENTS		634,076	5,098,926	1,008,190
057 RENAL DIALYSIS				
059 CANCER TREATMENT CENTER				
059 10 CATH LAB	33,340	168,747	2,345,321	463,731 224,975 14,853
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC	353	4,795	486,879	96,269 578
060 01 PSYCHIATRIC ANCILLARY SER			3,921	775
060 02 DENTAL CLINIC	4,818	13,377	457,455	90,451
061 EMERGENCY	17,987	225,801	4,135,489	817,694 636,780 80,335
062 OBSERVATION BEDS (NON-DIS				
063 50 RHC				
063 60 FOHC				
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY				
071 SPEC PURPOSE COST CENTERS				
085 01 PANCREAS ACQUISITION				
095 SUBTOTALS	583,070	5,017,925	127,017,597	20,723,823 13,584,600 958,636
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP			48,395	9,569 63,664
096 10 INNPATIENT CENTER			342,649	67,751 450,768
096 20 WEIGHT CONTROL				
096 30 WOMEN'S HEALTH				
096 40 HEALTHY COMMUNITIES			992,554	196,254
096 45 SPORTS MEDICIANE			132,448	26,188
096 60 OTHER NRCC	229		382,403	75,611
099 01 VNA	3,249		3,433,717	678,935
100 SPECIALIST CLINIC				
100 01 HEARING CENTER	732		818,507	161,840 22,880
100 10 HOME INFUSION	2,394		243,246	48,096
100 20 RENTAL PROPERTIES			1,106,224	218,729 818
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	589,674	5,017,925	134,517,740	22,206,796 14,099,032 982,334

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING							
006 40 CASHIERING							
006 60 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,297,598						
011 DIETARY	67,961	2,955,640					
012 CAFETERIA	104,885		2,020,710				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	8,048		38,481		1,975,792		
015 CENTRAL SERVICES & SUPPLY	138,345		26,467			2,630,179	
016 PHARMACY	15,444		67,534			2,590	2,814,284
017 MEDICAL RECORDS & LIBRARY	35,461		91,711				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	316,289	1,154,804	307,103		710,243	5,656	
026 INTENSIVE CARE UNIT	86,171	235,559	144,169		354,038		
031 SUBPROVIDER	155,904	184	39,789		158,080		
031 01 SUBPROVIDER II	41,622	95,591	22,690		53,462	103	236
033 NURSERY	15,090						
034 SKILLED NURSING FACILITY	162,260	523,365	109,554			900	1,668
035 NURSING FACILITY	78,832	352,145	43,060			187	2,078
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	297,255		210,424				
039 DELIVERY ROOM & LABOR ROO	4,573		73,928		185,265	38,605	
041 RADIOLOGY-DIAGNOSTIC	202,259		148,986			310,548	
041 01 NUCLEAR MEDICINE	15,101		10,616			2,153	
041 02 ULTRASOUND	2,252		12,341			8,438	
041 03 RADIATION THERAPY	82,993		26,437			28,296	
044 LABORATORY	89,715		146,904				
046 WHOLE BLOOD & PACKED RED	5,533		2,974				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	5,018		54,301		129,847	88,209	
050 PHYSICAL THERAPY	39,107		114,133			12,209	
051 OCCUPATIONAL THERAPY	23,789		21,322			506	
052 SPEECH PATHOLOGY	4,561		11,449				
053 ELECTROCARDIOLOGY	68,578		80,500		151,441	191,410	
055 MEDICAL SUPPLIES CHARGED						1,728,423	
056 DRUGS CHARGED TO PATIENTS							2,745,930
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
059 10 CATH LAB	37,690		21,679			183,075	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			19,954			21	9,144
060 01 PSYCHIATRIC ANCILLARY SER							
060 02 DENTAL CLINIC			17,426			15,682	131
061 EMERGENCY	106,679		102,268		233,416		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	2,211,415	2,361,648	1,966,200		1,975,792	2,617,011	2,759,187
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	10,666						
096 10 INNPATIENT CENTER	75,517						
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES		593,992					
096 45 SPORTS MEDICIANE							
096 60 OTHER NRCC			15,226				1,047
099 01 VNA						1,975	54,050
100 SPECIALIST CLINIC							
100 01 HEARING CENTER			25,931			1,306	
100 10 HOME INFUSION			7,078			9,887	
100 20 RENTAL PROPERTIES			6,275				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,297,598	2,955,640	2,020,710		1,975,792	2,630,179	2,814,284

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM-(SPECIFY)
	17	18	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING							
006 40 CASHIERING							
006 60 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	2,172,083						
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	141,447						
026 INTENSIVE CARE UNIT	57,636						
031 SUBPROVIDER	9,464						
031 01 SUBPROVIDER II	12,675						
033 NURSERY	8,185						
034 SKILLED NURSING FACILITY	22,124						
035 NURSING FACILITY	8,688						
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	250,628						
039 DELIVERY ROOM & LABOR ROO	41,714						
041 RADIOLOGY-DIAGNOSTIC	408,300						
041 01 NUCLEAR MEDICINE	50,599						
041 02 ULTRASOUND	25,832						
041 03 RADIATION THERAPY	18,824						
044 LABORATORY	235,247						
046 WHOLE BLOOD & PACKED RED	15,472						
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	58,798						
050 PHYSICAL THERAPY	51,225						
051 OCCUPATIONAL THERAPY	13,310						
052 SPEECH PATHOLOGY	4,558						
053 ELECTROCARDIOLOGY	111,269						
055 MEDICAL SUPPLIES CHARGED	172,932						
056 DRUGS CHARGED TO PATIENTS	274,490						
057 RENAL DIALYSIS							
059 10 CANCER TREATMENT CENTER							
059 CATH LAB	73,050						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,076						
060 01 PSYCHIATRIC ANCILLARY SER							
060 02 DENTAL CLINIC	5,791						
061 EMERGENCY	97,749						
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 PANCREAS ACQUISITION							
095 SUBTOTALS	2,172,083						
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 10 INPATIENT CENTER							
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES							
096 45 SPORTS MEDICIANE							
096 60 OTHER NRCC							
099 01 VNA							
100 SPECIALIST CLINIC							
100 01 HEARING CENTER							
100 10 HOME INFUSION							
100 20 RENTAL PROPERTIES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,172,083						

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 10 NON-PATIENT PHONES			
006 30 PURCHASING			
006 40 CASHIERING			
006 60 OTHER ADMIN & GEN			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM-(SPECIFY)			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	17,136,307		17,136,307
026 INTENSIVE CARE UNIT	6,916,025		6,916,025
031 SUBPROVIDER	3,385,150		3,385,150
031 01 SUBPROVIDER II	1,366,161		1,366,161
033 NURSERY	1,298,752		1,298,752
034 SKILLED NURSING FACILITY	5,416,340		5,416,340
035 NURSING FACILITY	2,279,047		2,279,047
036 OTHER LONG TERM CARE			
036 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	18,724,421		18,724,421
039 DELIVERY ROOM & LABOR ROO	1,125,686		1,125,686
041 RADIOLOGY-DIAGNOSTIC	10,668,072		10,668,072
041 01 NUCLEAR MEDICINE	2,279,887		2,279,887
041 02 ULTRASOUND	812,759		812,759
041 03 RADIATION THERAPY	2,569,451		2,569,451
044 LABORATORY	7,928,600		7,928,600
046 WHOLE BLOOD & PACKED RED	1,276,779		1,276,779
046 30 BLOOD CLOTTING FACTORS AD			
049 RESPIRATORY THERAPY	2,448,327		2,448,327
050 PHYSICAL THERAPY	4,410,704		4,410,704
051 OCCUPATIONAL THERAPY	1,049,069		1,049,069
052 SPEECH PATHOLOGY	428,949		428,949
053 ELECTROCARDIOLOGY	7,200,688		7,200,688
055 MEDICAL SUPPLIES CHARGED	5,563,497		5,563,497
056 DRUGS CHARGED TO PATIENTS	9,127,536		9,127,536
057 RENAL DIALYSIS			
059 CANCER TREATMENT CENTER			
059 10 CATH LAB	3,364,374		3,364,374
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	614,921		614,921
060 01 PSYCHIATRIC ANCILLARY SER	4,696		4,696
060 02 DENTAL CLINIC	586,936		586,936
061 EMERGENCY	6,210,410		6,210,410
062 OBSERVATION BEDS (NON-DIS			
063 50 RHC			
063 60 FOHC			
071 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY			
071 SPEC PURPOSE COST CENTERS			
085 01 PANCREAS ACQUISITION			
095 SUBTOTALS	124,193,544		124,193,544
095 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	132,294		132,294
096 10 INNPATIENT CENTER	936,685		936,685
096 20 WEIGHT CONTROL			
096 30 WOMEN'S HEALTH			
096 40 HEALTHY COMMUNITIES	1,782,800		1,782,800
096 45 SPORTS MEDICIANE	158,636		158,636
096 60 OTHER NRCC	474,287		474,287
099 01 VNA	4,168,677		4,168,677
100 SPECIALIST CLINIC			
100 01 HEARING CENTER	1,030,464		1,030,464
100 10 HOME INFUSION	308,307		308,307
100 20 RENTAL PROPERTIES	1,332,046		1,332,046
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	134,517,740		134,517,740

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				8,611	15,145	23,756	23,756
006 10 NON-PATIENT PHONES				25,345	44,574	69,919	107
006 30 PURCHASING				14,139	24,866	39,005	265
006 40 CASHIERING				94,237	165,732	259,969	770
006 60 OTHER ADMIN & GEN				1,128,586	1,984,817	3,113,403	2,944
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				853,079	1,500,285	2,353,364	733
009 LAUNDRY & LINEN SERVICE				65,112	114,511	179,623	104
010 HOUSEKEEPING				40,820	71,789	112,609	532
011 DIETARY				111,780	196,584	308,364	404
012 CAFETERIA				172,511	303,390	475,901	309
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				13,237	23,279	36,516	455
015 CENTRAL SERVICES & SUPPLY				227,545	400,178	627,723	118
016 PHARMACY				25,402	44,674	70,076	734
017 MEDICAL RECORDS & LIBRARY				58,325	102,574	160,899	437
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				520,222	914,899	1,435,121	2,827
026 INTENSIVE CARE UNIT				141,732	249,259	390,991	1,334
031 SUBPROVIDER				256,426	450,969	707,395	295
031 01 SUBPROVIDER II				68,459	120,397	188,856	170
033 NURSERY				24,819	43,649	68,468	282
034 SKILLED NURSING FACILITY				266,880	469,354	736,234	709
035 NURSING FACILITY				129,661	228,030	357,691	223
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				488,916	859,843	1,348,759	1,736
039 DELIVERY ROOM & LABOR ROO				7,521	13,227	20,748	172
041 RADIOLOGY-DIAGNOSTIC				332,669	585,055	917,724	1,172
041 01 NUCLEAR MEDICINE				24,838	43,682	68,520	129
041 02 ULTRASOUND				3,704	6,514	10,218	169
041 03 RADIATION THERAPY				136,505	240,067	376,572	279
044 LABORATORY				147,560	259,510	407,070	953
046 WHOLE BLOOD & PACKED RED				9,100	16,004	25,104	25
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY				8,254	14,516	22,770	481
050 PHYSICAL THERAPY				64,323	113,122	177,445	940
051 OCCUPATIONAL THERAPY				39,128	68,813	107,941	194
052 SPEECH PATHOLOGY				7,502	13,194	20,696	97
053 ELECTROCARDIOLOGY				112,795	198,369	311,164	768
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
059 10 CATH LAB				61,991	109,022	171,013	256
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							135
060 01 PSYCHIATRIC ANCILLARY SER							1
060 02 DENTAL CLINIC							103
061 EMERGENCY				175,463	308,582	484,045	918
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS				5,867,197	10,318,475	16,185,672	22,280
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				17,543	30,852	48,395	
096 10 INNPATIENT CENTER				124,208	218,441	342,649	
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES							113
096 45 SPORTS MEDICIANE							46
096 60 OTHER NRCC							89
099 01 VNA							899
100 SPECIALIST CLINIC							
100 01 HEARING CENTER							210
100 10 HOME INFUSION							74
100 20 RENTAL PROPERTIES							45
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				6,008,948	10,567,768	16,576,716	23,756

