

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 5
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0097	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/22/2009 TIME 15:58

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:
 MAJOR HOSPITAL 15-0097

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.

[Signature]
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 CFO

 ECR ENCRYPTION INFORMATION
 DATE: 5/22/2009 TIME 15:58

ZnCpSX03eqREzamFAEmn8uUNfTnS50
 9zFwk0G7VHvhNd2nAx.c9aFrOgTF9V
 xsgp0dfb2E0o32KN

TITLE
 5-26-2009

 PI ENCRYPTION INFORMATION
 DATE: 5/22/2009 TIME 15:58

kxBP31c.gTSEsL0r1FvWqi3b7CcmK0
 4MPLw0e1TORb1LmoEfkUF1.uMIhXL5
 ehvr56T6NL04vMXQ

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3	4		
1	HOSPITAL	0	83,206	23,601	318,846	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	83,206	23,601	318,846	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-2
 I I TO 12/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 150 WEST WASHINGTON ST P.O. BOX:
 1.01 CITY: SHELBYVILLE STATE: IN ZIP CODE: 46176- COUNTY: IN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	MAJOR HOSPITAL	15-0097	2.01	7/ 1/1966	N P O
09.00 HOSPITAL-BASED HHA	MAJOR HOSPITAL	15-7418		3/22/1995	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
 20 SUBPROVIDER

OTHER INFORMATION

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-2
 I I TO 12/31/2008 I

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

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0 0.0000 0.0000

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) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

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)?

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-2
 I I TO 12/31/2008 I

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

TITLE XIX INPATIENT SERVICES

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

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

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

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

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

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

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

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

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

- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 N 0
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

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

- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-2
I I TO 12/31/2008 I

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

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

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-3
I I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	48	2.01	3	4	4,858	790
2 HMO							1,134
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		48				4,858	790
6 INTENSIVE CARE UNIT		18				398	
12 TOTAL		66				5,256	790
13 RPCH VISITS							
18 HOME HEALTH AGENCY						4,944	
25 TOTAL		66					
26 OBSERVATION BED DAYS							288
27 AMBULANCE TRIPS						1,014	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL ADMITTED	TRIPS / TOTAL NOT ADMITTED	INTERNS & RES. FTES / TOTAL	RES. FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	9,253	6.01	6.02	7	8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			9,253				
6 INTENSIVE CARE UNIT			622				
12 TOTAL			9,875				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			6,441				
25 TOTAL							
26 OBSERVATION BED DAYS	20	268	1,260	158	1,102		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					1,289	637	2,698
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
12 TOTAL		496.58			1,289	637	2,698
13 RPCH VISITS							
18 HOME HEALTH AGENCY		9.93					
25 TOTAL		506.51					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	27,668,007		27,668,007	1,050,302.00	26.34	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,739,176	114,815	1,853,991	36,652.00	50.58	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	225,962		225,962	3,604.00	62.70	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	162,196		162,196	1,424.00	113.90	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,089,341		7,089,341			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	493,506		493,506			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	378,729		378,729	11,926.00	31.76	
22 ADMINISTRATIVE & GENERAL	4,807,091	-114,815	4,692,276	170,856.00	27.46	
22.01 A & G UNDER CONTRACT		142,318	142,318	1,508.00	94.38	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	627,029		627,029	30,924.00	20.28	
25 LAUNDRY & LINEN SERVICE	21,304		21,304	1,786.00	11.93	
26 HOUSEKEEPING	689,555		689,555	59,015.00	11.68	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	620,921	-434,867	186,054	12,981.00	14.33	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		434,867	434,867	31,701.00	13.72	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	496,066		496,066	12,855.00	38.59	
31 CENTRAL SERVICE AND SUPPLY	107,274	-107,274				
32 PHARMACY	677,356		677,356	21,485.00	31.53	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	536,096		536,096	31,445.00	17.05	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	27,668,007	142,318	27,810,325	1,051,810.00	26.44	
2 EXCLUDED AREA SALARIES	1,739,176	114,815	1,853,991	36,652.00	50.58	
3 SUBTOTAL SALARIES	25,928,831	27,503	25,956,334	1,015,158.00	25.57	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	388,158		388,158	5,028.00	77.20	
5 SUBTOTAL WAGE-RELATED COSTS	7,089,341		7,089,341		27.31	
6 TOTAL	33,406,330	27,503	33,433,833	1,020,186.00	32.77	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

IN LIEU OF FORM CMS-2552-96 (05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	8,961,421	-79,771	8,881,650	386,482.00	22.98	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-4
I HHA NO: I TO 12/31/2008 I
I 15-7418 I
I COUNTY: SHELBY I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	3,434	0	0
2 UNDUPLICATED CENSUS COUNT		262.00	33.00	62.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	3,434
2 UNDUPLICATED CENSUS COUNT	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.91		.91
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.89		1.89
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	4.28		4.28
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.24		.24
9 PHYSICAL THERAPY SUPERVISOR	.01	1.80	1.81
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.01		.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.44		1.44
17 HOME HEALTH AIDE SUPERVISOR			
18 OTHER	.01		.01

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? 1 1

20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). 2690 26900

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	2,183	58	69	71
22 SKILLED NURSING VISIT CHARGES	401,162	10,627	12,676	13,059
23 PHYSICAL THERAPY VISITS	1,414	0	4	43
24 PHYSICAL THERAPY VISIT CHARGES	269,684	0	758	8,171
25 OCCUPATIONAL THERAPY VISITS	170	0	1	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	31,445	0	185	0
27 SPEECH PATHOLOGY VISITS	16	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,008	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	4	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,020	0	0	0
31 HOME HEALTH AIDE VISITS	806	8	1	25
32 HOME HEALTH AIDE VISIT CHARGES	74,032	733	92	2,291
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,593	66	75	139
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	780,351	11,360	13,711	23,521
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,538	172	401	2,259

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL

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

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2008 I
 I 15-7418 I
 COUNTY: SHELBY

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,381
22 SKILLED NURSING VISIT CHARGES	0	0	437,524
23 PHYSICAL THERAPY VISITS	0	0	1,461
24 PHYSICAL THERAPY VISIT CHARGES	0	0	278,613
25 OCCUPATIONAL THERAPY VISITS	0	0	171
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	31,630
27 SPEECH PATHOLOGY VISITS	0	0	16
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,008
29 MEDICAL SOCIAL SERVICE VISITS	0	0	4
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,020
31 HOME HEALTH AIDE VISITS	0	0	840
32 HOME HEALTH AIDE VISIT CHARGES	0	0	77,148
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	4,873
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	828,943
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	12,370

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-10
 I I TO 12/31/2008 I
 I I I

DESCRIPTION

- 1 UNCOMPENSATED CARE INFORMATION
- 2 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 3 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
 LINES 2.01 THRU 2.04
- 2.01 IS IT AT THE TIME OF ADMISSION?
- 2.02 IS IT AT THE TIME OF FIRST BILLING?
- 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
- 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
 JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
 DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
 WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01
- 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
 SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
- 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
 ELIGIBILITY?
- 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
 CHARITY FROM BAD DEBT?
- 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
 CHARITY DETERMINATION?
- 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
 DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
 BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
 LEVEL? IF YES ANSWER 11.01 THRU 11.04
- 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
 POVERTY LEVEL?
- 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
 OF THE FEDERAL POVERTY LEVEL?
- 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
 OF THE FEDERAL POVERTY LEVEL?
- 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
 THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
 PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
 MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
 IF YES ANSWER LINES 14.01 AND 14.02
- 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
 COMPENSATED CARE?
- 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
 GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
 TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
 CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
 INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
 DIVIDED BY COLUMN 8, LINE 103) .371661
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
 (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET S-10
I I TO 12/31/2008 I
I I I

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET A
 I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
5	0500 OLD CAP REL COSTS-BLDG & FIXT		1,680,153	1,680,153		1,680,153
6.01	1160 EMPLOYEE BENEFITS	378,729	6,093,758	6,472,487		6,472,487
6.02	0620 COMMUNICATIONS				95,131	95,131
6.03	0630 DATA PROCESSING	691,525	1,402,393	2,093,918		2,093,918
6.04	0640 PURCHASING, RECEIVING AND STORES	156,035	96,749	252,784		252,784
6.05	0640 ADMITTING	545,623	57,438	603,061	-95,131	507,930
6.06	0650 CASHIERING/ACCOUNTS RECEIVABLE	488,631	503,102	991,733		991,733
8	0800 OTHER ADMINISTRATIVE AND GENERAL	2,925,277	2,044,507	4,969,784	-351,125	4,618,659
9	0800 OPERATION OF PLANT	627,029	1,085,762	1,712,791		1,712,791
10	0900 LAUNDRY & LINEN SERVICE	21,304	155,436	176,740		176,740
11	1000 HOUSEKEEPING	689,555	373,808	1,063,363		1,063,363
12	1100 DIETARY	620,921	560,791	1,181,712	-845,848	335,864
14	1200 CAFETERIA				845,848	845,848
15	1400 NURSING ADMINISTRATION	496,066	124,891	620,957		620,957
16	1500 CENTRAL SERVICES & SUPPLY	107,274	116,643	223,917	-187,851	36,066
17	1600 PHARMACY	677,356	3,766,116	4,443,472		4,443,472
25	1700 MEDICAL RECORDS & LIBRARY	536,096	567,067	1,103,163		1,103,163
26	2500 INPAT ROUTINE SRVC CNTRS	4,351,336	889,552	5,240,888	22,880	5,263,768
37	2600 ADULTS & PEDIATRICS	1,967,197	385,210	2,352,407		2,352,407
39	3700 INTENSIVE CARE UNIT	1,501,784	1,059,420	2,561,204	66,081	2,627,285
40	3900 ANESTHESIOLOGY	551,390	1,384,863	1,936,253		1,936,253
41	4000 OPERATING ROOM	1,707,433	2,229,349	3,936,782		3,936,782
43	4100 DELIVERY ROOM & LABOR ROOM					
43.01	4300 ANESTHESIOLOGY	826,970	1,247,543	2,074,513		2,074,513
43.02	3480 RADIOISOTOPE	349,959	779,771	1,129,730		1,129,730
44	4400 ONCOLOGY	1,436,353	2,291,422	3,727,775		3,727,775
49	4900 LABORATORY	628,336	159,995	788,331		788,331
49.01	4901 RESPIRATORY THERAPY	161,820	117,641	279,461		279,461
50	5000 SLEEP LAB	946,478	291,789	1,238,267		1,238,267
53	5300 PHYSICAL THERAPY	365,501	36,790	402,291		402,291
55	5500 ELECTROCARDIOLOGY	59,286	2,261,623	2,320,909		2,320,909
56	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS					
60	6000 DRUGS CHARGED TO PATIENTS	152,755	29,679	182,434		182,434
61	6100 OUTPAT SERVICE COST CNTRS	1,960,812	3,046,711	5,007,523	98,890	5,106,413
62	6200 CLINIC					
65	6500 EMERGENCY		984,779	984,779		984,779
67	6700 OBSERVATION BEDS (NON-DISTINCT PART)					
70	7000 OTHER REIMBURS COST CNTRS					
71	7100 AMBULANCE SERVICES	551,665	278,629	830,294		830,294
88	8800 DURABLE MEDICAL EQUIP-SOLD					
90	9000 I&R SERVICES-NOT APPRVD PRGM					
95	9500 HOME HEALTH AGENCY	26,480,496	36,103,380	62,583,876	-351,125	62,232,751
96	9600 SPEC PURPOSE COST CENTERS	25,853	2,864	28,717		28,717
96.01	9601 INTEREST EXPENSE					
96.02	9602 OTHER CAPITAL RELATED COSTS					
96.03	9603 SUBTOTALS					
96.04	9604 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.05	9605 SHELBY COUNTY MEDICAL CENTER					
96.06	9606 SICK CHILD CARE				351,125	351,125
96.07	9607 PRIVATE DUTY					
96.08	9608 ST. VINCENT'S STRESS					
96.09	9609 MARKETING					
96.10	9610 MH LIGHTBOUND					
96.11	9611 I-74 CAMPUS		940,326	940,326		940,326
96.12	9612 SOUTHEAST OB					
96.13	9613 INTELLIPLX DEVELOPMENT		134,188	134,188		134,188
96.14	9614 MS&M					
96.15	9615 OTHER NON-REIMBURSEABLE CENTERS					
96.16	9616 BARTLEY ORTHOPEDICS					
96.17	9617 SSA					
96.18	9618 SPORTSWORKS					
96.19	9619 SHELBY PEDS					
98	9800 HEALTHWORKS					
98.01	9801 IMA					
101	9801 MD SOLUTIONS		616,702	616,702		616,702
	9801 MHCD					
	9801 PHYSICIANS' PRIVATE OFFICES					
	9801 HOSPITALIST	1,161,658	109,251	1,270,909		1,270,909
	TOTAL	27,668,007	37,906,711	65,574,718	-0-	65,574,718