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NON-PATIENT PHONES	PURCHASING	CASHIERING	OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6. 10	6. 30	6. 40	6. 60	7	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES	70,026						
006 30 PURCHASING	578	39,848					
006 40 CASHIERING	6,648	1	267,388				
006 60 OTHER ADMIN & GEN	16,766	14		3,133,127			
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,963	7		328,390		2,685,457	
009 LAUNDRY & LINEN SERVICE	72	11		17,376		45,009	242,195
010 HOUSEKEEPING	795	47		49,877		28,217	1,979
011 DIETARY	1,879	63		57,465		77,267	3,658
012 CAFETERIA				30,041		119,248	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	578			43,817		9,150	
015 CENTRAL SERVICES & SUPPLY	578	6,300		36,826		157,290	14,423
016 PHARMACY	1,156	255		61,409		17,559	
017 MEDICAL RECORDS & LIBRARY	2,385			42,699		40,317	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,541	1,089	17,418	289,632		359,601	43,831
026 INTENSIVE CARE UNIT	2,891	480	7,097	126,987		97,972	17,767
031 SUBPROVIDER	1,373	22	1,165	48,485		177,253	2,342
031 01 SUBPROVIDER II	217	34	1,561	20,257		47,322	5,332
033 NURSERY			1,008	27,610		17,156	
034 SKILLED NURSING FACILITY	1,301	268	2,724	80,931		184,480	37,784
035 NURSING FACILITY	578	109	1,070	29,416		89,627	14,931
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,348	15,385	30,863	374,125		337,961	31,690
039 DELIVERY ROOM & LABOR ROO	1,156	849	5,137	16,831		5,199	7,816
041 RADIOLOGY-DIAGNOSTIC	3,902	4,443	50,191	193,904		229,956	16,185
041 01 NUCLEAR MEDICINE	217	55	6,231	49,175		17,169	
041 02 ULTRASOUND	217	137	3,181	17,479		2,560	
041 03 RADIATION THERAPY	1,012	379	2,318	44,470		94,358	2,034
044 LABORATORY	2,385	246	28,969	161,194		102,001	133
046 WHOLE BLOOD & PACKED RED			1,905	28,411		6,291	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	795	1,168	7,241	48,498		5,706	
050 PHYSICAL THERAPY	1,951	1,516	6,308	91,455		44,463	8,397
051 OCCUPATIONAL THERAPY	578	31	1,639	19,755		27,047	
052 SPEECH PATHOLOGY	217	30	561	8,878		5,186	
053 ELECTROCARDIOLOGY	939	2,645	13,702	143,713		77,969	4,439
055 MEDICAL SUPPLIES CHARGED			21,295	85,297			
056 DRUGS CHARGED TO PATIENTS			33,802	142,245			
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
059 10 CATH LAB	2,674	2,253	8,996	65,427		42,851	3,662
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		24	256	13,582			142
060 01 PSYCHIATRIC ANCILLARY SER				109			
060 02 DENTAL CLINIC		326	713	12,762			
061 EMERGENCY	3,035	1,215	12,037	115,368		121,288	19,807
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	68,725	39,402	267,388	2,923,896		2,587,473	236,352
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,350		12,126	
096 10 INNPATIENT CENTER				9,559		85,858	
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES				27,689			
096 45 SPORTS MEDICIANE				3,695			
096 60 OTHER NRCC	289	15		10,668			
099 01 VNA		220		95,790			
100 SPECIALIST CLINIC							
100 01 HEARING CENTER	723	49		22,834			5,641
100 10 HOME INFUSION	289	162		6,786			
100 20 RENTAL PROPERTIES				30,860			202
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	70,026	39,848	267,388	3,133,127		2,685,457	242,195

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING							
006 40 CASHIERING							
006 60 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	194,056						
011 DIETARY	5,740	454,840					
012 CAFETERIA	8,859		634,358				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	680		12,080		103,276		
015 CENTRAL SERVICES & SUPPLY	11,685		8,309			863,252	
016 PHARMACY	1,304		21,201			850	174,544
017 MEDICAL RECORDS & LIBRARY	2,995		28,791				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,716	177,712	96,405		37,124	1,856	
026 INTENSIVE CARE UNIT	7,278	36,250	45,259		18,506		
031 SUBPROVIDER	13,168	28	12,491		8,263		
031 01 SUBPROVIDER II	3,515	14,710	7,123		2,795	34	15
033 NURSERY	1,274						
034 SKILLED NURSING FACILITY	13,705	80,540	34,392			295	103
035 NURSING FACILITY	6,658	54,191	13,518			61	129
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	25,106		66,058				
039 DELIVERY ROOM & LABOR ROO	386		23,208		9,684	12,671	
041 RADIOLOGY-DIAGNOSTIC	17,083		46,771			101,925	
041 01 NUCLEAR MEDICINE	1,275		3,333			707	
041 02 ULTRASOUND	190		3,874			2,769	
041 03 RADIATION THERAPY	7,010		8,299			9,287	
044 LABORATORY	7,577		46,117				
046 WHOLE BLOOD & PACKED RED	467		934				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	424		17,047		6,787	28,951	
050 PHYSICAL THERAPY	3,303		35,830			4,007	
051 OCCUPATIONAL THERAPY	2,009		6,694			166	
052 SPEECH PATHOLOGY	385		3,594				
053 ELECTROCARDIOLOGY	5,792		25,271		7,916	62,823	
055 MEDICAL SUPPLIES CHARGED						567,287	
056 DRUGS CHARGED TO PATIENTS							170,305
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
059 10 CATH LAB	3,183		6,806			60,087	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			6,264			7	567
060 01 PSYCHIATRIC ANCILLARY SER							
060 02 DENTAL CLINIC			5,471			5,147	8
061 EMERGENCY	9,010		32,105		12,201		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	186,777	363,431	617,245		103,276	858,930	171,127
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	901						
096 10 INNPATIENT CENTER	6,378						
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES		91,409					
096 45 SPORTS MEDICIANE							
096 60 OTHER NRCC			4,780				65
099 01 VNA						648	3,352
100 SPECIALIST CLINIC							
100 01 HEARING CENTER			8,141			429	
100 10 HOME INFUSION			2,222			3,245	
100 20 RENTAL PROPERTIES			1,970				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	194,056	454,840	634,358		103,276	863,252	174,544

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	17	18	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING							
006 40 CASHIERING							
006 60 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	278,523						
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,141						
026 INTENSIVE CARE UNIT	7,392						
031 SUBPROVIDER	1,214						
031 01 SUBPROVIDER II	1,626						
033 NURSERY	1,050						
034 SKILLED NURSING FACILITY	2,837						
035 NURSING FACILITY	1,114						
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	32,144						
039 DELIVERY ROOM & LABOR ROO	5,350						
041 RADIOLOGY-DIAGNOSTIC	52,311						
041 01 NUCLEAR MEDICINE	6,489						
041 02 ULTRASOUND	3,313						
041 03 RADIATION THERAPY	2,414						
044 LABORATORY	30,171						
046 WHOLE BLOOD & PACKED RED	1,984						
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	7,541						
050 PHYSICAL THERAPY	6,570						
051 OCCUPATIONAL THERAPY	1,707						
052 SPEECH PATHOLOGY	585						
053 ELECTROCARDIOLOGY	14,271						
055 MEDICAL SUPPLIES CHARGED	22,179						
056 DRUGS CHARGED TO PATIENTS	35,205						
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
059 10 CATH LAB	9,369						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	266						
060 01 PSYCHIATRIC ANCILLARY SER							
060 02 DENTAL CLINIC	743						
061 EMERGENCY	12,537						
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	278,523						
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 10 INNPATIENT CENTER							
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES							
096 45 SPORTS MEDICIANE							
096 60 OTHER NRCC							
099 01 VNA							
100 SPECIALIST CLINIC							
100 01 HEARING CENTER							
100 10 HOME INFUSION							
100 20 RENTAL PROPERTIES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	278,523						

ALLOCATION OF NEW CAPITAL RELATED COSTS

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 10 NON-PATIENT PHONES			
006 30 PURCHASING			
006 40 CASHIERING			
006 60 OTHER ADMIN & GEN			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM-(SPECIFY)			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	2,511,014		2,511,014
026 INTENSIVE CARE UNIT	760,204		760,204
031 SUBPROVIDER	973,494		973,494
031 01 SUBPROVIDER II	293,567		293,567
033 NURSERY	116,848		116,848
034 SKILLED NURSING FACILITY	1,176,303		1,176,303
035 NURSING FACILITY	569,316		569,316
036 OTHER LONG TERM CARE			
036 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	2,269,175		2,269,175
039 DELIVERY ROOM & LABOR ROO	109,207		109,207
041 RADIOLOGY-DIAGNOSTIC	1,635,567		1,635,567
041 01 NUCLEAR MEDICINE	153,300		153,300
041 02 ULTRASOUND	44,107		44,107
041 03 RADIATION THERAPY	548,432		548,432
044 LABORATORY	786,816		786,816
046 WHOLE BLOOD & PACKED RED	65,121		65,121
046 30 BLOOD CLOTTING FACTORS AD			
049 RESPIRATORY THERAPY	147,409		147,409
050 PHYSICAL THERAPY	382,185		382,185
051 OCCUPATIONAL THERAPY	167,761		167,761
052 SPEECH PATHOLOGY	40,229		40,229
053 ELECTROCARDIOLOGY	671,412		671,412
055 MEDICAL SUPPLIES CHARGED	696,058		696,058
056 DRUGS CHARGED TO PATIENTS	381,557		381,557
057 RENAL DIALYSIS			
059 CANCER TREATMENT CENTER			
059 10 CATH LAB	376,577		376,577
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	21,243		21,243
060 01 PSYCHIATRIC ANCILLARY SER	110		110
060 02 DENTAL CLINIC	25,273		25,273
061 EMERGENCY	823,566		823,566
062 OBSERVATION BEDS (NON-DIS			
063 50 RHC			
063 60 FOHC			
071 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY			
071 SPEC PURPOSE COST CENTERS			
085 01 PANCREAS ACQUISITION			
095 SUBTOTALS	15,745,851		15,745,851
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	62,772		62,772
096 10 INNPATIENT CENTER	444,444		444,444
096 20 WEIGHT CONTROL			
096 30 WOMEN'S HEALTH			
096 40 HEALTHY COMMUNITIES	119,211		119,211
096 45 SPORTS MEDICIANE	3,741		3,741
096 60 OTHER NRCC	15,906		15,906
099 01 VNA	100,909		100,909
100 SPECIALIST CLINIC			
100 01 HEARING CENTER	38,027		38,027
100 10 HOME INFUSION	12,778		12,778
100 20 RENTAL PROPERTIES	33,077		33,077
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	16,576,716		16,576,716

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0006
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 PREPARED 6/15/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NON-PATIENT PHONES
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(NON-PT PHONES)
	1	2	3	4	5	6. 10
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	319,586					
002 OLD CAP REL COSTS-MVB		319,586				
003 NEW CAP REL COSTS-BLD			319,586			
004 NEW CAP REL COSTS-MVB				319,586		
005 EMPLOYEE BENEFITS	458	458	458	458	52,133,395	
006 10 NON-PATIENT PHONES	1,348	1,348	1,348	1,348	234,667	969
006 30 PURCHASING	752	752	752	752	581,131	8
006 40 CASHIERING	5,012	5,012	5,012	5,012	1,689,663	92
006 60 OTHER ADMIN & GEN	60,024	60,024	60,024	60,024	6,493,405	232
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	45,371	45,371	45,371	45,371	1,607,694	41
009 LAUNDRY & LINEN SERVI	3,463	3,463	3,463	3,463	228,788	1
010 HOUSEKEEPING	2,171	2,171	2,171	2,171	1,165,742	11
011 DIETARY	5,945	5,945	5,945	5,945	886,710	26
012 CAFETERIA	9,175	9,175	9,175	9,175	677,048	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	704	704	704	704	998,637	8
015 CENTRAL SERVICES & SU	12,102	12,102	12,102	12,102	258,888	8
016 PHARMACY	1,351	1,351	1,351	1,351	1,609,109	16
017 MEDICAL RECORDS & LIB	3,102	3,102	3,102	3,102	957,787	33
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	27,668	27,668	27,668	27,668	6,198,622	49
026 INTENSIVE CARE UNIT	7,538	7,538	7,538	7,538	2,925,958	40
031 SUBPROVIDER	13,638	13,638	13,638	13,638	647,728	19
031 01 SUBPROVIDER II	3,641	3,641	3,641	3,641	373,723	3
033 NURSERY	1,320	1,320	1,320	1,320	619,264	
034 SKILLED NURSING FACIL	14,194	14,194	14,194	14,194	1,554,077	18
035 NURSING FACILITY	6,896	6,896	6,896	6,896	488,029	8
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	26,003	26,003	26,003	26,003	3,806,839	74
039 DELIVERY ROOM & LABOR	400	400	400	400	377,654	16
041 RADIOLOGY-DIAGNOSTIC	17,693	17,693	17,693	17,693	2,569,772	54
041 01 NUCLEAR MEDICINE	1,321	1,321	1,321	1,321	282,224	3
041 02 ULTRASOUND	197	197	197	197	369,635	3
041 03 RADIATION THERAPY	7,260	7,260	7,260	7,260	611,857	14
044 LABORATORY	7,848	7,848	7,848	7,848	2,089,872	33
046 WHOLE BLOOD & PACKED	484	484	484	484	55,007	
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	439	439	439	439	1,053,800	11
050 PHYSICAL THERAPY	3,421	3,421	3,421	3,421	2,060,838	27
051 OCCUPATIONAL THERAPY	2,081	2,081	2,081	2,081	425,364	8
052 SPEECH PATHOLOGY	399	399	399	399	213,114	3
053 ELECTROCARDIOLOGY	5,999	5,999	5,999	5,999	1,683,393	13
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
059 CANCER TREATMENT CENT						
059 10 CATH LAB	3,297	3,297	3,297	3,297	562,387	37
060 OUTPAT SERVICE COST C						
060 CLINIC					297,104	
060 01 PSYCHIATRIC ANCILLARY					3,150	
060 02 DENTAL CLINIC					225,997	
061 EMERGENCY	9,332	9,332	9,332	9,332	2,013,386	42
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
071 SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
095 SUBTOTALS	312,047	312,047	312,047	312,047	48,898,063	951
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	933	933	933	933		
096 10 INPATIENT CENTER	6,606	6,606	6,606	6,606		
096 20 WEIGHT CONTROL						
096 30 WOMEN'S HEALTH						
096 40 HEALTHY COMMUNITIES					248,795	
096 45 SPORTS MEDICINE					100,285	
096 60 OTHER NRCC					194,354	4
099 01 VNA					1,971,064	
100 SPECIALIST CLINIC						
100 01 HEARING CENTER					459,461	10
100 10 HOME INFUSION					161,777	4

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NON-PATIENT P
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	HONES (NON-PT)
	1	2	3	4	5	6.10
NONREIMBURS COST CENT						
100 20 RENTAL PROPERTIES					99,596	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			6,008,948	10,567,768	12,764,847	303,860
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			18.802288	33.067056	.244850	313.581011
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					23,756	70,026
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000456	72.266254

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PURCHASING	CASHIERING	RECONCILIATION	OTHER ADMIN & MAINTENANCE & OPERATION OF		LAUNDRY & LINEN SERVICE	
	(SUPPLY COSTS)	(GROSS CHARGES)		GEN	REPAIRS	PLANT	(POUNDS OF) LAUNDRY
	6. 30	6. 40	6a. 60	(ACCUM. COST)	(TIME) PENT	(SQUARE) FEET	(POUNDS OF) LAUNDRY
GENERAL SERVICE COST				6. 60	7	8	9
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING	5,239,828						
006 40 CASHIERING	166	346,947,361					
006 60 OTHER ADMIN & GEN	1,794		-22,206,796	112,310,944			
007 MAINTENANCE & REPAIRS					196,329,975		
008 OPERATION OF PLANT	965			11,771,500		206,621	
009 LAUNDRY & LINEN SERVI	1,423			622,874		3,463	130,949
010 HOUSEKEEPING	6,194			1,787,913		2,171	1,070
011 DIETARY	8,330			2,059,884		5,945	1,978
012 CAFETERIA				1,076,839		9,175	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	61			1,570,664		704	
015 CENTRAL SERVICES & SU	828,352			1,320,063		12,102	7,798
016 PHARMACY	33,521			2,201,279		1,351	
017 MEDICAL RECORDS & LIB	28			1,530,602		3,102	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	143,215	22,591,836		10,382,201	14,553,860	27,668	23,698
026 INTENSIVE CARE UNIT	63,087	9,205,571		4,551,982	3,812,835	7,538	9,606
031 SUBPROVIDER	2,925	1,511,635		1,737,983	4,075,331	13,638	1,266
031 01 SUBPROVIDER II	4,413	2,024,512		726,132	282,187	3,641	2,883
033 NURSERY		1,307,340		989,713	1	1,320	
034 SKILLED NURSING FACIL	35,192	3,533,579		2,901,058	3,508,375	14,194	20,429
035 NURSING FACILITY	14,369	1,387,587		1,054,447	1,620,529	6,896	8,073
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	2,022,886	40,029,972		13,411,442	26,380,541	26,003	17,134
039 DELIVERY ROOM & LABOR	111,580	6,662,449		603,314	5,044,117	400	4,226
041 RADIOLOGY-DIAGNOSTIC	584,195	65,237,936		6,950,696	36,246,331	17,693	8,751
041 01 NUCLEAR MEDICINE	7,294	8,081,547		1,762,739	3,389,979	1,321	
041 02 ULTRASOUND	18,003	4,125,909		626,565	2,183,352	197	
041 03 RADIATION THERAPY	49,892	3,006,487		1,594,066	1,845,561	7,260	1,100
044 LABORATORY	32,302	37,573,358		5,778,180	21,004,261	7,848	72
046 WHOLE BLOOD & PACKED	21	2,471,160		1,018,408	1,178,681	484	
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	153,646	9,391,132		1,738,459	4,474,209	439	
050 PHYSICAL THERAPY	199,317	8,181,629		3,278,326	4,661,625	3,421	4,540
051 OCCUPATIONAL THERAPY	4,107	2,125,913		708,127	2,126,766	2,081	
052 SPEECH PATHOLOGY	4,005	727,975		318,232	590,772	399	
053 ELECTROCARDIOLOGY	347,830	17,771,738		5,151,543	4,584,578	5,999	2,400
055 MEDICAL SUPPLIES CHAR		27,620,519		3,057,579	20,129,562		
056 DRUGS CHARGED TO PATI		43,841,255		5,098,926	23,060,192		
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENT							
059 10 CATH LAB	296,260	11,667,524		2,345,321	3,814,977	3,297	1,980
060 OUTPAT SERVICE COST C							
060 CLINIC	3,135	331,540		486,879	162,250		77
060 01 PSYCHIATRIC ANCI LLARY				3,921			
060 02 DENTAL CLINIC	42,809	924,907		457,455	727,578		
061 EMERGENCY	159,829	15,612,351		4,135,489	6,562,762	9,332	10,709
062 OBSERVATION BEDS (NON							
063 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST C							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	5,181,146	346,947,361	-22,206,796	104,810,801	196,021,212	199,082	127,790
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				48,395		933	
096 10 INNPATIENT CENTER				342,649		6,606	
096 20 WEIGHT CONTROL					308,763		
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES				992,554			
096 45 SPORTS MEDICIANE				132,448			
096 60 OTHER NRCC	2,035			382,403			
099 01 VNA	28,869			3,433,717			
100 SPECIALIST CLINIC							
100 01 HEARING CENTER	6,505			818,507			3,050
100 10 HOME INFUSION	21,273			243,246			

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	PURCHASING	CASHIERING	RECONCILIATION	OTHER ADMIN & MAINTENANCE & OPERATION OF	LAUNDRY & LINEN SERVICE		
	(SUPPLY COSTS)	(GROSS CHARGES)		GEN	REPAIRS	PLANT	(POUNDS OF) LAUNDRY
	6.30	6.40	6a.60	(ACCUM. COST)	(TIME) PENT	S(SQUARE) FEET	(POUNDS OF) LAUNDRY
NONREIMBURS COST CENT				6.60	7	8	9
100 20 RENTAL PROPERTIES				1,106,224			109
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	589,674	5,017,925		22,206,796		14,099,032	982,334
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.112537	.014463		.197726		68.236201	7.501653
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	39,848	267,388		3,133,127		2,685,457	242,195
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.007605	.000771		.027897		12.997019	1.849537

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(SQUARE FEET)	(MEALS SERVED)	(FTE' S)	(NUMBER)HOUSED	(DIRECT)NRSRG HRS	(COSTED)REQUIS	(COSTED)REQUIS
	10	11	12	13	14	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING							
006 40 CASHIERING							
006 60 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	200,987						
011 DIETARY	5,945	128,811					
012 CAFETERIA	9,175		67,951				
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	704		1,294		28,272		
015 CENTRAL SERVICES & SU	12,102		890			4,087,800	
016 PHARMACY	1,351		2,271			4,026	4,979,444
017 MEDICAL RECORDS & LIB	3,102		3,084				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	27,668	50,328	10,327		10,163	8,790	
026 INTENSIVE CARE UNIT	7,538	10,266	4,848		5,066		
031 SUBPROVIDER	13,638	8	1,338		2,262		
031 01 SUBPROVIDER II	3,641	4,166	763		765	160	418
033 NURSERY	1,320						
034 SKILLED NURSING FACIL	14,194	22,809	3,684			1,399	2,952
035 NURSING FACILITY	6,896	15,347	1,448			290	3,677
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	26,003		7,076				
039 DELIVERY ROOM & LABOR	400		2,486				
041 RADIOLOGY-DIAGNOSTIC	17,693		5,010		2,651	60,000	482,650
041 01 NUCLEAR MEDICINE	1,321		357				3,346
041 02 ULTRASOUND	197		415				13,114
041 03 RADIATION THERAPY	7,260		889				43,977
044 LABORATORY	7,848		4,940				
046 WHOLE BLOOD & PACKED	484		100				
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	439		1,826		1,858	137,093	
050 PHYSICAL THERAPY	3,421		3,838			18,975	
051 OCCUPATIONAL THERAPY	2,081		717			786	
052 SPEECH PATHOLOGY	399		385				
053 ELECTROCARDIOLOGY	5,999		2,707		2,167	297,488	
055 MEDICAL SUPPLIES CHAR						2,686,302	
056 DRUGS CHARGED TO PATI							4,858,499
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENT							
059 10 CATH LAB	3,297		729			284,533	
060 OUTPAT SERVICE COST C							
060 CLINIC			671			32	16,179
060 01 PSYCHIATRIC ANCILLARY							
060 02 DENTAL CLINIC			586			24,373	232
061 EMERGENCY	9,332		3,439		3,340		
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	193,448	102,924	66,118		28,272	4,067,334	4,881,957
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	933						
096 10 INNPATIENT CENTER	6,606						
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES		25,887					
096 45 SPORTS MEDICIANE							
096 60 OTHER NRCC			512				1,853
099 01 VNA						3,069	95,634
100 SPECIALIST CLINIC							
100 01 HEARING CENTER			872			2,030	
100 10 HOME INFUSION			238			15,367	

COST ALLOCATION - STATISTICAL BASIS

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	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		(SQUARE FEET	(MEALS)SERVED	(FTE' S)	(NUMBER)HOUSED	(DIRECT)NRSG HRS	(COSTED)REQUIS	(COSTED)REQUIS
	NONREIMBURS COST CENT	10	11	12	13	14	15	16
100	20 RENTAL PROPERTIES			211				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,297,598	2,955,640	2,020,710		1,975,792	2,630,179	2,814,284
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	11.431575	22.945556	29.737752		69.885116	.643422	.565180
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	194,056	454,840	634,358		103,276	863,252	174,544
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.965515	3.531065	9.335521		3.652943	.211178	.035053

COST ALLOCATION - STATISTICAL BASIS

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 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	20	21	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING							
006 40 CASHIERING							
006 60 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	346,947,361						
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	22,591,836						
026 INTENSIVE CARE UNIT	9,205,571						
031 SUBPROVIDER	1,511,635						
031 01 SUBPROVIDER II	2,024,512						
033 NURSERY	1,307,340						
034 SKILLED NURSING FACIL	3,533,579						
035 NURSING FACILITY	1,387,587						
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	40,029,972						
039 DELIVERY ROOM & LABOR	6,662,449						
041 RADIOLOGY-DIAGNOSTIC	65,237,936						
041 01 NUCLEAR MEDICINE	8,081,547						
041 02 ULTRASOUND	4,125,909						
041 03 RADIATION THERAPY	3,006,487						
044 LABORATORY	37,573,358						
046 WHOLE BLOOD & PACKED	2,471,160						
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	9,391,132						
050 PHYSICAL THERAPY	8,181,629						
051 OCCUPATIONAL THERAPY	2,125,913						
052 SPEECH PATHOLOGY	727,975						
053 ELECTROCARDIOLOGY	17,771,738						
055 MEDICAL SUPPLIES CHAR	27,620,519						
056 DRUGS CHARGED TO PATI	43,841,255						
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENT							
059 10 CATH LAB	11,667,524						
060 OUTPAT SERVICE COST C							
060 CLINIC	331,540						
060 01 PSYCHIATRIC ANCILLARY							
060 02 DENTAL CLINIC	924,907						
061 EMERGENCY	15,612,351						
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	346,947,361						
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 10 INNPATIENT CENTER							
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES							
096 45 SPORTS MEDICINE							
096 60 OTHER NRCC							
099 01 VNA							
100 SPECIALIST CLINIC							
100 01 HEARING CENTER							
100 10 HOME INFUSION							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	17	18	20	21	22	23	24
100 20 RENTAL PROPERTIES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,172,083						
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.006261						
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	278,523						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000803						

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	17,136,307		17,136,307		17,136,307
26	INTENSIVE CARE UNIT	6,916,025		6,916,025		6,916,025
31	SUBPROVIDER	3,385,150		3,385,150		3,385,150
31	01 SUBPROVIDER II	1,366,161		1,366,161	23,323	1,389,484
33	NURSERY	1,298,752		1,298,752		1,298,752
34	SKILLED NURSING FACILITY	5,416,340		5,416,340		5,416,340
35	NURSING FACILITY	2,279,047		2,279,047		2,279,047
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,724,421		18,724,421		18,724,421
39	DELIVERY ROOM & LABOR ROO	1,125,686		1,125,686		1,125,686
41	RADIOLOGY-DIAGNOSTIC	10,668,072		10,668,072		10,668,072
41	01 NUCLEAR MEDICINE	2,279,887		2,279,887		2,279,887
41	02 ULTRASOUND	812,759		812,759		812,759
41	03 RADIATION THERAPY	2,569,451		2,569,451		2,569,451
44	LABORATORY	7,928,600		7,928,600		7,928,600
46	WHOLE BLOOD & PACKED RED	1,276,779		1,276,779		1,276,779
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	2,448,327		2,448,327		2,448,327
50	PHYSICAL THERAPY	4,410,704		4,410,704		4,410,704
51	OCCUPATIONAL THERAPY	1,049,069		1,049,069		1,049,069
52	SPEECH PATHOLOGY	428,949		428,949		428,949
53	ELECTROCARDIOLOGY	7,200,688		7,200,688		7,200,688
55	MEDICAL SUPPLIES CHARGED	5,563,497		5,563,497		5,563,497
56	DRUGS CHARGED TO PATIENTS	9,127,536		9,127,536		9,127,536
57	RENAL DIALYSIS					
59	CANCER TREATMENT CENTER					
59	10 CATH LAB	3,364,374		3,364,374		3,364,374
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	614,921		614,921		614,921
60	01 PSYCHIATRIC ANCILLARY SER	4,696		4,696		4,696
60	02 DENTAL CLINIC	586,936		586,936		586,936
61	EMERGENCY	6,210,410		6,210,410		6,210,410
62	OBSERVATION BEDS (NON-DIS	3,008,581		3,008,581		3,008,581
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	127,202,125		127,202,125	23,323	127,225,448
102	LESS OBSERVATION BEDS	3,008,581		3,008,581		3,008,581
103	TOTAL	124,193,544		124,193,544	23,323	124,216,867