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 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	-419,347	1,260,806
5 0500	EMPLOYEE BENEFITS	-118,455	6,354,032
6.01 1160	COMMUNICATIONS	-3,861	91,270
6.02 0620	DATA PROCESSING	-45,068	2,048,850
6.03 0630	PURCHASING, RECEIVING AND STORES		252,784
6.04 0640	ADMITTING	-5,772	502,158
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	-42,576	949,157
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-822,731	3,795,928
8 0800	OPERATION OF PLANT		1,712,791
9 0900	LAUNDRY & LINEN SERVICE		176,740
10 1000	HOUSEKEEPING		1,063,363
11 1100	DIETARY	-193,039	142,825
12 1200	CAFETERIA	-403,602	442,246
14 1400	NURSING ADMINISTRATION	-69,390	551,567
15 1500	CENTRAL SERVICES & SUPPLY		36,066
16 1600	PHARMACY	-224,033	4,219,439
17 1700	MEDICAL RECORDS & LIBRARY	-18,767	1,084,396
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-31,273	5,232,495
26 2600	INTENSIVE CARE UNIT	-12,430	2,339,977
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-131,000	2,496,285
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY	-1,691,139	245,114
41 4100	RADIOLOGY-DIAGNOSTIC	-121,902	3,814,880
43 4300	RADIOISOTOPE		
43.01 3480	ONCOLOGY	-473,201	1,601,312
43.02 3230	CAT SCAN	-103,908	1,025,822
44 4400	LABORATORY		3,727,775
49 4900	RESPIRATORY THERAPY	-3,674	784,657
49.01 4901	SLEEP LAB		279,461
50 5000	PHYSICAL THERAPY	-110	1,238,157
53 5300	ELECTROCARDIOLOGY	-486	401,805
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-13,399	2,307,510
56 5600	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		182,434
61 6100	EMERGENCY	-2,564,566	2,541,847
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	668,495	1,653,274
67 6700	DURABLE MEDICAL EQUIP-SOLD		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		830,294
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,845,234	55,387,517
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,717
96.01 9601	SHELBY COUNTY MEDICAL CENTER		
96.02 9602	SICK CHILD CARE		
96.03 9603	PRIVATE DUTY		
96.04 9604	ST. VINCENT'S STRESS		
96.05 9605	MARKETING		351,125
96.06 9606	MH LIGHTBOUND		
96.07 9607	I-74 CAMPUS		940,326
96.08 9608	SOUTHEAST OB		
96.09 9609	INTELLIPLIX DEVELOPMENT		134,188
96.10 9610	MS&M		
96.11 9611	OTHER NON-REIMBURSEABLE CENTERS		
96.12 9612	BARTLEY ORTHOPEDICS		
96.13 9613	SSA		
96.14 9614	SPORTSWORKS		
96.15 9615	SHELBY PEDS		
96.16 9616	HEALTHWORKS		
96.17 9617	IMA		
96.18 9618	MD SOLUTIONS		
96.19 9619	MHCD		616,702
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	HOSPITALIST		1,270,909
101	TOTAL	-6,845,234	58,729,484

COST CENTERS USED IN COST REPORT

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
43.01	ONCOLOGY	3480	ONCOLOGY
43.02	CAT SCAN	3230	CAT SCAN
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SHELBY COUNTY MEDICAL CENTER	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	SICK CHILD CARE	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	PRIVATE DUTY	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	ST. VINCENT'S STRESS	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	MARKETING	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	MH LIGHTBOUND	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	I-74 CAMPUS	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	SOUTHEAST OB	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	INTELLIPLX DEVELOPMENT	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	MS&M	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	OTHER NON-REIMBURSEABLE CENTERS	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	BARTLEY ORTHOPEDICS	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	SSA	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.14	SPORTSWORKS	9614	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.15	SHELBY PEDS	9615	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.16	HEALTHWORKS	9616	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.17	IMA	9617	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.18	MD SOLUTIONS	9618	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.19	MHCD	9619	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	HOSPITALIST	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 150097	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/22/2009 WORKSHEET A-6
------------------------	--	-------------------------------------

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	INCREASE			
		LINE NO	SALARY	OTHER	
	1	2	3	4	5
1 CAFETERIA	A	CAFETERIA	12	434,867	410,981
2 COMMUNICATIONS	B	COMMUNICATIONS	6.01	95,131	
3 CS&R OTHER	C	ADULTS & PEDIATRICS	25	13,066	9,814
4		OPERATING ROOM	37	37,736	28,345
5		EMERGENCY	61	56,472	42,418
6 MARKETING	D	MARKETING	96.05	114,815	236,310
36 TOTAL RECLASSIFICATIONS				752,087	727,868

(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: 150097	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/22/2009 WORKSHEET A-6
------------------------	--	-------------------------------------

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1) COST CENTER	LINE NO	SALARY	OTHER	
1 CAFETERIA	A	11	434,867	410,981	
2 COMMUNICATIONS	B	6.04	95,131		
3 CS&R OTHER	C	15	107,274	80,577	
4					
5					
6 MARKETING	D	6.06	114,815	236,310	
36 TOTAL RECLASSIFICATIONS			752,087	727,868	

(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

RECLASS CODE: A
 EXPLANATION : CAFETERIA

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	845,848	11	DIETARY	845,848
TOTAL RECLASSIFICATIONS FOR CODE A		845,848			845,848

RECLASS CODE: B
 EXPLANATION : COMMUNICATIONS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	COMMUNICATIONS	95,131	6.04	ADMITTING	95,131
TOTAL RECLASSIFICATIONS FOR CODE B		95,131			95,131

RECLASS CODE: C
 EXPLANATION : CS&R OTHER

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	22,880	15	CENTRAL SERVICES & SUPPLY	187,851
2.00	OPERATING ROOM	66,081			0
3.00	EMERGENCY	98,890			0
TOTAL RECLASSIFICATIONS FOR CODE C		187,851			187,851

RECLASS CODE: D
 EXPLANATION : MARKETING

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MARKETING	351,125	6.06	OTHER ADMINISTRATIVE AND GENER	351,125
TOTAL RECLASSIFICATIONS FOR CODE D		351,125			351,125

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS

IN LIEU OF FORM CMS-2552-96(09/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET A-7
 I I TO 12/31/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND	4,937,621	1,568,449		1,568,449	3,273	6,502,797	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	41,305,718	2,481,859		2,481,859	14,214	43,773,363	
4	BUILDING IMPROVEMEN	1,512,838	15,254		15,254	175,913	1,352,179	
5	FIXED EQUIPMENT	31,603,741	2,956,199		2,956,199	4,089,721	30,470,219	
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	79,359,918	7,021,761		7,021,761	4,283,121	82,098,558	
8	RECONCILING ITEMS							
9	TOTAL	79,359,918	7,021,761		7,021,761	4,283,121	82,098,558	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL
 RECONCILIATION OF CAPITAL COSTS CENTERS

IN LIEU OF FORM CMS-2552-96(12/1999)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET A-7
 I I TO 12/31/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL	1,648,978		-388,172				1,260,806
5	TOTAL	1,648,978		-388,172				1,260,806

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL	1,680,153						1,680,153
5	TOTAL	1,680,153						1,680,153

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I IN LIEU OF FORM CMS-2552-96(05/1999)
 I 15-0097 I FROM 1/ 1/2008 I PREPARED 5/22/2009
 I I TO 12/31/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST.
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	4	A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-388,172	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-3,861	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,970,855			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	668,495			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-223,968	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 FOOD AND NUTRITION	B	-31,883	DIETARY	11	
38 DIABETIC	B	-69,390	NURSING ADMINISTRATION	14	
39 CAFETERIA - EMP	A	-179,634	CAFETERIA	12	
40 MH INFO. SYSTEMS CONTRACT LABOR	A	-45,068	DATA PROCESSING	6.02	
41 MH REGISTRATION CONTRACT LABOR	A	-5,772	ADMITTING	6.04	
42 MH PT FINANCE SVCS CONTRACT LABOR	A	-42,576	CASHIERING/ACCOUNTS RECEI	6.05	
43 MH ACCOUNTING CONTRACT LABOR	A	-135,708	OTHER ADMINISTRATIVE AND	6.06	
44 MH ADMINISTRATION CONTRACT LABOR	A	-265,368	OTHER ADMINISTRATIVE AND	6.06	
45 MH FOOD & NUTRIT. CONTRACT LABOR	A	-240	DIETARY	11	
46 MH COMM. OUTREACH CONTRACT LABOR	A	-30,000	ADULTS & PEDIATRICS	25	
47 MH RESP. THERAPY CONTRACT LABOR	A	-3,674	RESPIRATORY THERAPY	49	
48 MH OTHER REVENUES RENTAL INCOME	B	-28,407	OLD CAP REL COSTS-BLDG &	1	9
49 MH OTHER REVENUES PURCHASE DISCOUNTS	B	-4,954	OTHER ADMINISTRATIVE AND	6.06	
49.01 MH EDUCATION CLASS REVENUE	B	-10,669	OTHER ADMINISTRATIVE AND	6.06	
49.02 MH MDSOLUTIONS-ADM RENTAL INCOME	B	-32,331	OTHER ADMINISTRATIVE AND	6.06	
49.03 MH PHARMACY VENDOR REBATES	B	-224,033	PHARMACY	16	
49.04 MH OTHER REVENUES MED REC TRANS FEE	B	-990	MEDICAL RECORDS & LIBRARY	17	
49.05 MH OTHER REVENUES XEROX AND COPYING	B	-17,777	MEDICAL RECORDS & LIBRARY	17	
49.06 MH OTHER REVENUES BABY PHOTO INCOME	B	-608	ADULTS & PEDIATRICS	25	
49.07 MH ICU OTHER INCOME	B	-12,430	INTENSIVE CARE UNIT	26	
49.08 MH OPERATING ROOM VENDOR REBATES	B	-1,000	OPERATING ROOM	37	
49.09 MH CENTRAL SUPPLY VENDOR REBATES	B	-13,399	MEDICAL SUPPLIES CHARGED	55	
49.10 INVEST. INC - OLD CAP - B&F	B	-15,370	RADIOLOGY-DIAGNOSTIC	41	
49.11 INVEST. INC - OLD CAP - B&F	B	-75,108	CAT SCAN	43.02	
49.12 MEALS ON WHEELS	A	-160,916	DIETARY	11	
49.13 DEPR - OLD B&F	A	-2,768	OLD CAP REL COSTS-BLDG &	1	9
49.14 IHHA/AHA DUES	A	-5,430	OTHER ADMINISTRATIVE AND	6.06	
49.15 PROMOTIONAL GIFTS	A	-11,474	OTHER ADMINISTRATIVE AND	6.06	
49.16 PROMOTIONAL GIFTS	A	-665	ADULTS & PEDIATRICS	25	
49.17 PROMOTIONAL GIFTS	A	-137	ONCOLOGY	43.01	
49.18 PROMOTIONAL GIFTS	A	-486	ELECTROCARDIOLOGY	53	
49.19 ADVERTISING EXPENSE	A	-910	OTHER ADMINISTRATIVE AND	6.06	
49.20 ADVERTISING EXPENSE	A	-25	RADIOLOGY-DIAGNOSTIC	41	
49.21 ADVERTISING EXPENSE	A	-110	PHYSICAL THERAPY	50	
49.22 COMMUNITY OUTREACH	A	-355,887	OTHER ADMINISTRATIVE AND	6.06	
49.23 CONTRACT LABOR	A	-118,455	EMPLOYEE BENEFITS	5	
49.24 NURSE PRACTITIONER EXPENSE	A	-1,023,221	EMERGENCY	61	
49.25					
49.26					
49.27					
49.28					
49.29					
49.30					
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,845,234			

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET A-8
 I I TO 12/31/2008 I

DESCRIPTION (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	
	1	2	3	4	5
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,845,234			

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

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL
 STATEMENT OF COSTS OF SERVICES
 FROM RELATED ORGANIZATIONS AND
 HOME OFFICE COSTS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/1/2008 I
 I I TO 12/31/2008 I WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	65	AMBULANCE SERVICES	1,621,620	953,125	668,495	
2						
3						
4						
5		TOTALS	1,621,620	953,125	668,495	

* 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
G	SHELBY COUNTY AMBULANCE	100.00			0.00
		0.00			0.00
		0.00			0.00
		0.00			0.00
		0.00			0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	37 OPERATING ROOM	130,000	130,000					
2	40 ANESTHESIOLOGY	1,710,495	1,686,446	24,049	200,300	201	19,356	968
3	41 RADIOLOGY-DIAGNOSTIC	106,507	106,507					
4	43 1 ONCOLOGY	473,064	473,064					
5	43 2 CT SCAN	28,800	28,800					
6	44 LABORATORY	48,620		48,620	219,500	726	76,614	3,831
7	61 EMERGENCY	1,582,300	1,492,773	89,527	171,400	497	40,955	2,048
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,079,786	3,917,590	162,196		1,424	136,925	6,847

PROVIDER BASED PHYSICIAN ADJUSTMENTS

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	37 OPERATING ROOM							130,000
2	40 ANESTHESIOLOGY					19,356	4,693	1,691,139
3	41 RADIOLOGY-DIAGNOSTIC							106,507
4	43 1 ONCOLOGY							473,064
5	43 2 CT SCAN							28,800
6	44 LABORATORY					76,614		
7	61 EMERGENCY					40,955	48,572	1,541,345
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					136,925	53,265	3,970,855

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6.01	COMMUNICATIONS	7	TELEPHONES S	ENTERED
6.02	DATA PROCESSING	8	HARDWARE	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	PURCHASING G	ENTERED
6.04	ADMITTING	C	GROSS CHARGES	NOT ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-11	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	13	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	15	SQUARE FEET	ENTERED
11	DIETARY	16	PATIENT DAYS	ENTERED
12	CAFETERIA	17	MANHOURS	ENTERED
14	NURSING ADMINISTRATION	19	MANHOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	SUPPLIES	ENTERED
16	PHARMACY	21	COSTED REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL COSTS-BLDG & OSTS-1	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03	R ADMITTING 6.04
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	1,260,806	1,260,806					
005 EMPLOYEE BENEFITS	6,354,032	3,962	6,357,994				
006 01 COMMUNICATIONS	91,270	2,135	22,164	115,569			
006 02 DATA PROCESSING	2,048,850	16,398	161,115	2,775	2,229,138		
006 03 PURCHASING, RECEIVING AND	252,784	5,349	36,354	1,189	38,433	334,109	
006 04 ADMITTING	502,158	7,256	104,958	1,388	70,461	2,953	689,174
006 05 CASHIERING/ACCOUNTS RECEI	949,157	16,031	113,844	5,550		2,116	
006 06 OTHER ADMINISTRATIVE AND	3,795,928	118,761	654,795	4,163	160,139	4,462	
008 OPERATION OF PLANT	1,712,791	83,008	146,088	1,784	64,056	575	
009 LAUNDRY & LINEN SERVICE	176,740	4,072	4,964			4	
010 HOUSEKEEPING	1,063,363	1,886	160,656	595	25,622	4,537	
011 DIETARY	142,825	18,063	43,348	793	6,406	3,425	
012 CAFETERIA	442,246	28,606	101,317				
014 NURSING ADMINISTRATION	551,567	14,960	115,576	7,929	83,272	6,063	
015 CENTRAL SERVICES & SUPPLY	36,066	23,338				7,787	
016 PHARMACY	4,219,439	10,624	157,814	1,189	76,867	6,819	
017 MEDICAL RECORDS & LIBRARY	1,084,396	23,052	124,902	2,379	76,867	2,918	
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	5,232,495	173,567	1,016,841	9,121	352,306	52,406	48,606
026 INTENSIVE CARE UNIT	2,339,977	54,534	458,327	2,379	128,111	32,465	32,725
ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	2,496,285	72,311	358,685	6,343	70,461	43,922	50,467
039 DELIVERY ROOM & LABOR ROD							
040 ANESTHESIOLOGY	245,114	3,456	128,466			10,681	5,154
041 RADIOLOGY-DIAGNOSTIC	3,814,880	76,816	397,806	3,172	179,356	16,223	102,666
043 RADIOISOTOPE							
043 01 ONCOLOGY	1,601,312	275,231	192,672	7,533	307,467	13,715	39,061
043 02 CAT SCAN	1,025,822	2,935	81,535			5,403	63,782
044 LABORATORY	3,727,775	19,575	334,649	2,973	121,706	40,829	102,507
049 RESPIRATORY THERAPY	784,657	12,605	146,393			11,226	19,873
049 01 SLEEP LAB	279,461	46,765	37,702	1,189	12,811	1,379	3,995
050 PHYSICAL THERAPY	1,238,157	47,645	220,515	991	51,245	7,889	15,266
053 ELECTROCARDIOLOGY	401,805	5,759	85,156	1,586	51,245	2,396	10,688
055 MEDICAL SUPPLIES CHARGED	2,307,510		13,813			225	44,692
056 DRUGS CHARGED TO PATIENTS							68,043
OUTPAT SERVICE COST CNTRS							
060 CLINIC	182,434	36,662	35,590	5,154	64,056	1,055	1,431
061 EMERGENCY	2,541,847	38,892	469,997	3,568	185,762	38,280	73,558
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,653,274					7,279	6,660
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	830,294	10,455	128,530	2,181	83,272	2,754	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	55,387,517	1,254,709	6,054,572	75,924	2,209,921	329,786	689,174
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	28,717	4,688	6,023			80	
096 01 SHELBY COUNTY MEDICAL CEN				4,163			
096 02 SICK CHILD CARE							
096 03 PRIVATE DUTY							
096 04 ST. VINCENT'S STRESS							
096 05 MARKETING	351,125		26,750	396	19,217	4,188	
096 06 MH LIGHTBOUND							
096 07 I-74 CAMPUS	940,326			5,352		29	
096 08 SOUTHEAST OB							
096 09 INTELIPLEX DEVELOPMENT	134,188						
096 10 MS&M				991			
096 11 OTHER NON-REIMBURSEABLE C				7,136			
096 12 BARTLEY ORTHOPEDICS							
096 13 SSA				2,181			
096 14 SPORTSWORKS				1,982			
096 15 SHELBY PEDS				5,550			
096 16 HEALTHWORKS							
096 17 IMA				7,929			
096 18 MD SOLUTIONS				3,965		26	
096 19 MHCD	616,702						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPITALIST	1,270,909	1,409	270,649				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	58,729,484	1,260,806	6,357,994	115,569	2,229,138	334,109	689,174

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI	1,086,698						
006 06 OTHER ADMINISTRATIVE AND		4,738,248	4,738,248				
008 OPERATION OF PLANT		2,008,302	176,249	2,184,551			
009 LAUNDRY & LINEN SERVICE		185,780	16,304	9,467	211,551		
010 HOUSEKEEPING		1,256,659	110,284	4,384		1,371,327	
011 DIETARY		214,860	18,856	41,998	774	26,532	303,020
012 CAFETERIA		572,169	50,214	66,511		42,018	
014 NURSING ADMINISTRATION		779,367	68,397	24,888		15,723	
015 CENTRAL SERVICES & SUPPLY		67,191	5,897	54,263		34,280	
016 PHARMACY		4,472,752	392,529	24,377		15,400	
017 MEDICAL RECORDS & LIBRARY		1,314,514	115,362	57,880		36,565	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	76,648	6,961,990	610,962	394,973	65,340	249,522	284,060
026 INTENSIVE CARE UNIT	51,604	3,100,122	272,067	126,796	36,831	80,103	18,960
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	79,582	3,178,056	278,906	157,621	30,223	99,576	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	8,128	400,999	35,192	8,035		5,076	
041 RADIOLOGY-DIAGNOSTIC	161,827	4,752,746	417,101	178,603	24,362	112,831	
043 RADIOISOTOPE							
043 01 ONCOLOGY	61,596	2,498,587	219,276	589,921		372,677	
043 02 CAT SCAN	100,578	1,280,055	112,338	6,823		4,311	
044 LABORATORY	161,644	4,511,658	395,943	43,329	5,632	27,373	
049 RESPIRATORY THERAPY	31,338	1,006,092	88,295	31,012	1,316	19,592	
049 01 SLEEP LAB	6,299	389,601	34,191		2,325		
050 PHYSICAL THERAPY	24,074	1,605,782	140,923	110,778	315	69,983	
053 ELECTROCARDIOLOGY	16,855	575,490	50,505	13,391		8,460	
055 MEDICAL SUPPLIES CHARGED	70,475	2,436,715	213,846				
056 DRUGS CHARGED TO PATIENTS	107,297	175,340	15,388				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,256	328,638	28,841	101,447	1,251	64,089	
061 EMERGENCY	115,995	3,467,899	304,343	90,427	40,744	57,127	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	10,502	1,677,715	147,236				
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		1,057,486	92,805	24,308		15,357	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,086,698	55,014,813	4,412,250	2,161,232	209,113	1,356,595	303,020
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		39,508	3,467	23,319		14,732	
096 01 SHELBY COUNTY MEDICAL CEN		4,163	365				
096 02 SICK CHILD CARE							
096 03 PRIVATE DUTY							
096 04 ST. VINCENT'S STRESS							
096 05 MARKETING		401,676	35,251				
096 06 MH LIGHTBOUND							
096 07 I-74 CAMPUS		945,707	82,995				
096 08 SOUTHEAST OB							
096 09 INTELLIPIXEL DEVELOPMENT		134,188	11,776				
096 10 MS&M		991	87				
096 11 OTHER NON-REIMBURSEABLE C		7,136	626				
096 12 BARTLEY ORTHOPEDICS							
096 13 SSA		2,181	191				
096 14 SPORTSWORKS		1,982	174		2,438		
096 15 SHELBY PEDS		5,550	487				
096 16 HEALTHWORKS							
096 17 IMA		7,929	696				
096 18 MD SOLUTIONS		3,991	350				
096 19 MHCD		616,702	54,122				
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPITALIST		1,542,967	135,411				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,086,698	58,729,484	4,738,248	2,184,551	211,551	1,371,327	303,020

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	730,912						
014 NURSING ADMINISTRATION	13,762	902,137					
015 CENTRAL SERVICES & SUPPLY			161,631				
016 PHARMACY	23,001			4,928,059			
017 MEDICAL RECORDS & LIBRARY	33,694				1,558,015		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	171,307	302,184			109,886	9,150,224	
026 INTENSIVE CARE UNIT	74,945	132,203			73,982	3,916,009	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	63,134	111,370			114,093	4,032,979	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	7,486	13,206			11,653	481,647	
041 RADIOLOGY-DIAGNOSTIC	75,712				232,074	5,793,429	
043 RADIOISOTOPE							
043 01 ONCOLOGY	32,971	58,161			88,307	3,859,900	
043 02 CAT SCAN	7,571				144,193	1,555,291	
044 LABORATORY	74,247				231,741	5,289,923	
049 RESPIRATORY THERAPY	33,469	59,039			44,928	1,283,743	
049 01 SLEEP LAB		10,324			9,031	445,472	
050 PHYSICAL THERAPY	10,720				34,513	1,973,014	
053 ELECTROCARDIOLOGY	4,943	8,719			24,164	685,672	
055 MEDICAL SUPPLIES CHARGED	4,420		161,631		101,036	2,917,648	
056 DRUGS CHARGED TO PATIENTS				4,928,059	153,827	5,272,614	
OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,383	18,316			3,235	556,200	
061 EMERGENCY	73,611	129,850			166,296	4,330,297	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					15,056	1,840,007	
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		39,023				1,228,979	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	715,376	882,395	161,631	4,928,059	1,558,015	54,613,048	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						81,026	
096 01 SHELBY COUNTY MEDICAL CEN						4,528	
096 02 SICK CHILD CARE							
096 03 PRIVATE DUTY							
096 04 ST. VINCENT'S STRESS							
096 05 MARKETING	4,345					441,272	
096 06 MH LIGHTBOUND							
096 07 I-74 CAMPUS						1,028,702	
096 08 SOUTHEAST OB							
096 09 INTELLIplex DEVELOPMENT						145,964	
096 10 MS&M						1,078	
096 11 OTHER NON-REIMBURSEABLE C						7,762	
096 12 BARTLEY ORTHOPEDICS							
096 13 SSA						2,372	
096 14 SPORTSWORKS						4,594	
096 15 SHELBY PEDS						6,037	
096 16 HEALTHWORKS							
096 17 IMA						8,625	
096 18 MD SOLUTIONS						4,341	
096 19 MHCD						670,824	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPITALIST	11,191	19,742				1,709,311	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	730,912	902,137	161,631	4,928,059	1,558,015	58,729,484	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	TOTAL
	27
GENERAL SERVICE COST CNTR	
001 OLD CAP REL COSTS-BLDG &	
005 EMPLOYEE BENEFITS	
006 01 COMMUNICATIONS	
006 02 DATA PROCESSING	
006 03 PURCHASING, RECEIVING AND	
006 04 ADMITTING	
006 05 CASHIERING/ACCOUNTS RECEI	
006 06 OTHER ADMINISTRATIVE AND	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	9,150,224
026 INTENSIVE CARE UNIT	3,916,009
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	4,032,979
039 DELIVERY ROOM & LABOR ROO	
040 ANESTHESIOLOGY	481,647
041 RADIOLOGY-DIAGNOSTIC	5,793,429
043 RADIOISOTOPE	
043 01 ONCOLOGY	3,859,900
043 02 CAT SCAN	1,555,291
044 LABORATORY	5,289,923
049 RESPIRATORY THERAPY	1,283,743
049 01 SLEEP LAB	445,472
050 PHYSICAL THERAPY	1,973,014
053 ELECTROCARDIOLOGY	685,672
055 MEDICAL SUPPLIES CHARGED	2,917,648
056 DRUGS CHARGED TO PATIENTS	5,272,614
OUTPAT SERVICE COST CNTRS	
060 CLINIC	556,200
061 EMERGENCY	4,330,297
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
065 AMBULANCE SERVICES	1,840,007
067 DURABLE MEDICAL EQUIP-SOL	
070 I&R SERVICES-NOT APPRVD P	
071 HOME HEALTH AGENCY	1,228,979
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	54,613,048
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	81,026
096 01 SHELBY COUNTY MEDICAL CEN	4,528
096 02 SICK CHILD CARE	
096 03 PRIVATE DUTY	
096 04 ST. VINCENT'S STRESS	
096 05 MARKETING	441,272
096 06 MH LIGHTBOUND	
096 07 I-74 CAMPUS	1,028,702
096 08 SOUTHEAST OB	
096 09 INTELLIPLEX DEVELOPMENT	145,964
096 10 MS&M	1,078
096 11 OTHER NON-REIMBURSEABLE C	7,762
096 12 BARTLEY ORTHOPEDICS	
096 13 SSA	2,372
096 14 SPORTSWORKS	4,594
096 15 SHELBY PEDS	6,037
096 16 HEALTHWORKS	
096 17 IMA	8,625
096 18 MD SOLUTIONS	4,341
096 19 MHCD	670,824
098 PHYSICIANS' PRIVATE OFFIC	
098 01 HOSPITALIST	1,709,311
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	58,729,484