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	18,474,825		18,474,825			
26	INTENSIVE CARE UNIT	9,205,571		9,205,571			
31	SUBPROVIDER	1,511,635		1,511,635			
31	01 SUBPROVIDER II	2,024,512		2,024,512			
33	NURSERY	1,307,340		1,307,340			
34	SKILLED NURSING FACILITY	3,533,579		3,533,579			
35	NURSING FACILITY	1,387,587		1,387,587			
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,751,663	22,278,309	40,029,972	.467760	.467760	.467760
39	DELIVERY ROOM & LABOR ROO	6,191,105	471,344	6,662,449	.168960	.168960	.168960
41	RADIOLOGY-DIAGNOSTIC	15,810,048	49,427,888	65,237,936	.163526	.163526	.163526
41	01 NUCLEAR MEDICINE	1,558,704	6,522,843	8,081,547	.282110	.282110	.282110
41	02 ULTRASOUND	520,595	3,605,314	4,125,909	.196989	.196989	.196989
41	03 RADIATION THERAPY	183,675	2,822,812	3,006,487	.854636	.854636	.854636
44	LABORATORY	13,622,339	23,951,019	37,573,358	.211017	.211017	.211017
46	WHOLE BLOOD & PACKED RED	1,873,029	598,131	2,471,160	.516672	.516672	.516672
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	7,966,979	1,424,153	9,391,132	.260706	.260706	.260706
50	PHYSICAL THERAPY	1,852,205	6,329,424	8,181,629	.539099	.539099	.539099
51	OCCUPATIONAL THERAPY	1,360,249	765,664	2,125,913	.493468	.493468	.493468
52	SPEECH PATHOLOGY	483,227	244,748	727,975	.589236	.589236	.589236
53	ELECTROCARDIOLOGY	7,852,205	9,919,533	17,771,738	.405176	.405176	.405176
55	MEDICAL SUPPLIES CHARGED	19,337,328	8,283,191	27,620,519	.201426	.201426	.201426
56	DRUGS CHARGED TO PATIENTS	28,588,260	15,252,995	43,841,255	.208195	.208195	.208195
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB	6,908,522	4,759,002	11,667,524	.288354	.288354	.288354
	OUTPAT SERVICE COST CNTRS CLINIC	20,779	310,761	331,540	1.854742	1.854742	1.854742
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC		924,907	924,907	.634589	.634589	.634589
61	EMERGENCY	4,016,410	11,595,941	15,612,351	.397788	.397788	.397788
62	OBSERVATION BEDS (NON-DIS	1,628,020	2,488,991	4,117,011	.730768	.730768	.730768
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	174,970,391	171,976,970	346,947,361			
102	LESS OBSERVATION BEDS						
103	TOTAL	174,970,391	171,976,970	346,947,361			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0006
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/15/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	17,136,307		17,136,307		17,136,307
26	INTENSIVE CARE UNIT	6,916,025		6,916,025		6,916,025
31	SUBPROVIDER	3,385,150		3,385,150		3,385,150
31	01 SUBPROVIDER II	1,366,161		1,366,161	23,323	1,389,484
33	NURSERY	1,298,752		1,298,752		1,298,752
34	SKILLED NURSING FACILITY	5,416,340		5,416,340		5,416,340
35	NURSING FACILITY	2,279,047		2,279,047		2,279,047
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,724,421		18,724,421		18,724,421
39	DELIVERY ROOM & LABOR ROO	1,125,686		1,125,686		1,125,686
41	RADIOLOGY-DIAGNOSTIC	10,668,072		10,668,072		10,668,072
41	01 NUCLEAR MEDICINE	2,279,887		2,279,887		2,279,887
41	02 ULTRASOUND	812,759		812,759		812,759
41	03 RADIATION THERAPY	2,569,451		2,569,451		2,569,451
44	LABORATORY	7,928,600		7,928,600		7,928,600
46	WHOLE BLOOD & PACKED RED	1,276,779		1,276,779		1,276,779
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	2,448,327		2,448,327		2,448,327
50	PHYSICAL THERAPY	4,410,704		4,410,704		4,410,704
51	OCCUPATIONAL THERAPY	1,049,069		1,049,069		1,049,069
52	SPEECH PATHOLOGY	428,949		428,949		428,949
53	ELECTROCARDIOLOGY	7,200,688		7,200,688		7,200,688
55	MEDICAL SUPPLIES CHARGED	5,563,497		5,563,497		5,563,497
56	DRUGS CHARGED TO PATIENTS	9,127,536		9,127,536		9,127,536
57	RENAL DIALYSIS					
59	CANCER TREATMENT CENTER					
59	10 CATH LAB	3,364,374		3,364,374		3,364,374
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	614,921		614,921		614,921
60	01 PSYCHIATRIC ANCILLARY SER	4,696		4,696		4,696
60	02 DENTAL CLINIC	586,936		586,936		586,936
61	EMERGENCY	6,210,410		6,210,410		6,210,410
62	OBSERVATION BEDS (NON-DIS	3,008,581		3,008,581		3,008,581
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	127,202,125		127,202,125	23,323	127,225,448
102	LESS OBSERVATION BEDS	3,008,581		3,008,581		3,008,581
103	TOTAL	124,193,544		124,193,544	23,323	124,216,867

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	18,474,825		18,474,825			
26	INTENSIVE CARE UNIT	9,205,571		9,205,571			
31	SUBPROVIDER	1,511,635		1,511,635			
31	01 SUBPROVIDER II	2,024,512		2,024,512			
33	NURSERY	1,307,340		1,307,340			
34	SKILLED NURSING FACILITY	3,533,579		3,533,579			
35	NURSING FACILITY	1,387,587		1,387,587			
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,751,663	22,278,309	40,029,972	.467760	.467760	.467760
39	DELIVERY ROOM & LABOR ROO	6,191,105	471,344	6,662,449	.168960	.168960	.168960
41	RADIOLOGY-DIAGNOSTIC	15,810,048	49,427,888	65,237,936	.163526	.163526	.163526
41	01 NUCLEAR MEDICINE	1,558,704	6,522,843	8,081,547	.282110	.282110	.282110
41	02 ULTRASOUND	520,595	3,605,314	4,125,909	.196989	.196989	.196989
41	03 RADIATION THERAPY	183,675	2,822,812	3,006,487	.854636	.854636	.854636
44	LABORATORY	13,622,339	23,951,019	37,573,358	.211017	.211017	.211017
46	WHOLE BLOOD & PACKED RED	1,873,029	598,131	2,471,160	.516672	.516672	.516672
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	7,966,979	1,424,153	9,391,132	.260706	.260706	.260706
50	PHYSICAL THERAPY	1,852,205	6,329,424	8,181,629	.539099	.539099	.539099
51	OCCUPATIONAL THERAPY	1,360,249	765,664	2,125,913	.493468	.493468	.493468
52	SPEECH PATHOLOGY	483,227	244,748	727,975	.589236	.589236	.589236
53	ELECTROCARDIOLOGY	7,852,205	9,919,533	17,771,738	.405176	.405176	.405176
55	MEDICAL SUPPLIES CHARGED	19,337,328	8,283,191	27,620,519	.201426	.201426	.201426
56	DRUGS CHARGED TO PATIENTS	28,588,260	15,252,995	43,841,255	.208195	.208195	.208195
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB	6,908,522	4,759,002	11,667,524	.288354	.288354	.288354
	OUTPAT SERVICE COST CNTRS CLINIC	20,779	310,761	331,540	1.854742	1.854742	1.854742
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC		924,907	924,907	.634589	.634589	.634589
61	EMERGENCY	4,016,410	11,595,941	15,612,351	.397788	.397788	.397788
62	OBSERVATION BEDS (NON-DIS	1,628,020	2,488,991	4,117,011	.730768	.730768	.730768
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	174,970,391	171,976,970	346,947,361			
102	LESS OBSERVATION BEDS						
103	TOTAL	174,970,391	171,976,970	346,947,361			

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	18,724,421	2,269,175	16,455,246			18,724,421
39	DELIVERY ROOM & LABOR ROO	1,125,686	109,207	1,016,479			1,125,686
41	RADIOLOGY-DIAGNOSTIC	10,668,072	1,635,567	9,032,505			10,668,072
41 01	NUCLEAR MEDICINE	2,279,887	153,300	2,126,587			2,279,887
41 02	ULTRASOUND	812,759	44,107	768,652			812,759
41 03	RADIATION THERAPY	2,569,451	548,432	2,021,019			2,569,451
44	LABORATORY	7,928,600	786,816	7,141,784			7,928,600
46	WHOLE BLOOD & PACKED RED	1,276,779	65,121	1,211,658			1,276,779
46 30	BLOOD CLOTTING FACTORS AD						
	RESPIRATORY THERAPY	2,448,327	147,409	2,300,918			2,448,327
49	PHYSICAL THERAPY	4,410,704	382,185	4,028,519			4,410,704
50	PHYSICAL THERAPY	4,410,704	382,185	4,028,519			4,410,704
51	OCCUPATIONAL THERAPY	1,049,069	167,761	881,308			1,049,069
52	SPEECH PATHOLOGY	428,949	40,229	388,720			428,949
53	ELECTROCARDIOLOGY	7,200,688	671,412	6,529,276			7,200,688
55	MEDICAL SUPPLIES CHARGED	5,563,497	696,058	4,867,439			5,563,497
56	DRUGS CHARGED TO PATIENTS	9,127,536	381,557	8,745,979			9,127,536
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB	3,364,374	376,577	2,987,797			3,364,374
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	614,921	21,243	593,678			614,921
60 01	PSYCHIATRIC ANCILLARY SER	4,696	110	4,586			4,696
60 02	DENTAL CLINIC	586,936	25,273	561,663			586,936
61	EMERGENCY	6,210,410	823,566	5,386,844			6,210,410
62	OBSERVATION BEDS (NON-DIS	3,008,581	440,853	2,567,728			3,008,581
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	89,404,343	9,785,958	79,618,385			89,404,343
102	LESS OBSERVATION BEDS	3,008,581	440,853	2,567,728			3,008,581
103	TOTAL	86,395,762	9,345,105	77,050,657			86,395,762

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	40,029,972	.467760	.467760
39	DELIVERY ROOM & LABOR ROO	6,662,449	.168960	.168960
41	RADIOLOGY-DIAGNOSTIC	65,237,936	.163526	.163526
41 01	NUCLEAR MEDICINE	8,081,547	.282110	.282110
41 02	ULTRASOUND	4,125,909	.196989	.196989
41 03	RADIATION THERAPY	3,006,487	.854636	.854636
44	LABORATORY	37,573,358	.211017	.211017
46	WHOLE BLOOD & PACKED RED	2,471,160	.516672	.516672
46 30	BLOOD CLOTTING FACTORS AD			
	RESPIRATORY THERAPY	9,391,132	.260706	.260706
50	PHYSICAL THERAPY	8,181,629	.539099	.539099
51	OCCUPATIONAL THERAPY	2,125,913	.493468	.493468
52	SPEECH PATHOLOGY	727,975	.589236	.589236
53	ELECTROCARDIOLOGY	17,771,738	.405176	.405176
55	MEDICAL SUPPLIES CHARGED	27,620,519	.201426	.201426
56	DRUGS CHARGED TO PATIENTS	43,841,255	.208195	.208195
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59 10	CATH LAB	11,667,524	.288354	.288354
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	331,540	1.854742	1.854742
60 01	PSYCHIATRIC ANCILLARY SER			
60 02	DENTAL CLINIC	924,907	.634589	.634589
61	EMERGENCY	15,612,351	.397788	.397788
62	OBSERVATION BEDS (NON-DIS	4,117,011	.730768	.730768
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	309,502,312		
102	LESS OBSERVATION BEDS	4,117,011		
103	TOTAL	305,385,301		

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	18,724,421	2,269,175	16,455,246	226,918	954,404	17,543,099
39	DELIVERY ROOM & LABOR ROO	1,125,686	109,207	1,016,479	10,921	58,956	1,055,809
41	RADIOLOGY-DIAGNOSTIC	10,668,072	1,635,567	9,032,505	163,557	523,885	9,980,630
41 01	NUCLEAR MEDICINE	2,279,887	153,300	2,126,587	15,330	123,342	2,141,215
41 02	ULTRASOUND	812,759	44,107	768,652	4,411	44,582	763,766
41 03	RADIATION THERAPY	2,569,451	548,432	2,021,019	54,843	117,219	2,397,389
44	LABORATORY	7,928,600	786,816	7,141,784	78,682	414,223	7,435,695
46	WHOLE BLOOD & PACKED RED	1,276,779	65,121	1,211,658	6,512	70,276	1,199,991
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,448,327	147,409	2,300,918	14,741	133,453	2,300,133
50	PHYSICAL THERAPY	4,410,704	382,185	4,028,519	38,219	233,654	4,138,831
51	OCCUPATIONAL THERAPY	1,049,069	167,761	881,308	16,776	51,116	981,177
52	SPEECH PATHOLOGY	428,949	40,229	388,720	4,023	22,546	402,380
53	ELECTROCARDIOLOGY	7,200,688	671,412	6,529,276	67,141	378,698	6,754,849
55	MEDICAL SUPPLIES CHARGED	5,563,497	696,058	4,867,439	69,606	282,311	5,211,580
56	DRUGS CHARGED TO PATIENTS	9,127,536	381,557	8,745,979	38,156	507,267	8,582,113
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB	3,364,374	376,577	2,987,797	37,658	173,292	3,153,424
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	614,921	21,243	593,678	2,124	34,433	578,364
60 01	PSYCHIATRIC ANCILLARY SER	4,696	110	4,586	11	266	4,419
60 02	DENTAL CLINIC	586,936	25,273	561,663	2,527	32,576	551,833
61	EMERGENCY	6,210,410	823,566	5,386,844	82,357	312,437	5,815,616
62	OBSERVATION BEDS (NON-DIS	3,008,581	440,853	2,567,728	44,085	148,928	2,815,568
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	89,404,343	9,785,958	79,618,385	978,598	4,617,864	83,807,881
102	LESS OBSERVATION BEDS	3,008,581	440,853	2,567,728	44,085	148,928	2,815,568
103	TOTAL	86,395,762	9,345,105	77,050,657	934,513	4,468,936	80,992,313