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA NG	PROCESSING	PURCHASING, RECEIVING AND
	0	1	4a	5	6.01		6.02	6.03
001 GENERAL SERVICE COST CNTR								
005 OLD CAP REL COSTS-BLDG &								
006 01 EMPLOYEE BENEFITS		3,962	3,962	3,962				
006 01 COMMUNICATIONS		2,135	2,135	14	2,149			
006 02 DATA PROCESSING		16,398	16,398	100	52		16,550	
006 03 PURCHASING, RECEIVING AND		5,349	5,349	23	22		285	5,679
006 04 ADMITTING		7,256	7,256	65	26		523	50
006 05 CASHIERING/ACCOUNTS RECEI		16,031	16,031	71	103			36
006 06 OTHER ADMINISTRATIVE AND		118,761	118,761	408	77		1,189	76
008 OPERATION OF PLANT		83,008	83,008	91	33		476	10
009 LAUNDRY & LINEN SERVICE		4,072	4,072	3				
010 HOUSEKEEPING		1,886	1,886	100	11		190	77
011 DIETARY		18,063	18,063	27	15		48	58
012 CAFETERIA		28,606	28,606	63				
014 NURSING ADMINISTRATION		14,960	14,960	72	147		618	103
015 CENTRAL SERVICES & SUPPLY		23,338	23,338					132
016 PHARMACY		10,624	10,624	98	22		571	116
017 MEDICAL RECORDS & LIBRARY		23,052	23,052	78	44		571	50
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS		173,567	173,567	637	172		2,615	891
026 INTENSIVE CARE UNIT		54,534	54,534	285	44		951	552
037 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM		72,311	72,311	223	118		523	746
040 DELIVERY ROOM & LABOR ROO								
041 ANESTHESIOLOGY		3,456	3,456	80				182
041 RADIOLOGY-DIAGNOSTIC		76,816	76,816	248	59		1,332	276
043 RADIOISOTOPE								
043 01 ONCOLOGY		275,231	275,231	120	140		2,283	233
043 02 CAT SCAN		2,935	2,935	51				92
044 LABORATORY		19,575	19,575	208	55		904	694
049 RESPIRATORY THERAPY		12,605	12,605	91				191
049 01 SLEEP LAB		46,765	46,765	23	22		95	23
050 PHYSICAL THERAPY		47,645	47,645	137	18		380	134
053 ELECTROCARDIOLOGY		5,759	5,759	53	29		380	41
055 MEDICAL SUPPLIES CHARGED				9				4
056 DRUGS CHARGED TO PATIENTS								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC		36,662	36,662	22	96		476	18
061 EMERGENCY		38,892	38,892	293	66		1,379	651
062 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
067 AMBULANCE SERVICES								124
070 DURABLE MEDICAL EQUIP-SOL								
071 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY		10,455	10,455	80	41		618	47
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS		1,254,709	1,254,709	3,773	1,412		16,407	5,607
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		4,688	4,688	4				1
096 01 SHELBY COUNTY MEDICAL CEN					77			
096 02 SICK CHILD CARE								
096 03 PRIVATE DUTY								
096 04 ST. VINCENT'S STRESS								
096 05 MARKETING				17	7		143	71
096 06 MH LIGHTBOUND								
096 07 I-74 CAMPUS					100			
096 08 SOUTHEAST OB								
096 09 INTELLIPIX DEVELOPMENT								
096 10 MS&M						18		
096 11 OTHER NON-REIMBURSEABLE C						133		
096 12 BARTLEY ORTHOPEDICS								
096 13 SSA						41		
096 14 SPORTSWORKS						37		
096 15 SHELBY PEDS						103		
096 16 HEALTHWORKS								
096 17 IMA						147		
096 18 MD SOLUTIONS						74		
096 19 MHCD								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 HOSPITALIST		1,409	1,409	168				
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		1,260,806	1,260,806	3,962	2,149		16,550	5,679

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.04	6.05	6.06	8	9	10	11
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING	7,920						
006 05 CASHIERING/ACCOUNTS RECEI		16,241					
006 06 OTHER ADMINISTRATIVE AND			120,511				
008 OPERATION OF PLANT			4,483	88,101			
009 LAUNDRY & LINEN SERVICE			415	382	4,872		
010 HOUSEKEEPING			2,805	177		5,246	
011 DIETARY			480	1,694	18	101	20,504
012 CAFETERIA			1,277	2,682		161	
014 NURSING ADMINISTRATION			1,740	1,004		60	
015 CENTRAL SERVICES & SUPPLY			150	2,188		131	
016 PHARMACY			9,983	983		59	
017 MEDICAL RECORDS & LIBRARY			2,934	2,334		140	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	557	1,145	15,541	15,929	1,505	955	19,221
026 INTENSIVE CARE UNIT	375	771	6,919	5,114	848	306	1,283
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	579	1,189	7,093	6,357	696	381	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	59	121	895	324		19	
041 RADIOLOGY-DIAGNOSTIC	1,197	2,426	10,608	7,203	561	432	
043 RADIOISOTOPE							
043 01 ONCOLOGY	448	920	5,577	23,791		1,426	
043 02 CAT SCAN	731	1,502	2,857	275		16	
044 LABORATORY	1,175	2,414	10,070	1,747	130	105	
049 RESPIRATORY THERAPY	228	468	2,246	1,251	30	75	
049 01 SLEEP LAB	46	94	870		54		
050 PHYSICAL THERAPY	175	360	3,584	4,468	7	268	
053 ELECTROCARDIOLOGY	123	252	1,284	540		32	
055 MEDICAL SUPPLIES CHARGED	512	1,053	5,439				
056 DRUGS CHARGED TO PATIENTS	780	1,603	391				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	16	34	734	4,091	29	245	
061 EMERGENCY	843	1,732	7,740	3,647	938	219	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	76	157	3,745				
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY			2,360	980		59	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,920	16,241	112,220	87,161	4,816	5,190	20,504
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			88	940		56	
096 01 SHELBY COUNTY MEDICAL CEN			9				
096 02 SICK CHILD CARE							
096 03 PRIVATE DUTY							
096 04 ST. VINCENT'S STRESS							
096 05 MARKETING			897				
096 06 MH LIGHTBOUND							
096 07 I-74 CAMPUS			2,111				
096 08 SOUTHEAST OB							
096 09 INTELLIPIX DEVELOPMENT			300				
096 10 MS&M			2				
096 11 OTHER NON-REIMBURSEABLE C			16				
096 12 BARTLEY ORTHOPEDICS							
096 13 SSA			5				
096 14 SPORTSWORKS			4		56		
096 15 SHELBY PEDS			12				
096 16 HEALTHWORKS							
096 17 IMA			18				
096 18 MD SOLUTIONS			9				
096 19 MHCD			1,376				
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPITALIST			3,444				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,920	16,241	120,511	88,101	4,872	5,246	20,504

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16		SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	32,789						
014 NURSING ADMINISTRATION	617	19,321					
015 CENTRAL SERVICES & SUPPLY			25,939				
016 PHARMACY	1,032			23,488			
017 MEDICAL RECORDS & LIBRARY	1,512				30,715		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,685	6,472			2,168	249,060	
026 INTENSIVE CARE UNIT	3,362	2,831			1,460	79,635	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,832	2,385			2,251	97,684	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	336	283			230	5,985	
041 RADIOLOGY-DIAGNOSTIC	3,396				4,555	109,109	
043 RADIOISOTOPE							
043 01 ONCOLOGY	1,479	1,246			1,742	314,636	
043 02 CAT SCAN	340				2,845	11,644	
044 LABORATORY	3,331				4,572	44,980	
049 RESPIRATORY THERAPY	1,501	1,264			886	20,836	
049 01 SLEEP LAB		221			178	48,391	
050 PHYSICAL THERAPY	481				681	58,338	
053 ELECTROCARDIOLOGY	222	187			477	9,379	
055 MEDICAL SUPPLIES CHARGED	198		25,939		1,993	35,147	
056 DRUGS CHARGED TO PATIENTS				23,488	3,035	29,297	
OUTPAT SERVICE COST CNTRS							
060 CLINIC	466	392			64	43,345	
061 EMERGENCY	3,302	2,781			3,281	65,764	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					297	4,399	
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		836				15,476	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	32,092	18,898	25,939	23,488	30,715	1,243,105	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						5,777	
096 01 SHELBY COUNTY MEDICAL CEN						86	
096 02 SICK CHILD CARE							
096 03 PRIVATE DUTY							
096 04 ST. VINCENT'S STRESS							
096 05 MARKETING	195					1,330	
096 06 MH LIGHTBOUND							
096 07 I-74 CAMPUS						2,211	
096 08 SOUTHEAST OB							
096 09 INTELLIPLEX DEVELOPMENT						300	
096 10 MS&M						20	
096 11 OTHER NON-REIMBURSEABLE C						149	
096 12 BARTLEY ORTHOPEDICS							
096 13 SSA						46	
096 14 SPORTSWORKS						97	
096 15 SHELBY PEDS						115	
096 16 HEALTHWORKS							
096 17 IMA						165	
096 18 MD SOLUTIONS						83	
096 19 MHCD						1,376	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPITALIST	502	423				5,946	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	32,789	19,321	25,939	23,488	30,715	1,260,806	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B
 I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION		TOTAL
		27
	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
005	EMPLOYEE BENEFITS	
006	01 COMMUNICATIONS	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 ADMITTING	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	249,060
026	INTENSIVE CARE UNIT	79,635
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	97,684
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	5,985
041	RADIOLOGY-DIAGNOSTIC	109,109
043	RADIOISOTOPE	
043	01 ONCOLOGY	314,636
043	02 CAT SCAN	11,644
044	LABORATORY	44,980
049	RESPIRATORY THERAPY	20,836
049	01 SLEEP LAB	48,391
050	PHYSICAL THERAPY	58,338
053	ELECTROCARDIOLOGY	9,379
055	MEDICAL SUPPLIES CHARGED	35,147
056	DRUGS CHARGED TO PATIENTS	29,297
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	43,345
061	EMERGENCY	65,764
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	4,399
067	DURABLE MEDICAL EQUIP-SOL	
070	I&R SERVICES-NOT APPRVD P	
071	HOME HEALTH AGENCY	15,476
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	1,243,105
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	5,777
096	01 SHELBY COUNTY MEDICAL CEN	86
096	02 SICK CHILD CARE	
096	03 PRIVATE DUTY	
096	04 ST. VINCENT'S STRESS	
096	05 MARKETING	1,330
096	06 MH LIGHTBOUND	
096	07 I-74 CAMPUS	2,211
096	08 SOUTHEAST OB	
096	09 INTELLIPLEX DEVELOPMENT	300
096	10 MS&M	20
096	11 OTHER NON-REIMBURSEABLE C	149
096	12 BARTLEY ORTHOPEDICS	
096	13 SSA	46
096	14 SPORTSWORKS	97
096	15 SHELBY PEDS	115
096	16 HEALTHWORKS	
096	17 IMA	165
096	18 MD SOLUTIONS	83
096	19 MHCD	1,376
098	PHYSICIANS' PRIVATE OFFIC	
098	01 HOSPITALIST	5,946
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	1,260,806

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	EMPLOYEE BENE	COMMUNICATION	DATA PROCESSI	PURCHASING, R	ADMITTING
	OSTS-BLDG &	FITS	S	NG	ECEIVING AND	
	(SQUARE FEET	(GROSS SALARIES)	(TELEPHONES)	(HARDWARE)	(PURCHASING)	(GROSS CHARGES)
	1	5	6.01	6.02	6.03	6.04
001 GENERAL SERVICE COST						
005 OLD CAP REL COSTS-BLD	171,847					
006 EMPLOYEE BENEFITS	540	27,289,278				
006 01 COMMUNICATIONS	291	95,131	583			
006 02 DATA PROCESSING	2,235	691,525	14	348		
006 03 PURCHASING, RECEIVING	729	156,035	6	6	1,372,289	
006 04 ADMITTING	989	450,492	7	11	12,128	143,636,359
006 05 CASHIERING/ACCOUNTS R	2,185	488,631	28		8,692	
006 06 OTHER ADMINISTRATIVE	16,187	2,810,462	21	25	18,326	
008 OPERATION OF PLANT	11,314	627,029	9	10	2,360	
009 LAUNDRY & LINEN SERVI	555	21,304			17	
010 HOUSEKEEPING	257	689,555	3	4	18,634	
011 DIETARY	2,462	186,054	4	1	14,066	
012 CAFETERIA	3,899	434,867				
014 NURSING ADMINISTRATIO	2,039	496,066	40	13	24,903	
015 CENTRAL SERVICES & SU	3,181				31,984	
016 PHARMACY	1,448	677,356	6	12	28,007	
017 MEDICAL RECORDS & LIB	3,142	536,096	12	12	11,986	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	23,657	4,364,402	46	55	215,249	10,130,532
037 INTENSIVE CARE UNIT	7,433	1,967,197	12	20	133,343	6,820,532
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM	9,856	1,539,520	32	11	180,401	10,518,355
041 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY	471	551,390			43,869	1,074,273
043 RADIOLOGY-DIAGNOSTIC	10,470	1,707,433	16	28	66,633	21,396,157
043 RADIOISOTOPE						
043 01 ONCOLOGY	37,514	826,970	38	48	56,331	8,141,147
043 02 CAT SCAN	400	349,959			22,190	13,293,356
044 LABORATORY	2,668	1,436,353	15	19	167,697	21,364,517
049 RESPIRATORY THERAPY	1,718	628,336			46,109	4,141,987
049 01 SLEEP LAB	6,374	161,820	6	2	5,664	832,559
050 PHYSICAL THERAPY	6,494	946,478	5	8	32,404	3,181,816
053 ELECTROCARDIOLOGY	785	365,501	8	8	9,842	2,227,695
055 MEDICAL SUPPLIES CHAR		59,286			925	9,314,640
056 DRUGS CHARGED TO PATI						14,181,517
060 OUTPAT SERVICE COST C						
061 CLINIC	4,997	152,755	26	10	4,333	298,225
062 EMERGENCY	5,301	2,017,284	18	29	157,227	15,331,024
065 OBSERVATION BEDS (NON						
067 OTHER REIMBURS COST C						
070 AMBULANCE SERVICES					29,899	1,388,027
071 DURABLE MEDICAL EQUIP						
071 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY	1,425	551,665	11	13	11,311	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	171,016	25,986,952	383	345	1,354,530	143,636,359
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	639	25,853			330	
096 01 SHELBY COUNTY MEDICAL			21			
096 02 SICK CHILD CARE						
096 03 PRIVATE DUTY						
096 04 ST. VINCENT'S STRESS						
096 05 MARKETING		114,815	2	3	17,201	
096 06 MH LIGHTBOUND						
096 07 I-74 CAMPUS			27		120	
096 08 SOUTHEAST OB						
096 09 INTELLIPLEX DEVELOPME						
096 10 MS&M			5			
096 11 OTHER NON-REIMBURSEAB			36			
096 12 BARTLEY ORTHOPEDICS						
096 13 SSA			11			
096 14 SPORTSWORKS			10			
096 15 SHELBY PEDS			28			
096 16 HEALTHWORKS						
096 17 IMA			40			
096 18 MD SOLUTIONS			20		108	
096 19 MHCD						
098 PHYSICIANS' PRIVATE O						
098 01 HOSPITALIST	192	1,161,658				
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,260,806	6,357,994	115,569	2,229,138	334,109	689,174
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	7.336794		198.231561		.243468	
(WRKSHT B, PT I)		.232985		6,405.568966		.004798
105 COST TO BE ALLOCATED		3,962	2,149	16,550	5,679	7,920
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER		.000145	3.686106	47.557471	.004138	.000055
(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	EMPLOYEE FITS (BENE S GROSS SALARIES)	COMMUNICATION S (TELEPHONES)	DATA PROCESSI NG (HARDWARE)	PURCHASING, R ECEIVING AND (PURCHASING)G	ADMITTING (GROSS CHARGES)
	(SQUARE FEET						
107 COST TO BE ALLOCATED (WRKSH T B, PART III	1		5	6.01	6.02	6.03	6.04
108 UNIT COST MULTIPLIER (WRKSH T B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS TRATIVE AND OPERATION OF PLANT		LAUNDRY & LIN EN SERVICE		DIETARY
	(GROSS CHARGES)	RECONCIL- IATION	(ACCUM. COST)	(SQUARE)FEET	(POUNDS OF)LAUNDRY	(SQUARE)FEET	(PATIENT)DAYS
	6.05	6a.06	6.06	8	9	10	11
001 GENERAL SERVICE COST							
005 OLD CAP REL COSTS-BLD							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R	143,636,359						
006 06 OTHER ADMINISTRATIVE		-4,738,248	53,991,236				
008 OPERATION OF PLANT			2,008,302	128,062			
009 LAUNDRY & LINEN SERVI			185,780	555	360,314		
010 HOUSEKEEPING			1,256,659	257		127,250	
011 DIETARY			214,860	2,462	1,319	2,462	9,941
012 CAFETERIA			572,169	3,899		3,899	
014 NURSING ADMINISTRATIO			779,367	1,459		1,459	
015 CENTRAL SERVICES & SU			67,191	3,181		3,181	
016 PHARMACY			4,472,752	1,429		1,429	
017 MEDICAL RECORDS & LIB			1,314,514	3,393		3,393	
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	10,130,532		6,961,990	23,154	111,286	23,154	9,319
026 INTENSIVE CARE UNIT	6,820,532		3,100,122	7,433	62,731	7,433	622
037 ANCILLARY SRVC COST C							
039 OPERATING ROOM	10,518,355		3,178,056	9,240	51,476	9,240	
040 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	1,074,273		400,999	471		471	
041 RADIOLOGY-DIAGNOSTIC	21,396,157		4,752,746	10,470	41,493	10,470	
043 RADIOISOTOPE							
043 01 ONCOLOGY	8,141,147		2,498,587	34,582		34,582	
043 02 CAT SCAN	13,293,356		1,280,055	400		400	
044 LABORATORY	21,364,517		4,511,658	2,540	9,592	2,540	
049 RESPIRATORY THERAPY	4,141,987		1,006,092	1,818	2,241	1,818	
049 01 SLEEP LAB	832,559		389,601		3,960		
050 PHYSICAL THERAPY	3,181,816		1,605,782	6,494	537	6,494	
053 ELECTROCARDIOLOGY	2,227,695		575,490	785		785	
055 MEDICAL SUPPLIES CHAR	9,314,640		2,436,715				
056 DRUGS CHARGED TO PATI	14,181,517		175,340				
060 OUTPAT SERVICE COST C							
061 CLINIC	298,225		328,638	5,947	2,131	5,947	
061 EMERGENCY	15,331,024		3,467,899	5,301	69,395	5,301	
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	1,388,027		1,677,715				
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY			1,057,486	1,425		1,425	
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	143,636,359	-4,738,248	50,276,565	126,695	356,161	125,883	9,941
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			39,508	1,367		1,367	
096 01 SHELBY COUNTY MEDICAL			4,163				
096 02 SICK CHILD CARE							
096 03 PRIVATE DUTY							
096 04 ST. VINCENT'S STRESS							
096 05 MARKETING			401,676				
096 06 MH LIGHTBOUND							
096 07 I-74 CAMPUS			945,707				
096 08 SOUTHEAST OB							
096 09 INTELLIPLEX DEVELOPME			134,188				
096 10 MS&M			991				
096 11 OTHER NON-REIMBURSEAB			7,136				
096 12 BARTLEY ORTHOPEDICS							
096 13 SSA			2,181				
096 14 SPORTSWORKS			1,982		4,153		
096 15 SHELBY PEDS			5,550				
096 16 HEALTHWORKS							
096 17 IMA			7,929				
096 18 MD SOLUTIONS			3,991				
096 19 MHCD			616,702				
098 PHYSICIANS' PRIVATE O							
098 01 HOSPITALIST			1,542,967				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,086,698		4,738,248	2,184,551	211,551	1,371,327	303,020
103 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				17.058542		10.776637	
104 (WRKSHT B, PT I)	.007566		.087760		.587130		30.481843
105 COST TO BE ALLOCATED	16,241		120,511	88,101	4,872	5,246	20,504
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER				.687956		.041226	
106 (WRKSHT B, PT II)	.000113		.002232		.013522		2.062569

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	CENTRAL SERVICES & SUPPLIES (SUPPLIES)	PHARMACY (COSTED REQUISITIO)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	12	14	15	16	17
001 GENERAL SERVICE COST					
005 OLD CAP REL COSTS-BLD					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS R					
006 06 OTHER ADMINISTRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA	682,746				
014 NURSING ADMINISTRATIO	12,855	477,712			
015 CENTRAL SERVICES & SU			100		
016 PHARMACY	21,485			100	
017 MEDICAL RECORDS & LIB	31,474				143,636,359
025 ADULTS & PEDIATRICS	160,017	160,017			10,130,532
026 INTENSIVE CARE UNIT	70,006	70,006			6,820,532
037 ANCILLARY SRVC COST C					
039 OPERATING ROOM	58,974	58,974			10,518,355
040 DELIVERY ROOM & LABOR					
044 ANESTHESIOLOGY	6,993	6,993			1,074,273
041 RADIOLOGY-DIAGNOSTIC	70,723				21,396,157
043 RADIOISOTOPE					
043 01 ONCOLOGY	30,798	30,798			8,141,147
043 02 CAT SCAN	7,072				13,293,356
044 LABORATORY	69,354				21,364,517
049 RESPIRATORY THERAPY	31,263	31,263			4,141,987
049 01 SLEEP LAB		5,467			832,559
050 PHYSICAL THERAPY	10,014				3,181,816
053 ELECTROCARDIOLOGY	4,617	4,617			2,227,695
055 MEDICAL SUPPLIES CHAR	4,129		100		9,314,640
056 DRUGS CHARGED TO PATI				100	14,181,517
060 OUTPAT SERVICE COST C					
061 CLINIC	9,699	9,699			298,225
062 EMERGENCY	68,760	68,760			15,331,024
065 OBSERVATION BEDS (NON					
067 OTHER REIMBURS COST C					
067 AMBULANCE SERVICES					1,388,027
070 DURABLE MEDICAL EQUIP					
071 I&R SERVICES-NOT APPR		20,664			
095 HOME HEALTH AGENCY					
SPEC PURPOSE COST CEN					
SUBTOTALS	668,233	467,258	100	100	143,636,359
096 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
096 01 SHELBY COUNTY MEDICAL					
096 02 SICK CHILD CARE					
096 03 PRIVATE DUTY					
096 04 ST. VINCENT'S STRESS					
096 05 MARKETING	4,059				
096 06 MH LIGHTBOUND					
096 07 I-74 CAMPUS					
096 08 SOUTHEAST OB					
096 09 INTELLIPLEX DEVELOPME					
096 10 MS&M					
096 11 OTHER NON-REIMBURSEAB					
096 12 BARTLEY ORTHOPEDICS					
096 13 SSA					
096 14 SPORTSWORKS					
096 15 SHELBY PEDS					
096 16 HEALTHWORKS					
096 17 IMA					
096 18 MD SOLUTIONS					
096 19 MHCD					
098 PHYSICIANS' PRIVATE O					
098 01 HOSPITALIST	10,454	10,454			
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	730,912	902,137	161,631	4,928,059	1,558,015
(PER WRKSHT B, PART					
UNIT COST MULTIPLIER		1.888454		49,280.590000	
(WRKSHT B, PT I)	1.070547		1,616.310000		.010847
105 COST TO BE ALLOCATED	32,789	19,321	25,939	23,488	30,715
(PER WRKSHT B, PART					
UNIT COST MULTIPLIER		.040445		234.880000	
(WRKSHT B, PT II)	.048025		259.390000		.000214

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR
	(MANHOURS)	(MANHOURS)	(SUPPLIES)	(COSTED)REQUISITIO	(GROSS) CHARGES)
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	12	14	15	16	17
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	9,150,224		9,150,224		9,150,224
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	3,916,009		3,916,009		3,916,009
37	OPERATING ROOM	4,032,979		4,032,979		4,032,979
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	481,647		481,647	4,693	486,340
41	RADIOLOGY-DIAGNOSTIC	5,793,429		5,793,429		5,793,429
43	RADIOISOTOPE					
43	01 ONCOLOGY	3,859,900		3,859,900		3,859,900
43	02 CAT SCAN	1,555,291		1,555,291		1,555,291
44	LABORATORY	5,289,923		5,289,923		5,289,923
49	RESPIRATORY THERAPY	1,283,743		1,283,743		1,283,743
49	01 SLEEP LAB	445,472		445,472		445,472
50	PHYSICAL THERAPY	1,973,014		1,973,014		1,973,014
53	ELECTROCARDIOLOGY	685,672		685,672		685,672
55	MEDICAL SUPPLIES CHARGED	2,917,648		2,917,648		2,917,648
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	5,272,614		5,272,614		5,272,614
60	CLINIC	556,200		556,200		556,200
61	EMERGENCY	4,330,297		4,330,297	48,572	4,378,869
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,096,666		1,096,666		1,096,666
65	AMBULANCE SERVICES	1,840,007		1,840,007		1,840,007
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	54,480,735		54,480,735	53,265	54,534,000
102	LESS OBSERVATION BEDS	1,096,666		1,096,666		1,096,666
103	TOTAL	53,384,069		53,384,069	53,265	53,437,334