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	40,029,972	.438249	.462091
39	DELIVERY ROOM & LABOR ROO	6,662,449	.158472	.167321
41	RADIOLOGY-DIAGNOSTIC	65,237,936	.152988	.161019
41 01	NUCLEAR MEDICINE	8,081,547	.264951	.280213
41 02	ULTRASOUND	4,125,909	.185115	.195920
41 03	RADIATION THERAPY	3,006,487	.797405	.836394
44	LABORATORY	37,573,358	.197898	.208922
46	WHOLE BLOOD & PACKED RED	2,471,160	.485598	.514037
46 30	BLOOD CLOTTING FACTORS AD			
	RESPIRATORY THERAPY	9,391,132	.244926	.259137
49	PHYSICAL THERAPY	8,181,629	.505869	.534427
50	PHYSICAL THERAPY	8,181,629	.505869	.534427
51	OCCUPATIONAL THERAPY	2,125,913	.461532	.485576
52	SPEECH PATHOLOGY	727,975	.552739	.583710
53	ELECTROCARDIOLOGY	17,771,738	.380089	.401398
55	MEDICAL SUPPLIES CHARGED	27,620,519	.188685	.198906
56	DRUGS CHARGED TO PATIENTS	43,841,255	.195754	.207325
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59 10	CATH LAB	11,667,524	.270274	.285126
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	331,540	1.744477	1.848335
60 01	PSYCHIATRIC ANCILLARY SER			
60 02	DENTAL CLINIC	924,907	.596636	.631857
61	EMERGENCY	15,612,351	.372501	.392513
62	OBSERVATION BEDS (NON-DIS	4,117,011	.683886	.720060
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	309,502,312		
102	LESS OBSERVATION BEDS	4,117,011		
103	TOTAL	305,385,301		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 6/15/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,511,014		2,511,014
26	INTENSIVE CARE UNIT				760,204		760,204
31	SUBPROVIDER				973,494		973,494
31 01	SUBPROVIDER II				293,567		293,567
33	NURSERY				116,848		116,848
101	TOTAL				4,655,127		4,655,127

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D
 PART I
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,015	10,180			125.46	1,277,183
26	INTENSIVE CARE UNIT	3,709	1,727			204.96	353,966
31	SUBPROVIDER	1,250	620			778.80	482,856
31 01	SUBPROVIDER II	1,407	966			208.65	201,556
33	NURSERY	1,614				72.40	
101	TOTAL	27,995	13,493				2,315,561

PROVIDER NO: 15-0006
 COMPONENT NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,269,175	40,029,972	7,498,737		
39	DELIVERY ROOM & LABOR ROO		109,207	6,662,449	9,180		
41	RADIOLOGY-DIAGNOSTIC		1,635,567	65,237,936	8,058,995		
41 01	NUCLEAR MEDICINE		153,300	8,081,547	961,980		
41 02	ULTRASOUND		44,107	4,125,909	276,261		
41 03	RADIATION THERAPY		548,432	3,006,487	113,967		
44	LABORATORY		786,816	37,573,358	7,243,711		
46	WHOLE BLOOD & PACKED RED		65,121	2,471,160	1,216,927		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		147,409	9,391,132	2,295,970		
50	PHYSICAL THERAPY		382,185	8,181,629	609,396		
51	OCCUPATIONAL THERAPY		167,761	2,125,913	307,839		
52	SPEECH PATHOLOGY		40,229	727,975	253,102		
53	ELECTROCARDIOLOGY		671,412	17,771,738	831,540		
55	MEDICAL SUPPLIES CHARGED		696,058	27,620,519	16,097,867		
56	DRUGS CHARGED TO PATIENTS		381,557	43,841,255	15,383,496		
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB		376,577	11,667,524	4,131,118		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		21,243	331,540			
60 01	PSYCHIATRIC ANCILLARY SER		110				
60 02	DENTAL CLINIC		25,273	924,907			
61	EMERGENCY		823,566	15,612,351	2,066,417		
62	OBSERVATION BEDS (NON-DIS		440,853	4,117,011	810,964		
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,785,958	309,502,312	68,167,467		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/15/2009
15-0006	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART II
15-0006		

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.056687	425,081
39	DELIVERY ROOM & LABOR ROO	.016391	150
41	RADIOLOGY-DIAGNOSTIC	.025071	202,047
41 01	NUCLEAR MEDICINE	.018969	18,248
41 02	ULTRASOUND	.010690	2,953
41 03	RADIATION THERAPY	.182416	20,789
44	LABORATORY	.020941	151,691
46	WHOLE BLOOD & PACKED RED	.026352	32,068
46 30	BLOOD CLOTTING FACTORS AD		
	RESPIRATORY THERAPY	.015697	36,040
50	PHYSICAL THERAPY	.046713	28,467
51	OCCUPATIONAL THERAPY	.078912	24,292
52	SPEECH PATHOLOGY	.055262	13,987
53	ELECTROCARDIOLOGY	.037780	31,416
55	MEDICAL SUPPLIES CHARGED	.025201	405,682
56	DRUGS CHARGED TO PATIENTS	.008703	133,883
57	RENAL DIALYSIS		
59	CANCER TREATMENT CENTER		
59 10	CATH LAB	.032276	133,336
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.064074	
60 01	PSYCHIATRIC ANCILLARY SER		
60 02	DENTAL CLINIC	.027325	
61	EMERGENCY	.052751	109,006
62	OBSERVATION BEDS (NON-DIS	.107081	86,839
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,855,975

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

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					20,015	
26	INTENSIVE CARE UNIT					3,709	
31	SUBPROVIDER					1,250	
31 01	SUBPROVIDER II					1,407	
33	NURSERY					1,614	
34	SKILLED NURSING FACILITY					8,440	
35	NURSING FACILITY						
101	TOTAL					36,435	

I PROVIDER NO: I PERIOD: I PREPARED 6/15/2009
 I 15-0006 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART III

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	10,180	
26	INTENSIVE CARE UNIT	1,727	
31	SUBPROVIDER	620	
31 01	SUBPROVIDER II	966	
33	NURSERY		
34	SKILLED NURSING FACILITY	5,654	
35	NURSING FACILITY		
101	TOTAL	19,147	

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	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			40,029,972			7,498,737	
	OPERATING ROOM			6,662,449			9,180	
39	DELIVERY ROOM & LABOR ROO			65,237,936			8,058,995	
41	RADIOLOGY-DIAGNOSTIC			8,081,547			961,980	
41 01	NUCLEAR MEDICINE			4,125,909			276,261	
41 02	ULTRASOUND			3,006,487			113,967	
41 03	RADIATION THERAPY			37,573,358			7,243,711	
44	LABORATORY			2,471,160			1,216,927	
46	WHOLE BLOOD & PACKED RED							
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			9,391,132			2,295,970	
50	PHYSICAL THERAPY			8,181,629			609,396	
51	OCCUPATIONAL THERAPY			2,125,913			307,839	
52	SPEECH PATHOLOGY			727,975			253,102	
53	ELECTROCARDIOLOGY			17,771,738			831,540	
55	MEDICAL SUPPLIES CHARGED			27,620,519			16,097,867	
56	DRUGS CHARGED TO PATIENTS			43,841,255			15,383,496	
57	RENAL DIALYSIS							
59	CANCER TREATMENT CENTER							
59 10	CATH LAB			11,667,524			4,131,118	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			331,540				
60 01	PSYCHIATRIC ANCILLARY SER							
60 02	DENTAL CLINIC			924,907				
61	EMERGENCY			15,612,351			2,066,417	
62	OBSERVATION BEDS (NON-DIS			4,117,011			810,964	
63 50	RHC							
63 60	FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			309,502,312			68,167,467	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	6,281,644					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	16,406,867					
41 01	NUCLEAR MEDICINE	1,528,758					
41 02	ULTRASOUND	577,201					
41 03	RADIATION THERAPY	1,169,863					
44	LABORATORY	463,917					
46	WHOLE BLOOD & PACKED RED	351,636					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	270,678					
50	PHYSICAL THERAPY	190					
51	OCCUPATIONAL THERAPY	482					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,329,649					
55	MEDICAL SUPPLIES CHARGED	3,314,389					
56	DRUGS CHARGED TO PATIENTS	5,708,697					
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB	3,185,109					
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	PSYCHIATRIC ANCILLARY SER						
60 02	DENTAL CLINIC						
61	EMERGENCY	1,885,444					
62	OBSERVATION BEDS (NON-DIS	748,571					
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	43,223,095					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/15/2009
 | 15-0006 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 15-0006 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.467760	.467760			
39 DELIVERY ROOM & LABOR ROOM	.168960	.168960			
41 RADIOLOGY-DIAGNOSTIC	.163526	.163526			
41 01 NUCLEAR MEDICINE	.282110	.282110			
41 02 ULTRASOUND	.196989	.196989			
41 03 RADIATION THERAPY	.854636	.854636			
44 LABORATORY	.211017	.211017			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.516672	.516672			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.260706	.260706			
50 PHYSICAL THERAPY	.539099	.539099			
51 OCCUPATIONAL THERAPY	.493468	.493468			
52 SPEECH PATHOLOGY	.589236	.589236			
53 ELECTROCARDIOLOGY	.405176	.405176			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.201426	.201426			
56 DRUGS CHARGED TO PATIENTS	.208195	.208195			
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB	.288354	.288354			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.854742	1.854742			
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC	.634589	.634589			
61 EMERGENCY	.397788	.397788			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.730768	.730768			
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/15/2009
 | 15-0006 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 15-0006 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,281,644			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		16,406,867			
41 01 NUCLEAR MEDICINE		1,528,758			
41 02 ULTRASOUND		577,201			
41 03 RADIATION THERAPY		1,169,863			
44 LABORATORY		463,917			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		351,636			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY		270,678			
50 PHYSICAL THERAPY		190			
51 OCCUPATIONAL THERAPY		482			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,329,649			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,314,389			
56 DRUGS CHARGED TO PATIENTS		5,708,697	1,230		
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB		3,185,109			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC					
61 EMERGENCY		1,885,444			
62 OBSERVATION BEDS (NON-DISTINCT PART)		748,571			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL		43,223,095	1,230		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		43,223,095	1,230		

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	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				2,938,302	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				2,682,949	
41 01 NUCLEAR MEDICINE				431,278	
41 02 ULTRASOUND				113,702	
41 03 RADIATION THERAPY				999,807	
44 LABORATORY				97,894	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				181,680	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				70,567	
50 PHYSICAL THERAPY				102	
51 OCCUPATIONAL THERAPY				238	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				538,742	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				667,604	
56 DRUGS CHARGED TO PATIENTS				1,188,522	256
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB				918,439	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC					
61 EMERGENCY				750,007	
62 OBSERVATION BEDS (NON-DISTINCT PART)				547,032	
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL				12,126,865	256
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				12,126,865	256

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
15-0006		PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.208195
2	PROGRAM VACCINE CHARGES		7,217
3	PROGRAM COSTS		1,503

PROVIDER NO: 15-0006
 COMPONENT NO: 15-S006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,269,175	40,029,972			
39	DELIVERY ROOM & LABOR ROO		109,207	6,662,449			
41	RADIOLOGY-DIAGNOSTIC		1,635,567	65,237,936	28,978		
41 01	NUCLEAR MEDICINE		153,300	8,081,547	3,718		
41 02	ULTRASOUND		44,107	4,125,909			
41 03	RADIATION THERAPY		548,432	3,006,487			
44	LABORATORY		786,816	37,573,358	81,686		
46	WHOLE BLOOD & PACKED RED		65,121	2,471,160			
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		147,409	9,391,132	9,604		
50	PHYSICAL THERAPY		382,185	8,181,629	2,467		
51	OCCUPATIONAL THERAPY		167,761	2,125,913	1,181		
52	SPEECH PATHOLOGY		40,229	727,975			
53	ELECTROCARDIOLOGY		671,412	17,771,738	4,446		
55	MEDICAL SUPPLIES CHARGED		696,058	27,620,519	6,713		
56	DRUGS CHARGED TO PATIENTS		381,557	43,841,255	107,687		
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB		376,577	11,667,524	4,355		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		21,243	331,540			
60 01	PSYCHIATRIC ANCILLARY SER		110				
60 02	DENTAL CLINIC		25,273	924,907			
61	EMERGENCY		823,566	15,612,351	38,118		
62	OBSERVATION BEDS (NON-DIS		440,853	4,117,011			
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,785,958	309,502,312	288,953		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-S006
 PREPARED 6/15/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.056687	
39	DELIVERY ROOM & LABOR ROO	.016391	
41	RADIOLOGY-DIAGNOSTIC	.025071	727
41 01	NUCLEAR MEDICINE	.018969	71
41 02	ULTRASOUND	.010690	
41 03	RADIATION THERAPY	.182416	
44	LABORATORY	.020941	1,711
46	WHOLE BLOOD & PACKED RED	.026352	
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.015697	151
50	PHYSICAL THERAPY	.046713	115
51	OCCUPATIONAL THERAPY	.078912	93
52	SPEECH PATHOLOGY	.055262	
53	ELECTROCARDIOLOGY	.037780	168
55	MEDICAL SUPPLIES CHARGED	.025201	169
56	DRUGS CHARGED TO PATIENTS	.008703	937
57	RENAL DIALYSIS		
59	CANCER TREATMENT CENTER		
59 10	CATH LAB	.032276	141
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.064074	
60 01	PSYCHIATRIC ANCILLARY SER		
60 02	DENTAL CLINIC	.027325	
61	EMERGENCY	.052751	2,011
62	OBSERVATION BEDS (NON-DIS	.107081	
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		6,294