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,232,061		8,232,061			
26	INTENSIVE CARE UNIT	6,820,532		6,820,532			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,613,508	7,904,847	10,518,355	.383423	.383423	.383423
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	104,415	969,858	1,074,273	.448347	.448347	.452715
41	RADIOLOGY-DIAGNOSTIC	2,475,279	18,920,878	21,396,157	.270770	.270770	.270770
43	RADIOISOTOPE						
43 01	ONCOLOGY	48,248	8,092,899	8,141,147	.474122	.474122	.474122
43 02	CAT SCAN	2,190,944	11,102,412	13,293,356	.116998	.116998	.116998
44	LABORATORY	5,279,657	16,084,860	21,364,517	.247603	.247603	.247603
49	RESPIRATORY THERAPY	3,396,667	745,320	4,141,987	.309934	.309934	.309934
49 01	SLEEP LAB		832,559	832,559	.535064	.535064	.535064
50	PHYSICAL THERAPY	543,627	2,638,189	3,181,816	.620091	.620091	.620091
53	ELECTROCARDIOLOGY	446,094	1,781,601	2,227,695	.307794	.307794	.307794
55	MEDICAL SUPPLIES CHARGED	3,392,828	5,921,812	9,314,640	.313233	.313233	.313233
56	DRUGS CHARGED TO PATIENTS	3,901,057	10,280,460	14,181,517	.371795	.371795	.371795
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	567	297,658	298,225	1.865035	1.865035	1.865035
61	EMERGENCY	2,026,221	13,304,803	15,331,024	.282453	.282453	.285621
62	OBSERVATION BEDS (NON-DIS		1,898,471	1,898,471	.577657	.577657	.577657
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	254,051	1,133,976	1,388,027	1.325628	1.325628	1.325628
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	41,725,756	101,910,603	143,636,359			
102	LESS OBSERVATION BEDS						
103	TOTAL	41,725,756	101,910,603	143,636,359			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET C
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	9,150,224		9,150,224		9,150,224
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	3,916,009		3,916,009		3,916,009
37	OPERATING ROOM	4,032,979		4,032,979		4,032,979
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	481,647		481,647	4,693	486,340
41	RADIOLOGY-DIAGNOSTIC	5,793,429		5,793,429		5,793,429
43	RADIOISOTOPE					
43	01 ONCOLOGY	3,859,900		3,859,900		3,859,900
43	02 CAT SCAN	1,555,291		1,555,291		1,555,291
44	LABORATORY	5,289,923		5,289,923		5,289,923
49	RESPIRATORY THERAPY	1,283,743		1,283,743		1,283,743
49	01 SLEEP LAB	445,472		445,472		445,472
50	PHYSICAL THERAPY	1,973,014		1,973,014		1,973,014
53	ELECTROCARDIOLOGY	685,672		685,672		685,672
55	MEDICAL SUPPLIES CHARGED	2,917,648		2,917,648		2,917,648
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	5,272,614		5,272,614		5,272,614
60	CLINIC	556,200		556,200		556,200
61	EMERGENCY	4,330,297		4,330,297	48,572	4,378,869
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,096,666		1,096,666		1,096,666
65	AMBULANCE SERVICES	1,840,007		1,840,007		1,840,007
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	54,480,735		54,480,735	53,265	54,534,000
102	LESS OBSERVATION BEDS	1,096,666		1,096,666		1,096,666
103	TOTAL	53,384,069		53,384,069	53,265	53,437,334

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET C
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	8,232,061		8,232,061			
26	INTENSIVE CARE UNIT	6,820,532		6,820,532			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	2,613,508	7,904,847	10,518,355	.383423	.383423	.383423
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	104,415	969,858	1,074,273	.448347	.448347	.452715
41	RADIOLOGY-DIAGNOSTIC	2,475,279	18,920,878	21,396,157	.270770	.270770	.270770
43	RADIOISOTOPE						
43 01	ONCOLOGY	48,248	8,092,899	8,141,147	.474122	.474122	.474122
43 02	CAT SCAN	2,190,944	11,102,412	13,293,356	.116998	.116998	.116998
44	LABORATORY	5,279,657	16,084,860	21,364,517	.247603	.247603	.247603
49	RESPIRATORY THERAPY	3,396,667	745,320	4,141,987	.309934	.309934	.309934
49 01	SLEEP LAB		832,559	832,559	.535064	.535064	.535064
50	PHYSICAL THERAPY	543,627	2,638,189	3,181,816	.620091	.620091	.620091
53	ELECTROCARDIOLOGY	446,094	1,781,601	2,227,695	.307794	.307794	.307794
55	MEDICAL SUPPLIES CHARGED	3,392,828	5,921,812	9,314,640	.313233	.313233	.313233
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	3,901,057	10,280,460	14,181,517	.371795	.371795	.371795
60	CLINIC	567	297,658	298,225	1.865035	1.865035	1.865035
61	EMERGENCY	2,026,221	13,304,803	15,331,024	.282453	.282453	.285621
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,898,471	1,898,471	.577657	.577657	.577657
65	AMBULANCE SERVICES	254,051	1,133,976	1,388,027	1.325628	1.325628	1.325628
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	41,725,756	101,910,603	143,636,359			
102	LESS OBSERVATION BEDS						
103	TOTAL	41,725,756	101,910,603	143,636,359			

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

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	4,032,979	97,684	3,935,295			4,032,979
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	481,647	5,985	475,662			481,647
41	RADIOLOGY-DIAGNOSTIC	5,793,429	109,109	5,684,320			5,793,429
43	RADIOISOTOPE						
43 01	ONCOLOGY	3,859,900	314,636	3,545,264			3,859,900
43 02	CAT SCAN	1,555,291	11,644	1,543,647			1,555,291
44	LABORATORY	5,289,923	44,980	5,244,943			5,289,923
49	RESPIRATORY THERAPY	1,283,743	20,836	1,262,907			1,283,743
49 01	SLEEP LAB	445,472	48,391	397,081			445,472
50	PHYSICAL THERAPY	1,973,014	58,338	1,914,676			1,973,014
53	ELECTROCARDIOLOGY	685,672	9,379	676,293			685,672
55	MEDICAL SUPPLIES CHARGED	2,917,648	35,147	2,882,501			2,917,648
56	DRUGS CHARGED TO PATIENTS	5,272,614	29,297	5,243,317			5,272,614
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	556,200	43,345	512,855			556,200
61	EMERGENCY	4,330,297	65,764	4,264,533			4,330,297
62	OBSERVATION BEDS (NON-DIS	1,096,666	29,850	1,066,816			1,096,666
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,840,007	4,399	1,835,608			1,840,007
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	41,414,502	928,784	40,485,718			41,414,502
102	LESS OBSERVATION BEDS	1,096,666	29,850	1,066,816			1,096,666
103	TOTAL	40,317,836	898,934	39,418,902			40,317,836

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	10,518,355	.383423	.383423
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	1,074,273	.448347	.448347
41	RADIOLOGY-DIAGNOSTIC	21,396,157	.270770	.270770
43	RADIOISOTOPE			
43 01	ONCOLOGY	8,141,147	.474122	.474122
43 02	CAT SCAN	13,293,356	.116998	.116998
44	LABORATORY	21,364,517	.247603	.247603
49	RESPIRATORY THERAPY	4,141,987	.309934	.309934
49 01	SLEEP LAB	832,559	.535064	.535064
50	PHYSICAL THERAPY	3,181,816	.620091	.620091
53	ELECTROCARDIOLOGY	2,227,695	.307794	.307794
55	MEDICAL SUPPLIES CHARGED	9,314,640	.313233	.313233
56	DRUGS CHARGED TO PATIENTS	14,181,517	.371795	.371795
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	298,225	1.865035	1.865035
61	EMERGENCY	15,331,024	.282453	.282453
62	OBSERVATION BEDS (NON-DIS	1,898,471	.577657	.577657
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,388,027	1.325628	1.325628
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	128,583,766		
102	LESS OBSERVATION BEDS	1,898,471		
103	TOTAL	126,685,295		

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

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET C
 I TO 12/31/2008 I PART II

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						
37	OPERATING ROOM	4,032,979	97,684	3,935,295	9,768	228,247	3,794,964
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	481,647	5,985	475,662	599	27,588	453,460
41	RADIOLOGY-DIAGNOSTIC	5,793,429	109,109	5,684,320	10,911	329,691	5,452,827
43	RADIOISOTOPE						
43 01	ONCOLOGY	3,859,900	314,636	3,545,264	31,464	205,625	3,622,811
43 02	CAT SCAN	1,555,291	11,644	1,543,647	1,164	89,532	1,464,595
44	LABORATORY	5,289,923	44,980	5,244,943	4,498	304,207	4,981,218
49	RESPIRATORY THERAPY	1,283,743	20,836	1,262,907	2,084	73,249	1,208,410
49 01	SLEEP LAB	445,472	48,391	397,081	4,839	23,031	417,602
50	PHYSICAL THERAPY	1,973,014	58,338	1,914,676	5,834	111,051	1,856,129
53	ELECTROCARDIOLOGY	685,672	9,379	676,293	938	39,225	645,509
55	MEDICAL SUPPLIES CHARGED	2,917,648	35,147	2,882,501	3,515	167,185	2,746,948
56	DRUGS CHARGED TO PATIENTS	5,272,614	29,297	5,243,317	2,930	304,112	4,965,572
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	556,200	43,345	512,855	4,335	29,746	522,119
61	EMERGENCY	4,330,297	65,764	4,264,533	6,576	247,343	4,076,378
62	OBSERVATION BEDS (NON-DIS	1,096,666	29,850	1,066,816	2,985	61,875	1,031,806
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,840,007	4,399	1,835,608	440	106,465	1,733,102
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	41,414,502	928,784	40,485,718	92,880	2,348,172	38,973,450
102	LESS OBSERVATION BEDS	1,096,666	29,850	1,066,816	2,985	61,875	1,031,806
103	TOTAL	40,317,836	898,934	39,418,902	89,895	2,286,297	37,941,644

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

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	10,518,355	.360794	.382494
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	1,074,273	.422109	.447789
41	RADIOLOGY-DIAGNOSTIC	21,396,157	.254851	.270260
43	RADIOISOTOPE			
43 01	ONCOLOGY	8,141,147	.445000	.470258
43 02	CAT SCAN	13,293,356	.110175	.116910
44	LABORATORY	21,364,517	.233154	.247393
49	RESPIRATORY THERAPY	4,141,987	.291746	.309431
49 01	SLEEP LAB	832,559	.501588	.529251
50	PHYSICAL THERAPY	3,181,816	.583355	.618257
53	ELECTROCARDIOLOGY	2,227,695	.289765	.307373
55	MEDICAL SUPPLIES CHARGED	9,314,640	.294907	.312855
56	DRUGS CHARGED TO PATIENTS	14,181,517	.350144	.371588
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	298,225	1.750755	1.850499
61	EMERGENCY	15,331,024	.265891	.282024
62	OBSERVATION BEDS (NON-DIS	1,898,471	.543493	.576085
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,388,027	1.248608	1.325311
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	128,583,766		
102	LESS OBSERVATION BEDS	1,898,471		
103	TOTAL	126,685,295		

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS	249,060		249,060			
26	ADULTS & PEDIATRICS	79,635		79,635			
101	INTENSIVE CARE UNIT	328,695		328,695			
	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	10,513	4,858	23.69	115,086		
26	INTENSIVE CARE UNIT	622	398	128.03	50,956		
101	TOTAL	11,135	5,256		166,042		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	97,684		10,518,355	1,431,245	.009287	13,292
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	5,985		1,074,273	78,057	.005571	435
41	RADIOLOGY-DIAGNOSTIC	109,109		21,396,157	1,617,068	.005099	8,245
43	RADIOISOTOPE						
43 01	ONCOLOGY	314,636		8,141,147	36,583	.038648	1,414
43 02	CAT SCAN	11,644		13,293,356	1,421,780	.000876	1,245
44	LABORATORY	44,980		21,364,517	3,741,461	.002105	7,876
49	RESPIRATORY THERAPY	20,836		4,141,987	1,760,454	.005030	8,855
49 01	SLEEP LAB	48,391		832,559		.058123	
50	PHYSICAL THERAPY	58,338		3,181,816	427,717	.018335	7,842
53	ELECTROCARDIOLOGY	9,379		2,227,695	392,875	.004210	1,654
55	MEDICAL SUPPLIES CHARGED	35,147		9,314,640	2,121,523	.003773	8,005
56	DRUGS CHARGED TO PATIENTS	29,297		14,181,517	2,341,976	.002066	4,839
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	43,345		298,225		.145343	
61	EMERGENCY	65,764		15,331,024	1,573,232	.004290	6,749
62	OBSERVATION BEDS (NON-DIS	29,850		1,898,471		.015723	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	924,385		127,195,739	16,943,971		70,451

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0097 I
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
43	RADIOISOTOPE		
43 01	ONCOLOGY		
43 02	CAT SCAN		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49 01	SLEEP LAB		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					10,513	
26	INTENSIVE CARE UNIT					622	
101	TOTAL					11,135	

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL

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

IN LIEU OF FORM CMS-2552-96(11/1998)
I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	4,858	
26	INTENSIVE CARE UNIT	398	
101	TOTAL	5,256	

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

IN LIEU OF FORM CMS-2552-96(04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-0097 I I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
43 01	ONCOLOGY						
43 02	CAT SCAN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

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

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-0097 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			10,518,355			1,431,245	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			1,074,273			78,057	
41	RADIOLOGY-DIAGNOSTIC			21,396,157			1,617,068	
43	RADIOISOTOPE							
43 01	ONCOLOGY			8,141,147			36,583	
43 02	CAT SCAN			13,293,356			1,421,780	
44	LABORATORY			21,364,517			3,741,461	
49	RESPIRATORY THERAPY			4,141,987			1,760,454	
49 01	SLEEP LAB			832,559				
50	PHYSICAL THERAPY			3,181,816			427,717	
53	ELECTROCARDIOLOGY			2,227,695			392,875	
55	MEDICAL SUPPLIES CHARGED			9,314,640			2,121,523	
56	DRUGS CHARGED TO PATIENTS			14,181,517			2,341,976	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			298,225				
61	EMERGENCY			15,331,024			1,573,232	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,898,471				
65	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			127,195,739			16,943,971	

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

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-0097 I I

TITLE XVIII, PART A

HOSPITAL

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,325,020					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	375,313					
41	RADIOLOGY-DIAGNOSTIC	5,607,944					
43	RADIOISOTOPE						
43 01	ONCOLOGY	3,980,486					
43 02	CAT SCAN	3,109,139					
44	LABORATORY	325,467					
49	RESPIRATORY THERAPY	327,526					
49 01	SLEEP LAB	241,847					
50	PHYSICAL THERAPY	3,123					
53	ELECTROCARDIOLOGY	1,122,688					
55	MEDICAL SUPPLIES CHARGED	2,138,654					
56	DRUGS CHARGED TO PATIENTS	4,665,954					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,531,676					
62	OBSERVATION BEDS (NON-DIS	639,818					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	27,394,655					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 15-0097 I I

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	.383423	.383423			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.448347	.448347			
41 RADIOLOGY-DIAGNOSTIC	.270770	.270770			
43 RADIOISOTOPE					
43 01 ONCOLOGY	.474122	.474122			
43 02 CAT SCAN	.116998	.116998			
44 LABORATORY	.247603	.247603			
49 RESPIRATORY THERAPY	.309934	.309934			
49 01 SLEEP LAB	.535064	.535064			
50 PHYSICAL THERAPY	.620091	.620091			
53 ELECTROCARDIOLOGY	.307794	.307794			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.313233	.313233			
56 DRUGS CHARGED TO PATIENTS	.371795	.371795			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.865035	1.865035			
61 EMERGENCY	.282453	.282453			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.577657	.577657			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	1.325628	1.325628			
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 15-0097 I I

TITLE XVIII, PART B

HOSPITAL

		All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		2,325,020			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		375,313			
41	RADIOLOGY-DIAGNOSTIC		5,607,944			
43	RADIOISOTOPE					
43	01 ONCOLOGY		3,980,486			
43	02 CAT SCAN		3,109,139			
44	LABORATORY		325,467			
49	RESPIRATORY THERAPY		327,526			
49	01 SLEEP LAB		241,847			
50	PHYSICAL THERAPY		3,123			
53	ELECTROCARDIOLOGY		1,122,688			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,138,654	486		
56	DRUGS CHARGED TO PATIENTS		4,665,954			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		2,531,676			
62	OBSERVATION BEDS (NON-DISTINCT PART)		639,818			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		27,394,655	486		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		27,394,655	486		

(A) WORKSHEET A LINE NUMBERS

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

APPORIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 15-0097 I I

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				891,466	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				168,270	
41 RADIOLOGY-DIAGNOSTIC				1,518,463	
43 RADIOISOTOPE					
43 01 ONCOLOGY				1,887,236	
43 02 CAT SCAN				363,763	
44 LABORATORY				80,587	
49 RESPIRATORY THERAPY				101,511	
49 01 SLEEP LAB				129,404	
50 PHYSICAL THERAPY				1,937	
53 ELECTROCARDIOLOGY				345,557	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				669,897	152
56 DRUGS CHARGED TO PATIENTS				1,734,778	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				715,079	
62 OBSERVATION BEDS (NON-DISTINCT PART)				369,595	
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				8,977,543	152
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				8,977,543	152

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 15-0097 I I

TITLE XVIII, PART B

HOSPITAL

	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
43 RADIOISOTOPE			
43 01 ONCOLOGY			
43 02 CAT SCAN			
44 LABORATORY			
49 RESPIRATORY THERAPY			
49 01 SLEEP LAB			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
67 DURABLE MEDICAL EQUIP-SOLD			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I PROVIDER NO:	I PERIOD:	I PREPARED 5/22/2009
I 15-0097	I FROM 1/ 1/2008	I WORKSHEET D
I COMPONENT NO:	I TO 12/31/2008	I PART VI
I 15-0097	I	I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1
.371795
19,315
7,181

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART I
 I 15-0097 I 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)	10,513
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,513
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,513
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)	4,858
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	9,150,224
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	9,150,224

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,052,593
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,052,593
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.607884
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,431.81
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	9,150,224

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0097 I I

COMPUTATION OF INPATIENT OPERATING COST

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 870.37
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,228,257
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,228,257

	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	3,916,009	622	6,295.83	398	2,505,740
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					5,048,438
49 TOTAL PROGRAM INPATIENT COSTS					11,782,435

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 166,042
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 70,451
 52 TOTAL PROGRAM EXCLUDABLE COST 236,493
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 11,545,942

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I 15-0097 I I

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,260
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 870.37
- 85 OBSERVATION BED COST 1,096,666

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86 OLD CAPITAL-RELATED COST	249,060	9,150,224	.027219	1,096,666	29,850
87 NEW CAPITAL-RELATED COST		9,150,224		1,096,666	
88 NON PHYSICIAN ANESTHETIST		9,150,224		1,096,666	
89 MEDICAL EDUCATION		9,150,224		1,096,666	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART I
 I 15-0097 I I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,513
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,513
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,513
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)	790
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	9,150,224
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	9,150,224

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,052,593
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,052,593
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.607884
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,431.81
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	9,150,224

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0097 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P HOSPITAL OTHER
 PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 870.37
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 687,592
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 687,592

	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	3,916,009	622	6,295.83		
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					466,733
49 TOTAL PROGRAM INPATIENT COSTS					1,154,325

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I 15-0097 I I

TITLE XIX - I/P HOSPITAL OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,260
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 870.37
- 85 OBSERVATION BED COST 1,096,666

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 15-0097 I I

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		2,751,963	
26	INTENSIVE CARE UNIT		3,607,998	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.383423	1,431,245	548,772
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.452715	78,057	35,338
41	RADIOLOGY-DIAGNOSTIC	.270770	1,617,068	437,854
43	RADIOISOTOPE			
43 01	ONCOLOGY	.474122	36,583	17,345
43 02	CAT SCAN	.116998	1,421,780	166,345
44	LABORATORY	.247603	3,741,461	926,397
49	RESPIRATORY THERAPY	.309934	1,760,454	545,625
49 01	SLEEP LAB	.535064		
50	PHYSICAL THERAPY	.620091	427,717	265,223
53	ELECTROCARDIOLOGY	.307794	392,875	120,925
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.313233	2,121,523	664,531
56	DRUGS CHARGED TO PATIENTS	.371795	2,341,976	870,735
60	OUTPAT SERVICE COST CNTRS CLINIC	1.865035		
61	EMERGENCY	.285621	1,573,232	449,348
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.577657		
65	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		16,943,971	5,048,438
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		16,943,971	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 15-0097 I OTHER I

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		1,319,342	
26	INTENSIVE CARE UNIT		270,037	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.383423	184,410	70,707
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.448347		
41	RADIOLOGY-DIAGNOSTIC	.270770	106,203	28,757
43	RADIOISOTOPE			
43 01	ONCOLOGY	.474122	2,198	1,042
43 02	CAT SCAN	.116998	103,946	12,161
44	LABORATORY	.247603	337,044	83,453
49	RESPIRATORY THERAPY	.309934	198,621	61,559
49 01	SLEEP LAB	.535064		
50	PHYSICAL THERAPY	.620091	11,598	7,192
53	ELECTROCARDIOLOGY	.307794	11,935	3,674
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.313233	220,046	68,926
56	DRUGS CHARGED TO PATIENTS	.371795	263,413	97,936
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.865035		
61	EMERGENCY	.282453	110,906	31,326
62	OBSERVATION BEDS (NON-DISTINCT PART)	.577657		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,550,320	466,733
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,550,320	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART A
 I 15-0097 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	5,380,984	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,704,848	
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)	217,773	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		62.99
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		1.96
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.38
4.02 SUM OF LINES 4 AND 4.01		21.34
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		6.82
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		483,254
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART A
 I 15-0097 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	7,786,859	
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)	7,786,859	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		600,458
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	8,387,317	
17 PRIMARY PAYER PAYMENTS		4,402
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	8,382,915	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		893,504
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		2,304
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		89,583
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		62,708
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		62,165
22 SUBTOTAL	7,549,815	
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	7,549,815	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	7,466,609	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		83,206
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART B
 I 15-0097 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,333
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,977,543
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,023,157
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)	7,333
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	19,801
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	19,801
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)	19,801
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12,468
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	7,333
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,023,157
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	97
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,790,643
19	SUBTOTAL (SEE INSTRUCTIONS)	5,239,750
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	5,239,750
24	PRIMARY PAYER PAYMENTS	1,829
25	SUBTOTAL	5,237,921
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	135,715
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	95,001
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	86,844
28	SUBTOTAL	5,332,922
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)	-34
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,332,956
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,309,355
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	23,601
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2008 I
 I 15-0097 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,416,530		5,240,668
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	12/31/2008	62,972	12/31/2008	85,637
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/19/2008	12,893	8/19/2008	16,950
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		50,079		68,687
4 TOTAL INTERIM PAYMENTS		7,466,609		5,309,355
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		83,206		23,601
7 TOTAL MEDICARE PROGRAM LIABILITY		7,549,815		5,332,956

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1		INPATIENT HOSPITAL/SNF/NF SERVICES	1,154,325	
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	1,154,325	
7		INPATIENT PRIMARY PAYER PAYMENTS		
8		OUTPATIENT PRIMARY PAYER PAYMENTS		
9		SUBTOTAL	1,154,325	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10		ROUTINE SERVICE CHARGES	1,591,203	
11		ANCILLARY SERVICE CHARGES	1,550,320	
12		INTERNS AND RESIDENTS SERVICE CHARGES		
13		ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14		TEACHING PHYSICIANS		
15		INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16		TOTAL REASONABLE CHARGES	3,141,523	
	CUSTOMARY CHARGES			
17		AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18		AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19		RATIO OF LINE 17 TO LINE 18		
20		TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,141,523	
21		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,987,198	
22		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23		COST OF COVERED SERVICES	1,154,325	
	PROSPECTIVE PAYMENT AMOUNT			
24		OTHER THAN OUTLIER PAYMENTS		
25		OUTLIER PAYMENTS		
26		PROGRAM CAPITAL PAYMENTS		
27		CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28		ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29		ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30		SUBTOTAL	1,154,325	
31		CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32		TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	1,154,325	
33		DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34		EXCESS OF REASONABLE COST		
35		SUBTOTAL	1,154,325	
36		COINSURANCE		
37		SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38		REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01		ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02		REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03		ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39		UTILIZATION REVIEW		
40		SUBTOTAL (SEE INSTRUCTIONS)	1,154,325	
41		INPATIENT ROUTINE SERVICE COST		
42		MEDICARE INPATIENT ROUTINE CHARGES		
43		AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44		AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45		RATIO OF LINE 43 TO 44		
46		TOTAL CUSTOMARY CHARGES		
47		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49		RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50		OTHER ADJUSTMENTS (SPECIFY)		
51		AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52		SUBTOTAL	1,154,325	
53		INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54		DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55		TOTAL AMOUNT PAYABLE TO THE PROVIDER	1,154,325	
56		SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57		INTERIM PAYMENTS	835,479	
57.01		TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET E-3
I COMPONENT NO: I TO 12/31/2008 I PART III
I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
58	BALANCE DUE PROVIDER/PROGRAM		1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		318,846	

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I
 I I TO 12/31/2008 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	6,145,006			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	7,842,385			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	3,059,532			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	1,267,867			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	18,314,790			
FIXED ASSETS				
12 LAND	30,048,484			
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	30,048,484			
OTHER ASSETS				
22 INVESTMENTS	39,617,182			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	9,746,613			
26 TOTAL OTHER ASSETS	49,363,795			
27 TOTAL ASSETS	97,727,069			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE			
		1,492,668		
29	SALARIES, WAGES & FEES PAYABLE			
		5,651,256		
30	PAYROLL TAXES PAYABLE			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
32	DEFERRED INCOME			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
35	OTHER CURRENT LIABILITIES	2,461,407		
36	TOTAL CURRENT LIABILITIES	9,605,331		
LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE			
38	NOTES PAYABLE	24,693,626		
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	24,693,626		
43	TOTAL LIABILITIES	34,298,957		
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	63,428,112		
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	63,428,112		
52	TOTAL LIABILITIES AND FUND BALANCES	97,727,069		