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1	1.01	2	2.01	2.02	2.03
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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			40,029,972				
39	DELIVERY ROOM & LABOR ROO			6,662,449				
41	RADIOLOGY-DIAGNOSTIC			65,237,936			28,978	
41 01	NUCLEAR MEDICINE			8,081,547			3,718	
41 02	ULTRASOUND			4,125,909				
41 03	RADIATION THERAPY			3,006,487				
44	LABORATORY			37,573,358			81,686	
46	WHOLE BLOOD & PACKED RED			2,471,160				
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			9,391,132			9,604	
50	PHYSICAL THERAPY			8,181,629			2,467	
51	OCCUPATIONAL THERAPY			2,125,913			1,181	
52	SPEECH PATHOLOGY			727,975				
53	ELECTROCARDIOLOGY			17,771,738			4,446	
55	MEDICAL SUPPLIES CHARGED			27,620,519			6,713	
56	DRUGS CHARGED TO PATIENTS			43,841,255			107,687	
57	RENAL DIALYSIS							
59	CANCER TREATMENT CENTER							
59 10	CATH LAB			11,667,524			4,355	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			331,540				
60 01	PSYCHIATRIC ANCILLARY SER							
60 02	DENTAL CLINIC			924,907				
61	EMERGENCY			15,612,351			38,118	
62	OBSERVATION BEDS (NON-DIS			4,117,011				
63 50	RHC							
63 60	FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			309,502,312			288,953	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
15-S006		PART VI

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	. 208195
3	PROGRAM COSTS	203
		42

PROVIDER NO: 15-0006
 COMPONENT NO: 15-T006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,269,175	40,029,972	4,316		
39	DELIVERY ROOM & LABOR ROO		109,207	6,662,449			
41	RADIOLOGY-DIAGNOSTIC		1,635,567	65,237,936	74,016		
41 01	NUCLEAR MEDICINE		153,300	8,081,547	3,639		
41 02	ULTRASOUND		44,107	4,125,909	482		
41 03	RADIATION THERAPY		548,432	3,006,487			
44	LABORATORY		786,816	37,573,358	57,795		
46	WHOLE BLOOD & PACKED RED		65,121	2,471,160	437		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		147,409	9,391,132	23,863		
50	PHYSICAL THERAPY		382,185	8,181,629	336,209		
51	OCCUPATIONAL THERAPY		167,761	2,125,913	313,657		
52	SPEECH PATHOLOGY		40,229	727,975	99,574		
53	ELECTROCARDIOLOGY		671,412	17,771,738	4,011		
55	MEDICAL SUPPLIES CHARGED		696,058	27,620,519	51,602		
56	DRUGS CHARGED TO PATIENTS		381,557	43,841,255	167,095		
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB		376,577	11,667,524	6,516		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		21,243	331,540			
60 01	PSYCHIATRIC ANCILLARY SER		110				
60 02	DENTAL CLINIC		25,273	924,907			
61	EMERGENCY		823,566	15,612,351	42		
62	OBSERVATION BEDS (NON-DIS		440,853	4,117,011			
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,785,958	309,502,312	1,143,254		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-T006
 PREPARED 6/15/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.056687	245
39	DELIVERY ROOM & LABOR ROO	.016391	
41	RADIOLOGY-DIAGNOSTIC	.025071	1,856
41 01	NUCLEAR MEDICINE	.018969	69
41 02	ULTRASOUND	.010690	5
41 03	RADIATION THERAPY	.182416	
44	LABORATORY	.020941	1,210
46	WHOLE BLOOD & PACKED RED	.026352	12
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.015697	375
50	PHYSICAL THERAPY	.046713	15,705
51	OCCUPATIONAL THERAPY	.078912	24,751
52	SPEECH PATHOLOGY	.055262	5,503
53	ELECTROCARDIOLOGY	.037780	152
55	MEDICAL SUPPLIES CHARGED	.025201	1,300
56	DRUGS CHARGED TO PATIENTS	.008703	1,454
57	RENAL DIALYSIS		
59	CANCER TREATMENT CENTER		
59 10	CATH LAB	.032276	210
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.064074	
60 01	PSYCHIATRIC ANCILLARY SER		
60 02	DENTAL CLINIC	.027325	
61	EMERGENCY	.052751	2
62	OBSERVATION BEDS (NON-DIS	.107081	
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		52,849

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

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			40,029,972			4,316	
39	DELIVERY ROOM & LABOR ROO			6,662,449				
41	RADIOLOGY-DIAGNOSTIC			65,237,936			74,016	
41 01	NUCLEAR MEDICINE			8,081,547			3,639	
41 02	ULTRASOUND			4,125,909			482	
41 03	RADIATION THERAPY			3,006,487				
44	LABORATORY			37,573,358			57,795	
46	WHOLE BLOOD & PACKED RED			2,471,160			437	
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			9,391,132			23,863	
50	PHYSICAL THERAPY			8,181,629			336,209	
51	OCCUPATIONAL THERAPY			2,125,913			313,657	
52	SPEECH PATHOLOGY			727,975			99,574	
53	ELECTROCARDIOLOGY			17,771,738			4,011	
55	MEDICAL SUPPLIES CHARGED			27,620,519			51,602	
56	DRUGS CHARGED TO PATIENTS			43,841,255			167,095	
57	RENAL DIALYSIS							
59	CANCER TREATMENT CENTER							
59 10	CATH LAB			11,667,524			6,516	
60	OUTPAT SERVICE COST CNTRS CLINIC			331,540				
60 01	PSYCHIATRIC ANCILLARY SER							
60 02	DENTAL CLINIC			924,907				
61	EMERGENCY			15,612,351			42	
62	OBSERVATION BEDS (NON-DIS			4,117,011				
63 50	RHC							
63 60	FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			309,502,312			1,143,254	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
15-T006		PART VI

TITLE XVIII, PART B

SUBPROVIDER 2

PART VI - VACCINE COST APPORTIONMENT

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

1
.208195
224
47

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 COMPONENT NO: 15-5297
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

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						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 COMPONENT NO: 15-5297
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC		
41	01 NUCLEAR MEDICINE		
41	02 ULTRASOUND		
41	03 RADIATION THERAPY		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
46	30 BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	CANCER TREATMENT CENTER		
59	10 CATH LAB		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 PSYCHIATRIC ANCILLARY SER		
60	02 DENTAL CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	50 RHC		
63	60 FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

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	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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 OPERATING ROOM			40,029,972			18,251	
39	DELIVERY ROOM & LABOR ROO			6,662,449				
41	RADIOLOGY-DIAGNOSTIC			65,237,936			103,666	
41 01	NUCLEAR MEDICINE			8,081,547			7,441	
41 02	ULTRASOUND			4,125,909			11,053	
41 03	RADIATION THERAPY			3,006,487				
44	LABORATORY			37,573,358			425,291	
46	WHOLE BLOOD & PACKED RED			2,471,160			59,364	
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			9,391,132			536,628	
50	PHYSICAL THERAPY			8,181,629			641,214	
51	OCCUPATIONAL THERAPY			2,125,913			525,414	
52	SPEECH PATHOLOGY			727,975			127,005	
53	ELECTROCARDIOLOGY			17,771,738			10,651	
55	MEDICAL SUPPLIES CHARGED			27,620,519			641,878	
56	DRUGS CHARGED TO PATIENTS			43,841,255			1,456,028	
57	RENAL DIALYSIS							
59	CANCER TREATMENT CENTER							
59 10	CATH LAB			11,667,524			13,946	
60	OUTPAT SERVICE COST CNTRS CLINIC			331,540				
60 01	PSYCHIATRIC ANCILLARY SER							
60 02	DENTAL CLINIC			924,907				
61	EMERGENCY			15,612,351				
62	OBSERVATION BEDS (NON-DIS			4,117,011			2,144	
63 50	RHC							
63 60	FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			309,502,312			4,579,974	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST		PROVIDER NO:		PERIOD:		PREPARED 6/15/2009
		15-0006		FROM 1/ 1/2008		WORKSHEET D
		COMPONENT NO:		TO 12/31/2008		PART VI
		15-5297				

TITLE XVIII, PART B SKILLED NURSING FACILITY

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.208195
2	PROGRAM VACCINE CHARGES		1,458
3	PROGRAM COSTS		304

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 6/15/2009 WORKSHEET D PART I
TEFRA

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,511,014		2,511,014
26	INTENSIVE CARE UNIT				760,204		760,204
31	SUBPROVIDER				973,494		973,494
31 01	SUBPROVIDER II				293,567		293,567
33	NURSERY				116,848		116,848
101	TOTAL				4,655,127		4,655,127

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D
 PART I
 TEFRA

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,015	2,531			125.46	317,539
26	INTENSIVE CARE UNIT	3,709				204.96	
31	SUBPROVIDER	1,250	217			778.80	169,000
31 01	SUBPROVIDER II	1,407	6			208.65	1,252
33	NURSERY	1,614	8			72.40	579
101	TOTAL	27,995	2,762				488,370

PROVIDER NO: 15-0006
 COMPONENT NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,269,175	40,029,972	1,577,009		
39	DELIVERY ROOM & LABOR ROO		109,207	6,662,449			
41	RADIOLOGY-DIAGNOSTIC		1,635,567	65,237,936	1,299,072		
41 01	NUCLEAR MEDICINE		153,300	8,081,547	104,831		
41 02	ULTRASOUND		44,107	4,125,909	70,819		
41 03	RADIATION THERAPY		548,432	3,006,487	10,215		
44	LABORATORY		786,816	37,573,358	1,687,820		
46	WHOLE BLOOD & PACKED RED		65,121	2,471,160			
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		147,409	9,391,132	801,578		
50	PHYSICAL THERAPY		382,185	8,181,629	234,383		
51	OCCUPATIONAL THERAPY		167,761	2,125,913	34,825		
52	SPEECH PATHOLOGY		40,229	727,975			
53	ELECTROCARDIOLOGY		671,412	17,771,738	312,100		
55	MEDICAL SUPPLIES CHARGED		696,058	27,620,519	1,453,846		
56	DRUGS CHARGED TO PATIENTS		381,557	43,841,255	3,186,961		
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB		376,577	11,667,524	724,947		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		21,243	331,540			
60 01	PSYCHIATRIC ANCILLARY SER		110				
60 02	DENTAL CLINIC		25,273	924,907			
61	EMERGENCY		823,566	15,612,351	371,362		
62	OBSERVATION BEDS (NON-DIS		440,853	4,117,011			
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,785,958	309,502,312	11,869,768		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/15/2009
 I 15-0006 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0006 I I
 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	
		CST/CHRG 7	NEW CAPITAL RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.056687	89,396
39	DELIVERY ROOM & LABOR ROO	.016391	
41	RADIOLOGY-DIAGNOSTIC	.025071	32,569
41 01	NUCLEAR MEDICINE	.018969	1,989
41 02	ULTRASOUND	.010690	757
41 03	RADIATION THERAPY	.182416	1,863
44	LABORATORY	.020941	35,345
46	WHOLE BLOOD & PACKED RED	.026352	
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.015697	12,582
50	PHYSICAL THERAPY	.046713	10,949
51	OCCUPATIONAL THERAPY	.078912	2,748
52	SPEECH PATHOLOGY	.055262	
53	ELECTROCARDIOLOGY	.037780	11,791
55	MEDICAL SUPPLIES CHARGED	.025201	36,638
56	DRUGS CHARGED TO PATIENTS	.008703	27,736
57	RENAL DIALYSIS		
59	CANCER TREATMENT CENTER		
59 10	CATH LAB	.032276	23,398
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.064074	
60 01	PSYCHIATRIC ANCILLARY SER		
60 02	DENTAL CLINIC	.027325	
61	EMERGENCY	.052751	19,590
62	OBSERVATION BEDS (NON-DIS	.107081	
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		307,351

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					20,015	
26	INTENSIVE CARE UNIT					3,709	
31	SUBPROVIDER					1,250	
31 01	SUBPROVIDER II					1,407	
33	NURSERY					1,614	
34	SKILLED NURSING FACILITY					8,440	
35	NURSING FACILITY						
101	TOTAL					36,435	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0006
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/15/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		2,531
26	INTENSIVE CARE UNIT		
31	SUBPROVIDER		217
31 01	SUBPROVIDER II		6
33	NURSERY		8
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL		2,762

TITLE XIX

HOSPITAL

TEFRA

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX		HOSPITAL		TEFRA				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS			40,029,972			1,577,009	
	OPERATING ROOM			6,662,449				
39	DELIVERY ROOM & LABOR ROO			65,237,936			1,299,072	
41	RADIOLOGY-DIAGNOSTIC			8,081,547			104,831	
41 01	NUCLEAR MEDICINE			4,125,909			70,819	
41 02	ULTRASOUND			3,006,487			10,215	
41 03	RADIATION THERAPY			37,573,358			1,687,820	
44	LABORATORY			2,471,160				
46	WHOLE BLOOD & PACKED RED							
46 30	BLOOD CLOTTING FACTORS AD			9,391,132			801,578	
49	RESPIRATORY THERAPY			8,181,629			234,383	
50	PHYSICAL THERAPY			2,125,913			34,825	
51	OCCUPATIONAL THERAPY			727,975				
52	SPEECH PATHOLOGY			17,771,738			312,100	
53	ELECTROCARDIOLOGY			27,620,519			1,453,846	
55	MEDICAL SUPPLIES CHARGED			43,841,255			3,186,961	
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	CANCER TREATMENT CENTER							
59 10	CATH LAB			11,667,524			724,947	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			331,540				
60 01	PSYCHIATRIC ANCILLARY SER							
60 02	DENTAL CLINIC			924,907				
61	EMERGENCY			15,612,351			371,362	
62	OBSERVATION BEDS (NON-DIS			4,117,011				
63 50	RHC							
63 60	FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			309,502,312			11,869,768	

TITLE XIX

HOSPITAL

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/15/2009
 | 15-0006 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 15-0006 | |

TITLE XIX - O/P HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.438249	2,303,906			
39 DELIVERY ROOM & LABOR ROOM	.158472				
41 RADIOLOGY-DIAGNOSTIC	.152988	5,288,676			
41 01 NUCLEAR MEDICINE	.264951	364,018			
41 02 ULTRASOUND	.185115	694,400			
41 03 RADIATION THERAPY	.797405	154,949			
44 LABORATORY	.197898	3,745,244			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.485598				
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.244926	372,271			
50 PHYSICAL THERAPY	.505869	505,819			
51 OCCUPATIONAL THERAPY	.461532	223,351			
52 SPEECH PATHOLOGY	.552739				
53 ELECTROCARDIOLOGY	.380089	654,118			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.188685	860,840			
56 DRUGS CHARGED TO PATIENTS	.195754	2,206,678			
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB	.270274	280,500			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.744477				
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC	.596636				
61 EMERGENCY	.372501	2,633,378			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.683886				
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL		20,288,148			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		20,288,148			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,009,685	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				809,104	
41 01 NUCLEAR MEDICINE				96,447	
41 02 ULTRASOUND				128,544	
41 03 RADIATION THERAPY				123,557	
44 LABORATORY				741,176	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				91,179	
50 PHYSICAL THERAPY				255,878	
51 OCCUPATIONAL THERAPY				103,084	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				248,623	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				162,428	
56 DRUGS CHARGED TO PATIENTS				431,966	
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB				75,812	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC					
61 EMERGENCY				980,936	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL				5,258,419	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				5,258,419	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/15/2009
 | 15-0006 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 15-0006 | |

TITLE XIX - O/P HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					
41 01 NUCLEAR MEDICINE					
41 02 ULTRASOUND					
41 03 RADIATION THERAPY					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FQHC					
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)

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-0006		PART I

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)	20,015
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,015
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,015
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)	10,180
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	17,136,307
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	17,136,307

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	37,445,049
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37,445,049
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.457639
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,870.85
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	17,136,307

COMPUTATION OF INPATIENT OPERATING COST

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COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-0006		PART II

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				856.17
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				8,715,811
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				8,715,811

	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	6,916,025	3,709	1,864.66	1,727	3,220,268
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,631,149
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,855,975
52	TOTAL PROGRAM EXCLUDABLE COST	3,487,124
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	26,472,679

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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15-0006		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,514
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	856.17
85	OBSERVATION BED COST	3,008,581

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	17,136,307		3,008,581	
87	NEW CAPITAL-RELATED COST	2,511,014	.146532	3,008,581	440,853
88	NON PHYSICIAN ANESTHETIST	17,136,307		3,008,581	
89	MEDICAL EDUCATION	17,136,307		3,008,581	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

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15-S006		PART I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,250
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,250
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,250
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)	620
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	3,385,150
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,385,150

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,364,887
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,364,887
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.431421
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,891.91
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,385,150

COMPUTATION OF INPATIENT OPERATING COST

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15-S006		PART II

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	2,708.12
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,679,034
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,679,034

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

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	482,856
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	6,294
52	TOTAL PROGRAM EXCLUDABLE COST	489,150
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,259,318

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

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15-S006		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	2,708.12
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	3,385,150			
87	NEW CAPITAL-RELATED COST	973,494	.287578		
88	NON PHYSICIAN ANESTHETIST	3,385,150			
89	MEDICAL EDUCATION	3,385,150			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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15-T006		PART I

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,407
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,407
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,407
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)	966
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,389,484
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,389,484

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	436,745
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	436,745
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.181454
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	310.41
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,389,484

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 15-0006
 COMPONENT NO: 15-T006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D-1
 PART II

TITLE XVIII PART A SUBPROVIDER II 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 987.55
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 953,973
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 953,973

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					477,294
49 TOTAL PROGRAM INPATIENT COSTS					1,431,267

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 201,556
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 52,849
 52 TOTAL PROGRAM EXCLUDABLE COST 254,405
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,176,862

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-T006		PART III

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	987.55
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,389,484			
87	NEW CAPITAL-RELATED COST	293,567	.211278		
88	NON PHYSICIAN ANESTHETIST	1,389,484			
89	MEDICAL EDUCATION	1,389,484			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-5297		PART I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,440
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,440
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,440
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)	5,654
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	5,416,340
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	5,416,340

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,077,847
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,077,847
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.759782
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	364.67
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	5,416,340

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-5297		PART III

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	5,416,340
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		641.75
68	PROGRAM ROUTINE SERVICE COST		3,628,455
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,628,455
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		1,176,303
72	PER DIEM CAPITAL-RELATED COSTS		139.37
73	PROGRAM CAPITAL-RELATED COSTS		787,998
74	INPATIENT ROUTINE SERVICE COST		2,840,457
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,840,457
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,628,455
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,412,205
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		5,040,660

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				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-0006		PART I

TITLE XIX - I/P HOSPITAL TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	20,015
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,015
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,015
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,531
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)	1,614
16	NURSERY DAYS (TITLE V OR XIX ONLY)	8

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	17,136,307
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	17,136,307

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,294,614
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,294,614
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.236555
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	264.53
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	17,136,307

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-0006		PART II

TITLE XIX - I/P HOSPITAL TEFRA

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	856.17
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,166,966
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,166,966

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1,298,752	1,614	804.68	6,437
43	INTENSIVE CARE UNIT	6,916,025	3,709	1,864.66	
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	3,150,595
49	TOTAL PROGRAM INPATIENT COSTS	5,323,998

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	318,118
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	307,351
52	TOTAL PROGRAM EXCLUDABLE COST	625,469
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	4,698,529

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	733
55	TARGET AMOUNT PER DISCHARGE	2,145.96
56	TARGET AMOUNT	1,572,989
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	-3,125,540
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	157,299
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	2,355,757
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-0006		PART III

TITLE XIX - I/P HOSPITAL TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,514
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	856.17
85	OBSERVATION BED COST	3,008,581

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	17,136,307		3,008,581	
87	NEW CAPITAL-RELATED COST	2,511,014	.146532	3,008,581	440,853
88	NON PHYSICIAN ANESTHETIST	17,136,307		3,008,581	
89	MEDICAL EDUCATION	17,136,307		3,008,581	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-S006		PART I

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)	1,250
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,250
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,250
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)	217
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	3,385,150
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,385,150

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,364,887
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,364,887
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.431421
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,891.91
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,385,150

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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15-S006		PART II

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	2,708.12
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	587,662
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	587,662

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					180,452
					768,114

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

COMPUTATION OF INPATIENT OPERATING COST

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15-S006		PART III

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	2,708.12
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				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-T006		PART I

TITLE XIX - I/P SUBPROVIDER II OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,407
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,407
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,407
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)	6
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,366,161
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,366,161

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	436,745
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	436,745
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.128052
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	310.41
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,366,161

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 15-0006
 COMPONENT NO: 15-T006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D-1
 PART II

TITLE XIX - I/P SUBPROVIDER II 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 970.97
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,826
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,826

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					203,122
49 TOTAL PROGRAM INPATIENT COSTS					208,948

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

COMPUTATION OF INPATIENT OPERATING COST

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15-T006		PART III

TITLE XIX - I/P SUBPROVIDER II OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	970.97
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				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-5297		PART I

TITLE XIX - I/P SNF OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,440
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,440
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,440
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)	
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	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,533,579
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,533,579
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	418.67
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	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
15-5297		PART III

TITLE XIX - I/P SNF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,176,303
72	PER DIEM CAPITAL-RELATED COSTS	139.37
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
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006
 COMPONENT NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D-4

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		11,425,972	
26	INTENSIVE CARE UNIT		3,560,639	
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.467760	7,498,737	3,507,609
39	DELIVERY ROOM & LABOR ROOM	.168960	9,180	1,551
41	RADIOLOGY-DIAGNOSTIC	.163526	8,058,995	1,317,855
41	01 NUCLEAR MEDICINE	.282110	961,980	271,384
41	02 ULTRASOUND	.196989	276,261	54,420
41	03 RADIATION THERAPY LABORATORY	.854636	113,967	97,400
44	LABORATORY	.211017	7,243,711	1,528,546
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.516672	1,216,927	628,752
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.260706	2,295,970	598,573
50	PHYSICAL THERAPY	.539099	609,396	328,525
51	OCCUPATIONAL THERAPY	.493468	307,839	151,909
52	SPEECH PATHOLOGY	.589236	253,102	149,137
53	ELECTROCARDIOLOGY	.405176	831,540	336,920
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.201426	16,097,867	3,242,529
56	DRUGS CHARGED TO PATIENTS	.208195	15,383,496	3,202,767
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59	10 CATH LAB	.288354	4,131,118	1,191,224
	OUTPAT SERVICE COST CNTRS CLINIC	1.854742		
60	01 PSYCHIATRIC ANCILLARY SERVICES			
60	02 DENTAL CLINIC	.634589		
61	EMERGENCY	.397788	2,066,417	821,996
62	OBSERVATION BEDS (NON-DISTINCT PART)	.730768	810,964	592,627
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		68,167,467	18,023,724
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		68,167,467	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006
 COMPONENT NO: 15-S006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D-4

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		738,599	
31 01	SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.467760		
39	DELIVERY ROOM & LABOR ROOM	.168960		
41	RADIOLOGY-DIAGNOSTIC	.163526	28,978	4,739
41 01	NUCLEAR MEDICINE	.282110	3,718	1,049
41 02	ULTRASOUND	.196989		
41 03	RADIATION THERAPY	.854636		
44	LABORATORY	.211017	81,686	17,237
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.516672		
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.260706	9,604	2,504
50	PHYSICAL THERAPY	.539099	2,467	1,330
51	OCCUPATIONAL THERAPY	.493468	1,181	583
52	SPEECH PATHOLOGY	.589236		
53	ELECTROCARDIOLOGY	.405176	4,446	1,801
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.201426	6,713	1,352
56	DRUGS CHARGED TO PATIENTS	.208195	107,687	22,420
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59 10	CATH LAB	.288354	4,355	1,256
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.854742		
60 01	PSYCHIATRIC ANCILLARY SERVICES			
60 02	DENTAL CLINIC	.634589		
61	EMERGENCY	.397788	38,118	15,163
62	OBSERVATION BEDS (NON-DISTINCT PART)	.730768		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		288,953	69,434
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		288,953	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006
 COMPONENT NO: 15-T006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

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			
31	01 SUBPROVIDER II		938,499	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.467760	4,316	2,019
39	DELIVERY ROOM & LABOR ROOM	.168960		
41	RADIOLOGY-DIAGNOSTIC	.163526	74,016	12,104
41	01 NUCLEAR MEDICINE	.282110	3,639	1,027
41	02 ULTRASOUND	.196989	482	95
41	03 RADIATION THERAPY	.854636		
44	LABORATORY	.211017	57,795	12,196
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.516672	437	226
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.260706	23,863	6,221
50	PHYSICAL THERAPY	.539099	336,209	181,250
51	OCCUPATIONAL THERAPY	.493468	313,657	154,780
52	SPEECH PATHOLOGY	.589236	99,574	58,673
53	ELECTROCARDIOLOGY	.405176	4,011	1,625
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.201426	51,602	10,394
56	DRUGS CHARGED TO PATIENTS	.208195	167,095	34,788
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59	10 CATH LAB	.288354	6,516	1,879
	OUTPAT SERVICE COST CNTRS CLINIC	1.854742		
60	01 PSYCHIATRIC ANCILLARY SERVICES			
60	02 DENTAL CLINIC	.634589		
61	EMERGENCY	.397788	42	17
62	OBSERVATION BEDS (NON-DISTINCT PART)	.730768		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,143,254	477,294
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,143,254	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006
 COMPONENT NO: 15-5297
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY 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			
31	01 SUBPROVIDER II			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.467760	18,251	8,537
39	DELIVERY ROOM & LABOR ROOM	.168960		
41	RADIOLOGY-DIAGNOSTIC	.163526	103,666	16,952
41	01 NUCLEAR MEDICINE	.282110	7,441	2,099
41	02 ULTRASOUND	.196989	11,053	2,177
41	03 RADIATION THERAPY	.854636		
44	LABORATORY	.211017	425,291	89,744
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.516672	59,364	30,672
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.260706	536,628	139,902
50	PHYSICAL THERAPY	.539099	641,214	345,678
51	OCCUPATIONAL THERAPY	.493468	525,414	259,275
52	SPEECH PATHOLOGY	.589236	127,005	74,836
53	ELECTROCARDIOLOGY	.405176	10,651	4,316
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.201426	641,878	129,291
56	DRUGS CHARGED TO PATIENTS	.208195	1,456,028	303,138
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59	10 CATH LAB	.288354	13,946	4,021
	OUTPAT SERVICE COST CNTRS CLINIC	1.854742		
60	01 PSYCHIATRIC ANCILLARY SERVICES			
60	02 DENTAL CLINIC	.634589		
61	EMERGENCY	.397788		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.730768	2,144	1,567
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,579,974	1,412,205
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,579,974	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006
 COMPONENT NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D-4

TITLE XIX

HOSPITAL

TEFRA

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		5,722,273	
26	INTENSIVE CARE UNIT		42,571	
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.467760	1,577,009	737,662
39	DELIVERY ROOM & LABOR ROOM	.168960		
41	RADIOLOGY-DIAGNOSTIC	.163526	1,299,072	212,432
41	01 NUCLEAR MEDICINE	.282110	104,831	29,574
41	02 ULTRASOUND	.196989	70,819	13,951
41	03 RADIATION THERAPY	.854636	10,215	8,730
44	LABORATORY	.211017	1,687,820	356,159
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.516672		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.260706	801,578	208,976
50	PHYSICAL THERAPY	.539099	234,383	126,356
51	OCCUPATIONAL THERAPY	.493468	34,825	17,185
52	SPEECH PATHOLOGY	.589236		
53	ELECTROCARDIOLOGY	.405176	312,100	126,455
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.201426	1,453,846	292,842
56	DRUGS CHARGED TO PATIENTS	.208195	3,186,961	663,509
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59	10 CATH LAB	.288354	724,947	209,041
	OUTPAT SERVICE COST CNTRS CLINIC	1.854742		
60	01 PSYCHIATRIC ANCILLARY SERVICES			
60	02 DENTAL CLINIC	.634589		
61	EMERGENCY	.397788	371,362	147,723
62	OBSERVATION BEDS (NON-DISTINCT PART)	.730768		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		11,869,768	3,150,595
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,869,768	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006
 COMPONENT NO: 15-S006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

OTHER

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		327,751	
31 01	SUBPROVIDER II			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.467760	90,325	42,250
39	DELIVERY ROOM & LABOR ROOM	.168960		
41	RADIOLOGY-DIAGNOSTIC	.163526	74,406	12,167
41 01	NUCLEAR MEDICINE	.282110	6,004	1,694
41 02	ULTRASOUND	.196989	4,056	799
41 03	RADIATION THERAPY	.854636	585	500
44	LABORATORY	.211017	96,672	20,399
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.516672		
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.260706	45,911	11,969
50	PHYSICAL THERAPY	.539099	13,425	7,237
51	OCCUPATIONAL THERAPY	.493468	1,995	984
52	SPEECH PATHOLOGY	.589236		
53	ELECTROCARDIOLOGY	.405176	17,876	7,243
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.201426	83,271	16,773
56	DRUGS CHARGED TO PATIENTS	.208195	182,538	38,003
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59 10	CATH LAB	.288354	41,522	11,973
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.854742		
60 01	PSYCHIATRIC ANCILLARY SERVICES			
60 02	DENTAL CLINIC	.634589		
61	EMERGENCY	.397788	21,270	8,461
62	OBSERVATION BEDS (NON-DISTINCT PART)	.730768		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		679,856	180,452
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		679,856	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006
 COMPONENT NO: 15-T006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 2

OTHER

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			
31	01 SUBPROVIDER II		368,917	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.467760	101,670	47,557
39	DELIVERY ROOM & LABOR ROOM	.168960		
41	RADIOLOGY-DIAGNOSTIC	.163526	83,752	13,696
41	01 NUCLEAR MEDICINE	.282110	6,759	1,907
41	02 ULTRASOUND	.196989	4,566	899
41	03 RADIATION THERAPY LABORATORY	.854636	659	563
44	LABORATORY	.211017	108,814	22,962
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.516672		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.260706	51,678	13,473
50	PHYSICAL THERAPY	.539099	15,111	8,146
51	OCCUPATIONAL THERAPY	.493468	2,245	1,108
52	SPEECH PATHOLOGY	.589236		
53	ELECTROCARDIOLOGY	.405176	20,121	8,153
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.201426	93,730	18,880
56	DRUGS CHARGED TO PATIENTS	.208195	205,464	42,777
57	RENAL DIALYSIS			
59	59 CANCER TREATMENT CENTER			
59	10 CATH LAB	.288354	46,738	13,477
	OUTPAT SERVICE COST CNTRS CLINIC	1.854742		
60	01 PSYCHIATRIC ANCILLARY SERVICES			
60	02 DENTAL CLINIC	.634589		
61	EMERGENCY	.397788	23,942	9,524
62	OBSERVATION BEDS (NON-DISTINCT PART)	.730768		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		765,249	203,122
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		765,249	

PROVIDER NO: 15-0006
 COMPONENT NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	16,822,959	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
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)	899,132	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	117.22	
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 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.15
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		11.86
4.02 SUM OF LINES 4 AND 4.01		14.01
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.21
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		708,247
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES 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

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
15-0006		PART A

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)		18,430,338
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)		18,430,338
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,630,378
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		20,060,716
17 PRIMARY PAYER PAYMENTS		6,434
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		20,054,282
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,852,950
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		39,248
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		285,843
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		200,090
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		283,791
22 SUBTOTAL		18,362,174
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		18,362,174
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		17,995,580
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		366,594
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		31
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
15-0006		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,759
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	12,126,865
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,493,945
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.793
1.04	LINE 1.01 TIMES LINE 1.03.	9,616,604
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	88.33
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)	1,759
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	8,447
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	8,447
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)	8,447
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	6,688
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,759
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,493,945
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,249,701
19	SUBTOTAL (SEE INSTRUCTIONS)	6,246,003
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	6,246,003
24	PRIMARY PAYER PAYMENTS	35
25	SUBTOTAL	6,245,968
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	352,474
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	246,732
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	349,462
28	SUBTOTAL	6,492,700
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	6,492,700
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,425,535
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	67,165
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
15-S006		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	42
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	42
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	203
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	203
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)	203
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	161
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	42
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	42
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	42
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	42
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	42
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	42
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	142
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-100
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
15-T006		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	47
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	47
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	224
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	224
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)	224
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	177
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	47
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	47
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	47
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	47
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	47
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	47
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	183
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-136
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
15-5297		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	304
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	304
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,458
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,458
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)	1,458
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,154
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	304
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	304
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	304
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	304
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	304
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	304
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	787
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-483
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0006
 COMPONENT NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17,762,704		6,246,373
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.		213,982		170,187
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	8/18/2008	18,894	8/18/2008	8,975
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		18,894		8,975
4 TOTAL INTERIM PAYMENTS		17,995,580		6,425,535
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)		366,594		67,165
7 TOTAL MEDICARE PROGRAM LIABILITY		18,362,174		6,492,700

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0006
 COMPONENT NO: 15-S006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	412,966	3	142
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		412,966		142
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		100
7 TOTAL MEDICARE PROGRAM LIABILITY		412,966		42

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0006
 COMPONENT NO: 15-T006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	1,382,427	3	183
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,382,427		183
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		17,176		136
7 TOTAL MEDICARE PROGRAM LIABILITY		1,365,251		47

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0006
 COMPONENT NO: 15-5297
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,769,397		787
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,769,397		787
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		483
7 TOTAL MEDICARE PROGRAM LIABILITY		1,769,397		304

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-S006		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	409,819
1.09	NET IPF PPS OUTLIER PAYMENTS	61,559
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)	3.415301
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	471,378
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)	471,378
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	471,378
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	471,378
7	DEDUCTIBLES	57,581
8	SUBTOTAL	413,797
9	COINSURANCE	831
10	SUBTOTAL	412,966
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	412,966
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)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-S006		PART I

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	412,966
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	412,966
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-T006
 PREPARED 6/15/2009
 WORKSHEET E-3
 PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	960,268
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0261
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	18,060
1.05	OUTLIER PAYMENTS	408,616
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,386,944
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3.844262
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,386,944
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,386,944
7	DEDUCTIBLES	13,016
8	SUBTOTAL	1,373,928
9	COINSURANCE	8,677
10	SUBTOTAL	1,365,251
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	1,365,251
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)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-T006		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,365,251
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,382,427
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-17,176
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-5297
 PREPARED 6/15/2009
 WORKSHEET E-3
 PART III

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
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
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			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	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			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 6/15/2009
	15-0006		FROM 1/ 1/2008		WORKSHEET E-3
	COMPONENT NO:		TO 12/31/2008		PART III
	15-5297				

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-S006
 PREPARED 6/15/2009
 WORKSHEET E-3
 PART III

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 6/15/2009
	15-0006		FROM 1/ 1/2008		WORKSHEET E-3
	COMPONENT NO:		TO 12/31/2008		PART III
	15-S006				

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-T006
 PREPARED 6/15/2009
 WORKSHEET E-3
 PART III

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

	TITLE XIX	SUBPROVIDER 2	OTHER 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			208,948	
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			208,948	
8	SUBTOTAL			
9			208,948	
	INPATIENT PRIMARY PAYER PAYMENTS			
	OUTPATIENT PRIMARY PAYER PAYMENTS			
			208,948	
	SUBTOTAL			
			208,948	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12			765,249	
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17			765,249	
18	TOTAL REASONABLE CHARGES			
19			765,249	
	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
21	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)			
22	RATIO OF LINE 17 TO LINE 18			
23			765,249	
24	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
25			556,301	
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
27			208,948	
28	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
29			208,948	
30	COST OF COVERED SERVICES			
31			208,948	
	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
38			208,948	
39	SUBTOTAL			
40			208,948	
41	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
42	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
43			208,948	
44	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
45			208,948	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
46	EXCESS OF REASONABLE COST			
47			208,948	
48	SUBTOTAL			
49			208,948	
50	COINSURANCE			
51	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
52	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
53	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
54	01			
55	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
56	02			
57	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
58	03			
59	UTILIZATION REVIEW			
60			208,948	
61	SUBTOTAL (SEE INSTRUCTIONS)			
62			208,948	
63	INPATIENT ROUTINE SERVICE COST			
64	MEDICARE INPATIENT ROUTINE CHARGES			
65	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
66	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
67	RATIO OF LINE 43 TO 44			
68			208,948	
69	TOTAL CUSTOMARY CHARGES			
70	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
71	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
72	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
73	OTHER ADJUSTMENTS (SPECIFY)			
74	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
75			208,948	
76	SUBTOTAL			
77			208,948	
78	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
79	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
80			208,948	
81	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
82			199,620	
83	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
84			199,620	
85	INTERIM PAYMENTS			
86	01			
87	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
88			9,328	
89	BALANCE DUE PROVIDER/PROGRAM			
90			9,328	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 6/15/2009
	15-0006		FROM 1/ 1/2008		WORKSHEET E-3
	COMPONENT NO:		TO 12/31/2008		PART III
	15-T006				

TITLE XIX

SUBPROVIDER 2

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

BALANCE SHEET

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	12,330,687			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	27,380,683			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	5,287,442			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	44,998,812			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	183,317,511			
14.01 LESS ACCUMULATED DEPRECIATION	-105,082,107			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	78,235,404			
OTHER ASSETS				
22 INVESTMENTS	64,639,351			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,284,069			
26 TOTAL OTHER ASSETS	65,923,420			
27 TOTAL ASSETS	189,157,636			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,306,408			
29 SALARIES, WAGES & FEES PAYABLE	8,551,466			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,452,719			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,031,318			
36 TOTAL CURRENT LIABILITIES	18,341,911			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	51,303,223			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	51,303,223			
43 TOTAL LIABILITIES	69,645,134			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	119,512,502			
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	119,512,502			
52 TOTAL LIABILITIES AND FUND BALANCES	189,157,636			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		142,318,009		
2	NET INCOME (LOSS)		-5,951,186		
3	TOTAL		136,366,823		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	CHANGE IN MINIMUM PENSION				
7	CONTRIBUTIONS FOR CAPITAL				
8	INTEREST IN LAPORTE FOUND				
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		136,366,823		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	OTHER CHANGES IN FUND BAL	4,240,971			
14	CHANGE IN DONATED PPE	287,271			
15	CHANGE IN ACCRUED BEN OBL	12,326,079			
16					
17					
18	TOTAL DEDUCTIONS		16,854,321		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		119,512,502		

		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	CHANGE IN MINIMUM PENSION				
7	CONTRIBUTIONS FOR CAPITAL				
8	INTEREST IN LAPORTE FOUND				
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	OTHER CHANGES IN FUND BAL				
14	CHANGE IN DONATED PPE				
15	CHANGE IN ACCRUED BEN OBL				
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	19,782,165		19,782,165
2 00 SUBPROVIDER	1,511,635		1,511,635
2 01 SUBPROVIDER II	1,357,210		1,357,210
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,533,579		3,533,579
7 00 NURSING FACILITY	1,387,587		1,387,587
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	27,572,176		27,572,176
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,225,412		9,225,412
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,225,412		9,225,412
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	36,797,588		36,797,588
17 00 ANCILLARY SERVICES	131,019,097		131,019,097
18 00 OUTPATIENT SERVICES		177,766,713	177,766,713
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
24 00 NRCC & PC		4,012,713	4,012,713
25 00 TOTAL PATIENT REVENUES	167,816,685	181,779,426	349,596,111

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		145,913,785	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT EXPENSE			
29 00 OTHER ENTITIES NOT ON COST REPORT			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 OTHER ENTITIES NOT ON COST REPORT	610,999		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		610,999	
40 00 TOTAL OPERATING EXPENSES		145,302,786	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/15/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	349,596,111
2	LESS: ALLOWANCES AND DISCOUNTS ON	195,781,070
3	NET PATIENT REVENUES	153,815,041
4	LESS: TOTAL OPERATING EXPENSES	145,302,786
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	8,512,255
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	-18,610,934
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	THERAPY CONTRACTS	
24.01	MEALS ON WHEELS	
24.02	SALE OF SCRAP	
24.03	OTHER DIETARY INCOME	
24.04	WELLNESS RESOURCE CENTER	
24.05	OTHER INCOME	4,147,494
24.06	OTHER NON OPERATING G & L	
25	TOTAL OTHER INCOME	-14,463,440
26	TOTAL	-5,951,185
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
27.01	OTHER NONOPERATING G/L	
27.02	OTHER EXPENSE ENTRY-PLUG	
28	ROUNDING	1
29		
30	TOTAL OTHER EXPENSES	1
31	NET INCOME (OR LOSS) FOR THE PERIO	-5,951,186

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-0006		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,419,664
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	169,828
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	55.22
	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	2.15
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	11.86
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	14.01
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	2.88
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	40,886
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,630,378
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)	

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-S006		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A SUBPROVIDER 1

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	55.22
	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	1.96
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	11.86
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	13.82
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	2.84
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2008	6/15/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-T006		PARTS I-IV
	FULLY PROSPECTIVE METHOD	

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A SUBPROVIDER 2

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	55.22
	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	2.61
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	11.86
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	14.47
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	2.97
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
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	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)	