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET G-1
 I I TO 12/31/2008 I

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		64,430,253		
2 NET INCOME (LOSS)		-1,002,141		
3 TOTAL		63,428,112		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		63,428,112		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		63,428,112		

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

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL
 STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

IN LIEU OF FORM CMS-2552-96 (09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET G-2
 I I TO 12/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	39,125,562		39,125,562
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	39,125,562		39,125,562
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,049,922		7,049,922
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,049,922		7,049,922
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	46,175,484		46,175,484
17 00 ANCILLARY SERVICES		109,171,276	109,171,276
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		1,122,201	1,122,201
20 00 AMBULANCE SERVICES		1,133,976	1,133,976
24 00			
25 00 TOTAL PATIENT REVENUES	46,175,484	111,427,453	157,602,937

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		65,574,718	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		65,574,718	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET G-3
 I TO 12/31/2008 I

DESCRIPTION		
1	TOTAL PATIENT REVENUES	157,602,937
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	77,600,141
3	NET PATIENT REVENUES	80,002,796
4	LESS: TOTAL OPERATING EXPENSES	65,574,718
5	NET INCOME FROM SERVICE TO PATIENTS	14,428,078
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	1,075,049
25	TOTAL OTHER INCOME	1,075,049
26	TOTAL	15,503,127
OTHER EXPENSES		
27	BAD DEBT EXPENSE	8,015,565
28	NON OPERATING EXPENSE	1,815,326
29	TRANSFERS	6,674,377
30	TOTAL OTHER EXPENSES	16,505,268
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,002,141

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	196,071				138,672	334,743
HHA REIMBURSABLE SERVICES						
6	288,688					288,688
7				139,957		139,957
8	20,912					20,912
9	686					686
10	72					72
11	44,765					44,765
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23	471					471
23.50						
24	551,665			139,957	138,672	830,294

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		334,743		334,743
HHA REIMBURSABLE SERVICES				
6		288,688		288,688
7		139,957		139,957
8		20,912		20,912
9		686		686
10		72		72
11		44,765		44,765
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23		471		471
23.50				
24		830,294		830,294

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL
 COST ALLOCATION -
 HHA GENERAL SERVICE COST

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET H-4
 I HHA NO: I TO 12/31/2008 I PART I
 I 15-7418 I I

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		334,743				334,743	334,743
HHA REIMBURSABLE SERVICES							
6		288,688				288,688	195,007
7		139,957				139,957	94,541
8		20,912				20,912	14,126
9		686				686	463
10		72				72	49
11		44,765				44,765	30,239
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23		471				471	318
23.50							
24		830,294				830,294	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		483,695					
7		234,498					
8		35,038					
9		1,149					
10		121					
11		75,004					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23		789					
23.50							
24		830,294					
TOTAL (SUM OF LINES 1-23)							

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL
 COST ALLOCATION -
 HHA STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET H-4
 I HHA NO: I TO 12/31/2008 I PART II
 I 15-7418 I I

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N ()	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
					-334,743	495,551
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					
						288,688
7	PHYSICAL THERAPY					
						139,957
8	OCCUPATIONAL THERAPY					
						20,912
9	SPEECH PATHOLOGY					
						686
10	MEDICAL SOCIAL SERVICES					
						72
11	HOME HEALTH AIDE					
						44,765
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
						471
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)					
					-334,743	495,551
25	COST TO BE ALLOCATED					
						334,743
26	UNIT COST MULTIPLIER					
						.675497

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	EMPLOYEE BEN EFITS 5	COMMUNICATIO NS 6.01	DATA PROCESS ING 6.02	PURCHASING, RECEIVING AN 6.03
1 ADMIN & GENERAL		10,455	45,593	2,181	83,272	2,754
2 SKILLED NURSING CARE	483,695		68,293			
3 PHYSICAL THERAPY	234,498		4,553			
4 OCCUPATIONAL THERAPY	35,038					
5 SPEECH PATHOLOGY	1,149					
6 MEDICAL SOCIAL SERVICES	121					
7 HOME HEALTH AIDE	75,004		10,091			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	789					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	830,294	10,455	128,530	2,181	83,272	2,754
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMITTING 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05	OTHER ADMINI STRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL			144,255	12,660	24,308	
2 SKILLED NURSING CARE			551,988	48,442		
3 PHYSICAL THERAPY			239,051	20,979		
4 OCCUPATIONAL THERAPY			35,038	3,075		
5 SPEECH PATHOLOGY			1,149	101		
6 MEDICAL SOCIAL SERVICES			121	11		
7 HOME HEALTH AIDE			85,095	7,468		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER			789	69		
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			1,057,486	92,805	24,308	
21 UNIT COST MULTIPLIER						

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

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

FOR MAJOR HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART I
 I 15-7418 I I

HHA 1

HHA COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY
	10	11	12	14	15	16
1 ADMIN & GENERAL	15,357			39,023		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	15,357			39,023		
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	17	25	26	27	28	29
1 ADMIN & GENERAL		235,603		235,603		
2 SKILLED NURSING CARE		600,430		600,430	142,408	742,838
3 PHYSICAL THERAPY		260,030		260,030	61,672	321,702
4 OCCUPATIONAL THERAPY		38,113		38,113	9,039	47,152
5 SPEECH PATHOLOGY		1,250		1,250	296	1,546
6 MEDICAL SOCIAL SERVICES		132		132	31	163
7 HOME HEALTH AIDE		92,563		92,563	21,954	114,517
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER		858		858	203	1,061
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		1,228,979		1,228,979	235,603	1,228,979
21 UNIT COST MULTIPLIER					0.237174	

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

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

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

FOR MAJOR HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 15-7418 I I

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	EMPLOYEE BEN EFITS (GROSS SALARIES)	COMMUNICATIO NS (TELEPHONES)	DATA PROCESS ING (HARDWARE)	PURCHASING, RECEIVING AN (PURCHASING)	ADMITTING (GROSS CHARGES)
	1	5	6.01	6.02	6.03	6.04
1 ADMIN & GENERAL	1,425	195,689	11	13	11,311	
2 SKILLED NURSING CARE		293,124				
3 PHYSICAL THERAPY		19,540				
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		43,312				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,425	551,665	11	13	11,311	
21 COST TO BE ALLOCATED	10,455	128,530	2,181	83,272	2,754	
22 UNIT COST MULTIPLIER	7.336842	0.232986	198.272727	6405.538462	0.243480	

HHA COST CENTER	CASHIERING/A CCOUNTS RECE (GROSS CHARGES)	RECONCILIATI ON	OTHER ADMINI STRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	6.05	6A.06	6.06	8	9	10
1 ADMIN & GENERAL			144,255	1,425		1,425
2 SKILLED NURSING CARE			551,988			
3 PHYSICAL THERAPY			239,051			
4 OCCUPATIONAL THERAPY			35,038			
5 SPEECH PATHOLOGY			1,149			
6 MEDICAL SOCIAL SERVICES			121			
7 HOME HEALTH AIDE			85,095			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER			789			
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			1,057,486	1,425		1,425
21 COST TO BE ALLOCATED			92,805	24,308		15,357
22 UNIT COST MULTIPLIER			0.087760	17.058246		10.776842

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

FOR MAJOR HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 15-7418 I I

HHA 1

HHA COST CENTER	DIETARY (PATIENT DAYS	CAFETERIA (MANHOURS	NURSING ADMI NISTRATION (MANHOURS	CENTRAL SERV ICES & SUPPL (SUPPLIES	PHARMACY (COSTED REQUISITIO 16	MEDICAL RECO RDS & LIBRAR (GROSS CHARGES) 17
1 ADMIN & GENERAL	11	12	14	15	16	17
2 SKILLED NURSING CARE			20,664			
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			20,664			
21 COST TO BE ALLOCATED			39,023			
22 UNIT COST MULTIPLIER			1.888453			

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2008 I PARTS I II & III
 I 15-7418 I I HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	742,838	2	742,838	3,359	221.15	6
2 PHYSICAL THERAPY	3	321,702		321,702	1,774	181.34	1,037
3 OCCUPATIONAL THERAPY	4	47,152		47,152	227	207.72	118
4 SPEECH PATHOLOGY	5	1,546		1,546	16	96.63	15
5 MEDICAL SOCIAL SERVICES	6	163		163	4	40.75	4
6 HOME HEALTH AIDE SERVICE	7	114,517		114,517	1,061	107.93	476
7 TOTAL		1,227,918		1,227,918	6,441		3,283

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	748	9	361,138	12
2 PHYSICAL THERAPY		424	10	188,050	526,558
3 OCCUPATIONAL THERAPY		53	11	76,888	264,938
4 SPEECH PATHOLOGY		1	10	24,511	35,520
5 MEDICAL SOCIAL SERVICES			11	11,009	1,546
6 HOME HEALTH AIDE SERVICES		364		97	163
7 TOTAL		1,590		626,686	919,387

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		2690					
9 PHYSICAL THERAPY		2690					
10 OCCUPATIONAL THERAPY		2690					
11 SPEECH PATHOLOGY		2690					
12 MEDICAL SOCIAL SERVICES		2690					
13 HOME HEALTH AIDE SERVICE		2690					
14 TOTAL							

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2008 I PARTS I II & III
 I 15-7418 I I HHA 1

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

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

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

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

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	2690	
17 PER BENE COST LIMITATION (FRM FI)	2690	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.620091			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.313233			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.371795			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	1	181.34	2.01	3.01	
2 OCCUPATIONAL THERAPY	3	207.72			
3 SPEECH PATHOLOGY	4	96.63			
4 TOTAL (SUM OF LINES 1-3)					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET H-7
 I HHA NO: I TO 12/31/2008 I PARTS I & II
 I 15-7418 I I

TITLE XVIII HHA 1

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

PART B NOT SUBJECT TO DED & COINS 2
 PART B SUBJECT TO DED & COINS 3

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

1

2

3

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES 1
 PART B SERVICES 2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	485,147	245,281
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,984	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	4,656	3,375
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	5,281	2,925
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	1,079	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	499,147	251,581
13	EXCESS REASONABLE COST		
14	SUBTOTAL	499,147	251,581
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	499,147	251,581
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	499,147	251,581
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	499,147	251,581
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	499,147	251,581
25	INTERIM PAYMENTS	499,147	251,581
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-0097 I FROM 1/ 1/2008 I WORKSHEET H-8
 I HHA NO: I TO 12/31/2008 I
 I 15-7418 I I

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		499,147		251,635
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			54
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		NONE 499,147		-54 251,581
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
7 TOTAL MEDICARE PROGRAM LIABILITY		499,147		251,581

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-0097 I FROM 1/ 1/2008 I WORKSHEET L
I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV
I 15-0097 I I
FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

Table with 3 columns: Line number, Description, and Amount. Includes rows for CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS, CAPITAL FEDERAL AMOUNT (599,377), CAPITAL DRG OTHER THAN OUTLIER, CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997, CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 (1,081), TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS (26.98), NUMBER OF INTERNS AND RESIDENTS (.00), INDIRECT MEDICAL EDUCATION PERCENTAGE (.00), PERCENTAGE OF SSI RECEIPTANT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (.00), PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I (.00), ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (.00), DISPROPORTIONATE SHARE ADJUSTMENT, and TOTAL PROSPECTIVE CAPITAL PAYMENTS (600,458).

PART II - HOLD HARMLESS METHOD

Table with 3 columns: Line number, Description, and Amount. Includes rows for NEW CAPITAL, OLD CAPITAL, TOTAL CAPITAL, RATIO OF NEW CAPITAL TO OLD CAPITAL (.000000), TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE, REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT, REDUCED OLD CAPITAL AMOUNT, HOLD HARMLESS PAYMENT FOR NEW CAPITAL, and SUBTOTAL.

PART III - PAYMENT UNDER REASONABLE COST

Table with 3 columns: Line number, Description, and Amount. Includes rows for PROGRAM INPATIENT ROUTINE CAPITAL COST, PROGRAM INPATIENT ANCILLARY CAPITAL COST, TOTAL INPATIENT PROGRAM CAPITAL COST, CAPITAL COST PAYMENT FACTOR, and TOTAL INPATIENT PROGRAM CAPITAL COST.

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

Table with 3 columns: Line number, Description, and Amount. Includes rows for PROGRAM INPATIENT CAPITAL COSTS, PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES, NET PROGRAM INPATIENT CAPITAL COSTS, APPLICABLE EXCEPTION PERCENTAGE (.00), CAPITAL COST FOR COMPARISON TO PAYMENTS, PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (.00), ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES, CAPITAL MINIMUM PAYMENT LEVEL, CURRENT YEAR CAPITAL PAYMENTS, CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS, CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT, NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS, CURRENT YEAR EXCEPTION PAYMENT, CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD, CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT, CURRENT YEAR OPERATING AND CAPITAL COSTS, and CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS).